UPMC *for Life* 2024 PPO Custom Basic - University of Pittsburgh		
Plan Design	**PPO Custom Basic**	
Premium	**$254**	
	In-network (IN)	**Out-of-network (OON)**
ANNUAL MAXIMUMS		
Annual Deductible	$250	$500
Maximum Out-of-Pocket	$1,000	$3,400 IN and OON
INPATIENT CARE		
Inpatient Hospital/ Mental Health Care (per stay) *	10% coinsurance after deductible	20% coinsurance after deductible
Skilled Nursing Facility (days 1-100) (100 day limit) *	10% coinsurance after deductible	20% coinsurance after deductible
Blood (3 pints)	$0 copay	20% coinsurance after deductible
Home Health Care *	$0 copay	$0 copay
Home Health Care (Telehealth) *	$0 copay	Not Covered
OUTPATIENT CARE		
Primary Care Physician (PCP) Visits	$20 copay	20% coinsurance after deductible
Primary Care Physician (PCP) Visits (Telehealth)	$20 copay	Not Covered
Specialist Visits	$20 copay	20% coinsurance after deductible
Specialist Visits (Telehealth)	$20 copay	Not Covered
Chiropractic Services (Medicare-covered) *	10% coinsurance after deductible	20% coinsurance after deductible
Chiropractic Services (Routine) (6 visits every year) *	10% coinsurance after deductible	Not Covered
Podiatry Services (Medicare-covered)	10% coinsurance after deductible	20% coinsurance after deductible
Podiatry Services (Routine) (4 visits every year)	10% coinsurance after deductible	Not Covered
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse (Telehealth)	10% coinsurance after deductible	Not Covered
Opioid Treatment Services	10% coinsurance after deductible	20% coinsurance after deductible
Partial Hospitalization	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery and Ambulatory Surgical Center (ASC)/Observation *	10% coinsurance after deductible	20% coinsurance after deductible
Ambulance Services (Ground & Air) *	10% coinsurance after deductible	20% coinsurance after deductible
Ambulance Services (Treat no Transport)	Not Covered	Not Covered
Emergency Care (waived if admitted within 3 days) (IN/OON)	$75 copay	$75 copay
Urgently Needed Care (Clinics)	$20 copay	$20 copay
Outpatient Rehab Services (PT, OT, ST) *	10% coinsurance after deductible	20% coinsurance after deductible
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	$0 copay	20% coinsurance after deductible
OUTPATIENT MEDICAL AND SUPPLIES		
Durable Medical Equipment (DME) / Oxygen *	10% coinsurance after deductible	50% coinsurance after deductible
Prosthetic Devices and Medical Supplies *	10% coinsurance after deductible	50% coinsurance after deductible
Diabetes Training	$0 copay	20% coinsurance after deductible
Diabetes Training (Telehealth)	$0 copay	Not Covered
Diabetic Monitors and Test Strips - LifeScan Only	$0 copay	20% coinsurance
Diabetic Supplies - All Other Brands *	10% coinsurance after deductible	20% coinsurance after deductible
Diabetic Shoes or Inserts	10% coinsurance after deductible	20% coinsurance after deductible
Part B Drugs - Insulin (up to $35 copay/ 30 day supply)	0--10% coinsurance	20% coinsurance
Part B Drugs	10% coinsurance after deductible	20% coinsurance after deductible
Kidney Disease Training	$0 copay	20% coinsurance after deductible
Renal Dialysis (ESRD)	10% coinsurance after deductible	20% coinsurance after deductible
Lab Services (per day per facility)	$0 copay	20% coinsurance after deductible
Diagnostic Procedures/Tests (per day per facility) *	$0 copay	20% coinsurance after deductible
Diagnostic X-Ray Services (Basic Imaging) (per service)	$0 copay	20% coinsurance after deductible
Diagnostic Radiological Services (Advanced Imaging)(per service) *	$25 copay	20% coinsurance after deductible
Therapeutic Radiological Services (Radiation) (per service)	$0 copay	20% coinsurance after deductible

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Premium	**$254**	
	In-network (IN)	**Out-of-network (OON)**
PREVENTIVE SERVICES		
Immunizations	$0 copay	$0 copay
Annual Wellness Visit	$0 copay	20% coinsurance
Screening Exams	$0 copay	20% coinsurance
SUPPLEMENTAL BENEFITS		
Dental Services		
Dental Services (Medicare-covered)	$20 copay	20% coinsurance after deductible
Preventive Dental Benefit:		
Cleaning (2 every year)	$0 copay	50% coinsurance
Routine Oral Exam (2 every year)	$20 copay	50% coinsurance
Limited Oral Exam (1 every 12 months)	$20 copay	50% coinsurance
Comprehensive Oral Exam (1 every 36 months)	$20 copay	50% coinsurance
Bitewing X-rays (1 every 12 months)	$20 copay	50% coinsurance
Panoramic X-rays (1 every 36 months)	$20 copay	50% coinsurance
Restorative Dental Benefit	Not Covered	Not Covered
Hearing Services		
Hearing Services (Medicare-covered)	$20 copay	20% coinsurance after deductible
Hearing Exam (Routine) (1 every year)	$20 copay	50% coinsurance
Hearing Aid Fitting (Routine) (1 every year)	$20 copay	50% coinsurance
Hearing Aids (Routine) - Amplifon Only (1 every year)	$690-$1,890 copay	$690-$1,890 copay
Hearing Aids (Routine) - Combined Allowance (1 every 3 year)	$500 allowance	$500 allowance
Vision Services		
Vision Services (Medicare-covered)	$20 copay	20% coinsurance after deductible
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	$0 copay	20% coinsurance after deductible
Eyewear (Medicare-covered)	$0 copay	20% coinsurance after deductible
Vision Exam (Routine)	$0 copay	20% coinsurance
Vision Eyewear (Routine)	$250 allowance	$250 allowance
Other Services		
Counseling Services (Resources *for Life*) (6 sessions per issue)	$0 copay	Not Covered
Fitness Benefit (SilverSneakers and personal training session) (1 every year)	$0 copay	Not Covered
Health and Wellness Benefit (Rx Well)	$0 copay	Not Covered
Home Safety Items (3 items every year)	$0 copay	Not Covered
In-Home Safety Assessment (1 every year)	$0 copay	Not Covered
Nurse Advice Line	$0 copay	Not Covered
Palliative Care (including eligible meals) (56 meals for 28 days)	$0 copay	Not Covered
Remote Technologies - (AnywhereCare eVisits)	$20 copay	Not Covered
Routine Physical Exam	Not Covered	Not Covered
Smoking and Tobacco Use Cessation (4 addtl sessions)	$0 copay	Not Covered
Support for Caregivers (Resources *for Life*) (6 sessions)	$0 copay	Not Covered
Support for Caregivers (Powerful Tools for Caregivers)	$0 copay	Not Covered
Worldwide Emergency Coverage	$0 copay	$0 copay
ADDITIONAL BENEFIT PROGRAMS		
Visitor/Travel Benefit	Not Covered	Not Covered

** Requires Prior Authorization*

UPMC *for Life* 2024 PPO Custom Basic - University of Pittsburgh										
Part D Prescription Drugs										
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.									
Rx Deductible	**$0**									
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Initial Coverage Limit.									
Initial Coverage Limit (ICL)	**$5,030**									
	Retail pharmacy						**Mail-order**		**LTC**	**OON**
	30 day supply		**60 day supply**		**100 day supply**		**100 day supply**		**30 day**	**31 day**
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1: **Preferred Generic Drugs**	$0	$15	$0	$30	$0	$30	$0	$30	$0	$15
Tier 2: **Generic Drugs**	$10	$20	$20	$40	$20	$40	$20	$40	$10	$20
Tier 3: **Preferred Brand Drugs**	$47	$47	$94	$94	$129.50	$141	$117.50	$141	$47	$47
Tier 4: **Non-Preferred Drugs**	$100	$100	$200	$200	$300	$300	$300	$300	$100	$100
Tier 5: **Specialty Drugs**	33%	33%	n/a	n/a	n/a	n/a	33% (30 day)	33% (30 day)	33%	33%
IRA - Insulin	**$35**	**$35**	**$70**	**$70**	**$96.25**	**$105**	**$87.50**	**$105**	**$35**	**$35**
COVERAGE GAP STAGE	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage.									
Out-of-Pocket Limit (TrOOP)	**$8,000**									
Coverage in the Coverage Gap	**Full Wrap-around Gap Coverage:** Member pays the same cost-sharing in the coverage gap as the initial coverage stage for Tier 1-5 drugs.									
CATASTROPHIC COVERAGE STAGE	**Once a member has hit the catastrophic coverage phase, there is no cost sharing responsibility.**									