UPMC for Life 2026 HMO Custom - University of Pittsburgh		
Plan Design	**HMO Custom**	
Preimum	**$258**	
	Cost-share	**Other Info**
ANNUAL MAXIMUMS		
Annual Deductible	$0	
Maximum Out-of-Pocket	$3,400	
INPATIENT CARE		
Inpatient Hospital/ Mental Health Care	$50	per stay
Skilled Nursing Facility (days 1-100)	$0	100 day limit
Blood	$0	3 pints
Home Health Care	$0	
OUTPATIENT CARE		
Primary Care Physician (PCP) Visits	$15	
Specialist Visits	$20	
Chiropractic Services (Medicare-covered)	$20	
Chiropractic Services (Routine)	Not Covered	
Podiatry Services (Medicare-covered)	$20	
Podiatry Services (Routine)	$20	8 visits every year
Outpatient Mental Health Services /Psychiatric Services/Substance Abuse	$20	
Opioid Treatment Services	$20	
Partial Hospitalization	$0	
Outpatient Surgery and Ambulatory Surgical Center (ASC)	$50	
Observation	$50	
Ambulance Services (Ground & Air)	$0	
Ambulance Services (Treat no Transport)	Not Covered	
Emergency Care	$75	waived if admitted within 3 days
Urgently Needed Care (Clinics)	$20	
Outpatient Rehab Services (PT, OT, ST)	$20	
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	$0	
OUTPATIENT MEDICAL AND SUPPLIES		
Durable Medical Equipment (DME)/Oxygen	$0	
Prosthetic Devices and Medical Supplies	$0	
Diabetes Training	$0	
Diabetic Monitors and Test Strips - Preferred Brands	$0	
Diabetic Supplies - All Other Brands	$0	
Diabetic Shoes or Inserts	$0	
Part B Drugs	$0	visit
Part B Drugs	$10	30-day supply
Part B Drugs - Insulin	$0-$10	
Kidney Disease Training	$0	
Renal Dialysis (ESRD)	$0	
Lab Services	$0	per day per facility
Diagnostic Procedures/Tests	$0	per day per facility
Diagnostic X-Ray Services (Basic Imaging)	$0	per service
Diagnostic Radiological Services (Advanced Imaging)	$0	per service
Therapeutic Radiological Services (Radiation)	$0	per service
PREVENTIVE SERVICES		
Immunizations	$0	
Annual Wellness Visit	$0	
Screening Exams	$0	

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SUPPLEMENTAL BENEFITS		
Dental Services		
Dental Services (Medicare-covered)	$20	
Preventive Dental Benefit:		
Cleaning	$0	2 every year
Routine Oral Exam	$20	2 every year
Limited Oral Exam	$20	1 every 12 months
Comprehensive Oral Exam	$20	1 every 36 months
Bitewing X-rays	$20	1 every 12 months
Panoramic X-rays	$20	1 every 36 months
Restorative Dental Benefit	20%	1 every year-fillings and simple tooth extractions
Hearing Services		
Hearing Services (Medicare-covered)	$20	
Hearing Exam (Routine)	$20	1 every year
Hearing Aid Fitting (Routine)	$20	1 every year
Hearing Aids (Routine) - Amplifon Only	$690-$1,890	1 every year
Hearing Aids (Routine) - Combined Allowance	$1,000	1 every 3 years
Vision Services		
Vision Services (Medicare-covered)	$20	
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	$0	
Eyewear (Medicare-covered)	$0	
Vision Exam (Routine)	$0	1 every year
Vision Eyewear (Routine)	$250	1 every year
Other Services		
Counseling Services (Resources *for Life*)	$0	6 sessions per issue
Fitness Benefit (SilverSneakers and personal training session)	$0	1 every year
Health and Wellness Benefit	$0	
Home Safety Items	$0	3 items every year
In-Home Safety Assessment	$0	1 every year
Nurse Advice Line	$0	
Over-the-counter (OTC) Items	Not Covered	
Palliative Care (including eligible meals)	Not Covered	
Remote Technologies (AnywhereCare eVisits)	$15	
Routine Physical Exam	Not Covered	
Smoking and Tobacco Use Cessation	$0	4 addtl sessions
Support for Caregivers (Resources *for Life*)	Not Covered	
Support for Caregivers (Powerful Tools for Caregivers)	$0	
Transportation	Not Covered	
Worldwide Emergency Travel Assistance Coverage	$0	
ADDITIONAL BENEFIT PROGRAMS		
Visitor/Travel Benefit		Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee
***Please see separate prior auth details chart for more detail**		

UPMC *for Life* 2025 HMO Custom - 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 Out-of-pocket Limit.
Initial Coverage Limit (ICL)	N/A

	Retail pharmacy						Mail-order						LTC	OON
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	$0	$15	$0	$30	$0	$30	$0	$15	$0	$30	$0	$30	$0	$15
Tier 2: Generic Drugs	$10	$20	$20	$40	$20	$40	$10	$20	$20	$40	$20	$40	$10	$20
Tier 3: Preferred Brand Drugs	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5: Specialty Drugs	33%	33%	n/a	n/a	n/a	n/a	33%	33%	n/a	n/a	n/a	n/a	33%	33%

COVERAGE GAP STAGE	Starting in 2025, the Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. Member moves from the Initial Coverage Stage to the Catastrophic Coverage Stage once the Out-of-Pocket Limit has been met.
Out-of-Pocket Limit (TrOOP)	**$2,100**
Coverage in the Coverage Gap	Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

	Retail pharmacy						Mail-order						LTC	OON
	30 day supply		60 day supply		100 day supply		30 day supply		60 day supply		100 day supply		31 day	30 day
Insulins under the Inflation Reduction Act (IRA)	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	$0	$15	$0	$30	$0	$30	$0	$15	$0	$30	$0	$30	$0	$15
Tier 2: Generic Drugs	$10	$20	$20	$40	$20	$40	$10	$20	$20	$40	$20	$40	$10	$20
Tier 3: Preferred Brand Drugs	$35	$35	$70	$70	$96.25	$105	$35	$35	$70	$70	$87.50	$105	$35	$35
Tier 4: Non-Preferred Drugs	$35	$35	$70	$70	$96.25	$105	$35	$35	$70	$70	$87.50	$105	$35	$35

CATASTROPHIC COVERAGE STAGE	Member pays $0