

<b>UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2026 National Complementary with Rx - University of Pittsburgh</b>	
<b>Plan Design</b>	<b>National Complementary</b>
<b>Premium</b>	<b>\$412</b>
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital/Mental Health Care</b>	<ul style="list-style-type: none"> <li>UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.</li> <li>UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has exhausted.</li> </ul>
<b>Skilled Nursing Facility (days 1- 100 day)</b>  A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.	<ul style="list-style-type: none"> <li>For days 1-100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.</li> <li>You pay all costs for days 101 and after the per benefit period.</li> </ul>
<b>Blood (3 pints)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Home Health Care</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Home Health Care</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>OUTPATIENT CARE</b>	
<b>Primary Care Physician (PCP) Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Primary Care Physician (PCP) Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Specialist Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Specialist Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Chiropractic Services (Medicare-covered)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Chiropractic Services (Routine)</b>	Routine chiropractic care is not covered by the plan.
<b>Podiatry Services (Medicare-covered)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Chiropractic Services (Routine)</b>	Routine podiatry care is not covered by the plan.
<b>Outpatient Mental Health Services /Psychiatric Services /Substance Abuse</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Outpatient Mental Health Services/Psychiatric Services/Substance Abuse</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Opioid Treatment Services</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Partial Hospitalization</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Outpatient Surgery and Ambulatory Surgical Center (ASC)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Observation</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Ambulance Services - (Ground &amp; Air)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Ambulance Services - Treat No Transport</b>	Not Covered
<b>Emergency Care</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Urgently Needed Care (Clinics)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Outpatient Rehab Services (PT, OT, ST)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Cardiac/Pulmonary Rehab &amp; Supervised Exercise Therapy (SET)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
<b>Durable Medical Equipment (DME)/Oxygen</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Prosthetic Devices and Medical Supplies</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diabetes Training</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diabetes Training</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diabetic Monitors and Teststrips - Preferred Brands</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diabetic Supplies - All Other Brands</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diabetic Shoes or Inserts</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Part B Drugs - Insulin</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Part B Drugs</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Kidney Disease Training</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Renal Dialysis (ESRD)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Lab Services</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diagnostic Procedures/Tests</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diagnostic X-Ray Services (Basic Imaging)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Diagnostic Radiological Services (Advanced Imaging)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Therapeutic Radiological Services (Radiation)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

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<b>PREVENTIVE SERVICES</b>	
<b>Immunizations</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Annual Wellness Visit</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Screening Exams</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>ADDITIONAL BENEFITS</b>	
<b>Hearing Services</b>	
<b>Hearing Exam (Routine)</b> (1 every year)	• You pay a \$20 copayment for 1 routine hearing exam every year.
<b>Hearing Aid Fitting (Routine)</b> (1 every year)	• You pay a \$20 copayment for 1 routine fitting evaluation every year.
<b>Hearing Aids (Routine)</b> (1 every year)	<ul style="list-style-type: none"> <li>• UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1,890 per aid. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.</li> <li>• *UPMC Complementary Plan will pay up to \$1,000 for hearing aids every 3 years. You are responsible for any costs above \$1,000 for the hearing aid.</li> </ul>
<b>Vision Services</b>	
<b>Vision Exam (Routine)</b> (1 every year)	• You pay \$0 copayment for 1 routine vision exam every year.
<b>Vision Eyewear (Routine)</b> (1 every year)	• UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear.
<b>Other Services</b>	
<ul style="list-style-type: none"> <li>• UPMC Complementary Plan pays qualified services at 100%.</li> <li>• You pay \$0 copayment for the following:</li> </ul>	
<b>Counseling Services (Resources for Life )</b>	Counseling services - 6 sessions per issue.
<b>Fitness Benefit (SilverSneakers and personal training session)</b>	Fitness Benefit (SilverSneakers) - 1 every year.
<b>Health and Wellness</b>	1 every year
<b>Home Safety Items</b>	Home Safety Items - 3 every year.
<b>In-Home Safety Assessment</b>	Not Covered
<b>Nurse Advice Line</b>	Nurse advice line.
<b>Palliative Care (including eligible meals)</b>	Not Covered
<b>Remote Technologies (AnywhereCare eVisits)</b>	AnywhereCare eVisits.
<b>Routine Physical Exam</b>	Not Covered
<b>Smoking and Tobacco Use Cessation</b>	Smoking and tobacco use cessation - 4 add'l sessions.
<b>Support for Caregivers (Resources for Life )</b>	Not Covered
<b>Support for Caregivers (Powerful Tools for Caregivers)</b>	Support for caregivers (Powerful Tools for Caregivers).
<b>Worldwide Emergency Coverage</b>	Emergency travel assistance transportation services are available worldwide when traveling
<i>*Claims must be submitted to Primary Insurance Carriers first (i.e. Medicare, Veteran's Administration) prior to submitting to UPMC Health Benefits, Inc. and unless specifically noted in the grid</i>	

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**Part D Prescription Drugs**

<b>DEDUCTIBLE STAGE</b>	There is no deductible for Part D prescription drugs.
<b>Rx Deductible</b>	<b>\$0</b>

<b>INITIAL COVERAGE STAGE</b>	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.
<b>Initial Coverage Limit (ICL)</b>	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
<b>Tier 1: Preferred Generic Drugs</b>	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
<b>Tier 2: Generic Drugs</b>	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
<b>Tier 3: Preferred Brand Drugs</b>	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
<b>Tier 4: Non-Preferred Drugs</b>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>Tier 5: Specialty Drugs</b>	33%	33%	n/a	n/a	n/a	n/a	33%	33%	n/a	n/a	n/a	n/a	33%	33%

<b>COVERAGE GAP STAGE</b>	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.
<b>Out-of-Pocket Limit (TrOOP)</b>	<b>\$2,100</b>

<b>Coverage in the Coverage Gap</b>	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.
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	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
<b>Insulins under the Inflation Reduction Act (IRA)</b>														
<b>Tier 1: Preferred Generic Drugs</b>	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
<b>Tier 2: Generic Drugs</b>	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
<b>Tier 3: Preferred Brand Drugs</b>	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35
<b>Tier 4: Non-Preferred Drugs</b>	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35

<b>CATASTROPHIC COVERAGE STAGE</b>	Member pays \$0
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**ADDITIONAL PLAN INFO**

**NOTE: UPMC Health Plan has determined that the prescription drug coverage offered by this employer group plan for 2025 is creditable coverage.**

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