

Enhanced Access HMO

The Enhanced Access HMO encourages you to use a primary care physician (PCP) for medical care. However, you can self-direct to a specialist. PCPs can be family or general practitioners, internists, or pediatricians. Your PCP performs routine and preventive care and coordinates specialist care. In addition, women may use any network ob-gyn to provide or coordinate all covered gynecological/obstetric care.

Covered Services

Benefits are paid at the highest level when medical care is received from a UPMC Health Plan participating practitioner.

No benefits are paid if routine or non-emergency care is received outside the UPMC Health Plan network.

Covered Services	Benefit
Annual deductible	
Individual	None
Family	None
Annual out-of-pocket limit	
Individual	None
Family	None
Plan payment level	Covered at 100% ¹
Lifetime benefit limit	Unlimited
Primary care provider (PCP) required	Yes
Pre-existing condition limitations	None
Precertification requirements	Provider responsibility
Provider Medical Services²	
Adult Care (must be coordinated through PCP)	
Preventive/health screening examination	Covered at 100%, You pay \$0
Pediatric (must be coordinated through PCP)	
Preventive/health screening examination	Covered at 100%, You pay \$0
Pediatric immunizations	Covered at 100%, You pay \$0
Well-baby visits	Covered at 100%, You pay \$0
Women's Care (must be coordinated through PCP)	
Screening gynecological exam and Pap test, and screening mammogram	Covered at 100%, You pay \$0
Provider office visit (for illness or injury)	Covered at 100% after \$20 copayment per visit
Specialist office visit, including ob-gyn	Covered at 100% after \$35 copayment per visit
Medical/surgical services	Covered at 100%, You pay \$0
Hospital Services	
Inpatient care	Covered at 100% after \$300 copayment per inpatient stay Limit of 2 copayments per Benefit Period; 100% coverage thereafter
Outpatient surgery	Covered at 100% after \$100 copayment per visit; Limit of 4 copayments per Benefit Period; 100% coverage thereafter
Outpatient care, medical services, ancillary services, colonoscopy and supplies	Covered at 100%, You pay \$0
Emergency Services	
Emergency services coverage	Covered at 100% after \$40 copayment per visit for members 18 years old and under Covered at 100% after \$80 copayment per visit for members 19 years old and over Copayment waived if admitted
Urgent care facility	Covered at 100% after \$40 copayment per visit
Diagnostic Services	
Advanced imaging (e.g., PET, MRI, etc.)	Covered at 100% after \$25 copayment per visit Limit 4 copayments per Benefit Period; 100% coverage thereafter
Other imaging (e.g., X-ray, sonogram, etc.)	Covered at 100% after \$5 copayment per visit Limit 4 copayments per Benefit Period; 100% coverage thereafter
Lab and other services	Covered at 100%, You pay \$0
Medical Therapy Services	
Chemotherapy, radiation, infusion therapy, dialysis treatment	Covered at 100%, You pay \$0
Rehabilitation Therapy Services	
Physical, speech, and occupational	Covered at 100% after \$10 copayment per visit Covered up to 60 visits per Benefit Period for all three therapies combined

Covered Services	Benefit
Other Medical Services	
Acupuncture	Covered at 100%, You pay \$0 Please refer to your Certificate of Coverage or call Member Services for details
Skilled nursing facility	Covered at 100%, You pay \$0 (limit of 90 days per Benefit Period)
Home health care	Covered at 100%, You pay \$0
Hospice care	Covered at 100%, You pay \$0
Therapeutic manipulation/Chiropractic Care	Covered at 100% after \$30 copayment for first visit, then \$15 copayment per visit thereafter (limit of 25 visits per Benefit Period)
Podiatric care	Covered at 100% after \$25 copayment per visit
Allergy testing and serum	Covered at 100%, You pay \$0
Durable medical equipment and corrective appliances	Covered at 100%, You pay \$0
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-877-461-8610	
Behavioral health	
Inpatient	Covered at 100%, You pay \$0
Outpatient	Covered at 100% after \$20 copayment per visit
Substance abuse services	
Inpatient detoxification	Covered at 100%, You pay \$0
Inpatient rehabilitation	Covered at 100%, You pay \$0
Outpatient rehabilitation	Covered at 100%, You pay \$0
Prescription Drug Coverage— The <i>Your Choice</i> pharmacy program will apply (Mandatory Generic)	
Retail prescription drug ¹³ <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy 	You pay \$12 copayment for generic drugs You pay \$36 copayment for preferred brand drugs You pay \$72 copayment for non-preferred brand drugs 90-day maximum retail supply available for 3 copayments
Specialty prescription drug ³ <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply Most specialty medications must be filled at UPMC Health Plan's contracted specialty pharmacy provider (List available upon request) 	You pay \$80 copayment for specialty drugs 30-day maximum specialty supply
Mail-order prescription drug ³ <ul style="list-style-type: none"> A three month supply (up to 90 days) of medication may be dispensed through the contracted mail service pharmacy 	You pay \$24 copayment for generic drugs You pay \$72 copayment for preferred brand drugs You pay \$144 copayment for non-preferred brand drugs 90-day maximum mail-order supply

In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Network, Inc., as well as plans offered by UPMC Health Plan, Inc.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

UPMC Health Plan Member Services: 1-888-876-2756.
TTD service for hearing-impaired: 1-800-361-2629.

¹ Copayments may apply to certain services.

² UPMC Health Plan maintains that the coverage described in this document is at all times administered in compliance with applicable laws and regulations, including but not limited to the Patient Protection and Affordable Care Act of 2010. If at any time any part or provision of this Statement of Benefits is in conflict with any applicable law, regulation or other controlling authority, the requirements of that authority shall prevail.

³ If a Physician demonstrates that the Brand Name Drug is Medically Necessary and Appropriate, the member will pay only the Non-Preferred Brand Name Drug Copayment.

This summary is meant to assist in comparing the benefit plans. It is not a contract. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

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