

NATIONAL AND LOCAL PROGRAM

The UPMC National Complementary Plan
and
UPMC *for Life* Prescription Drug Plan (PDP)

UPMC HEALTH BENEFITS, INC.

UPMC *for Life*

UPMC Health Plan Medicare Program

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan)**2016 National Complementary Plan w/ Rx - University of Pittsburgh**

Covered Services	Benefits
HOSPITAL SERVICES¹	
Inpatient Hospitalization <u>Includes:</u> <ul style="list-style-type: none"> • Inpatient Mental Health • Inpatient Substance Abuse 	<ul style="list-style-type: none"> • \$100 inpatient deductible on your first hospital stay per year. • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid and the \$100 deductible has been met. • UPMC Complementary Plan will pay 365 days additional coverage after primary coverage has exhausted.
Skilled Nursing Facility Care²	<ul style="list-style-type: none"> • For days 1-100, UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. • You pay all costs for days 101 and after per benefit period.
Home Health Care	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Hospice Care (Medicare-Certified)	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
MEDICAL SERVICES¹	
Physician Visits <u>Includes:</u> <ul style="list-style-type: none"> • Primary Care Physicians (PCP) & Specialists • Chiropractic Services (non-routine) • Podiatry Services (non-routine) • Outpatient Mental Health Visits • Outpatient Substance Abuse Visits 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. • Routine chiropractic care and routine podiatry care is not covered by the plan.
Emergency Services, Surgical Services, & Ambulance	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Tests, X-Rays, & Labs <u>Includes:</u> <ul style="list-style-type: none"> • X-Rays, Laboratory tests & Blood • Radiation Therapy • MRI, MRA, CT & PET scans, Nuclear Medicine 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Durable Medicare Equipment, Supplies & Part B Drugs <u>Includes:</u> <ul style="list-style-type: none"> • Durable Medical Equipment & Prosthetics • Diabetes Supplies & Training • Part B drugs 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Rehabilitation Services <u>Includes:</u> <ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Speech Therapy • Cardiac Rehabilitation Therapy 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Preventive Services <u>Includes:</u> <ul style="list-style-type: none"> • Annual Wellness Exam • Immunizations (flu, pneumonia, Hepatitis B) • Pap Smear & Pelvic Exam • Mammogram • Prostate Exam • Colorectal Screening Exams • Bone Mass Measurements • HIV Screenings • Other Preventive Services covered by Medicare 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services³ <u>Includes:</u> <ul style="list-style-type: none"> • 1 routine hearing exam per year. • 1 fitting evaluation for a hearing aid(s), every 3 years (each ear). • 1 hearing aid allowance every 3 years (not to exceed the cost of the aid). 	<ul style="list-style-type: none"> • You pay \$25 copay for a routine hearing exam; up to 1 exam per year. • You pay \$25 copay for a fitting evaluation for a hearing aid(s); up to 1 fitting evaluation every 3 years. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary Plan will pay up to \$1,000 for a hearing aid every 3 years. You are responsible for any costs above \$1,000 for the hearing aid.

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Covered Services	Benefits
Vision Services³ <u>Includes:</u> <ul style="list-style-type: none"> • 1 routine eye exam every two years. • 1 pair of eye glasses (including a standard lens) or contact lenses every 2 years. 	<ul style="list-style-type: none"> • \$250 allowance for routine vision services every two years. This is a combined allowance that must be used for both an eye exam and eyewear. • UPMC Complementary Plan will pay up to \$250 for routine vision services. You are responsible for any costs above \$250 for routine vision services.
Fitness Center Benefit <u>Includes:</u> <ul style="list-style-type: none"> • Fitness center basic membership through the Silver&Fit® fitness facility network 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copay for a fitness center basic membership through the Silver&Fit® fitness facility network.
Emergency Worldwide Travel Assistance	<ul style="list-style-type: none"> • UPMC Complementary Plan pays qualified services at 100%. • Travel assistance must be obtained through Assist America.
PRESCRIPTION DRUG COVERAGE	
Tier 1: Generic Drugs	\$10 copay - 30 day \$20 copay - 90 day
Tier 2: Preferred Brand Drugs	\$30 copay - 30 day \$60 copay - 90 day
Tier 3: Non-Preferred Brand Drugs	\$60 copay - 30 day \$120 copay - 90 day
Tier 4: Specialty Drugs	25% coinsurance (30 day supply only)
Tier 5: Select Care Drugs (Select Generics)	\$0 copay - 30 day \$0 copay - 90 day
Initial Coverage Limit	\$3,310
Coverage Gap Cost-Sharing <i>During the Coverage Gap Stage, the member will continue to pay the same copays as in the Initial Coverage stage.</i>	30-day Supply Once the member's yearly drug costs reach \$3,310 and until the member's yearly out-of-pocket costs reach \$4,850 the prescription drug copay/coinsurance amounts are: \$10 copay for Generic Drugs \$30 copay for Preferred Brand Drugs \$60 copay for Non-Preferred Brand Drugs 25% coinsurance for Specialty Drugs \$0 copay for Select Care Drugs
	90-day Supply Once the member's yearly drug costs reach \$3,310 and until the member's yearly out-of-pocket costs reach \$4,850 , the prescription drug copay/coinsurance amounts are: \$20 copay for Generic Drugs \$60 copay for Preferred Brand Drugs \$120 copay for Non-Preferred Brand Drugs \$0 copay for Select Care Drugs
Out-of-Pocket Maximum (TrOOP)	\$4,850
Catastrophic Coverage Copays	Greater of: \$2.95 generic/brand treated as generic \$7.40 or 5% all others

¹ Please submit claims to your Primary Insurance Carrier, prior to submitting to UPMC Health Benefits, Inc. Complementary Plan. (Primary Carrier e.g., Medicare, Veteran's Administration, Aetna, etc.)

² 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.

³ This benefit is administered on a rolling calendar year, since your last visit or service.

NOTE: UPMC Health Plan, Inc., has determined that the prescription drug coverage offered by this employer group plan for 2016 is creditable coverage.

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This grid is not intended to provide a full description of benefits. Please refer to the Certificate of Coverage for complete benefit information.