UPMC *for Life*

UPMC Health Plan Medicare Program

2019

Summary of Benefits

HMO Plan
REHP

UPMC *for Life* HMO Plan (HMO)
REHP
SUMMARY OF BENEFITS
January 1, 2019 – December 31, 2019

This Summary of Benefits booklet gives you a summary of what **UPMC *for Life* HMO** covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage".

Who can join?

To join **UPMC *for Life* HMO**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"*Medicare & You*"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UPMC *for Life* HMO covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

Which doctors, hospitals, and pharmacies can I use?

UPMC *for Life* HMO has a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Phone Numbers and Websites

- If you are a member of this plan, call toll-free **1-877-648-9606.**
- If you are not a member of this plan, call toll-free **1-866-517-2803**.
- TTY users should call **711.**
- Our website: **www.upmchealthplan.com/medicare**
    - You can see our plan's provider directory at **www.upmchealthplan.com/medicare**.

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m.

This document is available in other formats such as Braille and large print.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-648-9606. TTY: (711).

ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (1-877-648-9606) (TTY:711)

This information is not a complete description of benefits. Call member services at 1-877-648-9606 (TTY:711) for more information.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO SNP plan has a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., and UPMC *for You* Inc.

Premiums and Benefits	UPMC *for Life* HMO
Monthly Premium, Deductible and Out-of-Pocket Limit	
Monthly Plan Premium	**Retirees that retired on or after July 1, 2005 will continue to pay their retiree contribution.** In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible for hospital and medical services.
Maximum Out-of-Pocket Responsbility *(does not include prescription drugs)*	Your yearly limit(s) in this plan: • $2,500 for services you receive from in-network providers. Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Covered Medical and Hospital Benefits	
Note: Services with a * may require prior authorization. Contact plan for details.	
Inpatient Hospital Coverage* *(Per Admission)*	$0 copayment
Outpatient Hospital Coverage*	Ambulatory surgical center: $0 copayment Outpatient hospital-surgery: $0 copayment
Doctor Visits (*Primary Care Providers and Specialists**)	Primary care provider visit: $20 copayment Specialist visit*: $30 copayment

Premiums and Benefits	UPMC *for Life* HMO
Preventive Care	Preventive care screenings: $0 copayment Annual physical exam: $0 copayment
Emergency Care	$100 copayment If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	$50 copayment
Diagnostic Services/ Labs/Imaging*	Advanced imaging services (such as MRIs, CT scans): $0 copayment Basic imaging services, including outpatient x-rays: $0 copayment Diagnostic tests and procedures: $0 copayment Lab services: $0 copayment Therapeutic radiology services: $0 copayment
Hearing Services	Medicare-covered hearing exam: $0 copayment Routine hearing services are not covered.
Dental Services	Medicare-covered dental services: $0 copayment Routine dental services are not covered.

Premiums and Benefits	UPMC *for Life* HMO
Vision Services	Medicare-covered vision services: $0 copayment Routine vision exam and eyewear are not covered.
Mental Health Services* *(Per Inpatient Admission)*	Inpatient visit: $0 copayment Outpatient individual and group therapy visits: $20 copayment
Skilled Nursing Facility (SNF)*	Our plan covers up to 100 days in a SNF. $0 copayment per day for days 1 through 100
Physical Therapy*	Physical therapy visit: $20 copayment
Ambulance*	$0 copayment per one-way trip Prior authorization is only required for non-emergent Medicare-covered ambulance services.
Transportation	Not covered
Medicare Part B Drugs*	$0 copayment Our plan does not cover Part D pescription drugs. Prescription drugs are covered under the REHP Prescription Drug Plan serviced by Silver Script PDP.
Other Covered Benefits	
Note: Services with a * may require prior authorization. Contact plan for details.	
Rehabilitation Services*	Occupational therapy visit: $20 copayment Speech language therapy visit: $20 copayment

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Rehabilitation Services* *(continued)*	Cardiac rehabilitation visit: $20 copayment Pulmonary rehabilitation visit: $20 copayment
Chiropractic Care*	Medicare-covered chiropractic care: $20 copayment Routine chiropractic services are not covered
Foot Care *(podiatry services)*	Medicare-covered podiatry services: $30 copayment Routine podiatry services are not covered
Observation Stay	Observation Stays: $0 copayment The emergency room copayment is waived for observation stays.
Medical Equipment/ Supplies*	Durable medical equipment* (wheelchairs, oxygen, etc.): $0 copayment Prosthetic devices* (braces, artificial limbs, etc.) and related medical supplies: $0 copayment Diabetic supplies, shoes, or inserts: $0 copayment Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.
Wellness Programs *(e.g., fitness)*	Fitness benefit: $0 copayment UPMC *My*Health 24/7 Nurse line: $0 copayment

Premiums and Benefits	UPMC *for Life* HMO
Wellness Programs *(e.g., fitness) (continued)*	Remote access technology: *eVisits:* $20 copayment *eDerm:* $30 copayment
Smoking and Tobacco Cessation	Our plan covers 4 visits in addition to the number of visits covered under Medicare at $0 copayment.

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