

UPMC Health Plan Summary of Benefits

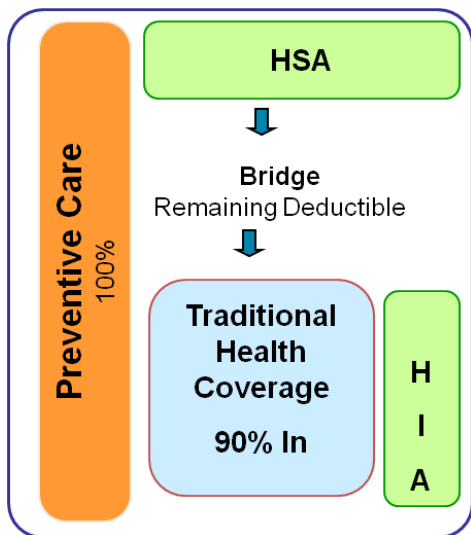
Health Savings Account (HSA) EPO \$3,750 Rx: \$8-\$38-\$76

Isn't it time you were rewarded for your good health?



will incentivize you to *Understand* your health, *Improve* your health, and *Partner* with your doctor for ongoing maintenance.

Members will be able to earn up to \$500 for an individual, \$1000 for a family to pay coinsurance, and copays by participating in healthy activities.



HIA Information

Funds can be used for plan coinsurance and copays

Members are able to roll in 2x the deductible from year to year

Earn Incentive Dollars

Members and their families have the opportunity to earn incentive dollars up to \$500 for an individual and \$1,000 for a family. These dollars can be earned in three easy steps. *Understand, Improve and Partner*

1. *Understand* - Learn more about yourself by completing a Health Risk Assessment or Biometric Screening.
2. *Improve* - Once you understand the area that you need to improve, take your next step. You can talk with our health coaches to get you started and track the progress in areas like quitting smoking, weight loss, understanding and maintaining your diabetes (or other disease management) or managing the stress in your busy life.
3. *Partner* - Take your activities to the next level by getting your annual physical, eye or dental exam. These providers can recommend additional programs available to you. Once completed, these programs can improve your health and you earn incentive dollars!

Covered Services	Participating Provider
Annual deductible ¹	\$3,750 (individual) / \$7,500 (family)
Annual Health Incentives Dollars	\$500 (individual) / \$1,000 (family)
Annual out-of-pocket limit	\$6,050(individual) / \$12,100 (family)
Plan payment level	You pay 10% after deductible
Lifetime benefit limit	Unlimited
Pre-existing condition limitations	None
Precertification requirements	Provider responsibility
Provider Medical Services²	
Adult Care	
Preventive/health screening examination	Covered at 100%, You pay \$0
Pediatric Care	
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	
Screening gynecological exam	Covered at 100%, You pay \$0
Screening Pap test and Mammogram	Covered at 100%, You pay \$0
Provider office visit (for illness or injury)	You pay 10% after deductible
Medical/Surgical services	You pay 10% after deductible
Hospital Services	
Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies	You pay 10% after deductible
Emergency Services	
Emergency Care	You pay 10% after deductible
Urgent Care	You pay 10% after deductible

- ¹ The Family Deductible must be met by one or more Members of the family before benefits will be paid.
- ² Preventive Services will be covered with no member cost sharing as required by PPACA
- ³ If the brand-name drug is dispensed instead of the generic equivalent, you must pay the copayment associated with the brand-name drug as well as the retail price difference between the brand-name drug and the generic drug.

This summary is meant to assist in the 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.

Diagnostic Services	
Imaging (Advanced and Other)	You pay 10% after deductible
Lab and other services	You pay 10% after deductible
Medical Therapy Services	
Chemotherapy, radiation, infusion therapy, dialysis treatment	You pay 10% after deductible
Rehabilitation Therapy Services	
Physical, speech, and occupational	You pay 10% after deductible Covered up to 60 visits per Benefit Period for all three therapies combined.
Other Medical Services	
Skilled nursing facility	You pay 10% after deductible Limit of 100 days per Benefit Period
Home health care	You pay 10% after deductible
Hospice care	You pay 10% after deductible
Therapeutic manipulation	You pay 10% after deductible Limit of 25 visits per Benefit Period
Podiatric care	You pay 10% after deductible
Allergy testing and serum	You pay 10% after deductible
Durable medical equipment and corrective appliances	You pay 10% after deductible
Fertility testing	You pay 10% after deductible
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083	
Behavioral health	
Inpatient / Outpatient	You pay 10% after deductible
Substance abuse services	
Inpatient detoxification	You pay 10% after deductible
Inpatient / Outpatient rehab	You pay 10% after deductible
Prescription Drug Coverage— The Your Choice pharmacy program will apply (Mandatory Generic).	
	Subject to Plan Deductible
Retail prescription drug ³ <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy 	You pay \$8 for generic drugs You pay \$38 for preferred brand drugs You pay \$76 for non-preferred brand drugs 90-day maximum retail supply
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 our contracted specialty pharmacy provider (List available upon request). 	You pay \$76 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 \$16 for generic drugs You pay \$76 for preferred brand drugs You pay \$152 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.
TTY service: 1-800-361-2629

UPMC HEALTH PLAN

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