Summary of Benefits
UPMC Health Plan
HSA 2,500/100 15/30/50

Covered Services	Participating Provider	Non-Participating Provider
Annual deductible[1]		
Individual	$2,500 - combined	
Family[2]	$5,000 - combined	
Annual out-of-pocket limit		
Individual	$1,500[3]	$10,000
Family	$3,000	$20,000
Plan payment level	Covered at 100% after deductible	You pay 20% after deductible
Lifetime benefit limit	Unlimited	Unlimited
Primary care provider (PCP) required	No	No
Pre-existing condition limitations	None	None
Precertification requirements	Provider responsibility	Member responsibility - $500 penalty per incident for failure to pre-certify non emergency inpatient admissions
Provider Medical Services[4]		
Adult Care		
Preventive/health screening examination	Covered at 100%, You pay $0	Not covered
Pediatric Care		
Preventive/health screening examination	Covered at 100%, You pay $0	Not covered
Pediatric immunizations	Covered at 100%, You pay $0	You pay 20% (deductible does not apply)
Well-baby visits	Covered at 100%, You pay $0	Not covered
Women's Care		
Screening gynecological exam	Covered at 100%, You pay $0	You pay 20% (deductible does not apply)
Screening Pap test and Screening Mammogram	Covered at 100%, You pay $0	You pay 20% (deductible does not apply)
Provider office visit (for illness or injury)	Covered at 100% after deductible	You pay 20% after deductible
Medical/surgical services	Covered at 100% after deductible	You pay 20% after deductible
Hospital Services		
Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies	Covered at 100% after deductible	You pay 20% after deductible
Emergency Services		
Emergency care coverage	Covered at 100% after deductible	Covered at 100% after deductible
Urgent care facility	Covered at 100% after deductible	You pay 20% after deductible
Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc)	Covered at 100% after deductible	You pay 20% after deductible
Other imaging (e.g., X-ray, Sonogram, etc.)	Covered at 100% after deductible	You pay 20% after deductible
Lab and other services	Covered at 100% after deductible	You pay 20% after deductible
Medical Therapy Services		
Chemotherapy, radiation, infusion therapy, dialysis treatment	Covered at 100% after deductible	You pay 20% after deductible
Rehabilitation Therapy Services		
Physical, speech, and occupational	Covered at 100% after deductible	You pay 20% after deductible
	Covered up to 60 visits per Benefit Period for all three therapies combined.	

Covered Services	Participating Provider	Non-Participating Provider
Other Medical Services		
Skilled nursing facility	Covered at 100% after deductible	You pay 20% after deductible
	Limit of 100 days per Benefit Period	
Home health care	Covered at 100% after deductible	You pay 20% after deductible
Hospice care	Covered at 100% after deductible	You pay 20% after deductible
Therapeutic manipulation	Covered at 100% after deductible	You pay 20% after deductible
	Limit of 25 visits per Benefit Period	
Podiatric care	Covered at 100% after deductible	You pay 20% after deductible
Allergy testing and serum	Covered at 100% after deductible	You pay 20% after deductible
Durable medical equipment and corrective appliances	Covered at 100% after deductible	You pay 20% after deductible
Fertility testing	Covered at 100% after deductible	You pay 20% after deductible
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083		
Behavioral health		
Inpatient	Covered at 100% after deductible	You pay 20% after deductible
Outpatient	Covered at 100% after deductible	You pay 20% after deductible
Substance abuse services		
Inpatient detoxification	Covered at 100% after deductible	You pay 20% after deductible
Inpatient rehabilitation	Covered at 100% after deductible	You pay 20% after deductible
Outpatient rehabilitation	Covered at 100% after deductible	You pay 20% after deductible

Prescription Drug Coverage– The *Your Choice* pharmacy program will apply (Mandatory Generic).	**Subject to Plan Deductible**
Retail prescription drug[5] • Prescriptions must be dispensed by a participating pharmacy	You pay $15 copayment for generic drugs You pay $30 copayment for preferred brand drugs You pay $50 copayment for non-preferred brand drugs 90-day maximum retail supply available for 3 copayments
Specialty prescription drug[5] • 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 $50 copayment for specialty drugs 30-day maximum specialty supply
Mail-order prescription drug[5] • A three month supply (up to 90 days) of medication may be dispensed through the contracted mail service pharmacy.	You pay $30 copayment for generic drugs You pay $60 copayment for preferred brand drugs You pay $100 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.
TTY service: 1-800-361-2629

[1] If care is out-of-network, benefits are paid at a lower level after your annual deductible is met. If you go to an out-of-network provider, you also may have to pay the difference between the provider's charge and the UPMC Health Network, Inc. payment (reasonable and customary amount). Deductible applies to all services except preventive services.

[2] The Family Deductible must be met by one or more Members of the family before benefits will be paid.

[3] The annual out-of-pocket maximum excludes the deductible. The in-network out-of-pocket limit must be met before pharmacy benefits are payable at 100%.

[4] 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.

[5] 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.

UPMC HEALTH PLAN

One Chatham Center
112 Washington Place
Pittsburgh, Pennsylvania 15219

www.upmchealthplan.com

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.