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]	$3,000
Family	$3,000	$6,000
Plan payment level	100% after deductible	80% after deductible
Lifetime benefit limit	Unlimited	$1,000,000
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
Preventive Care[4]		
Adult		
Routine physical exam	100% (deductible does not apply)	Not covered
Pediatric		
Routine physical exam	100% (deductible does not apply)	Not covered
Pediatric immunizations	100% (deductible does not apply)	80% (deductible does not apply)
Well-baby visits	100% (deductible does not apply)	Not covered
Women's Care		
Routine gynecological exam	100% (deductible does not apply)	80% (deductible does not apply)
Routine Pap test and routine mammogram	100% (deductible does not apply)	80% (deductible does not apply)
Physician Services		
Physician office visit (for illness or injury)	100% after deductible	80% after deductible
Medical/surgical services	100% after deductible	80% after deductible
Hospital Services		
Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies	100% after deductible	80% after deductible
Emergency Services[5]		
Emergency care coverage	100% after deductible	80% after deductible
Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc)	100% after deductible	80% after deductible
Other imaging (e.g., X-ray, Sonogram, etc.)	100% after deductible	80% after deductible
Lab and other services	100% after deductible	80% after deductible
Medical Therapy Services		
Chemotherapy, radiation, infusion therapy, dialysis treatment	100% after deductible	80% after deductible
Rehabilitation Therapy Services		
Physical, speech, and occupational	100% after deductible	80% 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	100% after deductible	80% after deductible
	Limit of 100 days per Benefit Period	
Home health care	100% after deductible	80% after deductible
Hospice care	100% after deductible	80% after deductible
Therapeutic manipulation	100% after deductible	80% after deductible
	Limit of 25 visits per Benefit Period	
Podiatric care	100% after deductible	80% after deductible
Allergy testing and serum	100% after deductible	80% after deductible
Durable medical equipment and corrective appliances	100% after deductible	80% after deductible
Fertility testing	100% after deductible	80% after deductible
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083		
Behavioral health		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Substance abuse services		
Inpatient detoxification	100% after deductible	80% after deductible
Inpatient rehabilitation	100% after deductible	80% after deductible
Outpatient rehabilitation	100% after deductible	80% after deductible

Prescription Drug Coverage– The *Your Choice* pharmacy program will apply (Mandatory Generic).	**Subject to Plan Deductible**
Retail prescription drug[6] • Prescriptions must be dispensed by a participating pharmacy	$15 copayment for generic drugs $30 copayment for preferred brand drugs $50 copayment for non-preferred brand drugs 90-day maximum retail supply available for 3 copayments
Specialty prescription drug[6] • 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).	$50 copayment for specialty drugs 30-day maximum specialty supply
Mail-order prescription drug[6] • A three month supply (up to 90 days) of medication may be dispensed through the contracted mail service pharmacy.	$30 copayment for generic drugs $60 copayment for preferred brand drugs $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] Preventive care as defined by UPMC Health Plans standard PPO schedule of benefits.

[5] Emergency Services provided at participating facilities are covered at the higher benefit level. If it is not reasonably possible to seek treatment at a participating facility, and a member requires and receives emergency services at a non-participating facility, all charges for such covered services will be paid at the higher benefit level except any cost-sharing that is the member's responsibility.

[6] 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

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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.