

PROGRAM REQUIRING A LOCAL RESIDENCY

UPMC *for Life* HMO
And
Prescription Drug Plan (PDP)

UPMC *for Life*
UPMC Health Plan Medicare Program

UPMC *for Life*

2007 University of Pittsburgh HMO Plan Design

In order to receive the highest level of benefits, you must receive care from your primary care physician (PCP) or network providers/facilities. If you choose to go to a provider or facility outside of the UPMC *for Life* network, you must pay for the services yourself.

Covered Services	Benefit
INPATIENT CARE	
Inpatient Hospital	100% covered
Inpatient Mental Health/Substance Abuse	100% covered (limit 190 days in a psychiatric hospital)
Skilled Nursing Facility	\$0 each day for days 1-100 (limit of 100 days per benefit period)
Home Health Care	100% covered
Hospice	Medicare-covered benefit
OUTPATIENT CARE	
PCP Visit	\$10 copay per visit
Routine Physical Exam	100% covered, one exam per year
Specialist Visit	\$15 copay per visit
Chiropractic Services	\$15 copay per visit
Routine Chiropractic Visits	\$15 copay per visit; limit of 6 visits per year
Podiatry Services	\$15 copay per visit
Routine Podiatry Visits	\$15 copay per visit; limit of 8 visits per year
Outpatient Mental Health/Substance Abuse	\$15 copay for each individual/group visit
Outpatient Surgery/ASC	100% covered
Ambulance Services	100% covered
Emergency Care	\$50 copay per visit (waived if admitted within 3 days)
Urgent Care	\$50 copay per visit (waived if admitted within 3 days)
Outpatient Therapy: includes Physical, Occupational and Speech Therapy	\$15 copay per visit
OUTPATIENT MEDICAL AND SUPPLIES	
Durable Medical Equipment	100% covered
Prosthetic Devices	100% covered
Diabetes Training & Supplies	<ul style="list-style-type: none"> • Diabetic training covered in full at 100%. • \$10 copay per item for diabetic supplies
Diagnostic Tests, X-Rays, & Labs	100% covered
PREVENTIVE SERVICES	
Bone Mass Measurement	100% covered
Immunizations	100% covered
Screening Exams – Colorectal Screening, Mammograms, Pap Smears, Pelvic Exams, Prostate Exams	100% covered + 1 additional exam per year
ADDITIONAL BENEFITS	
Dental Services	<ul style="list-style-type: none"> • \$20 copay oral exam and cleaning, every six months • \$20 copay bitewing x-ray, one per year • 20% restorative services, fillings and extractions

Covered Services	Benefit
ADDITIONAL BENEFITS continued...	
Hearing Services	<ul style="list-style-type: none"> • \$15 copay Medicare-covered hearing exams • \$15 copay routine hearing exam, one exam per year • \$15 copay for hearing aid fitting and evaluation, once every three years • \$1,000 allowance toward hearing aid(s), every three years (not to exceed the cost of aid)
Vision Services	<ul style="list-style-type: none"> • \$15 copay Medicare-covered eye exams • \$20 copay routine eye exam, one exam per year • Standard lenses (single, bifocal, trifocal) are covered in full; one pair every two years • \$150 allowance toward eyewear, one pair of frames or contacts every two years
Health & Wellness (includes fitness)	100% covered
Emergency Travel Assistance Benefit	100% covered
Part B Prescription Drugs	\$10 copay for Part B prescription drugs
Part D Prescription Drugs	<ul style="list-style-type: none"> • Unlimited annual prescription drug coverage • No deductible • 31-day Retail Copays: <ul style="list-style-type: none"> * \$5/\$20/\$40/25%/25%¹ • 90-day Retail Copays: <ul style="list-style-type: none"> * \$10/\$40/\$80/25%/25%¹ • 90-day Mail Order Copays: <ul style="list-style-type: none"> * \$10/\$40/\$80/25%/25%¹ • After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of: <ul style="list-style-type: none"> * \$2.15 for generic or preferred brand drugs, and * \$5.35 for all other drugs, or * 5% coinsurance • Out-of-network prescription drugs covered only in emergency²

NOTE: UPMC Health Plan, Inc. has determined that the prescription drug coverage offered by this employer group plan for 2007 is creditable coverage.

¹ You have a 5-tier prescription drug formulary. The copay structure listed above is: Generic, Preferred Brand, Non-Preferred Brand, Low Cost Injectable and Specialty-Drugs. Out-of-network prescription drugs covered only in an emergency.

² If you use an Out-of-Network pharmacy, you must pay the full cost of the prescription, at the point of sale. You will **not** be reimbursed for the difference between UPMC *for Life* allowed amount and the total billed amount for the prescription drug.