

NATIONAL AND LOCAL PROGRAM

The UPMC National Complementary Plan
And
UPMC *for Life* Prescription Drug Plan (PDP)

UPMC HEALTH BENEFITS, INC.

UPMC *for Life*

UPMC Health Plan Medicare Program

UPMC Health Benefits Inc.

an affiliate of UPMC Health Plan

2007 National Complementary Plan & PDP Benefit Grid

University of Pittsburgh

Hospital Services ⁽¹⁾

Covered Services	Benefits
INPATIENT HOSPITALIZATION Includes: <ul style="list-style-type: none">Inpatient Mental HealthInpatient Substance Abuse	<ul style="list-style-type: none">You pay a \$100 inpatient deductible on your first hospital stay per year.UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid and the \$100 deductible has been met.UPMC Complementary Plan will pay up to 365 days additional coverage after primary coverage has exhausted.
SKILLED NURSING FACILITY CARE ⁽²⁾	<ul style="list-style-type: none">For days 1-100, UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid.You pay all costs for days 101 and after per benefit period.
HOME HEALTH	<ul style="list-style-type: none">UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
HOSPICE CARE ⁽³⁾	<ul style="list-style-type: none">UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

Medical Services ⁽⁴⁾

Covered Services	Benefits
PHYSICIAN VISITS Includes: <ul style="list-style-type: none">Primary Care Physicians (PCP)SpecialistsChiropractic Services (non-routine)Podiatry Services (non-routine)Outpatient Mental Health VisitsOutpatient Substance Abuse Visits	<ul style="list-style-type: none">UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.Routine chiropractic care and routine podiatry care is not covered by the plan.
EMERGENCY SERVICES, SURGICAL SERVICES, and AMBULANCE	<ul style="list-style-type: none">UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
DIAGNOSTIC TESTS, X-RAYS , LABS Includes: <ul style="list-style-type: none">Laboratory tests & x-raysRadiation TherapyMRI, MRA, CT scans, PET scans, Nuclear MedicineBlood	<ul style="list-style-type: none">UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

Medical Services ⁽⁴⁾

Covered Services	Benefits
DURABLE MEDICAL EQUIPMENT, SUPPLIES AND PART B DRUGS: Includes: <ul style="list-style-type: none"> • Durable Medical Equipment • Prosthetics • Diabetes Supplies & Training • Part B drugs 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
REHABILITATION SERVICES Includes: <ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Speech Therapy 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
PREVENTIVE SERVICES Includes: <ul style="list-style-type: none"> • Immunizations • Pap Smear and Pelvic Exam • Mammogram • Prostate Exam • Colorectal Screening Exams 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of costs after the primary carrier has paid.

Additional Benefits

Covered Services	Benefits
HEARING SERVICES Includes: <ul style="list-style-type: none"> • 1 routine hearing test per year. • 1 fitting evaluation for a hearing aid(s), every three years (each ear). • 1 hearing aid allowance every three years (not to exceed the cost of the aid). • This benefit is administered on a rolling calendar year; since your last visit or service. 	<ul style="list-style-type: none"> • You pay \$25 copay for a routine hearing test; up to 1 test per year. • You pay \$25 copay for a fitting evaluation for a hearing aid(s); up to 1 fitting evaluation(s) every three years. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing test and fitting. • UPMC Complementary Plan will pay up to \$1,000 for hearing aid(s) every three years. You are responsible for any costs above \$1,000 for the hearing aid(s).
VISION SERVICES Includes: <ul style="list-style-type: none"> • 1 routine eye exam per year. • 1 pair of standard, bifocal, or trifocal lenses every two years. • 1 eyewear service every two years for frames or contact lenses. • This benefit is administered on a rolling calendar year, since your last visit or service. 	<ul style="list-style-type: none"> • You pay \$25 copay for a routine eye exam; up to 1 test per year. • UPMC Complementary Plan will pay the remainder balance after the copayment has been met on the eye exam. • UPMC Complementary Plan will pay up to \$150 for eyewear every two years. You are responsible for any costs above \$150 for frames and contact lenses.

Additional Benefits

Covered Services

TRAVEL ASSISTANCE ⁽⁵⁾

Includes:

- Emergency Worldwide Travel Assistance

Benefits

- UPMC Complementary Plan pays qualified services at 100%.
- Travel Assistance must be obtained through Assist America.

Prescription Drug Coverage

Covered Services

Part D Prescription Drugs

Benefits

- **Unlimited** annual prescription drug coverage
- No deductible
- 31-day Retail Copays:
 - * \$10/\$20/\$40/25%/25%⁴
- 90-day Retail Copays:
 - * \$20/\$40/\$80/25%/25%¹
- 90-day Mail Order Copays:
 - * \$20/\$40/\$80/25%/25%¹
- **After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:**
 - * \$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**

1	Please submit claims to your Primary Insurance Carrier, prior to submitting to UPMC Health Benefits Inc. Complementary Plan. (Primary Carrier e.g., Medicare, Veteran's Administration, Aetna).
2	A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.
3	A Medicare-certified Hospice must be used for Hospice services.
4	Please submit claims to your Primary Insurance Carrier, prior to submitting to UPMC Health Benefits Inc. Complementary Plan. (Primary Carrier e.g., Medicare, Veteran's Administration, Aetna).
5	Assist America must be used for all Emergency Travel Assistance benefits.

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

⁴ 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.