

**Your 2024 UPMC *for Life*  
Plan Designs**

County of Cambria

**UPMC *for Life***  
UPMC Health Plan Medicare Program

# **This booklet contains your plan benefit design for 2024.**

Your plan designs let you know what your retirees can expect to pay for the benefits and services included in their plan. The benefit designs have been updated to follow any changes in federal requirements or regulations for 2024. Please review this detailed plan information carefully.

If you have questions regarding your plan or plan options, please contact your group benefit administrator **Marsha Perry** at **perrym10@upmc.edu**.

<b>UPMC for Life 2024 HMO Custom - County of Cambria</b>	
Plan Design	HMO Custom
Premium	
<b>ANNUAL MAXIMUMS</b>	
Annual Deductible	\$0
Maximum Out-of-Pocket	\$3,400
<b>INPATIENT CARE</b>	
Inpatient Hospital/ Mental Health Care (per stay) *	\$0 copay
Skilled Nursing Facility (days 1-100) (100 day limit) *	\$0 copay
Blood (3 pints)	\$0 copay
Home Health Care *	\$0 copay
Home Health Care (Telehealth) *	\$0 copay
<b>OUTPATIENT CARE</b>	
Primary Care Physician (PCP) Visits	\$0 copay
Primary Care Physician (PCP) Visits (Telehealth)	\$0 copay
Specialist Visits	\$0 copay
Specialist Visits (Telehealth)	\$0 copay
Chiropractic Services (Medicare-covered) *	\$0 copay
Chiropractic Services (Routine) (8 visits every year) *	\$0 copay
Podiatry Services (Medicare-covered)	\$0 copay
Podiatry Services (Routine) (10 visits every year)	\$0 copay
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse	\$0 copay
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse (Telehealth)	\$0 copay
Opioid Treatment Services	\$0 copay
Partial Hospitalization	\$0 copay
Outpatient Surgery and Ambulatory Surgical Center (ASC)/Observation *	\$0 copay
Ambulance Services (Ground & Air) *	\$0 copay
Ambulance Services (Treat no Transport)	Not Covered
Emergency Care (waived if admitted within 3 days)	\$0 copay
Urgently Needed Care (Clinics)	\$0 copay
Outpatient Rehab Services (PT, OT, ST) *	\$0 copay
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0 copay
<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
Durable Medical Equipment (DME)/Oxygen *	\$0 copay
Prosthetic Devices and Medical Supplies *	\$0 copay
Diabetes Training	\$0 copay
Diabetes Training (Telehealth)	\$0 copay
Diabetic Monitors and Test Strips - LifeScan Only	\$0 copay
Diabetic Supplies - All Other Brands *	\$0 copay
Diabetic Shoes or Inserts	\$0 copay
Part B Drugs - Insulin (up to \$35 copay/ 30 day supply)	\$0 copay
Part B Drugs *	\$0 copay
Kidney Disease Training	\$0 copay
Renal Dialysis (ESRD)	\$0 copay
Lab Services (per day per facility)	\$0 copay
Diagnostic Procedures/Tests (per day per facility)*	\$0 copay
Diagnostic X-Ray Services (Basic Imaging) (per service)	\$0 copay
Diagnostic Radiological Services (Advanced Imaging)(per service) *	\$0 copay
Therapeutic Radiological Services (Radiation) (per service)	\$0 copay

<b>UPMC for Life 2024 HMO Custom - County of Cambria</b>	
Plan Design	HMO Custom
Premium	
<b>PREVENTIVE SERVICES</b>	
Immunizations	\$0 copay
Annual Wellness Visit	\$0 copay
Screening Exams	\$0 copay
<b>SUPPLEMENTAL BENEFITS</b>	
<b>Dental Services</b>	
Dental Services (Medicare-covered)	\$0 copay
Preventive Dental Benefit:	
Cleaning	Not Covered
Routine Oral Exam	Not Covered
Limited Oral Exam	Not Covered
Comprehensive Oral Exam	Not Covered
Bitewing X-rays	Not Covered
Panoramic X-rays	Not Covered
Restorative Dental Benefit	Not Covered
<b>Hearing Services</b>	
Hearing Services (Medicare-covered)	\$0 copay
Hearing Exam (Routine) (1 every year)	\$20 copay
Hearing Aid Fitting (Routine) (1 every year)	\$20 copay
Hearing Aids (Routine) (1 every year)	\$690-\$1,890 copay
<b>Vision Services</b>	
Vision Services (Medicare-covered)	\$0 copay
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Vision Exam (Routine) (1 every year)	\$0 copay
Vision Eyewear (Routine) (1 every year)	\$250 allowance
<b>Other Services</b>	
Counseling Services (Resources for Life) (6 sessions per issue)	\$0 copay
Fitness Benefit (SilverSneakers and personal training session) (1 every year)	\$0 copay
Health and Wellness Benefit (Rx Well) (1 every year)	\$0 copay
Home Safety Items (3 items every year)	\$0 copay
In-Home Safety Assessment (1 every year)	\$0 copay
Nurse Advice Line	\$0 copay
Over-the-counter (OTC) Items	Not Covered
Palliative Care (including eligible meals) (56 meals for 28 days)	\$0 copay
Remote Technologies (AnywhereCare eVisits)	\$0 copay
Routine Physical Exam	Not Covered
Smoking and Tobacco Use Cessation (4 addtl sessions)	\$0 copay
Support for Caregivers (Resources for Life) (6 sessions )	\$0 copay
Support for Caregivers (Powerful Tools for Caregivers)	\$0 copay
Transportation	Not Covered
Worldwide Emergency Travel Assistance Coverage	\$0 copay
<b>ADDITIONAL BENEFIT PROGRAMS</b>	
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee

\* Requires Prior Authorization

**UPMC for Life 2024 HMO Custom - County of Cambria**

**Part D Prescription Drugs**

<b>DEDUCTIBLE STAGE</b>	There is no deductible for Part D prescription drugs.					
<b>Rx Deductible</b>	\$0					
<b>INITIAL COVERAGE STAGE</b>	Member pays cost-sharing amounts below until total yearly costs reach the Initial Coverage Limit.					
<b>Initial Coverage Limit (ICL)</b>	\$5,030					
	Retail pharmacy			Mail-order	LTC	OON
	30 day supply	60 day supply	100 day supply	100 day supply	30 day	31 day
	Standard	Standard	Standard	Standard	Standard	Standard
<b>Tier 1:</b> Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2:</b> Generic Drugs	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 3:</b> Preferred Brand Drugs	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 4:</b> Non-Preferred Drugs	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 5:</b> Specialty Drugs	\$10	n/a	n/a	n/a	\$10	\$10
<b>IRA - Insulin</b>	\$10	\$20	\$20	\$20	\$10	\$10
<b>COVERAGE GAP STAGE</b>	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage.					
<b>Out-of-Pocket Limit (TrOOP)</b>	\$8,000					
<b>Coverage in the Coverage Gap</b>	Full Wrap-around Gap Coverage: Member pays the same cost-sharing in the coverage gap as the initial coverage stage for Tier 1-5 drugs.					
<b>CATASTROPHIC COVERAGE STAGE</b>	Once a member has hit the catastrophic coverage phase, there is no cost sharing responsibility.					