

2021

Summary of Benefits

January 1, 2021 - December 31, 2021

Plan Names:

UPMC National Complementary Plan

UPMC *for Life* Prescription Drug Plan (PDP)

County of Cambria

**HERE'S THE
PLAN**

UPMC *for Life*

UPMC Health Plan Medicare Program

Here's how to get started

This Summary of Benefits booklet gives you a summary of what UPMC National Complementary Plan and UPMC *for Life* Prescription Drug Plans (PDP) cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. You can view a complete list of services we cover in the Certificate of Coverage or Evidence of Coverage documents. Call us to have a Certificate of Coverage or Evidence of Coverage mailed to you. You can also view these documents on our plan website at www.upmchealthplan.com/medicare by clicking on Additional Documents and Forms in the upper right corner of the homepage.

It's important to understand what options are available to you as a Medicare beneficiary. **Use this Summary of Benefits booklet to review and learn about the extra benefits UPMC National Complementary Plan members enjoy, and get information on how to contact us if you have questions or need help.**

Note: Please submit claims to your primary insurance carrier (e.g., Medicare), prior to submitting to UPMC Health Benefits, Inc. Our plan is primary for extra services, like fitness and covered routine services. See your Certificate of Coverage for more information. If you obtain services from a provider that is non-participating with your primary insurance (e.g., Medicare) and no payment is made; UPMC Health Benefits, Inc., will not pay for these services either.

The UPMC National Complementary Plan is a health plan designed specifically for employer group retirees who:

1. Reside in the state of Pennsylvania
2. May live outside the state of Pennsylvania and whose employer is located in Pennsylvania.

To join UPMC *for Life* PDP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and meet the requirements of membership established by your employer group sponsor. Eligible individuals may enroll in **ONLY** one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage plan (HMO, PPO). The service area for this plan includes the entire United States.

Contact us



Call us.

Current members:

Call toll-free: **1-877-539-3080**

TTY users should call **711**

Hours of operation:

- **October 1 – March 31:** seven days a week from 8 a.m. to 8 p.m.
- **April 1 – September 30:** Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m.

If you are not a current member:

Call toll-free: **1-877-381-3765**

TTY users should call **711**

Hours of operation:

- **October 1 – December 31:** seven days a week from 8 a.m. to 8 p.m.
- **January 1 – September 30:** Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.



Click.

Visit us at **www.upmchealthplan.com/medicare**. Our website allows you to find providers and check prescriptions. If you have questions or need help, you can use our chat feature to connect directly with a licensed UPMC Medicare Advisor.

Medicare & You

If you want to know more about the coverage and costs of Original Medicare, look in your current “*Medicare & You*” handbook that you received in the fall. You can view this document online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

UPMC National Complementary Plan

Benefit	Plan Pays	You Pay
<p>Inpatient Hospitalization Includes:</p> <ul style="list-style-type: none"> Inpatient mental health care Inpatient substance abuse 	<ul style="list-style-type: none"> UPMC Complementary Plan pays up to 100% of the remaining medically necessary costs after the primary carrier has paid. UPMC Complementary Plan will pay up to 365 days additional coverage (per lifetime) for medically necessary stays after the primary coverage has been exhausted. 	<ul style="list-style-type: none"> You pay \$0. After your primary coverage has been exhausted and the UPMC Complementary Plan has paid for 365 days additional coverage (per lifetime), you pay all costs.
<p>Skilled Nursing Facility (SNF) Care</p> <ul style="list-style-type: none"> A benefit period begins the first day you receive services as an inpatient or skilled nursing facility patient and ends after you have been discharged from the facility and have not been readmitted to an inpatient and skilled nursing facility for 60 days in a row. 	<ul style="list-style-type: none"> For days 1-100, UPMC Complementary Plan pays up to 100% of the remaining medically necessary costs after the primary carrier has paid. Skilled nursing facility days above 100 days (per benefit period) are not covered by the UPMC Complementary Plan. 	<ul style="list-style-type: none"> You pay \$0 for days 1-100. You pay all costs for days 101 and after per benefit period.
<p>Home Health Care</p>	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.
<p>Hospice Care</p> <ul style="list-style-type: none"> A Medicare-certified hospice must be used for hospice services. 	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.
<p>Physician Visits Includes:</p> <ul style="list-style-type: none"> Primary Care Physicians (PCP) Specialists Chiropractic services Podiatry services Outpatient mental health visits Outpatient substance abuse visits Opioid treatment services 	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. Routine chiropractic care and routine podiatry care are not covered by the plan. 	<ul style="list-style-type: none"> You pay \$0.

UPMC National Complementary Plan

Benefit	Plan Pays	You Pay
Emergency Care and Urgently Needed Services	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. NOTE: Our plan is the primary carrier for medical emergency care outside of the United States. Non-emergency care or urgently needed care outside of the United States is not covered by the plan. 	<ul style="list-style-type: none"> You pay \$0.
Outpatient Surgical Services and Ambulance	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.
Diagnostic Tests, X-rays, and Labs Includes: <ul style="list-style-type: none"> Laboratory tests & x-rays Radiation Therapy MRI, MRA, CT scans, PET scans, and Nuclear medicine Blood 	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.
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 the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.
Rehabilitation Services Includes: <ul style="list-style-type: none"> Physical therapy Occupational therapy Speech/Language therapy Cardiac rehabilitation Pulmonary rehabilitation <p>NOTE: The maintenance phase of cardiac and pulmonary rehabilitation is not covered.</p>	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. 	<ul style="list-style-type: none"> You pay \$0.

UPMC National Complementary Plan

Benefit	Plan Pays	You Pay
<p>Preventive Services Includes (Medicare-covered):</p> <ul style="list-style-type: none"> • Annual Wellness Exam • Immunizations (flu, pneumonia, Hepatitis B) • Mammogram • Pap smear and Pelvic Exam • Bone mass measurement • Prostate exam • Colorectal Screening Exams • HIV Screenings • Smoking and Tobacco Cessation Counseling (4 additional visits) • Includes all Medicare-covered preventive services 	<ul style="list-style-type: none"> • UPMC Complementary Plan pays 100% of the remaining costs after the primary carrier has paid, if applicable. • If Original Medicare would add coverage for additional preventive services during the year, UPMC Complementary plan would also add coverage for those services and pay up to 100% of the remaining costs after the primary carrier has paid. • Please refer to your Certificate of Coverage for additional information. 	<ul style="list-style-type: none"> • You pay \$0.
<p>Hearing Services** Includes:</p> <ul style="list-style-type: none"> • One routine hearing exam per year. • One hearing aid fitting every three years. • One hearing aid allowance every three years (not to exceed the cost of the aid). 	<ul style="list-style-type: none"> • UPMC Complementary Plan will pay for one routine hearing exam per year after the copayment has been met. • UPMC Complementary Plan will pay for one hearing aid fitting every three years after the copayment has been met. • UPMC Complementary Plan will pay up to a \$1,000 allowance for hearing aid(s) every three years. 	<ul style="list-style-type: none"> • You pay \$20 copay for a routine hearing exam. • You pay \$20 copay for a fitting evaluation for a hearing aid(s) • You are responsible for any costs above the \$1,000 allowance for the hearing aid(s).
<p>Vision Services** Includes:</p> <ul style="list-style-type: none"> • One routine eye exam every two years and one pair of eye glasses (including standard lens) or contact lenses every two years. • Routine eyewear includes the lenses and eyeglass frames or contact lenses (includes contact lens fitting exam) every two years. • Eyewear does not include lens options, such as tints, progressives, transition lenses, polish, and insurance. 	<ul style="list-style-type: none"> • UPMC Complementary Plan will pay for one routine vision exam every two years. • UPMC Complementary Plan will pay up to a \$250 allowance for covered routine vision eyewear every two years. 	<ul style="list-style-type: none"> • You pay \$0 copay for a routine vision exam. • You are responsible for any costs above the \$250 allowance for routine vision eyewear.

** This benefit is administered on a rolling benefit period, since your last service.

UPMC National Complementary Plan prescription drug costs

This plan has the following copays during the Initial Coverage Stage. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. If you reside in a long-term care facility, you pay the same copay as you would at a retail pharmacy. This plan does not have a deductible for Part D prescription drugs.

		30-day supply	90-day supply	
Coverage Stage	Tier	Retail Pharmacy	Retail Pharmacy	Mail-Order Pharmacy
Initial Coverage Stage You pay the copays to the right until your total yearly costs reach \$4,130. Total yearly drug costs are the drug costs paid by both you and your Part D plan.	Tier 1 Preferred Generic	\$0 copay	\$0 copay	\$0 copay
	Tier 2 Generic	\$4 copay	\$8 copay	\$8 copay
	Tier 3 Preferred Brand	\$12 copay	\$24 copay	\$24 copay
	Tier 4 Non-Preferred	\$24 copay	\$48 copay	\$48 copay
	Tier 5 Specialty	20% coinsurance	Not offered	20% coinsurance limited to a 30-day supply
Coverage Gap Stage	You will continue to pay the same drug copays in the Coverage Gap for Tier 1 through Tier 5 prescription drugs that you paid in the Initial Coverage Stage. Please refer to your Evidence of Coverage for additional information.			
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of 5% or \$3.70 for a generic drug or a drug treated like a generic and \$9.20 for all other drugs.			

Prescription drug coverage

UPMC *for Life* PDP has five levels of drug benefits. These levels are referred to in our prescription drug list (formulary) as Drug Tiers.

Drug Tier	Description
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred (generic and brand drugs)
5	Specialty

Check the UPMC *for Life* prescription drug list to make sure your medications are covered and that you understand your copays and cost-sharing with this plan. To see if the medication you are taking is covered, go to www.upmchealthplan.com/medicare or call us at the phone number on the third page of this booklet.

Where to fill your prescriptions

You can fill your prescriptions at network retail pharmacies and mail order pharmacies. You can take advantage of thousands of national and regional pharmacies. To find participating pharmacies near you, go to www.upmchealthplan.com/find or give us a call at the phone number on the third page of this booklet.

Mail order

If you're filling a 90-day maintenance prescription, you can use our mail-order pharmacy, Express Scripts. In most cases, the cost for a 90-day supply will cost less than three 30-day supply refills at a retail pharmacy. Our mail-order pharmacy will mail medications directly to you.

Find covered prescription drugs

Check the formulary for your plan to make sure your medications are covered and that you understand your copays and cost-sharing. To view your plan formulary, go to www.upmchealthplan.com/medicare/documents-and-forms. Choose the appropriate selections from the drop-down menus about the plan you are interested in and where you live.

1. Click the **Prescription Drug Coverage** tab
2. Click the **Prescription Drug Formulary Information** bar
3. Click on the link to your plan formulary

Extra benefits services

UPMC National Complementary Plan members get extra benefits that go above and beyond Original Medicare coverage. These services are an important part of joining a Medicare plan. This coverage can help you live healthier and gives you more value for your money.



Health Care Concierge

Our Health Care Concierge program is available to you **at no additional cost**. We are dedicated to providing you with personal assistance when you need it. With just one phone call, you can speak to someone who is knowledgeable about Medicare and how your health plan works!

We can help you:

- Research and find local doctors and hospitals.
- Check to see if a prescription drug is covered.
- Understand your health care costs.
- Get answers to benefit questions.
- Schedule doctor and preventive care appointments.
- Take advantage of your free gym membership and fitness benefits.



SilverSneakers[®] fitness program

All UPMC National Complementary Plans include a **FREE gym membership** to a participating fitness facility or the option to work out at home. You have unlimited access to participating locations. You also get **one FREE personal training session** each year at a participating facility.



Health coaching

A UPMC Health Plan health coach can help you make changes to improve your health and sustain your quality of life. **You can sign up for health coaching for free as a UPMC National Complementary Plan member.** Your health coach can help you create a plan to achieve your goals and stay motivated. We also have programs for chronic health conditions such as diabetes, cardiovascular disease, respiratory issues, and low back pain.



Stay safe at home

Choose up to **three-bathroom safety products**¹ each year **at no additional cost**. You can choose from products such as: a raised toilet seat, a transfer shower chair, a handheld showerhead, a nonslip bath mat, clamp-on tub rails, and a motion sensor light.



Worldwide emergency assistance

Assist America provides help **24/7 when you travel more than 100 miles** from home or to another country. This program connects you to resources like doctors, hospitals, pharmacies, and other services while you are traveling.

Here are some of the services Assist America can provide:

- Emergency medical evacuation
- Hospital admission assistance
- Medical monitoring
- Round-trip transportation for a family member or friend (if traveling alone)
- Help replacing forgotten prescriptions (additional costs may apply)
- Assistance with local language communications
- Member transportation if medically necessary
- Arranging for transport of mortal remains

Assist America does not replace your UPMC National Complementary Plan emergency benefits. If you have an emergency, go to the nearest hospital or urgent care facility. You will be covered under your UPMC National Complementary Plan medical coverage.



Telehealth benefit

You can virtually visit with your doctor over the phone or online if your provider participates in telehealth. Your provider must be in the same state as you during your visit. Talk to your doctor to see if using telehealth is right for you.



Personal counseling

UPMC National Complementary Plan members can receive **six counseling sessions** per issue per year with a trained and licensed counselor at **no additional cost**.



Tools for caregivers

You, your family members, and caregivers can receive **six caregiver counseling sessions** per year over the phone or in-person **at no additional cost**. Learn ways to reduce your feelings of loss, loneliness, or stress. Get resources to communicate effectively, make tough decisions, set goals, and solve problems.



Health care information at your fingertips

- **MyHealth OnLine.** This secure member website is your one-stop destination for health care tools. **You can view your plan benefits, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, and view claims.** You also have access to health and wellness tools that can help you make lifestyle changes. Once you become a UPMC National Complementary Plan member, we'll send you information on how to log in and get started.
- **UPMC Health Plan mobile app.** Our app allows you to search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, or pharmacist. You can download the app for FREE by searching "UPMC" in the Apple App Store or Google Play.

¹UPMC National Complementary Plan does not install bathroom safety devices or reimburse for costs associated with the installation of bathroom safety devices. UPMC National Complementary Plan is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

Other pharmacies are available in our network. This information is not a complete description of benefits.

UPMC *for Life* is a prescription drug plan with a Medicare contract. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., and UPMC Health Benefits Inc.

The UPMC National Complementary is a product of UPMC Health Benefits, Inc., an affiliate of UPMC Health Plan, Inc.

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