

**Your 2022 UPMC *for Life*  
Plan Designs**

County of Cambria - Medicare

# This booklet contains your plan benefit design for 2022.

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 2022. Please review this detailed plan information carefully.

If you have questions regarding your plan or plan options, please contact your group benefit administrator **Claudia Tyler** at [tylerca@upmc.edu](mailto:tylerca@upmc.edu).

**UPMC for Life 2022 HMO Custom - County of Cambria**

<b>Plan Design</b>	<b>HMO Custom</b>
<b>Premium</b>	<b>\$473</b>
<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
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 Supplies, Shoes or Inserts	\$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>PREVENTIVE SERVICES</b>	
Immunizations	\$0 copay
Annual Wellness Visit	\$0 copay
Screening Exams	\$0 copay

**UPMC for Life 2022 HMO Custom - County of Cambria**





Plan Design	HMO Custom
<b>SUPPLEMENTAL BENEFITS</b>	
<b>Dental Services</b>	
Dental Services (Medicare-covered)	\$0 copay
<b>Preventive Dental Benefit:</b>	
Cleaning	Not covered
Routine 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 3 years)	\$20 copay
Hearing Aids (Routine) (1 every 3 years)	\$500 allowance
<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 2 years)	\$0 copay
Vision Eyewear (Routine) (1 every 2 years)	\$250 allowance
<b>Other Services</b>	
Bathroom Safety Items (3 items every year)	\$0 copay
Counseling Services (Resources for Life ) (6 sessions per issue)	\$0 copay
Fitness Benefit (SilverSneakers and personal training session) (1 every year)	\$0 copay
In-Home Safety Assessment (1 every year)	\$0 copay
Nurse Advice Line	\$0 copay
Palliative Care (including eligible meals) (14 meals for 7 days)	\$0 copay
Remote Technologies (AnywhereCare eVisits)	\$0 copay
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
Worldwide Emergency Travel Assistance Coverage	
(Assist America Travel Benefit)	\$0 copay
<b>ADDITIONAL BENEFIT PROGRAMS</b>	
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee

**UPMC for Life 2022 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>	<b>\$0</b>					
<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>	<b>\$4,430</b>					
	<b>Retail pharmacy</b>			<b>Mail-order</b>	<b>LTC</b>	<b>OON</b>
	<b>30 day supply</b>	<b>60 day supply</b>	<b>90 day supply</b>	<b>90 day supply</b>	<b>30 day</b>	<b>31 day</b>
	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>
<b>Tier 1:</b>						
<b>Preferred Generic Drugs</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2:</b>						
<b>Generic Drugs</b>	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 3:</b>						
<b>Preferred Brand Drugs</b>	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 4:</b>						
<b>Non-Preferred Drugs</b>	\$10	\$20	\$20	\$20	\$10	\$10
<b>Tier 5:</b>						
<b>Specialty Drugs</b>	\$10	n/a	n/a	n/a	\$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>	<b>\$7,050</b>					
<b>Coverage in the Coverage Gap</b>	<b>Full Wrap-around Gap Coverage:</b> 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>	Member pays the greater of 5% or \$3.95 for a generic drug or a drug treated like a generic and \$9.85 for all other drugs.					

**UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2022 National Complementary with Rx - County of Cambria**

Plan Design	National Complementary w/Rx
<b>Premium</b>	<b>\$530</b>
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital/Mental Health Care</b>	<ul style="list-style-type: none"> <li>• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.</li> <li>• UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has exhausted.</li> </ul>
<b>Skilled Nursing Facility (days 1- 100 day)</b>  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.	<ul style="list-style-type: none"> <li>• For days 1-100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.</li> <li>• You pay all costs for days 101 and after the per benefit period.</li> </ul>
<b>Blood (3 pints)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Home Health Care</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
 <b>Home Health Care Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>OUTPATIENT CARE</b>	
<b>Primary Care Physician (PCP) Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
 <b>Primary Care Physician (PCP) Visits Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Specialist Visits</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
 <b>Specialist Visits Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Chiropractic Services (Medicare-covered)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Chiropractic Services (Routine)</b>	Routine chiropractic care is not covered by the plan.
<b>Podiatry Services (Medicare-covered)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Podiatry Services (Routine)</b>	Routine podiatry care is not covered by the plan.
<b>Outpatient Mental Health Services /Psychiatric Services/Substance Abuse</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
 <b>Outpatient Mental Health Services/Psychiatric Services/Substance Abuse Telehealth</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Opioid Treatment Services</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Partial Hospitalization</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Outpatient Surgery and Ambulatory Surgical Center (ASC)/ Observation</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Ambulance Services - (Ground &amp; Air)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Emergency Care</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Urgently Needed Care (Clinics)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Outpatient Rehab Services (PT, OT, ST)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>Cardiac/Pulmonary Rehab &amp; Supervised Exercise Therapy (SET)</b>	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

**UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2022 National Complementary with Rx - County of Cambria**

<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
Durable Medical Equipment (DME)/Oxygen	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Prosthetic Devices and Medical Supplies	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
 Diabetes Training Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Supplies, Shoes or Inserts	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Kidney Disease Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Renal Dialysis (ESRD)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Lab Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Procedures/Tests	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic X-Ray Services (Basic Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Radiological Services (Advanced Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Therapeutic Radiological Services (Radiation)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>PREVENTIVE SERVICES</b>	
Immunizations	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Annual Wellness Visit	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Screening Exams	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
<b>ADDITIONAL BENEFITS</b>	
<b>Hearing Services</b>	
Hearing Exam (Routine) <i>(1 every year)</i>	• You pay a \$20 copayment for 1 routine hearing exam every year.
Hearing Aid Fitting (Routine) <i>(1 every 3 years)</i>	• You pay a \$20 copayment for 1 routine fitting evaluation every 3 years.
Hearing Aids (Routine) <i>(1 every 3 years)</i>	• UPMC Complementary Plan will pay up to \$1,000 for hearing aid(s) every 3 years. You are responsible for any costs above \$1,000 for the hearing aid(s). • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.
<b>Vision Services</b>	
Vision Exam (Routine) <i>(1 every 2 years)</i>	• You pay \$0 copayment for 1 routine vision exam every 2 years.
Vision Eyewear (Routine) <i>(1 every 2 years)</i>	• UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every two years. You are responsible for any costs above \$250 for routine vision eyewear.
<b>Other Services</b>	
	• UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following:
Bathroom Safety Items	Bathroom safety items - 3 every year.
Counseling Services (Resources for Life)	Counseling services - 6 sessions per issue.
Fitness Benefit (SilverSneakers and personal training session)	Fitness Benefit (SilverSneakers) - 1 every year.
In-Home Safety Assessment	Not covered
Nurse Advice Line	Nurse advice line.
Palliative Care (including eligible meals)	Palliative care (including eligible meals) - 14 meals for 7 days.
Remote Technologies (AnywhereCare eVisits)	AnywhereCare eVisits.
Smoking and Tobacco Use Cessation	Smoking and tobacco use cessation - 4 add'l sessions.
Support for Caregivers (Resources for Life)	Support for caregivers (Resources for Life) - 6 sessions every year.
Support for Caregivers (Powerful Tools for Caregivers)	Support for caregivers (Powerful Tools for Caregivers).
Worldwide Emergency Coverage	• UPMC Complementary Plan pays qualified services at 100%. • Travel assistance must be obtained through Assist America.

**UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2022 National Complementary with Rx**

Part D Prescription Drugs						
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.					
Rx Deductible	<b>\$0</b>					
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Initial Coverage Limit.					
Initial Coverage Limit (ICL)	<b>\$4,430</b>					
	Retail pharmacy			Mail-order	LTC	OON
	30 day supply	60 day supply	90 day supply	90 day supply	30 day	31 day
	Standard	Standard	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$4	\$8	\$8	\$8	\$4	\$4
Tier 3: Preferred Brand Drugs	\$12	\$24	\$24	\$24	\$12	\$12
Tier 4: Non-Preferred Drugs	\$24	\$48	\$48	\$48	\$24	\$24
Tier 5: Specialty Drugs	20%	n/a	n/a	n/a	20%	20%
COVERAGE GAP STAGE	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.					
Out-of-Pocket Limit (TrOOP)	<b>\$7,050</b>					
Coverage in the Coverage Gap	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.					
CATASTROPHIC COVERAGE STAGE	Member pays the greater of 5% or \$3.95 for a generic drug or a drug treated like a generic and \$9.85 for all other drugs.					