

Here's why more and more
people are choosing
UPMC Health Plan

Allegheny County Employees



**“Highest Member Satisfaction
among Commercial Health
Plans in Pennsylvania”**

— J.D. Power

UPMC HEALTH PLAN



What's inside

Introduction.....	2
Getting care when and where you need it.....	4
Find a doctor near you	5
Preventive care services to help you stay well ...	7
Taking care of your behavioral health.....	7
Assist America travel coverage	8
Transition of care for new members.....	9
Pharmacy benefits you can depend on	10
Convenient home delivery of your medications.....	11
Extra benefits and services	12
Great care for moms and kids	14
Privacy and confidentiality.....	15
Utilization management.....	16
UPMC Premium Network	19
Schedule of Benefits	21
Pharmacy Review Form	28
Transition of Care Application	29
Non-discrimination notice.....	31
Translation services.....	32

A neighbor committed to making our home a healthier place to live and work

Thank you for your interest in UPMC Health Plan. For years we have led the way in this region with our innovative and affordable health plans. Our success is reflected in a growing membership that increases every single year. We were founded 20 years ago — and we've surpassed 3 million members!

The key to our growth? It's simple, really: It's all about the focus we place on our members. Our members truly are at the center of everything we do.

We offer high-quality products and services to our members and our community. And we work hard to deliver outstanding health care benefits, programs, and services so that our members can enjoy the best possible health and quality of life.

Need more information?

Call the UPMC Health Plan toll-free Open Enrollment Hotline at **1-844-791-7184** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. (TTY users should call 1-866-407-8762.) Or visit **upmchp.us/county**.

- **Better health** thanks to comprehensive coverage and our many health improvement programs.
- **Convenient access** to nationally recognized* doctors and hospitals who will help keep you healthy.
- **Less hassle and less wasted time** thanks to our award-winning** local customer service.

All of this adds up to peace of mind, a greater sense of security, and less worry about your health.

An innovative health plan should provide those things for you — and more. At UPMC Health Plan, that's exactly what we do.

* *U.S. News & World Report, America's Best Hospitals, 2016-2017*

** *2015 Stevie Award winner*

Proud to bring
good health home





Find a doctor near you

It's easy to find participating providers in your network. To search our online provider directory, go to upmchealthplan.com/find, then follow these steps:

- Select **Medical**.
- Enter the **Provider Last Name/Practice Name** and/or **City and ZIP code** where you need care.
- Under **Plan Name** choose **Premium Network Plans - PPO and EPO Plans**.

Getting care when and where you need it

Primary care physician (PCP): Your PCP is the gateway to all of your health care needs.

UPMC MyHealth 24/7 Nurse Line: Running a fever at 2 a.m. and not sure what to do? Have a general health question or need help with sickness or a minor injury? Call the UPMC MyHealth 24/7 Nurse Line and speak to a registered nurse.

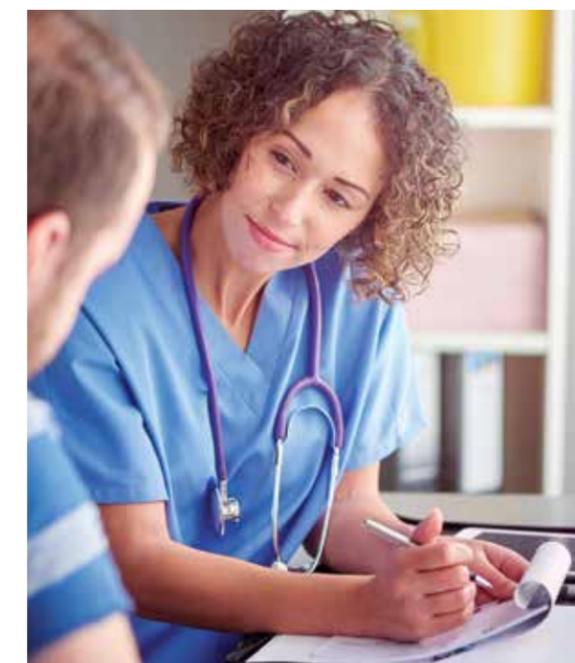
UPMC AnywhereCare: Have a virtual visit with a UPMC provider anytime, day or night from your smartphone, tablet, or computer. This service is best for non-serious conditions such as back pain, cold and flu symptoms, pink eye, and allergies.

Emergency and urgent care: If you believe your life or health is in serious danger, go immediately to the nearest emergency facility. If you aren't sure you have an emergency, call your PCP or the UPMC MyHealth 24/7 Nurse Line to explain your symptoms. When you need care right away but it's not an emergency, go to an urgent care facility.

Dependent out-of-area coverage: Your kids are covered up to age 26 no matter where they live. If your covered dependents live outside western Pennsylvania, they have access to great care — whether they're in college or working.

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Preventive care services to help you stay well

We believe the disease or condition that's easiest to treat is the one you never get. We cover many adult and child preventive services at 100 percent, which means you pay nothing. These services fall into three categories:

- Screenings
- Immunizations
- Health exams

Common adult screenings include cholesterol, blood pressure, and mammograms. Common adult immunizations include the tetanus, diphtheria, pertussis, and flu vaccines.

Taking care of your behavioral health

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer.

We have a strong focus on maintaining mental health and supporting recovery.

Whether you want to make small changes to improve your life or are in recovery from a significant behavioral health issue, we can help. Most important, we believe that recovery from mental illness and/or substance abuse is possible, and that you have a voice in your treatment.

Our staff includes licensed behavioral health clinicians who provide you with referrals that match your specific needs. These services include treatment for:

- Emotional difficulties.
- Bereavement issues.
- Marital or family problems.
- Mental health disorders.
- Substance abuse or dependence.

Assist America travel coverage

When you travel more than 100 miles from home — even around the world — you still have easy 24/7 access to care through our global emergency travel assistance partner, Assist America.

It's the nation's largest provider of emergency medical services for travelers, and it comes free of charge with your UPMC Health Plan coverage.

Among other benefits, you'll get immediate connection to medical resources, including doctors, hospitals, and pharmacies.

For more information about Assist America, call **1-800-872-1414** or visit **www.assistamerica.com**.

Worldwide  coverage



Call it portable peace of mind.
assist america®



Transition of care for new members

If you join UPMC Health Plan while receiving ongoing treatment by a health care provider who is not in the UPMC Health Plan network, you may request transition of care. UPMC Health Plan, in certain situations, may cover your ongoing treatment with your current health care provider.

The transition of care period may last up to 90 days, effective from your date of enrollment. UPMC Health Plan will consult with you and the provider and may extend the transition of care period beyond 90 days if clinically appropriate, as with pregnancies.

Please note: Transition of care is not automatic or guaranteed. To apply, you must complete and return a UPMC Health Plan Transition of Care Request form within 30 days of your coverage effective date. For more information, please call 1-844-791-7184.

Access to the quality
care you deserve

Pharmacy benefits you can depend on

Taking care of your health is simpler when you have quick and easy access to the prescriptions you need. Our pharmacy plan will provide that for you. It offers a wide variety of high-quality and effective generic and brand-name drugs.

Three key benefits of UPMC Health Plan's pharmacy coverage:

- 1. You get a personal review.** Your new prescription coverage with UPMC Health Plan may be different from your previous coverage. Some medications may not be covered, others may have a different cost, and so on. That's why we offer a personal review of your medications at no charge. One of our pharmacy staff will let you know if there are any potential issues and help you resolve them right away. To complete

your personal pharmacy review, go to upmchealthplan.com/pharmacyreview, or complete and return the pharmacy review form on page 28 of this booklet.

- 2. You get fast pharmacy service online.**

Through MyHealth OnLine you can:

- Search for a drug to see if it's covered.
- Find a pharmacy near you.
- Sign up for and refill mail-order prescriptions.
- View and print your prescription history and more.

- 3. You have low-cost, convenient options for getting your medications.** You'll have access to more than 30,000 pharmacies nationwide, including CVS, Giant Eagle, Rite Aid, Target, Wegmans (Erie only), and hundreds of independent pharmacies. Also, UPMC Health Plan contracts with Express Scripts to provide you with convenient home delivery of certain maintenance medications. For more on Express Scripts, see the next section.

Is your medication covered?

To see if your current prescription is covered by UPMC Health Plan, check the formulary (drug list) for your plan option by visiting <http://upmchp.us/pharmacybenefits>.



Convenient home delivery of your medications

UPMC Health Plan and Express Scripts work together to provide home delivery of your prescription medications. With Express Scripts, you get free standard shipping as well.

Home delivery works best for "maintenance" medications. These are medications you take long term for conditions like diabetes, high cholesterol, or high blood pressure. (You wouldn't use Express Scripts for cold or sinus infection medications, for example.)

Getting started: Once you become a UPMC Health Plan member, it's easy to transfer appropriate prescriptions to Express Scripts. Just go to Express-Scripts.com or call 1-800-282-2881.

Getting refills: You can either opt for auto-refill or contact Express Scripts when you have a month of medication remaining.

Quick tip: Go with a 30-day supply at first

If you are starting a new medication, it may be best to start with a 30-day supply from a retail pharmacy before requesting a 90-day supply via mail order. Why? This gives you and your doctor a chance to see if the drug is working and the dose is correct as well as make sure there are no serious side effects.

Extra benefits and services

We believe a health insurance company needs to do a lot more than pay your medical bills. Which is why we offer all sorts of benefits to help you live the healthiest life possible. Five of our favorites include:

MyHealth OnLine: A website you can go to every day for practical tips, tools, and strategies for better health. The site keeps all of your health information, all in one place.

Decision-making tools: You have access to simple tools to help you estimate out-of-pocket costs of medical procedures you are considering, check on treatment options, find the lowest-cost prescription medications, and more.



MyHealth Rewards discounts: As a member of UPMC Health Plan, you are eligible to receive discounts at participating businesses that encourage a healthy lifestyle as well as various others. These include gyms, spas, salons, health food stores, sporting goods stores, and more.

UPMC Health Plan mobile app: Staying healthy and on top of your health care is so easy with this powerful app. You can access your member ID card, chat with a Member Services rep, and check the status of your medical claims — anytime, anywhere.

Health coaching: Need help with a health goal such as losing weight, quitting smoking, managing depression or anxiety, or getting your diabetes under control? We have what you need. Our health coaches have specialized training to help you develop strategies to get and stay healthy.

Bringing good health
within reach



Great care for moms and kids

Maternity program: Healthy mom, healthy baby

UPMC Health Plan's maternity program supplements the high-quality care that pregnant women receive from their providers. The phone-based outreach focuses on enhancing positive outcomes for women and their babies. Our maternity nurses provide education on overall health, identify and eliminate barriers to care, help members establish goals, and help them make progress toward those goals during pregnancy. Referrals to lifestyle programs and community resources are made based upon individual needs.

Pediatric care program: Keeping kids healthy

Kids can be challenging at times, and things can be even tougher if your child has a complex medical condition, behavioral health needs, or a chronic condition such as asthma, diabetes, or epilepsy. That's where our pediatric program can help. Our care management team can help your child stay healthy by coordinating well-child and dental health visits and linking you to community resources for support. Our pediatric nurses and social workers will develop a personalized care plan based on your and your child's needs.



Privacy and confidentiality

At UPMC Health Plan we respect and protect your personal information. Your name, address, Social Security number, and birth date are confidential — along with any other health information that could identify you personally and any data we have about services you have received or the premiums you pay. UPMC Health Plan uses your personal health and financial information internally and with our contracted agents or providers only.

We use your personal information for:

- Your health care treatment.
- Health care operations that are required to provide that treatment.
- Payment of your health care claims.

We do not share your personal information with your employer, except as described in UPMC Health Plan's Notice of Privacy Practices. We will not disclose your information for any purpose beyond the three described above, unless you authorize us or the law requires us to. You have the right to access your medical records. You

should contact your health care provider directly for these files, since UPMC Health Plan does not create or maintain medical records.

Your privacy rights include the right to access, amend, restrict, and request an alternate communication method or alternate location for the information the Health Plan maintains. You also have the right to know any time the Health Plan discloses your personal health information beyond the three reasons described above. UPMC Health Plan policies and procedures protect personal health information for current, former, and prospective members (living or deceased) according to all applicable laws. These policies and procedures protect your information regardless of its format: oral, written, or electronic.

UPMC Health Plan complies with all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and monitors issues related to HIPAA. The Health Plan has a Notice of Privacy Practices document that details our commitment to protecting your personal information. This document can be found at www.upmchealthplan.com.

For questions concerning the privacy and confidentiality of your personal information, call UPMC Health Plan at the number on the back of your member ID card. For questions concerning the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083**.

Need more information?

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Utilization management: Making sure you get the medical services you need

Utilization management (UM) is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.

For more information about our UM program, you can call a Health Care Concierge in our Member Services Department. A Health Care Concierge is your personal contact at UPMC Health Plan. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also receive a copy of the criteria we use to make a UM decision.

Other information

This booklet is a summary of plan information and is not a complete description of the benefits and limitations under your plan. Plan benefits and limitations may vary between employers and may be subject to change from the descriptions herein. Consult your official plan materials and/or insurance certificate (where applicable) for specific benefit information.

In this document, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Coverage Inc. It may also refer to UPMC Health Benefits Inc. and UPMC Benefit Management Services Inc. This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. It is typically the responsibility of the medical provider to obtain any preservice approvals.

Services not covered

Your benefit plan may not cover certain products, services, and procedures. Non-covered items may vary by employer group. If you have questions about whether your benefit plan covers a specific product, service, or procedure, call the UPMC Health Plan Open Enrollment Hotline at **1-844-791-7184**. Services not covered include, but are not limited to, the following:

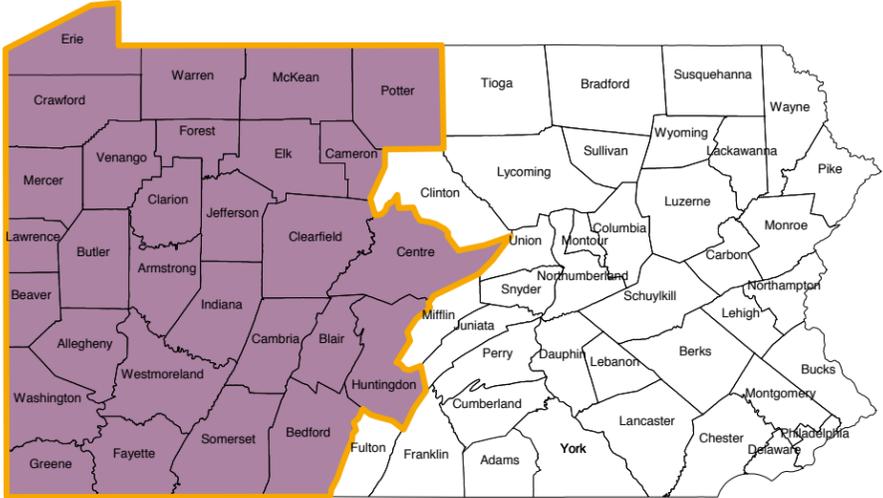
- Acupressure
- Aromatherapy, ayurvedic medicine, herbal medicine, homeopathy, massage therapy, naturopathy, relaxation therapy, transcendental meditation, and yoga
- Comfort or convenience items, such as air conditioners, television rental, or humidifiers
- Corrective appliances, including, but not limited to, arch supports, back braces, and orthopedic shoes, unless shoes are specifically required due to diabetes or peripheral vascular disease
- Cosmetic procedures
- Custodial care
- Court-ordered services (when not medically necessary)
- Experimental or investigative procedures
- Food supplements or vitamins (except prenatal vitamins and nutritional supplements required to be covered by state or federal mandate)
- Genetic counseling
- Hearing aids and routine hearing examinations and services
- Military service-connected disabilities and conditions
- Motor vehicle insurance or workers' compensation-covered services
- Services that are not medically necessary (as determined by UPMC Health Plan)
- Over-the-counter drugs
- Physical examinations given primarily at the request of a third party, including, but not limited to, attorneys, employers, insurers, schools, camps, and driver's licensing bureaus
- Surrogate motherhood





UPMC Premium Network

The UPMC Premium Network consists of UPMC-owned hospitals, physician practices, and medical facilities as well as community-based doctors, hospitals, and other medical providers located within the 29 counties in our service area, shown at right. Members can obtain services as outlined in their plan documents when seeking care from participating providers within the Premium Network.



■ Access to care from doctors and hospitals located in these counties.

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In-network hospitals

- Allegheny**
 Children’s Hospital of Pittsburgh of UPMC
 Heritage Valley Health System
 Heritage Valley Sewickley
 Jefferson Hospital
 Kindred Hospital - Pittsburgh
 Magee-Womens Hospital of UPMC
 LifeCare Hospitals of Pittsburgh – Main
 LifeCare Hospitals of Pittsburgh – Suburban
 LifeCare Hospitals of Pittsburgh – Monroeville
 Ohio Valley Hospital
 St. Clair Hospital
 Select Specialty Hospital - McKeesport

- Select Specialty Hospital - Pittsburgh
 The Children’s Home of Pittsburgh
 The Children’s Institute
 UPMC East
 UPMC McKeesport
 UPMC Mercy
 UPMC Montefiore
 UPMC Passavant - McCandless
 UPMC Presbyterian
 UPMC St. Margaret
 UPMC Shadyside
 Western Psychiatric Institute and Clinic of UPMC

- Armstrong**
 Armstrong County Memorial Hospital

- Beaver**
 Heritage Valley Health System - Heritage Valley Beaver
 Kindred Hospital - Heritage Valley

- Bedford**
 UPMC Bedford Memorial

- Blair**
 Nason Hospital
 Tyrone Hospital
 UPMC Altoona

Schedule of Benefits



Butler
Butler Memorial Hospital
UPMC Passavant - Cranberry

Cambria
Conemaugh Memorial Medical Center
Conemaugh Miners Medical Center
Select Specialty Hospital - Johnstown

Centre
Mount Nittany Medical Center

Clarion
Clarion Hospital

Clearfield
Penn Highlands Clearfield
Penn Highlands DuBois

Crawford
Meadville Medical Center
Titusville Area Hospital

Elk
Penn Highlands Elk - St. Marys Campus

Erie
Corry Memorial Hospital
Millcreek Community Hospital
Saint Vincent Hospital
Select Specialty Hospital - Erie
UPMC Hamot

Fayette
Highlands Hospital
Uniontown Hospital

Greene
Washington Health System
Greene

Huntingdon
J.C. Blair Memorial Hospital

Indiana
Indiana Regional Medical Center

Jefferson
Penn Highlands Brookville
Punxsutawney Area Hospital

Lawrence
Ellwood City Hospital
UPMC Jameson - North Campus
UPMC Jameson - South Campus

McKean
Bradford Regional Medical Center
Kane Community Hospital

Mercer
Grove City Medical Center
Sharon Regional Health System
UPMC Horizon - Greenville
UPMC Horizon - Shenango Valley

Potter
Cole Memorial Hospital

Somerset
Conemaugh Meyersdale Medical Center
Somerset Hospital
Windber Medical Center

Venango
UPMC Northwest

Warren
Warren General Hospital

Washington
Monongahela Valley Hospital
Washington Hospital

Westmoreland
Excelsa Health - Frick Hospital
Excelsa Health - Latrobe Area Hospital
Select Specialty Hospital - Laurel Highlands
Excelsa Health - Westmoreland Regional Hospital - Excelsa Health

For emergency services, any emergency department visit is covered at the in-network level. This information is subject to change. For the most up-to-date information, visit www.upmchealthplan.com/find.

**Allegheny County
PPO - Premium Network**

Deductible: \$300 / \$600
Coinsurance: 0%
Total Annual Out-of-Pocket: \$7,150 / \$14,300

Primary Care Provider: \$25 Copayment per visit
Specialist: \$25 Copayment per visit

Emergency Department: \$100 Copayment per visit
Rx: \$5/\$20/\$50/\$50

This document is your Schedule of Benefits. If you enroll in this plan, this Schedule of Benefits will be an important part of your Certificate of Coverage (COC). Your plan may also include a Summary Plan Description (SPD). If your plan has an SPD, it is issued by your employer or labor trust fund. It is not issued by UPMC Health Plan. An SPD either adds to or replaces your COC. It is important that you review and understand your COC and/or SPD because they describe in detail the services your plan covers. The Schedule of Benefits describes what you pay for those services.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary.

They must also meet all other criteria described in your COC and/or SPD. Criteria may include Prior Authorization requirements.

Please note that your plan may not cover all of your health care expenses, such as copayments and coinsurance. To understand what your plan covers, review your COC and/or SPD. You may also have Riders and Amendments that expand or restrict your benefits.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit www.upmchealthplan.com. You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

For more information on your plan, please refer to the final page of this document.

Plan Information	Participating Provider	Non-Participating Provider
Benefit Period	Plan Year	
Primary Care Provider (PCP) Required	Encouraged, but not required	
Pre-Certification and Prior Authorization Requirements	Provider Responsibility	Member Responsibility
		If you fail to obtain Prior Authorization for certain services, you may not be eligible for reimbursement under your plan. Please see additional information below.

Member Cost Sharing	Participating Provider	Non-Participating Provider
Annual Deductible		
Individual	\$300	\$4,500
Family	\$600	\$13,500

To search for a participating provider, please visit www.upmchealthplan.com.

Member Cost Sharing	Participating Provider	Non-Participating Provider
Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first: *When an individual within a family reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR *When a combination of family members' expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible.		
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.		
Coinsurance		
	You pay \$0 after Deductible.	You pay 50% after Deductible.
Copayments may apply to certain Participating Provider services.		
Annual Coinsurance Limit		
Individual	\$0	\$5,000
Family	\$0	\$15,000
Total Annual Out-of-Pocket Limit		
Individual	\$7,150	Not applicable
Family	\$14,300	Not applicable
Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first: *When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR *When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period.		
Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits. NOTE: For services rendered by Non-Participating Providers, only Coinsurance applies toward the Out-of-Pocket Limit.		
Preventive Services	Participating Provider	Non-Participating Provider
Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details.		
Pediatric Care and Immunizations		
Preventive/health screening examination	Covered at 100%; you pay \$0.	Not covered
Pediatric immunizations	Covered at 100%; you pay \$0.	You pay 50%. Deductible does not apply.
Well-baby visits	Covered at 100%; you pay \$0.	Not covered
Adult Care and Immunizations		
Preventive/health screening examination	Covered at 100%; you pay \$0.	You pay 50% after Deductible.
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay \$0.	Not covered
Women's Care		
Screening gynecological exam, including Pap test	Covered at 100%; you pay \$0.	You pay 50%. Deductible does not apply.
Mammograms, routine and medically necessary	Covered at 100%; you pay \$0.	You pay 50% after Deductible.

Covered Services	Participating Provider	Non-Participating Provider
Hospital Services		
Semi-private room, private room (if Medically Necessary and appropriate), surgery, pre-admission testing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Outpatient/ambulatory surgery	You pay \$0 after Deductible.	You pay 50% after Deductible.
Observation stay	You pay \$0 after Deductible.	You pay 50% after Deductible.
Maternity	You pay \$0 after Deductible.	You pay 50% after Deductible.
Emergency Services		
If you would like to speak to a registered nurse about a specific health concern, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591. You may also send an email using the Web Nurse Request system at www.upmchealthplan.com.		
Emergency department	You pay \$100 Copayment per visit. Copayment waived if you are admitted to hospital.	
Emergency transportation	You pay \$0 after Deductible.	
Urgent care facility	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Physician Surgical Services		
	You pay \$0 after Deductible.	You pay 50% after Deductible.
Provider Medical Services		
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay \$0 after Deductible.	You pay 50% after Deductible.
Adult immunizations not required to be covered by the ACA	You pay \$0 after Deductible.	Not covered
Primary care provider office visit	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Specialist office visit	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Convenience care visit	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Level 1 (e.g., non-specialist)	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Level 2 (e.g., specialist)	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Allergy Services		
Treatment, injections, and serum	You pay \$0 after Deductible.	You pay 50% after Deductible.
Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc.)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Other imaging (e.g., x-ray, sonogram, etc.)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Lab	You pay \$0 after Deductible.	You pay 50% after Deductible.
Diagnostic testing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Rehabilitation Therapy Services		
Physical and occupational therapy	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Cardiac rehabilitation	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to 12 weeks per Benefit Period.	
Pulmonary rehabilitation	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 24 visits per Benefit Period.	

Covered Services	Participating Provider	Non-Participating Provider
Habilitation Therapy Services		
Physical and occupational therapy	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Medical Therapy Services		
Chemotherapy, radiation therapy, dialysis therapy	You pay \$0 after Deductible.	You pay 50% after Deductible.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay \$0 after Deductible.	You pay 50% after Deductible.
Pain Management		
Pain management program	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Mental Health and Substance Abuse Services		
Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083		
Inpatient (e.g., detoxification, etc.)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Inpatient non-hospital residential services	You pay \$0 after Deductible.	You pay 50% after Deductible.
Outpatient (e.g., rehabilitation, therapy, etc.)	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
Other Medical Services		
Acupuncture	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to 12 visits per Benefit Period. Refer to the Certificate of Coverage for specific Benefit Limitations.	
Corrective appliances	You pay \$0 after Deductible.	You pay 50% after Deductible.
Dental services related to accidental injury	You pay \$0 after Deductible.	You pay 50% after Deductible.
Durable medical equipment	You pay \$0 after Deductible.	You pay 50% after Deductible.
Fertility testing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Home health care	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to 100 visits for Non-Participating Provider. Refer to the Certificate of Coverage for specific Benefit Limitations.	
Hospice care	You pay \$0 after Deductible.	You pay 50% after Deductible.
Medical nutrition therapy	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Refer to the Certificate of Coverage for specific Benefit Limitations.	
Nutritional counseling	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to two visits per Benefit Period. Refer to the Certificate of Coverage for specific Benefit Limitations.	
Nutritional products	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Nutritional products for the treatment of PKU and related disorders are not subject to Deductible. Refer to the Certificate of Coverage for specific Benefit Limitations.	

Covered Services	Participating Provider	Non-Participating Provider
Oral surgical services	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Refer to the Certificate of Coverage for specific Benefit Limitations.	
Podiatry care	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
	Refer to the Certificate of Coverage for specific Benefit Limitations.	
Private duty nursing	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Refer to the Certificate of Coverage for specific Benefit Limitations.	
Skilled nursing facility	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Refer to the Certificate of Coverage for specific Benefit Limitations.	
Therapeutic manipulation	You pay \$25 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 20 visits per Benefit Period. Refer to the Certificate of Coverage for specific Benefit Limitations.	
Diabetic Equipment, Supplies, and Education		
Diabetic equipment and supplies (NOTE: If you have prescription drug coverage through a program other than Express Scripts Inc., that plan will pay for diabetic supplies and equipment first.)		
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at a Participating Pharmacy. See applicable pharmacy rider for coverage information.	
Diabetic education	You pay \$0 after Deductible.	You pay 50% after Deductible.

Prescription Drug Coverage	
For additional information on your pharmacy benefits, please reference your Prescription Drug Rider. The Your Choice pharmacy program will apply (mandatory generic). Not subject to Plan Deductible	
Retail prescription drug <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy 30-day supply 	You pay \$5 Copayment for generic drugs. You pay \$20 Copayment for preferred brand drugs. You pay \$50 Copayment for non-preferred brand drugs. 90-day maximum retail supply available for three copayments
Specialty prescription drug <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request) 	You pay \$50 Copayment for specialty drugs. 30-day maximum supply
Mail-order prescription drug <ul style="list-style-type: none"> A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy 	You pay \$10 Copayment for generic drugs. You pay \$40 Copayment for preferred brand drugs. You pay \$100 Copayment for non-preferred brand drugs. 90-day maximum mail-order supply
If the brand-name drug is dispensed instead of the generic equivalent, you must pay the copayment associated with the brand-name drug as well as the price difference between the brand-name drug and the generic drug.	

Prior Authorization for out-of-network services

Certain out-of-network non-emergent care must be Prior Authorized in order to be eligible for reimbursement under your plan. This means you must contact UPMC Health Plan and obtain Prior Authorization prior to receiving services. A list of services that must be Prior Authorized is available 24/7 on our website at www.upmchealthplan.com or you can contact Member Services by calling the phone number on the back of your ID card. Your out-of-network provider may also access this list at www.upmchealthplan.com or they may call Provider Services at 1-866-918-1595 to initiate the Prior Authorization process on your behalf. Regardless, you must confirm that Prior Authorization has been given in advance of receiving services for those services to be eligible for reimbursement in accordance with your plan. Please note, the list of services that require Prior Authorization is subject to change throughout the year. You are responsible for verifying you have the most current information as of your date of service.

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Certificate of Coverage (COC). Also, the headings under the Covered Services section are the same as those in your COC.

At all times, UPMC Health Plan administers the coverage described in this document in full compliance with applicable laws and regulations. If any part of this Schedule of Benefits conflicts with any applicable law, regulation, or other controlling authority, the requirements of that authority will prevail.

Your plan documents will always include the Schedule of Benefits, the COC, and the Summary of Benefits and Coverage (SBC). You'll find these documents at www.upmchealthplan.com. If you have questions, call Member Services.

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UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com



Avoid headaches at the pharmacy

UPMC Health Plan wants to make your visits to the pharmacy as fast and simple as possible. Your new medication coverage with us may be different from your previous coverage. We don't want you to discover these differences while standing in line at the pharmacy.

If you let us know the medications you're currently taking, a member of our pharmacy staff will personally review your list. If there are any potential issues, we will let you know and help you address them before you go to the pharmacy.

Making pharmacy visits as fast and simple as possible

To notify us of your current medications, complete the online form at www.upmchealthplan.com/pharmacyreview or fill out the form on the back of this page and mail or fax to:

UPMC Health Plan Pharmacy Services
U.S. Steel Tower, 12th Floor
600 Grant Street
Pittsburgh, PA 15219
Fax: 412-454-5295

You can also find this form on our website at upmchealthplan.com/pharmacyreview.

If this survey is being completed on the member's behalf, please indicate the individual who is completing the survey:

Spouse Parent Other _____

ABOUT YOU
Member Name _____
Address _____
Member ID# _____
Employer Group _____
Daytime Phone _____
Evening Phone _____
Date of Birth _____

ABOUT YOUR MEDICATIONS
<i>Please list all your current medications, including over-the-counter medications.</i>
Medication _____ Strength _____ Quantity/Month _____

Transition of Care Request Application

Complete this form if you are requesting Transition of Care for yourself or a covered dependent. Please complete a separate form for each covered dependent.

Completed requests must be sent to the Health Plan within **30** days after your UPMC Health Plan coverage begins. Complete this section carefully. Incomplete information will delay the Transition of Care review process.

If you have any questions about your benefits or services, call your Health Care Concierge team at **1-888-876-2756**, Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m.

Reason for requesting Transition of Care

I am requesting Transition of Care to continue treatment for the following illness(es), condition(s), or health care service(s). Be specific.

Protected Health Information (PHI) Disclosure Consent Form

In order for us to evaluate your Transition of Care application, we need to obtain your medical history from your doctors. That information is called your Personal Health Information (PHI). This section of the form will allow us to do that. If you are completing and signing this form for a member who is a minor or a covered dependent who is legally incompetent, provide your name, address, and relationship to the member. This consent to disclose PHI in this form expires **60 days** from the date of my signature below.

About the member whose records are being requested:	
Member name	Member ID#

Name: _____

Address: _____

City/state/ZIP: _____

Phone number: _____

Relationship to the subscriber: _____

I, _____, authorize the providers I've named on page 2 to disclose my PHI or my legal dependent's PHI to the Medical Management Department at UPMC Health Plan, my new health insurance carrier. I understand that UPMC Health Plan's Medical Management Department will review my PHI as part of the Transition of Care process.



Authorized health care providers

To review your request, we will need to ask the provider(s) whom you identify below to disclose Protected Health Information (PHI) from your medical records and/or charts. UPMC Health Plan respects your privacy and keeps your records properly protected as directed by HIPAA (Health Insurance Portability and Accountability Act) regulations.

List the providers from whom we may obtain your PHI.			
Provider name(s):			
Provider address:			
City, state, ZIP:			
Phone number:			
Fax number:			

Check each box to indicate that you have read and that you understand the content.

Purpose of disclosure

The purpose of this request and consent for disclosure is to allow UPMC Health Plan to receive all pertinent PHI needed to review and make a decision concerning this request for Transition of Care.

Expiration of consent

This consent to disclose PHI in this form expires 60 days from the date of my signature below.

Need for renewal of consent

If I do not revoke this consent, I understand that it will expire on the expiration date indicated above. If I wish to extend the consent, I must renew the consent by completing a new consent form.

Right to revocation

I understand that I have the right to revoke this consent at any time. I understand that in order to revoke this consent, I must do so in writing and submit my written revocation to the UPMC Health Plan Member Services Department and to the health care provider(s) indicated on this form. I understand that any revocation will not apply to information that has already been released in reliance on this consent.

Lack of conditions

I understand that I need not sign this consent form in order to ensure receipt of health care treatment, payment, enrollment in my health plan, or eligibility for health benefits by UPMC Health Plan/UPMC Health Network.

Right to retain a copy of this consent

I am not making a copy of this consent form for my own records, and I wish to receive a copy from UPMC Health Plan/UPMC Health Network. I understand that I have the right to retain or receive a copy of this consent.

Signature: _____ Date: _____

If we have questions about your Transition of Care request, we will call you. If you have questions while completing this form, call our Health Care Concierge team at **1-888-876-2756**. TTY users should call **1-800-361-2629**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m.

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Health Plan¹ does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Health Plan¹:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Civil Rights Administrator.

If you believe that UPMC Health Plan¹ has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Administrator
UPMC Health Plan
600 Grant Street - 55th Floor
Pittsburgh, PA 15219

Phone: 1-844-755-5611 (TTY: 1-800-361-2629)
Fax: 1-412-454-5964
Email: HealthPlanCompliance@upmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

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Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY : 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 1-800-361-2629).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-869-7228 (TTY: 1-800-361-2629)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 1-800-361-2629).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS : 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-869-7228 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 1-800-361-2629).



UPMC Health Plan received the highest numerical score among commercial health plans in Pennsylvania in the J.D. Power 2016 U.S. Member Health Plan Study, based on 31,867 responses from 9 plans measuring experiences and perceptions of members surveyed October-December 2015. Your experiences may vary. Visit jdpower.com.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

