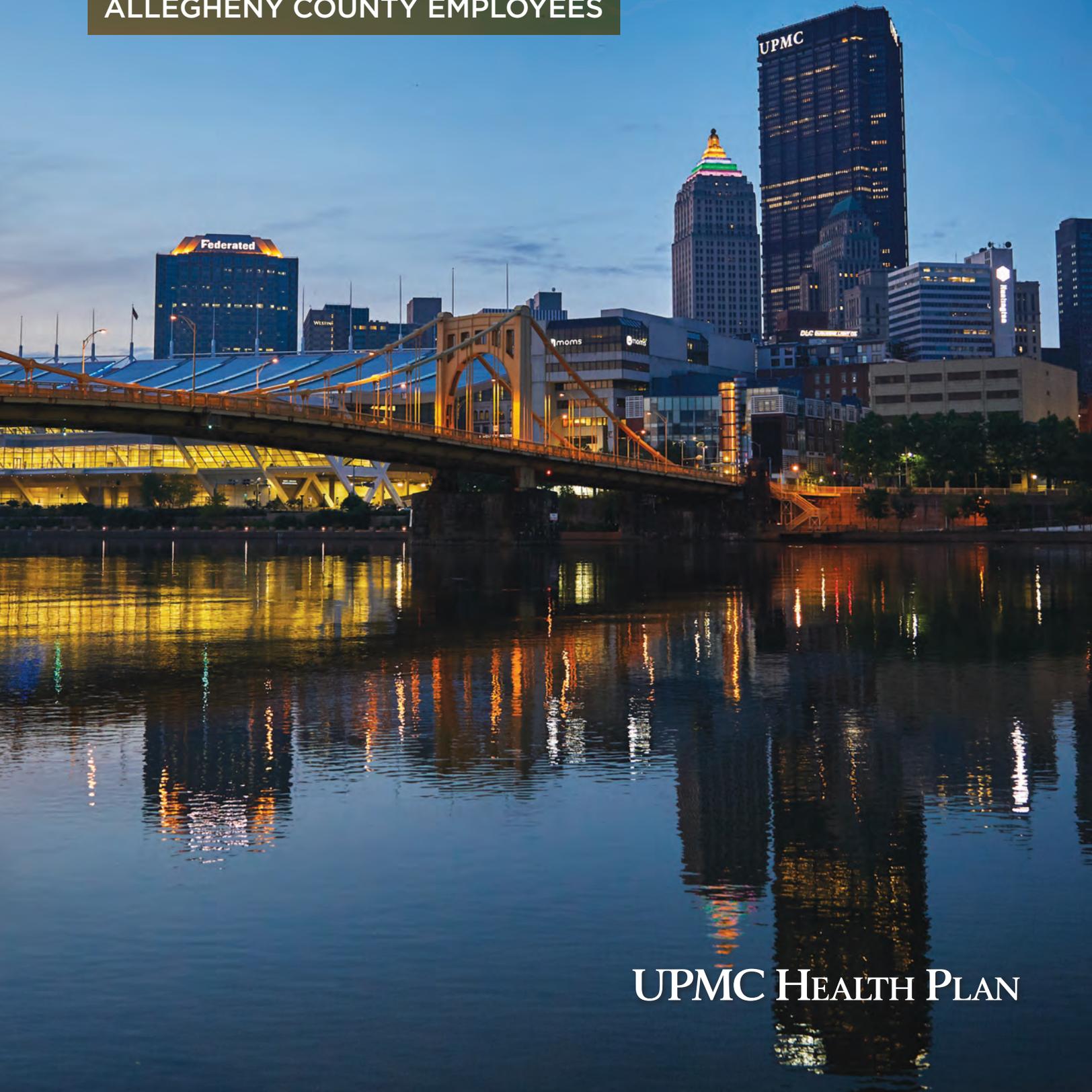


UPMC Health Plan Enrollment Guide

ALLEGHENY COUNTY EMPLOYEES



UPMC HEALTH PLAN





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UPMC HEALTH PLAN

COVERAGE THAT FITS YOUR LIFE

At UPMC Health Plan, members are at the center of everything we do. No matter where you live in our Pennsylvania service area, you will have access to a broad network of high-quality doctors and hospitals, plus thousands of providers across the country.

But that's just the beginning.

We firmly believe that providing great health care involves more than paying claims for medical services. It also means giving you resources that can help you live your healthiest life. That's why we work closely with leading doctors, pharmacists, and researchers at the University of Pittsburgh Schools of the Health Sciences to ensure that the tools and programs we offer are backed by research and proven to be effective.

The bottom line is that we're committed to getting you the care you need, when and where you need it.

So how do we deliver on that commitment? We give our members access to:



Nationally recognized doctors and hospitals and a national extended network for care away from home.



UPMC Health Plan, UPMC, and the University of Pittsburgh Schools of Health Sciences, who actively collaborate to bring payers, providers, and research together.



Free tools and health support programs that have a track record of success.



Convenient medical care for minor illnesses and health concerns through services like virtual visits from a mobile device and phone calls with a registered nurse.



Award-winning customer service from a Health Care Concierge who is eager to answer coverage and benefits questions.¹

ONE MEMBER'S STORY

"UPMC Health Plan is always extremely helpful, more than any other customer service phone help that I have ever used. Really amazing."

– Jerry

NEED MORE INFORMATION?

Visit upmchp.us/county or call the UPMC Health Plan 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 **711**.



FIND CARE WHEREVER YOU ARE

You are always covered with our extended network. If you are traveling and an urgent health issue arises, you can access our extended network of urgent care centers, thousands of hospitals, and more than 900,000 physicians.

You will receive the highest level of coverage when you use a participating provider. To find one in our extended network, you can call UPMC Health Plan Member Services or search our online provider directory.



FINDING CARE FOR DEPENDENTS WHO LIVE OUTSIDE THE SERVICE AREA

If you have dependents (up to age 26) who live, work, or study outside the service area, they have coverage through our extended network.

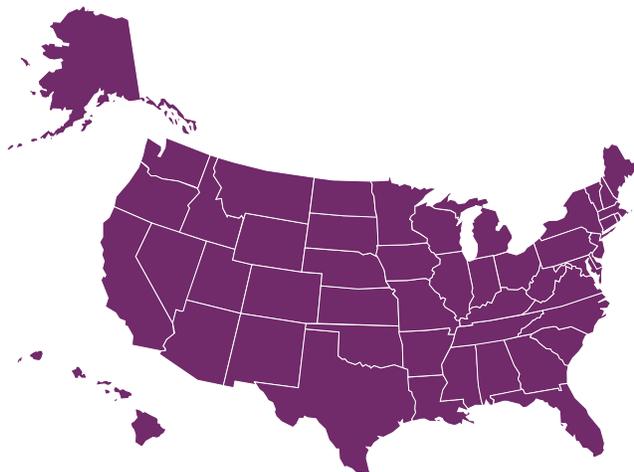


EMERGENCY TRAVEL ASSISTANCE PROVIDED BY ASSIST AMERICA

If you experience a medical emergency, Assist America can connect you to doctors, hospitals, pharmacies, and more. You can use this service when you travel more than 100 miles from home (including to another country) for less than 90 days.

Services include, but are not limited to, the following:

- Emergency medical evacuation
- Medical monitoring and referrals
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance



FIND PARTICIPATING DOCTORS, HOSPITALS, AND FACILITIES

When you're choosing a health plan, the doctors in the network are an important part of your decision. It's easy to find providers who participate with UPMC Health Plan.

 To search our online provider directory, go to www.upmchealthplan.com, click Find Care at the top of the screen, then follow these directions:

- 1.** Select **I'm Just Browsing**. If you are a current member, click **I'm a Member** and enter your member ID number.
- 2.** Select the kind of care you are looking for (medical, behavioral health, dental, vision, home- and community-based services, or pharmacy).
- 3.** Select how you get your health insurance from the dropdown menu. (Current members will skip this step.)
- 4.** Choose the appropriate button based on how you want to search. You can find a provider using their name, or you can search by provider type, specialty, procedure, service, or equipment.
- 5.** Type a last name, practice name, specialty, or other search term in the field below the buttons.
- 6.** Type the county, address, city, or ZIP code where you want to receive care, then click **Search**.

Note: If you know your network, you can select it from the dropdown. This will allow you to refine your search.

COST OF CARE

You and UPMC Health Plan will share the cost of your care (**cost sharing**). This means you must pay a portion of your health care expenses and UPMC Health Plan will pay a portion.

Until you meet your **deductible**, you must pay for the full cost of any health care services you receive.

UPMC Health Plan covers many preventive services for children and adults at 100 percent. This means you won't have to pay anything. **For a list of preventive services and guidelines, check page 16 of this booklet.**

Your plan may have a combined medical and prescription drug deductible. (You should check your plan documents to confirm this.)² Once this deductible has been met, your prescriptions usually will be covered at your plan's designated amount. If you have any questions about pharmacy costs, please call the Open Enrollment Hotline.

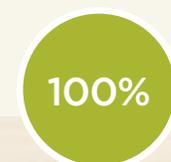
When you visit a doctor's office, you may have to pay a **copayment**. Your copayment amount will depend on what type of doctor you are seeing and what type of visit you are having. Copayments apply to your out-of-pocket maximum, but they don't count toward your deductible.

Coinsurance is what you pay after you meet your deductible. For example, if your coinsurance is 20 percent, you must pay 20 percent of the cost of your health care services. UPMC Health Plan will pay the remaining 80 percent.

You will continue to pay your share of the cost until you meet your **out-of-pocket maximum**. This is the most you will have to pay for health care expenses in a plan year. If you meet your maximum, UPMC Health Plan will pay for 100 percent of your care. But remember, you must pay 100 percent of the cost of your health care services until you've met your deductible.

Deductible

You pay 100%



Coinsurance

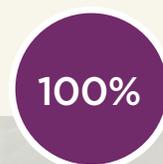
You pay for a percentage of your care and UPMC Health Plan pays for a percentage



(80% and 20% are typical cost-sharing amounts, but they may not be accurate for your plan. Check your plan documents.)

Out-of-pocket maximum

UPMC Health Plan pays 100%



NEED MORE INFORMATION?

Visit upmchp.us/county or call the UPMC Health Plan 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 **711**.

CARE WHEN YOU NEED IT, CARE WHERE YOU WANT IT

UPMC Health Plan has you covered, no matter where you are. This chart explains your options for care.

CARE FOR EVERY SITUATION

Care option	Details	When to use	Availability	Cost
Primary care provider (PCP)	Your go-to for planned care and when you don't feel well	<ul style="list-style-type: none"> Well-visits Sick visits Preventive services (screenings, flu shots) Care coordination for tests or specialist care 	Usually need an appointment, but many PCPs have same-day appointments	Coinsurance or copayment; no cost for many preventive services
UPMC MyHealth 24/7 Nurse Line³	Phone service in which a UPMC registered nurse answers questions	<ul style="list-style-type: none"> Advice for treating a condition at home Guidance about whether to seek a higher level of care 	24 hours a day, seven days a week	No cost
UPMC AnywhereCare⁴	Virtual Urgent Care visit with a provider right from your computer, tablet, or smartphone	<ul style="list-style-type: none"> Colds and sinus infections, and allergy symptoms Bronchitis Diarrhea Sore throat Pinkeye Rashes 	24 hours a day, seven days a week	Copayment is less than the cost of an urgent care visit and significantly less than an emergency room visit
Urgent care	Nonhospital facility that provides immediate care	<ul style="list-style-type: none"> Sprains, strains Minor burns Small cuts that may need stitches 	Typically open seven days a week, no appointment required	Copayment or coinsurance
Emergency department⁵	Hospital facility for life-threatening conditions that require immediate care	<ul style="list-style-type: none"> Heavy bleeding Chest pain Burns Difficulty breathing Broken bones Any life-threatening condition 	Generally 24 hours a day, seven days a week	Copayment or coinsurance

PHARMACY BENEFITS

Pharmacy coverage is an important part of a health plan. UPMC Health Plan strives to provide both value and choice. We offer access to high-quality, effective generic and brand-name drugs.

- When you need to fill a prescription, you'll have access to more than 65,000 pharmacies nationwide, including CVS, Giant Eagle, Giant Food Stores, Rite Aid, Sam's Club, Walmart, Wegmans, and hundreds of independent pharmacies.
- You can sign up for convenient home delivery—with free standard shipping—through Express Scripts Inc.
- You can have a pharmacy review to resolve potential issues with your medication coverage. A member of our pharmacy staff will review your list of medications, let you know if there are

any potential problems, then help you address them before you go to the pharmacy.

- You can request a review by submitting the Pharmacy Review form at www.upmchealthplan.com/pharmacyreview.

FIND OUT WHETHER YOUR MEDICATION IS COVERED

It's easy to see if the medication you're taking is covered.

Check the formulary (drug list) for your plan option by visiting upmchp.us/pharmacybenefits.





CONVENIENT NONEMERGENCY CARE OPTIONS



UPMC ANYWHERECARE

With UPMC AnywhereCare, you can have a virtual visit with a health care provider right from your smartphone, tablet, or computer.

- You can get prompt treatment for a variety of nonemergency conditions, including cold and flu symptoms, sinus infections, allergies, rashes, and more.
- If you need a prescription, the provider will send it to your preferred pharmacy.
- Providers are available 24 hours a day, 365 days a year.

Learn more at www.UPMCAnywhereCare.com.

UPMC MYHEALTH 24/7 NURSE LINE

Registered nurses are available to help you determine what care you need to treat your injury or illness. After you describe your symptoms, the nurse will tell you the best way to treat your condition at home or advise you to seek medical care.

ONE MEMBER'S STORY

"Everything that I could have hoped for in an in-person visit was provided to me from the convenience of my smartphone. In about 10 or 12 minutes, the provider had accurately diagnosed my problem."

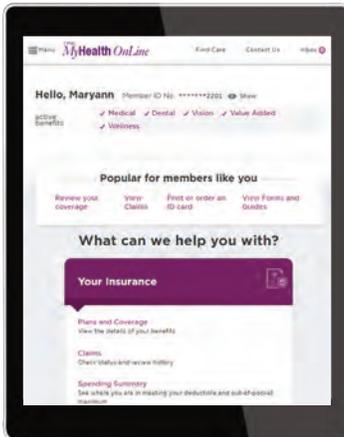
– Bryan

HELP AT YOUR FINGERTIPS

You always have access to the health insurance information you need.

MYHEALTH ONLINE

Our secure member website has a variety of tools and resources to make your life easier. You can use the site to access your benefits information, claims history, and spending summary. If you're considering a medical procedure, you can use our medical cost estimator to get an idea of your out-of-pocket costs.



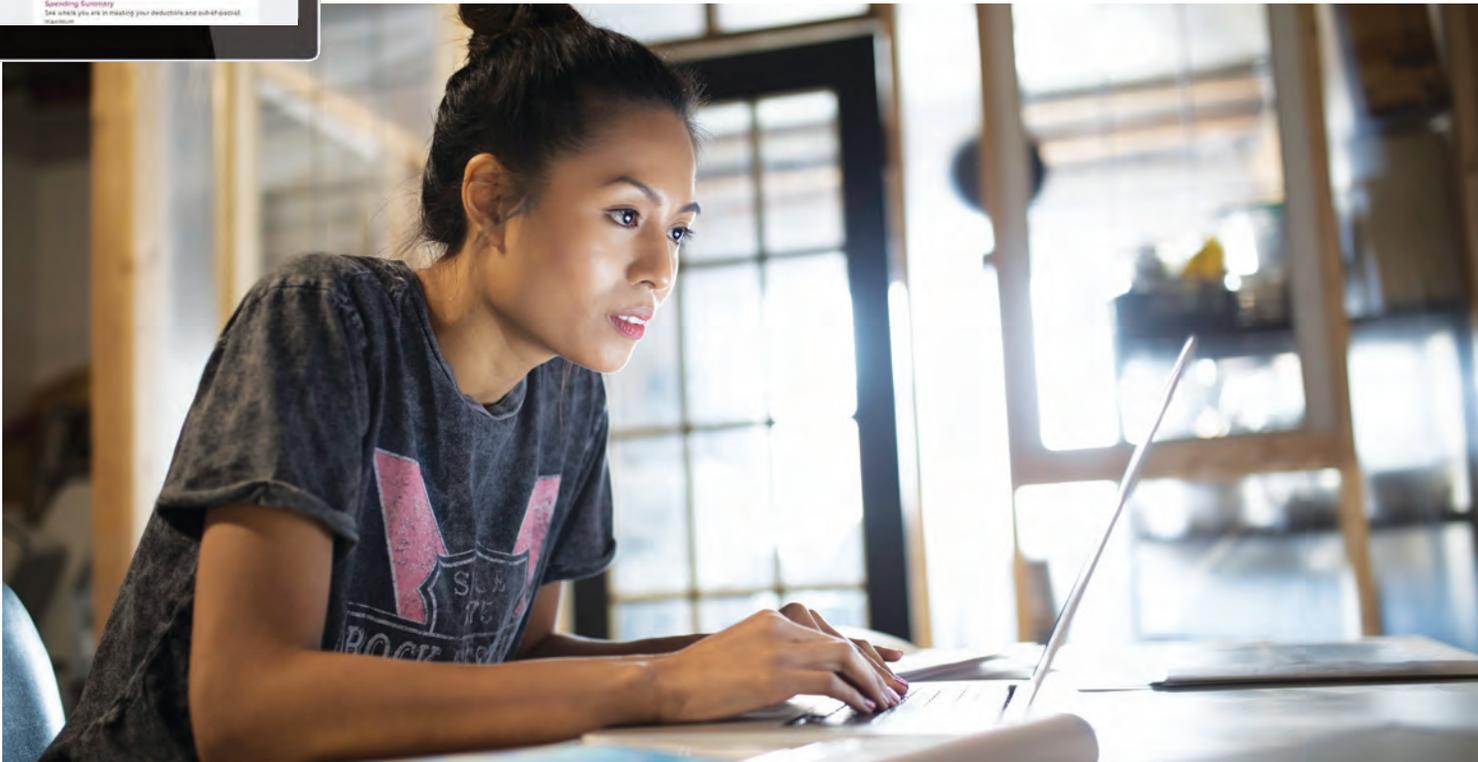
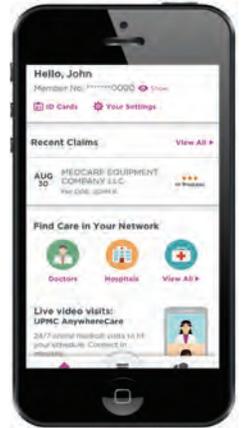
You can also visit MyHealth OnLine to take the MyHealth Questionnaire and receive a customized plan to get or stay healthy.

Once you have a member ID card, you can access MyHealth OnLine from www.upmchealthplan.com.

UPMC HEALTH PLAN MOBILE APP

This powerful app provides service and support when you need it. You can use it to:

- Get digital member ID cards for yourself and your family.
- Contact Member Services through secure messaging or live chat.
- View your claims information and medical history.
- View your prescriptions.
- Search for participating providers and locations.



PROGRAMS TO HELP YOU STAY HEALTHY

We do a lot more than pay your medical bills. We offer a variety of free resources to help you live your healthiest life. Here are some of the highlights.



HEALTH COACHING

You can achieve your health-related goal by working with a health coach. He or she can help you stay motivated and keep you accountable. We have two kinds of health coaching programs, and both are available at no cost to you.

Lifestyle improvement programs can help you:

- Lose weight.
- Eat better.
- Reduce your stress.
- Quit using tobacco.
- Increase your physical activity.

Condition management programs can help you:

- Address your diabetes.
- Manage your heart disease.
- Control asthma or other chronic conditions.

Our health coaches are registered dietitians, nurses, certified diabetes counselors, smoking cessation counselors, or licensed social workers. All sessions will take place over the phone at times that are convenient for you.



ODYSSEY BY UPMC

This free mobile app can help you manage your weight, eat better, reduce your stress, quit using tobacco, or increase your physical activity. A digital health coach will give you tips and encouragement, and you can use the daily check-in feature to track your progress.



With Odyssey by UPMC, you can get healthy and have fun doing it.



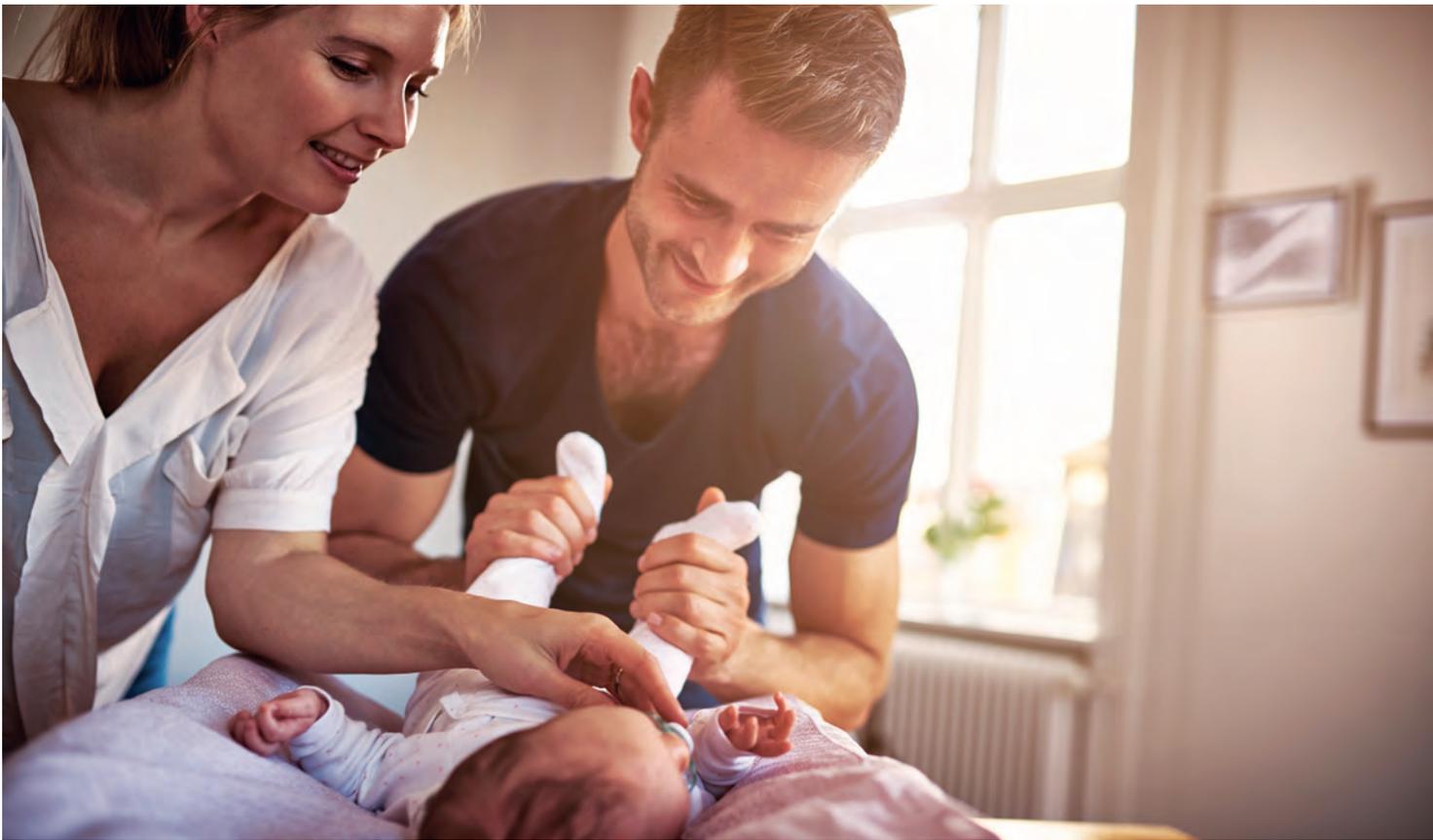
DISCOUNTED GYM MEMBERSHIP

You can get a partially subsidized gym membership through the Active&Fit® program. There are numerous fitness facilities to choose from.

ONE MEMBER'S STORY

"When I enrolled in the diabetes management coaching program, my A1c was 9.8. Working with my health coach, Tammi, a certified diabetes educator, was a real turning point. Over time, I lost 40 pounds, got off two medications, and got my A1c down to 5.9."

- Mary Alice



MATERNITY CARE THAT'S PERSONALIZED FOR YOUR NEEDS

CHOOSE THE BIRTH EXPERIENCE YOU WANT

As a member of UPMC Health Plan, you will have coverage to deliver in a traditional hospital setting—such as a UPMC or in-network community hospital—or at a birthing center.

Our growing network includes both world-renowned obstetricians and board-certified midwives.

ONE MEMBER'S STORY

"My maternity health coach, Loreen, was so helpful. She let me know what to expect at upcoming doctor's appointments and was always available to answer questions. After my baby was born, Loreen helped me think through how to ease the back-to-work transition."

- Nikki

A MATERNITY PROGRAM PERSONALIZED TO YOU

Through UPMC Health Plan's Maternity Program, you will be connected with a maternity health coach who will provide caring, clinical support throughout your pregnancy. There is no cost for this service.

Maternity health coaches are registered nurses experienced in obstetrics. They can:

- Help you form questions for upcoming doctor appointments.
- Tell you about ways to manage your pain during labor.
- Talk with you about healthy eating and foods to avoid during pregnancy.
- Help you find prenatal exercise and parenting classes.

You can talk with your coach over the phone at times that are convenient for you.



BEHAVIORAL HEALTH CARE COMES WITH EVERY PLAN

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Whether you want to make small changes to improve your life or are in recovery from a significant behavioral health issue, we can help.

Our services include treatment for these and other issues:

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

EXTRA SUPPORT FOR THOSE WHO WANT IT

As a member, you will have access to behavioral health case managers who can provide referrals and link you to resources that match your needs.

In addition, you can use our condition management programs to help you cope with depression, anxiety, or substance abuse issues. You'll be paired with a licensed clinician who will help you set goals, challenge negative thinking, and recognize when you need help.

These programs take place over the phone and are available at no cost to you.



TRANSITION OF CARE FOR NEW MEMBERS

If you join UPMC Health Plan while receiving ongoing treatment from a health care provider who is not in our network, you may be eligible for coverage of continued treatment with that provider. This is called “transition of care.”

The transition of care period may last for 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, such 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. (We have included a Transition of Care Request form in the folder pocket. You can also visit www.upmchealthplan.com/members/learn/getting-started to download a form and email it to your provider.)

For more information, please visit upmchp.us/county or call the UPMC Health Plan 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 **711**.



THE POWER OF PREVENTION

We believe that the disease or condition that's easiest to treat is the one you never get. That's why we cover many adult and child preventive services at 100 percent.⁶

Our preventive 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. See the charts beginning on page 16 for a list of all covered preventive services for adults and children up to age 18.

Have questions about which screenings are covered?

Visit upmchp.us/county or call the UPMC Health Plan 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 **711**.

2020 Preventive Services Reference Guide for Members

In accordance with the Patient Protection and Affordable Care Act of 2010 (ACA), many preventive services, including screening tests and immunizations, are covered by UPMC Health Plan at no cost to you. Below is a list of services that should be covered without a copayment or applying to your deductible or coinsurance, as long as the services are recommended as preventive by your doctor and are delivered by a network provider. Please be aware that this list may be amended from time to time to comply with federal requirements. A complete listing of recommendations and guidelines can always be found at www.healthcare.gov/center/regulations/prevention.html.

Sometimes a routine preventive exam may result in a specific diagnosis from your doctor or the need for additional follow-up care. If you require follow-up care or if you're being treated for injury or illness, those additional services may not be covered at 100 percent. If you have any questions, please call the Open Enrollment Hotline at **1-800-644-1046** (TTY: **711**).

Under some plans that are "grandfathered" under the Affordable Care Act, you may have to pay all or part of the cost of routine preventive services. Please refer to your specific Schedule of Benefits.

Covered Preventive Services for Adults (Ages 19 and older)

	Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
EXAMINATION & COUNSELING	Blood pressure	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate
	Depression	Each visit as appropriate				
	General physical exam	Annually				
	Screen/Counsel for tobacco use, alcohol misuse, substance abuse, skin cancer, healthy diet, and intimate partner violence	Each visit as appropriate				
	Sexually transmitted infection (STI) prevention counseling	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk
	Weight loss to prevent obesity-related morbidity and mortality	Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions				
SCREENING	Abdominal aortic aneurysm screening					One ultrasound screening for members ages 65 to 75 who have ever smoked
	Abnormal blood glucose and Type 2 diabetes			Abnormal blood glucose screenings for members age 40-70 who are overweight or obese		
	Aspirin use for the prevention of cardiovascular disease and colorectal cancer				Members ages 50-59 with a 10% or greater 10-year cardiovascular risk	
	Blood cholesterol (full fasting lipid profile)	Every 5 years beginning at age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
	Blood pressure monitoring	If blood pressure numbers are high, additional monitoring with home blood pressure monitoring outside of the doctor's office or clinic to confirm diagnosis of high blood pressure before starting treatment				
	BRCA screening and counseling	One-time genetic assessment for members with a family history of breast or reproductive cancer, as recommended by their doctor. Members with positive screening results should receive genetic counseling and BRCA testing, as indicated.				
	Breast cancer preventive medications	Risk-reducing medications, such as tamoxifen or raloxifene, for members who are at increased risk for breast cancer and at low risk for adverse medication effects*				
	Cervical cancer screening	Pap test every three years for members ages 21-65; high-risk HPV testing alone or combined Pap test and HPV test every five years for members ages 30-65				
	Chlamydia screening	All sexually active members ages 24 and younger and older members who are at increased risk				
	Cholesterol screening	Screening every five years for members age 20 and older; more frequently for those at increased risk for cardiovascular disease				
	Colorectal cancer screening				Immunochemical iFOBT/FIT annually or stool DNA/sDNA FOBT every three years; sigmoidoscopy every five years, or colonoscopy every 10 years to age 75, as recommended by a doctor	
	Contraception	U.S. Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling*				
	Diabetes mellitus: Type 2	Screening every three years for members age 19 and older with high blood pressure				
	Gonorrhea screening	All sexually active members age 24 and younger, and older members who are at increased risk				
	Fall prevention					Exercise or physical therapy for members age 65 and older who are at increased risk for falls*
	Hepatitis B screening	All members who are at increased risk				
	Hepatitis C virus infection screening	One-time screening for all members born between 1945 and 1965 and screening as needed for those who are at increased risk				
	HIV screening	All members ages 15-65 and sexually active younger or older members				
	Lung cancer screening				Annual lung cancer screening at a Center of Excellence for members age 55-80 who have a history of heavy smoking (one pack a day for 30 years or two packs a day for 15 years) and currently smoke or have quit within the past 15 years	
	Mammography (breast cancer screening)			Annually	Annually	Annually
	Osteoporosis screening					One-time screening for members age 65 and older and younger members who are at increased risk
	Statin use for the prevention of cardiovascular disease				All members ages 40-75 with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	
	Syphilis screening	All members who are at increased risk				
Tuberculosis screening	All members who are at increased risk					
Tobacco cessation medications ¹	Up to 180 days of pharmacotherapy per year for members age 18 and older who smoke, as prescribed by your doctor*					

Covered Preventive Services for Adults (Ages 19 and older) (cont'd)

	Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
PREVENTIVE SERVICES FOR PREGNANCIES	Aspirin use for the prevention of preeclampsia	Members who are at high risk for preeclampsia after 12 weeks of gestation				
	Breastfeeding	Comprehensive support and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing members				
	Chlamydia screening	All pregnant members ages 24 and younger and older pregnant members who are at increased risk				
	Depression	Screen or refer members for depression counseling for all pregnant and postpartum (less than one year) members				
	Folic acid supplements (< 1 mg)	Members who may become pregnant*				
	Gestational diabetes screening	Members 24 to 28 weeks pregnant and at first prenatal visit for those at high risk of developing gestational diabetes				
	Hepatitis B virus infection screening	Screening for pregnant members at their first prenatal visit				
	HIV screening	Early screening for all pregnant members				
	Rh(D) incompatibility screening	Screening for all pregnant members at first prenatal visit and follow-up testing for members at higher risk				
	Preeclampsia screening	Screening in pregnant members with blood pressure measurements throughout pregnancy				
	Syphilis screening	Screening for all pregnant members				
	Alcohol and tobacco use screening	Expanded counseling and interventions for all pregnant members				
	Urinary tract or other infection screening	Screening for asymptomatic bacteriuria at 12 to 16 weeks gestation or at first prenatal visit, if later				

*Pharmacotherapy approved by the U.S. Food and Drug Administration and identified as effective for treating tobacco dependence in nonpregnant adults; coverage includes several forms of generic nicotine replacement therapy (gum, lozenge, and transdermal patch), sustained-release bupropion, Nicotrol nasal spray, Nicotrol inhaler, and Chantix.

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized or for certain contraceptive categories where generics are not available. Preventive coverage of contraception includes at least one medication or device in each of the U.S. Food and Drug Administration identified methods. Some devices are covered only under the medical benefit. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Adults

VACCINE ▼	AGE GROUP ▶	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Haemophilus influenzae type b (Hib)*		1 or 3 doses					
Hepatitis A*		2 or 3 doses depending on vaccine					
Hepatitis B*		2 or 3 doses depending on vaccine					
Human papillomavirus (HPV) female*		2 or 3 doses depending on age at initial vaccination					
Human papillomavirus (HPV) male*		2 or 3 doses depending on age at initial vaccination					
Influenza*		1 dose annually					
Measles, mumps, rubella (MMR)*		1 or 2 doses depending on indication					
Meningococcal B (MenB)*		2 or 3 doses depending on the vaccine					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)*		1 or more doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13)						1 dose	
Pneumococcal polysaccharide (PPSV23)			1 or 2 doses				1 dose
Tetanus, diphtheria, pertussis (Td/Tdap)*		Substitute Tdap for Td once, then boost with Td every 10 yrs					
Varicella*		2 doses					
Zoster						2 doses	

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection, zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

Covered Preventive Services for Children

Preventive services

Services	Infancy										Childhood										Adolescence							
	Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr		
Amblyopia screening												✓																
Anemia screening			†			✓																						
Autism screening										✓	✓																	
Behavioral assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																Annually		
Blood pressure																										Beginning at age 3 Annually		
Body mass index (BMI) measurements										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chlamydia screening																								✓	✓	✓		
Depression																										Screen/Counsel for major depressive disorder (MDD) in adolescents ages 12 to 18 years		
Developmental screening					✓				✓		✓															If indicated by risk assessment and/or symptoms		
Developmental surveillance	✓	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hearing?	Once at birth and once before end of 2 months											✓	✓	✓		✓				✓				✓		Once b/t 18 yr-21 yr		
Iron supplementation																										At increased risk for anemia*		
Lead screening						✓			✓																	Ages 30 months to 5 years and as required by local or state law		
Screen/Counsel for alcohol and drug use, obesity, sexually transmitted infections, tobacco use, violence prevention, and intimate partner violence as needed																										Annually		
Skin cancer behavioral counseling																										Children with fair skin up to 24 yrs		
Vision																										Assess through observation or health history/physical Annually		
Well-child, including height and weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																Annually		
Cholesterol dislipidemia screening																										✓ Once b/t 17-21		
Congenital hypothyroidism																										All newborns		
Fluoride supplements																										For children ages 6 months through 5 years whose water supply is deficient in fluoride*		
Fluoride varnish to primary teeth																										All children annually beginning at first primary tooth eruption to 5 years		
Gonorrhea (preventive medication)																										All newborns (applied to the eyes)		
Hearing changes?																										Newborn through 24 months		
Human immunodeficiency virus (HIV)																										All children 15 and older, and younger children at increased risk		
Phenylketonuria (PKU)																										All newborns		
Sickle cell test																										All newborns As indicated by history and/or symptoms		
TB testing																										As recommended by doctor and based on history and/or signs and symptoms		

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Children

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Haemophilus influenzae type b (Hib)*			1 st dose	2 nd dose			3 rd or 4 th dose									
Hepatitis A (HepA)								2-dose series								
Hepatitis B (HepB)	1 st dose	2 nd dose														
Human papillomavirus (HPV2: females only; HPV4: males and females)														(2-dose series)		(3-dose series)
Inactivated poliovirus (IPV) (<18 yrs)			1 st dose	2 nd dose								4 th dose				
Influenza (IIV) 2 doses for some					Annual vaccination (IIV only)				Annual vaccination (IIV)							
Measles, mumps, rubella (MMR)							1 st dose					2 nd dose				
Meningococcal (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)														1 st dose		Booster
Meningococcal B																
Meningococcal B																
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose			4 th dose								
Pneumococcal polysaccharide (PPSV23)																
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose												
Tetanus, diphtheria, and acellular pertussis (Tdap: ≥ 7 yrs)														(Tdap)		
Varicella (VAR)								1 st dose				2 nd dose				

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for nonrisk groups that may receive vaccine, subject to individual clinical decision making



PRIVACY AND CONFIDENTIALITY

Your 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 do so.

You have the right to access your medical records. You should contact your health care provider for these files.

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 protected health information (PHI) beyond the three previously described reasons. UPMC Health Plan policies and procedures protect PHI 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 about the privacy and confidentiality of your PHI, call UPMC Health Plan at the number on the back of your member ID card or contact the Open Enrollment Hotline. For questions about the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083**.

ADDITIONAL INFORMATION

Massage therapy and/or hearing aids and other services may be available with some plan options. Please check with your plan administrator or review your certificate of coverage for more details.

SERVICES NOT COVERED

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
- 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
- Military service-connected disabilities and conditions

MAKING SURE YOU GET THE 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. 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 UM decisions.

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.



ALLEGHENY COUNTY

Formed September 24, 1788 out of Westmoreland and Washington counties. Named for the Allegheny River. County seat of Pittsburgh was laid out 1764; became a city in 1816. A center of the iron, steel and other industries and "Workshop of the World."

PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION 1981

Allegheny County
PPO - Premium Network
Deductible: \$400 / \$800
Coinsurance: 0%
Total Annual Out-of-Pocket: \$7,150 / \$14,300

Primary Care Provider: \$30 Copayment per visit
Specialist: \$30 Copayment per visit
Emergency Department: \$100 Copayment per visit
Urgent Care Facility: \$30 Copayment per visit
Rx: \$10/\$25/\$50/\$50

This Schedule of Benefits will be an important part of your Certificate of Coverage (COC) or your 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. 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	\$400	\$4,500
Family	\$800	\$13,500

Member Cost Sharing	Participating Provider	Non-Participating Provider
<p>Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:</p> <p>*When an individual family member reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR</p> <p>*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.</p>		
<p>Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.</p>		
Coinsurance		
	You pay \$0 after Deductible.	You pay 50% after Deductible.
<p>Copayments may apply to certain Participating Provider services.</p>		
Annual Coinsurance Limit		
Individual	\$0	\$5,000
Family	\$0	\$15,000
<p>The Annual Coinsurance Limit is the maximum amount you will have to pay in Coinsurance before your benefits are covered without a Coinsurance cost share.</p>		
Total Annual Out-of-Pocket Limit		
Individual	\$7,150	Not applicable
Family	\$14,300	Not applicable
<p>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:</p> <p>*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</p> <p>*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.</p>		
<p>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 Covered Services rendered by Non-Participating Providers, only Coinsurance applies toward this Limit.</p>		

Preventive Services	Participating Provider	Non-Participating Provider
<p>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.</p>		
Pediatric 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 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
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		
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 \$30 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 \$30 Copayment per visit.	You pay 50% after Deductible.
Specialist office visit	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Convenience care visit	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Virtual Visits		
Virtual visit - Virtual Urgent Care	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Scheduled (Primary Care)	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Scheduled (Specialist)	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - eDermatology	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
UPMC MyHealth 24/7 Nurse Line		
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 .		
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 \$30 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$30 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.		

Covered Services	Participating Provider	Non-Participating Provider
Pulmonary rehabilitation	You pay \$30 Copayment per visit. Covered up to 24 visits per Benefit Period.	You pay 50% after Deductible.
Habilitation Therapy Services		
Note: Visit limits on Habilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder.		
Physical and occupational therapy	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$30 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 \$30 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 \$30 Copayment per visit.	You pay 50% after Deductible.
Other Medical Services		
Refer to the Certificate of Coverage (COC) for specific Benefit Limitations that may apply to the services listed below.		
Acupuncture	You pay \$0 after Deductible. Covered up to 12 visits per Benefit Period.	You pay 50% after Deductible.
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. Covered up to 100 visits for Non-Participating Provider.	You pay 50% after Deductible.
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.
Nutritional counseling	You pay \$0 after Deductible. Covered up to two visits per Benefit Period.	You pay 50% after Deductible.
Nutritional products	Covered at 100%; you pay \$0. Nutritional products for the treatment of PKU and related disorders are not subject to Deductible.	You pay 50%. Deductible does not apply.
Oral surgical services	You pay \$0 after Deductible.	You pay 50% after Deductible.
Podiatry care	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Private duty nursing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Skilled nursing facility	You pay \$0 after Deductible.	You pay 50% after Deductible.
Therapeutic manipulation	You pay \$30 Copayment per visit. Covered up to 20 visits per Benefit Period.	You pay 50% after Deductible.

Covered Services	Participating Provider	Non-Participating Provider
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	Covered at 100%; you pay \$0.	You pay 50% after Deductible.

Prescription Medication Coverage	
For additional information on your pharmacy benefits, refer to your Prescription Medication Rider. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier. The Your Choice pharmacy program will apply (mandatory generic). Not subject to Plan Deductible	
Retail prescription medication <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy 30-day supply 	Tier 1: You pay \$10 Copayment for preferred generic medications. Tier 2: You pay \$25 Copayment for preferred brand medications. Tier 3: You pay \$50 Copayment for non-preferred medications (brand and generic). Tier 5: You pay \$0 Copayment for preventive medications. 90-day maximum retail supply available for three copayments
Specialty prescription medication <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply. See Prescription Medication Rider for additional information. Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). 	Tier 4: You pay \$50 Copayment for specialty medications (brand and generic). 30-day maximum supply
Mail-order prescription medication <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 	Tier 1: You pay \$20 Copayment for preferred generic medications. Tier 2: You pay \$50 Copayment for preferred brand medications. Tier 3: You pay \$100 Copayment for non-preferred medications (brand and generic). Tier 5: You pay \$0 Copayment for preventive medications. 90-day maximum mail-order supply
If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.	

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 before receiving services. A list of services that must be Prior Authorized is available 24/7 on our website at www.upmchealthplan.com. You can

also contact Member Services by calling the phone number on the back of your member ID card. Your out-of-network provider may also access this list at www.upmchealthplan.com or your provider 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 your receiving services in order 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. You can log into *MyHealth OnLine* to view these documents. If you have questions, call Member Services.

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

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

www.upmchealthplan.com



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, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can 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: 711).

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：711)。

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: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 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: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).



¹UPMC Health Plan earned two 2019 Gold Stevie Awards for its outstanding customer service: Best Back-Office Customer Service Team and Best Front-Line Customer Service Team. In 2018, UPMC Health Plan earned two Gold Stevie Awards for its customer service, and in 2017 earned a Gold Contact Center of the Year Award.

²Members who have a qualified high-deductible health plan may have to pay the contracted rate for services on any medical and pharmacy cost until their deductible is met.

³UPMC nurses who answer calls are licensed to assist members located in Pennsylvania, West Virginia, and Ohio. Members must be located in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the nearest emergency department.

⁴UPMC Health Plan members located outside of Pennsylvania at the time of service will receive care from a provider employed or contracted by Online Care Network II PC. The cost of UPMC AnywhereCare is \$38 per visit in Pennsylvania. Outside Pennsylvania, the cost is \$49. UPMC Health Plan members may have a benefit providing them with a less expensive copay. Prescriptions, if needed, must be paid for separately by the patient.

⁵Members who are experiencing a true medical emergency can go to any emergency department for care. They will receive the highest in-network level of coverage, even if the facility is not in our network.

⁶UPMC Health Plan will cover many adult and child preventive services at 100 percent if the services are received from a participating provider.

UPMC HEALTH PLAN

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