

Here's why more and more
people are choosing

UPMC Health Plan

Aug. 1, 2023–July 31, 2024



UPMC HEALTH PLAN



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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 year. We were founded more than 20 years ago—and we now have nearly 4.5 million members!

The key to our growth? It's simple, really: It's all about the focus we place on our members. They 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 Open Enrollment Hotline toll-free at **1-844-833-0520 (TTY: 711)** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. You can also visit upmchp.us/rmu.

As a member of UPMC Health Plan, you can enjoy:

- **Better health** thanks to comprehensive coverage and our many health improvement programs.
- **Convenient access** to nationally recognized doctors and hospitals who will help you stay healthy.¹
- **Less hassle and less wasted time** thanks to our award-winning, local customer service.²

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.





GETTING CARE WHEN AND WHERE YOU NEED IT

Primary care provider (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 a minor illness or injury? Call the UPMC MyHealth 24/7 Nurse Line and speak to a registered nurse at no cost to you.³

UPMC AnywhereCare: Help with nonemergency conditions—such as cold symptoms, allergies, and pink eye—is just a virtual visit away 24/7 with UPMC AnywhereCare.⁴ Learn more at [UPMCAnywhereCare.com](https://www.upmc.com/anywherecare).

Emergency and urgent care: If you believe your health is at risk, go to the nearest emergency department. If you need care right away but aren't sure you're experiencing an emergency, call your PCP or the UPMC MyHealth 24/7 Nurse Line and explain your symptoms. If you need urgent, nonemergency care, go to an urgent care facility.

Care while traveling: If you are traveling and a health issue arises, you can access an extended network with providers across the country. To find a participating provider in the extended network, call UPMC Health Plan Member Services or search our online provider directory.

Need more information?

Call the UPMC Health Plan Open Enrollment Hotline toll-free at **1-844-833-0520 (TTY: 711)** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. You can also visit upmchp.us/rmu.

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, then follow these steps:

1. Click **Find Care** at the top of the page.
2. Select **I'm Just Browsing**.
3. Select the type of care you need (medical, behavioral health, or pharmacy).
4. Select **My school provides my health insurance** from the dropdown menu.
5. 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.
6. Type a last name, practice name, specialty, or other search term in the field below the buttons.
7. Type the ZIP code where you want to receive care, select the distance you are willing to travel, then click **Search**. Results will be displayed for all UPMC Health Plan networks within the specified ZIP code.

Once you receive a member ID number, you can use the **I'm a Member** search function.

Robert Morris University has chosen the UPMC Premium Network, which is the broadest commercial network UPMC Health Plan offers.



TAKING CARE OF YOUR BEHAVIORAL HEALTH

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 use or dependence

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.

**Not all services are covered by all plans. Before seeking services, please check your plan documents to learn what is covered by your plan.*

ASSIST AMERICA TRAVEL COVERAGE

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

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

With Assist America, you'll get immediate access to medical resources—including doctors, hospitals, and pharmacies—and other benefits.⁵

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

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 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, 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 **1-844-833-0520 (TTY: 711)**.

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 coverage will provide that for you. It offers access to a variety of high-quality, effective generic and brand-name drugs.

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

- 1. You get a personal review.** Your prescription coverage with UPMC Health Plan may differ from your previous coverage. Some medications may not be covered; others may have a different cost. We don't want you to discover the differences while standing in line at the pharmacy. That's why we offer a personal review of your medications at no cost to you. A member 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 12 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 request refills of 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 thousands of pharmacies nationwide, including CVS, Giant Eagle, Wegmans (Erie only), and hundreds of independent pharmacies. UPMC Health Plan also contracts with Express Scripts Inc. to provide convenient home delivery of certain maintenance medications. For more information about Express Scripts, see page 13.

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 upmchp.us/pharmacybenefits. You can also refer to your Schedule of Benefits (enclosed in this packet).



AVOID HEADACHES AT THE PHARMACY

UPMC Health Plan wants to make your visits to the pharmacy as fast and simple as possible. If you let us know the medications you're taking, a member of our pharmacy staff will review your list.

If there are any potential issues, the staff member 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 form at upmchealthplan.com/pharmacyreview or fill out the form on the back of this page and mail or fax it to:

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

Pharmacy Review Form

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

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

Spouse Parent Other _____

ABOUT YOU

Member Name _____

Address _____

Member ID# (optional) _____

Employer Group Robert Morris University

Daytime Phone _____

Evening Phone _____

Date of Birth _____

ABOUT YOUR MEDICATIONS

Please list all of your current medications, including over-the-counter medications.

Medication _____

Strength _____ Quantity/Month _____

Medication _____

Strength _____ Quantity/Month _____

Medication _____

Strength _____ Quantity/Month _____

Medication _____

Strength _____ Quantity/Month _____

Medication _____

Strength _____ Quantity/Month _____

Medication _____

Strength _____ Quantity/Month _____



CONVENIENT HOME DELIVERY OF YOUR MEDICATIONS

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

Home delivery works best for maintenance medications. These are medicines you take long term for conditions such as 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 opt to receive automatic refills or contact Express Scripts when you have a month of medication remaining.

Quick tip: Start with a 30-day supply

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 will give you and your health care provider a chance to see if the drug is working, whether the dose is correct, and if there are any side effects.



MYHEALTH ONLINE

Your first step to better health

MyHealth OnLine can help you:

Get started: On MyHealth OnLine, you can take a simple health assessment called the MyHealth Questionnaire. The feedback you receive will give you a clear picture of your health, what your priorities should be, and how you can get healthier.

Stay organized: You can use the website to access your PCP's contact information, your benefits information, and your spending summary and claims. MyHealth OnLine is also where you can find important Health Plan documents and change your PCP.

Need more information?

Call the UPMC Health Plan Open Enrollment Hotline toll-free at **1-844-833-0520 (TTY: 711)** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. You can also visit upmchp.us/rmu.

Find resources for your physical well-being:

- Increase your physical activity.
- Stop using tobacco.
- Manage your weight.
- Eat better.
- Manage your stress and more.

Find resources for your emotional well-being:

- Access work-life services, including:
 - Referrals for childcare, eldercare, and daily living needs.
 - Legal and financial services.
- Access counseling and advocacy resources, including:
 - Help for stress and relationship concerns.
 - Assistance with workplace issues.
 - Support for healthy lifestyle changes.
 - 24/7 crisis support.

How to create your MyHealth OnLine account

After you receive your member ID card, go to upmchealthplan.com/members.

- Click **Log In/Register**, then click **Register**.
- Follow the prompts.

Questions?

Call Member Services at **1-844-833-0520 (TTY: 711)**.

EXTRA BENEFITS AND SERVICES

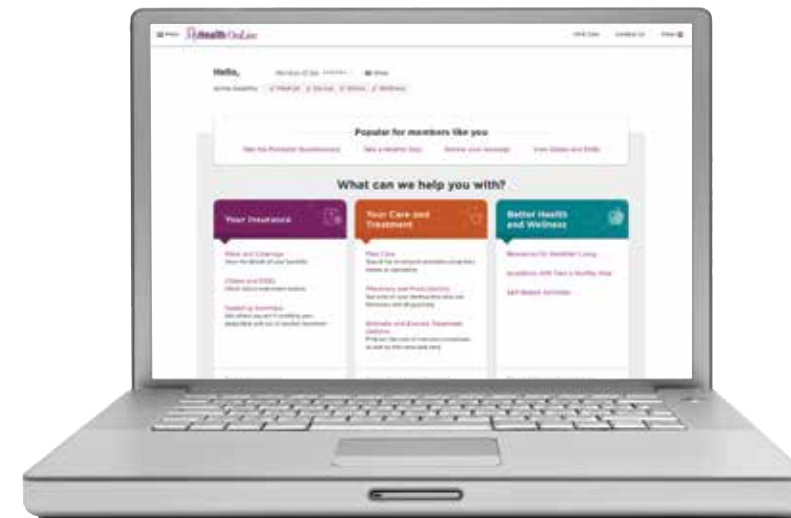
We do a lot more than pay your medical bills. UPMC Health Plan offers all sorts of resources to help you live your healthiest life. Here are some of the highlights:

MyHealth OnLine: Through this secure website, you can access your medical history, claims information, and more. The site also features tips and tools for healthy living.

Decision-making tools: Through MyHealth OnLine, you have access to simple tools that can help you estimate the out-of-pocket costs of medical procedures, find the lowest-cost prescription medications, and more.

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

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





PRIVACY AND CONFIDENTIALITY

At UPMC Health Plan, we respect and protect your personal information. Your Social Security number and birthdate are kept confidential, along with any other health information that could identify you personally and any data we have about the services you receive or the premiums you pay. UPMC Health Plan will use your personal health and financial information internally and with our contracted agents or providers only.

We will 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 will not share your personal information with your school, 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 directly for these files because UPMC Health Plan does not create or maintain medical records.

Your privacy rights include the right to access, amend, or restrict protected health information (PHI) and to request an alternate communication method or alternate location for the information the Health Plan maintains. You also have the right to know if the Health Plan discloses your PHI beyond the three reasons that we previously described. UPMC Health Plan's policies and procedures protect PHI for current, former, and prospective members (living or deceased) according to all applicable laws. These policies and procedures will 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 upmchealthplan.com.

For questions concerning the privacy and confidentiality of your personal information, call UPMC Health Plan at the number on 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 (TTY: 711)**.

Need more information?

Call the UPMC Health Plan Open Enrollment Hotline toll-free at **1-844-833-0520 (TTY: 711)** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. You can also visit upmchp.us/rmu.

UPMC Premium Network

Network listing of UPMC Health Plan participating hospitals and facilities for commercial employer group plans

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 you 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.
- Our UM advisers do not receive financial incentives for deciding 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 UM decisions.

Other information

This booklet is a summary of plan information and is not a complete description of the benefits and limitations under your plan. 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. Noncovered 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 **1-844-833-0520 (TTY: 711)**. 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

In-network hospitals and facilities

Within Pennsylvania

Allegheny

Heritage Valley Health System -
Heritage Valley Kennedy
Heritage Valley Health System -
Heritage Valley Sewickley
Jefferson Hospital
Select Specialty Hospital - McKeesport
Select Specialty Hospital -
Pittsburgh UPMC
St. Clair Hospital
The Children’s Home of Pittsburgh
The Children’s Institute of Pittsburgh
UPMC Children’s Hospital of Pittsburgh
UPMC East
UPMC Hillman Cancer Center
UPMC Magee-Womens Hospital
UPMC McKeesport
UPMC Mercy
UPMC Montefiore
UPMC Passavant - McCandless
UPMC Presbyterian
UPMC St. Margaret
UPMC Shadyside
UPMC Western Psychiatric Hospital

Armstrong

ACMH Hospital

Beaver

Heritage Valley Health System -
Heritage Valley Beaver

Bedford

UPMC Bedford

Berks

Penn State Health St. Joseph
Reading Hospital
Surgical Institute of Reading

Blair

Conemaugh Nason Medical Center
Penn Highlands Tyrone
UPMC Altoona

Bradford

Guthrie Robert Packer Hospital
Guthrie Towanda Memorial Hospital
Guthrie Troy Community Hospital

Butler

Butler Memorial Hospital
UPMC Passavant - Cranberry

Cambria

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

Carbon

Lehigh Valley Hospital - Carbon
St. Luke’s Carbon Campus
St. Luke’s Lehigh Campus

Centre

Mount Nittany Medical Center

Clarion

Clarion Hospital

Clearfield

Penn Highlands Clearfield
Penn Highlands DuBois

Clinton

Bucktail Medical Center
UPMC Lock Haven

Crawford

Meadville Medical Center
Titusville Area Hospital

Cumberland

Penn State Health Hampden Medical
Center
Penn State Health Holy Spirit Medical
Center
Select Specialty Hospital - Central PA
Camp Hill
UPMC Carlisle
UPMC West Shore

Dauphin

Penn State Health Children’s Hospital
Penn State Health Milton S. Hershey
Medical Center
Select Specialty Hospital - Harrisburg
UPMC Community Osteopathic
UPMC Harrisburg

Elk

Penn Highlands Elk

Erie

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

Fayette

Penn Highlands Connellsville
Uniontown Hospital

Greene

Washington Health System Greene

Huntingdon

Penn Highlands Huntingdon

Indiana

Indiana Regional Medical Center

Jefferson

Penn Highlands Brookville
Punxsutawney Area Hospital

Lackawanna

Lehigh Valley Hospital - Dickson City
Moses Taylor Hospital
Regional Hospital of Scranton

Lancaster

Lancaster General Hospital
Lancaster General Women & Babies
Hospital
Penn State Health Lancaster
Medical Center
UPMC Lititz

Lawrence

UPMC Jameson

Lehigh

Lehigh Valley Hospital - 17th Street
Lehigh Valley Hospital - Cedar Crest
Lehigh Valley Hospital - Coordinated
Health Allentown
Lehigh Valley Reilly Children’s Hospital
St. Luke’s Allentown Campus
St. Luke’s Sacred Heart Campus

Luzerne

Lehigh Valley Hospital – Hazleton
Wilkes-Barre General Hospital

Lycoming

UPMC Muncy
UPMC Williamsport
UPMC Williamsport Divine Providence
Campus

McKean

Bradford Regional Medical Center
UPMC Kane

Mercer

AHN Grove City
Edgewood Surgical Hospital
Sharon Regional Health System
UPMC Horizon – Greenville
UPMC Horizon – Shenango Valley

Monroe

Lehigh Valley Hospital – Pocono
St. Luke’s Monroe Campus

Northampton

Lehigh Valley Hospital – Hecktown
Oaks
Lehigh Valley Hospital – Muhlenberg
LVHN – Coordinated Health
Bethlehem
St. Luke’s Anderson Campus
St. Luke’s Easton Campus
St. Luke’s University Hospital –
Bethlehem

Potter

UPMC Cole

Schuylkill

Lehigh Valley Hospital – Schuylkill
E. Norwegian Street
S. Jackson Street
St. Luke’s Miners Campus

Emergency care will be covered at the highest benefit level.
This information is subject to change. For the most up-to-date
information, visit upmchealthplan.com/find.

Somerset

Chan Soon-Shiong Medical Center
at Windber
Conemaugh Meyersdale
Medical Center
UPMC Somerset

Susquehanna

Barnes-Kasson Hospital
Endless Mountains Health Systems

Tioga

UPMC Wellsboro

Union

Evangelical Community Hospital

Venango

UPMC Northwest

Warren

Warren General Hospital

Washington

Penn Highlands Mon Valley
Washington Hospital

Wayne

Wayne Memorial Hospital

Westmoreland

Excelsa Frick Hospital
Excelsa Latrobe Hospital
Excelsa Westmoreland Hospital
Select Specialty Hospital –
Laurel Highlands

York

OSS Orthopaedic Hospital
Select Specialty Hospital – York
UPMC Hanover
UPMC Memorial

Outside Pennsylvania

In Maryland:

Garrett Regional Medical Center
UPMC Western Maryland

In New York:

Guthrie Corning Hospital
Guthrie Cortland Medical Center
Jones Memorial Hospital
Olean General Hospital
UPMC Chautauqua

In Ohio:

Cleveland Clinic:
Akron General
Avon Hospital
Cleveland Clinic Children’s Hospital
for Rehabilitation
Cleveland Clinic Main Campus
Euclid Hospital
Fairview Hospital
Hillcrest Hospital
Lodi Community Hospital
Lutheran Hospital
Marymount Hospital
Medina Hospital
South Pointe Hospital
Union Hospital

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.

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. Wellness exams are common for both children and adults.

Visit upmchp.us/psrg to see all covered preventive services for adults and children up to age 18.

Have questions about which screenings are covered?

Call the UPMC Health Plan Open Enrollment Hotline at **1-844-833-0520** 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**.



RMU Student Health Plan	
PPO - Premium Network	
Deductible	\$500 /\$1,000
Coinsurance	20%
Total Annual Out-of-Pocket	\$6,000 /\$12,000
Primary care provider	You pay \$20 Copayment per visit
Specialist office visit	You pay \$40 Copayment per visit
Emergency Department	You pay \$125 Copayment per visit
Urgent Care Facility	You pay \$40 Copayment per visit
Rx	\$15/\$50/\$75/\$75

This document is your Schedule of Benefits. If you enroll in this plan, this Schedule of Benefits will be an important part of your Policy. Your Policy describes in detail the services your plan covers, while 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 Policy. 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 Policy. 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 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	
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	\$500	\$1,000
Family	\$1,000	\$2,000

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 20% after Deductible	You pay 40% after Deductible
Copayments may apply to certain Participating Provider services.		
Any Covered Services for which cost-sharing is not specified in the "Covered Services" table below will pay subject to the applicable Deductible and Coinsurance identified above.		
Total Annual Out-of-Pocket Limit		
Individual	\$6,000	\$10,000
Family	\$12,000	\$20,000
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 a family member's 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.		

Member Cost Sharing	Participating Provider	Non-Participating Provider
Preventive Services 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 preventive/health screening examination	Covered at 100%; you pay \$0.	Not Covered
Pediatric immunizations	Covered at 100%; you pay \$0.	You pay 40%. 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.	Not Covered
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay \$0.	You pay 40% after Deductible.

UPMC Health Options, Inc.

Schedule of Benefits

Member Cost Sharing	Participating Provider	Non-Participating Provider
Screening gynecological exam	Covered at 100%; you pay \$0.	You pay 40%. Deductible does not apply.
Breast cancer and cervical cancer screening	Covered at 100%; you pay \$0.	You pay 40% after Deductible.
Screening services and procedures required by the ACA	Covered at 100%; you pay \$0.	You pay 40% after Deductible.
Pediatric dental and vision Services	For coverage information, log in to MyHealth OnLine or call Member Services at the number on your Member ID card.	
Hospital Services		
Hospital inpatient	You pay 20% after Deductible.	You pay 40% after Deductible.
Outpatient/Ambulatory surgery	You pay 20% after Deductible.	You pay 40% after Deductible.
Observation stay	You pay 20% after Deductible.	You pay 40% after Deductible.
Maternity - hospital services associated with delivery	You pay 20% after Deductible.	You pay 40% after Deductible.
Emergency Services		
Emergency department	You pay \$125 Copayment per visit.	
Copayment waived if you are admitted to hospital.		
Emergency transportation	You pay 20% after Deductible.	
Surgical Services		
Surgical services (professional provider services)	You pay 20% after Deductible.	You pay 40% after Deductible.
Provider Medical Services		
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay 20% after Deductible.	You pay 40% after Deductible.
Adult immunizations not required to be covered by the ACA	You pay 20% after Deductible.	You pay 40% after Deductible.
Primary care provider office visit	You pay \$20 Copayment per visit.	You pay 40% after Deductible.
Specialist office visit	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Convenience care visit	You pay \$20 Copayment per visit.	You pay 40% after Deductible.
Urgent care facility	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Virtual Visits		
UPMC AnywhereCare - Virtual Urgent Care and Children's AnywhereCare	You pay \$10 Copayment per visit.	
Virtual visit - Primary Care	You pay \$20 Copayment per visit.	You pay 40% after Deductible.
Virtual visit - Specialist	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Virtual visit - Behavioral Health	You pay \$10 Copayment per visit.	You pay 40% after Deductible.

UPMC Health Options, Inc.

Schedule of Benefits

Member Cost Sharing	Participating Provider	Non-Participating Provider
UPMC MyHealth 24/7 Nurse Line		
If you would like to speak to a registered nurse about a specific health concern or when to seek treatment, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591(TTY:711) 365 days/year. You may also send an email for non-urgent issues using the web nurse request system at www.upmchealthplan.com and a nurse will respond within 24 hours.		
Allergy Services		
Treatment, injections, and serum	You pay 20% after Deductible.	You pay 40% after Deductible.
Diagnostic Services		
Advanced imaging (e.g., PET, MRI)	You pay 20% after Deductible.	You pay 40% after Deductible.
Other imaging (e.g., x-ray, sonogram)	You pay 20% after Deductible.	You pay 40% after Deductible.
Laboratory services	You pay 20% after Deductible.	You pay 40% after Deductible.
Diagnostic testing	You pay 20% after Deductible.	You pay 40% after Deductible.
Rehabilitation Therapy Services		
Note: See the Behavioral Health Services section below for Rehabilitation Therapy services prescribed for the treatment of a Behavioral Health condition.		
Physical and occupational therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 60 visits per Benefit Period for both therapies combined.		
Speech therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 30 visits per Benefit Period.		
Cardiac rehabilitation	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 36 visits per Benefit Period.		
Pulmonary rehabilitation	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 36 visits per Benefit Period.		
Habilitation Therapy Services		
Note: See the Behavioral Health Services section below for Habilitation Therapy services prescribed for the treatment of a Behavioral Health condition.		
Physical and occupational therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 60 visits per Benefit Period for both therapies combined.		
Speech therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 30 visits per Benefit Period.		
Medical Therapy Services		
Chemotherapy, radiation therapy, dialysis therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay 20% after Deductible.	You pay 40% after Deductible.
Pain management program		
Pain management program	You pay \$40 Copayment per visit.	You pay 40% after Deductible.

UPMC Health Options, Inc.

Schedule of Benefits

Member Cost Sharing	Participating Provider	Non-Participating Provider
Behavioral Health (Mental Health and Substance Use Disorder) Services (Rehabilitative or Habilitative) Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.		
Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment)	You pay 20% after Deductible.	You pay 40% after Deductible.
Visits, including psychotherapy and outpatient therapy and counseling	You pay \$20 Copayment per visit.	You pay 40% after Deductible.
Outpatient - Services (includes intensive outpatient and partial hospitalization programs)	You pay 20% after Deductible.	You pay 40% after Deductible.
Laboratory services related to a Behavioral Health condition	You pay 20% after Deductible.	You pay 40% after Deductible.
Physical, occupational, or speech therapy related to a Behavioral Health Condition	Covered at 100%; you pay \$0.	You pay 40% after Deductible.
Visit limits do not apply.		
Applied behavior analysis for the treatment of Autism Spectrum Disorder	You pay 20% after Deductible.	You pay 40% after Deductible.
Other Medical Services Refer to the for specific Benefit Limitations that may apply to the services listed below.		
Acupuncture	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 12 visits per Benefit Period.		
Corrective appliances	You pay 20% after Deductible.	You pay 40% after Deductible.
Dental services related to accidental injury	You pay 20% after Deductible.	You pay 40% after Deductible.
Durable medical equipment	You pay 20% after Deductible.	You pay 40% after Deductible.
Fertility testing	You pay 20% after Deductible.	You pay 40% after Deductible.
Home health care	You pay 20% after Deductible.	You pay 40% after Deductible.
Hospice care	You pay 20% after Deductible.	You pay 40% after Deductible.
Infertility services	You pay 20% after Deductible.	You pay 40% after Deductible.
Limited to artificial insemination.		
Medical nutrition therapy	You pay 20% after Deductible.	You pay 40% after Deductible.
Nutritional counseling	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 6 visits Benefit Period.		
Nutritional formulas	You pay 20%. Deductible does not apply.	You pay 40%. Deductible does not apply.
Nutritional formulas for the treatment of PKU and related disorders are not subject to Deductible.		
Oral surgical services	You pay 20% after Deductible.	You pay 40% after Deductible.

UPMC Health Options, Inc.

Schedule of Benefits

Member Cost Sharing	Participating Provider	Non-Participating Provider
Podiatry care	You pay \$40 Copayment per visit.	You pay 40% after Deductible.
Private duty nursing	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 30 visits per Benefit Period.		
Skilled nursing facility	You pay 20% after Deductible.	You pay 40% after Deductible.
Covered up to 100 days per Benefit Period for Non-Participating Provider.		
Therapeutic manipulation	You pay \$20 Copayment per visit.	You pay 40% after Deductible.
Covered up to 25 visits per Benefit Period.		
Diabetic Equipment, Supplies, and Education		
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at a Participating Pharmacy. See applicable Prescription Schedule of Benefits for coverage information.	
Diabetic education	Covered at 100%; you pay \$0.	You pay 40% after Deductible.

Prescription Medication Coverage

For additional information on your pharmacy benefits, refer to your Prescription Medication Schedule of Benefits. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier.

The Advantage Choice pharmacy program will apply (mandatory generic).

Not subject to Plan Deductible

UPMC Health Plan has determined that your prescription medication benefit plan constitutes Creditable coverage.

Retail prescription medication

- Prescriptions must be dispensed by a participating pharmacy
- 31-day supply

Tier 1: Generic Medications	You pay \$15 Copayment for preferred generic medications.
Tier 2: Preferred Brand Medications and Generic Medications (Brand and Generic)	You pay \$50 Copayment for preferred brand medications. (brand and generic).
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$75 Copayment for nonpreferred medications (brand and generic).
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications
Tier 7: Select Generic Medications	You pay \$0 Copayment for select generic medications.

Note: 90-day maximum retail supply available for three copayments

Specialty prescription medication

- Specialty medications are limited to a 31-day supply. See Prescription Medication Schedule of Benefits for additional information.
- Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). You may pay a higher amount for specialty medications when filled at a retail pharmacy.
- Your prescription medication benefit includes coverage of certain specialty medications in the SaveOnSP program. See Prescription Medication Schedule of Benefits for additional information.

Tier 4: Specialty Medications (Brand and Generic)	You pay \$75 Copayment for specialty medications (brand and generic).
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Prescription Medication Coverage	
For additional information on your pharmacy benefits, refer to your Prescription Medication Schedule of Benefits. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier.	
The Advantage Choice pharmacy program will apply (mandatory generic).	
Not subject to Plan Deductible	
UPMC Health Plan has determined that your prescription medication benefit plan constitutes Creditable coverage.	
Tier 6: Oral Chemotherapy Medications (Brand and Generic)	You pay 20% for oral chemotherapy medications with a maximum of \$75 per prescription (brand and generic).
31-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: Generic Medications	You pay \$30 Copayment for preferred generic medications.
Tier 2: Preferred Brand Medications and Generic Medications (Brand and Generic)	You pay \$100 Copayment for preferred brand medications (brand and generic).
Tier 3: Nonpreferred Medications (Brand and Generic)	You pay \$150 Copayment for nonpreferred (brand and generic).
Tier 5: Preventive Medications	You pay \$0 Copayment for preventive medications.
Tier 7: Select Generic Medications	You pay \$0 Copayment for select generic 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 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 Policy. Also, the headings under the Covered Services section are the same as those in your Policy.

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 Policy, 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., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

¹ U.S. News & World Report consistently ranks UPMC Presbyterian-Shadyside among the nation's best hospitals in many specialties, and it ranks UPMC Children's Hospital of Pittsburgh on its Honor Roll of America's Best Children's Hospitals.

² UPMC Health Plan earned one of 10 coveted 2022 Grand Stevie® Awards for its exemplary customer service. Grand Stevie trophies are awarded to companies that submit an exceptional body of work for the Stevie Awards competition. The Health Plan also earned four Gold Stevie Awards for its sales and customer service excellence, including Best Back-Office Customer Service Team and Sales Support Team of the Year.

³ UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Maryland, New York, 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. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

⁴ UPMC Health Plan members who are in Pennsylvania at the time of a virtual visit may select a UPMC- employed provider, subject to availability and discretion of the provider. 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 (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans that have opted out of coverage. Providers are not available to treat members who are in Puerto Rico.

⁵ Assist America is not travel or medical insurance, and its services do not replace health coverage while you are away from home. All services must be arranged and provided by Assist America. Bills for any medical costs you incur should be submitted to UPMC Health Plan. They will be subject to the policy limits of your health coverage.

UPMC HEALTH PLAN

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