UPMC for Life
UPMC Health Plan Medicare Program

2021 Medicare Advantage Plan Benefit Summary

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
	In Network	**In Network;** Out-of-Network	**In Network;** Out-of-Network
Annual Deductible	$0	$0 IN/$500 OON	$0 IN/$500 OON
Annual Out-Pocket Limit	$3,200	$3,200 IN; $5,100 Combined IN/OON	$3,200 IN; $5,100 Combined IN/OON
INPATIENT CARE			
Inpatient Hospital/Inpatient Mental Health Care **prior auth required*	$0 copay per stay	$200 copay per stay; 20% coinsurance after the deductible	$0 copay per stay; 20% coinsurance after the deductible
Skilled Nursing Facility **prior auth required* (100 day per benefit period)	$0 per day for days 1-100	$0 copay per day for days 1-100; 20% coinsurance after the deductible	$0 copay per day for days 1-100; 20% coinsurance after the deductible
Blood *(3 pints)*	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
Home Health Care **prior auth required*	$0 copay	$0 copay; $0 copay	$0 copay; $0 copay
Home Health Care (Telehealth)	$0 copay	$0 copay; Not covered	$0 copay; Not covered
OUTPATIENT CARE			
Primary Care Doctor Visits	$5 copay	$10 copay; 20% coinsurance after the deductible	$5 copay; 20% coinsurance after the deductible
Primary Care Doctor Visits (Telehealth)	$0 copay	$0 copay; Not covered	$0 copay; Not covered
Specialist Visits **prior auth required for acupuncture services*	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Specialist Visits (Telehealth)	$15 copay	$25 copay; Not covered	$15 copay; Not covered
Chiropractic Services (Medicare-covered)	$20 copay	$20 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Chiropractic Services (Routine)	$20 copay (6 visits every year)	$20 copay (8 visits every year); Not covered	$20 copay (8 visits every year); Not covered
Podiatry Services (Medicare-covered)	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Podiatry Services (Routine)	$20 copay (4 visits every year)	$30 copay (8 visits every year); Not covered	$20 copay (8 visits every year); Not covered
Outpatient Mental Health Services, Psychiatric Services, Substance Abuse	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible

UPMC *for Life*
UPMC Health Plan Medicare Program

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
	In Network	**In Network;** Out-of-Network	**In Network;** Out-of-Network
Outpatient Mental Health Services, Psychiatric Services, Substance Abuse (Telehealth)	$15 copay	$25 copay; Not covered	$15 copay; Not covered
Opioid Treatment Services **prior auth required*	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Partial Hospitalization	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
Outpatient Surgery & Ambulatory Surgical Center **prior auth required*	$50 copay $100 annual limit	$100 copay /$200 annual limit; 20% coinsurance after the deductible	$50 copay /$100 annual limit; 20% coinsurance after the deductible
Observation Stay **prior auth required*	$50 copay	$50 copay; 20% coinsurance after the deductible	$50 copay; 20% coinsurance after the deductible
Ambulance Services - (Ground & Air) **prior auth required for non-emergency Medicare-covered services*	$50 copay per one-way trip	$100 copay per one-way trip; 20% coinsurance after the deductible	$50 copay per one-way trip; 20% coinsurance after the deductible
Emergency Care *(waived if admitted within 3 days)*	$120 copay	$120 copay IN/OON	$120 copay IN/OON
Urgently Needed Care (Clinics) *(out-of-area; urgent care clinics)*	$20 copay	$30 copay IN/OON	$20 copay IN/OON
Outpatient Rehab Services (PT, OT, ST) **prior auth required for select PT, OT, ST*	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
OUTPATIENT MEDICAL AND SUPPLIES			
Durable Medical Equipment/Oxygen **prior auth required for DME*	20% coinsurance	20% coinsurance; 50% coinsurance after the deductible	20% coinsurance; 50% coinsurance after the deductible
Prosthetic Devices and Medical Supplies **prior auth required for prosthetics*	20% coinsurance	20% coinsurance; 50% coinsurance after the deductible	20% coinsurance; 50% coinsurance after the deductible
Diabetes Training	$0 copay	$0 copay; 50% coinsurance after the deductible	$0 copay; 50% coinsurance after the deductible
Diabetes Training (Telehealth)	$0 copay	$0 copay; Not covered	$0 copay; Not covered
Diabetic Supplies, Shoes or Inserts	20% coinsurance	20% coinsurance; 50% coinsurance after the deductible	20% coinsurance; 50% coinsurance after the deductible
Part B Drugs **prior auth required*	20% coinsurance/$1,200 max per year	20% coinsurance/$1,200 max per year; 50% coinsurance after the deductible	20% coinsurance/$1,200 max per year; 50% coinsurance after the deductible

UPMC for Life
UPMC Health Plan Medicare Program

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
	In Network	**In Network;** Out-of-Network	**In Network;** Out-of-Network
Kidney Disease Training/ Renal Dialysis (ESRD) **prior auth required for outpatient services*	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
Lab Services & Diagnostic Procedures/ Tests *(single copay per day per facility)* **prior auth required for certain services*	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
X-Ray Services (Basic Imaging) *(single copay per day per service)*	$5 copay	$20 copay; 20% coinsurance after the deductible	$5 copay; 20% coinsurance after the deductible
Diagnostic Radiological Services (Advanced Imaging) *(single copay per service)* **prior auth required*	$50 copay	$60 copay; 20% coinsurance after the deductible	$50 copay; 20% coinsurance after the deductible
Therapeutic Radiological Services (Radiation) *(single copay per service)*	$0 copay	$0 copay; 20% coinsurance after the deductible	$0 copay; 20% coinsurance after the deductible
PREVENTIVE SERVICES			
Immunizations, Annual Wellness Visit & Screening Exams *(includes: Mammograms, Pap & Pelvic, Prostate Exams, all Medicare-covered Preventive Services)*	$0 copay	$0 copay; 20% coinsurance	$0 copay; 20% coinsurance
ADDITIONAL BENEFITS			
Dental Services			
Dental Services (Medicare-covered)	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Dental Cleaning (Routine) *(two every year)*	Not covered	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Dental Oral Exam (Routine) *(two every year)*	Not covered	$30 copay; 50% coinsurance	$20 copay; 50% coinsurance
Dental Oral Exam (Comprehensive) *(one every 36 months)*	Not covered	$30 copay; 50% coinsurance	$20 copay; 50% coinsurance
Dental X-rays (Bitewing) *(one every year)*	Not covered	$30 copay; 50% coinsurance	$20 copay; 50% coinsurance

UPMC for Life
UPMC Health Plan Medicare Program

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
	In Network	**In Network;** Out-of-Network	**In Network;** Out-of-Network
Hearing Services			
Hearing Services (Medicare-covered)	$20 copay	$30 copay; 20% coinsurance after the deductible	$20 copay; 20% coinsurance after the deductible
Hearing Exam (Routine) *(once every year)*	$20 copay	$30 copay; 50% coinsurance	$20 copay; 50% coinsurance
Hearing Aid Fitting (Routine) *(once every three years)*	$20 copay	$30 copay; 50% coinsurance	$20 copay; 50% coinsurance
Hearing Aids (Routine) *(once every three years)*	$1,000 allowance	$1,000 combined IN/OON allowance	$1,000 combined IN/OON allowance
Vision Services			
Vision Services (Medicare-covered)	$20 copay	$30 copay; $50 copay after the deductible	$20 copay; 20% coinsurance after the deductible
Medicare-covered Glaucoma Screening & Diabetic Retinal Eye Exam, Cataract Glasses	$0 copay	$0 copay; $50 copay after the deductible	$0 copay; 20% coinsurance after the deductible
Vision Exam (Routine) *(once every two years)*	$0 copay	$0 copay; $50 copay	$0 copay; $50 copay
Vision Eyewear (Routine) *(once every two years)*	$250 allowance	$250 combined IN/OON allowance	$250 IN/OON allowance
Other Services			
Fitness Benefit (SilverSneakers) *(includes one personal training session/year)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Nurse Advice Line *(UPMC MyHealth 24/7 Nurse Line)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Remote Technologies – eVisits *(UPMC AnywhereCare)*	$5 copay	$10 copay; 50% coinsurance	$5 copay; 50% coinsurance
Counseling Services *(6 sessions per year)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Support for Caregivers *(6 sessions through Resources for Life & Powerful Tools for Caregivers)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Palliative Care (including eligible meals) **prior auth required*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance

UPMC for Life
UPMC Health Plan Medicare Program

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
	In Network	**In Network;** Out-of-Network	**In Network;** Out-of-Network
Smoking and Tobacco Use Cessation *(4 additional visits)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Bathroom Safety Devices (BSD) *(3 products per year)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
In-Home Safety Assessment *(1 per year)*	$0 copay	$0 copay; 50% coinsurance	$0 copay; 50% coinsurance
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina, Tennessee	Not applicable	Not applicable
Worldwide Emergency Coverage	Assist America Travel Benefit	Assist America Travel Benefit	Assist America Travel Benefit
PART D PRESCRIPTION DRUGS			
Tier 1: Preferred Generic Drugs	Preferred: $0 copay – 30-day (retail) $0 copay – 90-day (retail)	Preferred: $0 copay – 30-day (retail) $0 copay – 90-day (retail)	Preferred: $0 copay – 30-day (retail) $0 copay – 90-day (retail)
	Standard: $15 copay – 30-day (retail) $30 copay – 90-day (retail) $0 copay – 90-day (mail-order)	Standard: $15 copay – 30-day (retail) $30 copay – 90-day (retail) $0 copay – 90-day (mail-order)	Standard: $15 copay – 30-day (retail) $30 copay – 90-day (retail) $0 copay – 90-day (mail-order)
Tier 2: Generic Drugs	Preferred: $10 copay – 30-day (retail) $20 copay – 90-day (retail)	Preferred: $10 copay – 30-day (retail) $20 copay – 90-day (retail)	Preferred: $10 copay – 30-day (retail) $20 copay – 90-day (retail)
	Standard: $20 copay – 30-day (retail) $40 copay – 90-day (retail) $20 copay – 90-day (mail-order)	Standard: $20 copay – 30-day (retail) $40 copay – 90-day (retail) $20 copay – 90-day (mail-order)	Standard: $20 copay – 30-day (retail) $40 copay – 90-day (retail) $20 copay – 90-day (mail-order)
Tier 3: Preferred Brand Drugs	Preferred: $47 copay – 30-day (retail) $117.50 copay – 90-day (retail)	Preferred: $47 copay – 30-day (retail) $117.50 copay – 90-day (retail)	Preferred: $47 copay – 30-day (retail) $117.50 copay – 90-day (retail)
	Standard: $47 copay – 30-day (retail) $141 copay – 90-day (retail) $117.50 copay – 90-day (mail-order)	Standard: $47 copay – 30-day (retail) $141 copay – 90-day (retail) $117.50 copay – 90-day (mail-order)	Standard: $47 copay – 30-day (retail) $141 copay – 90-day (retail) $117.50 copay – 90-day (mail-order)

UPMC for Life
UPMC Health Plan Medicare Program

Western PA United Methodist Church (WPAUMC)			
Benefits	**HMO Custom**	**PPO Custom - Basic**	**PPO Custom - Standard**
Tier 4: Non-Preferred Drugs	Preferred: $100 copay – 30-day (retail) $300 copay – 90-day (retail)	Preferred: $100 copay – 30-day (retail) $300 copay – 90-day (retail)	Preferred: $100 copay – 30-day (retail) $300 copay – 90-day (retail)
	Standard: $100 copay – 30-day (retail) $300 copay – 90-day (retail) $300 copay – 90-day (mail-order)	Standard: $100 copay – 30-day (retail) $300 copay – 90-day (retail) $300 copay – 90-day (mail-order)	Standard: $100 copay – 30-day (retail) $300 copay – 90-day (retail) $300 copay – 90-day (mail-order)
Tier 5: Specialty Drugs	Preferred & Standard: 33% coinsurance – 30-day only	Preferred & Standard: 33% coinsurance – 30-day only	Preferred & Standard: 33% coinsurance – 30-day only
Initial Coverage Limit	$4,130	$4,130	$4,130
Out-of-Pocket Limit (TrOOP)	$6,550	$6,550	$6,550
Coverage Gap	**No additional coverage** Tiers 1 - 5: Member pays 25% for generic drugs and 25% plus a dispensing fee for brand-name drugs through the coverage gap.	**Tiers 1 & 2 coverage** Tiers 1 & 2: Member pays the same copay amounts as paid in the Initial Coverage stage. Tiers 3 - 5: The member pays 25% for generic drugs and 25% plus a dispensing fee for brand-name drugs through the coverage gap.	**Full coverage** Tiers 1 - 5: Member pays the same copay amounts as paid in the Initial Coverage stage.
Catastrophic Coverage Copays	Greater of: $3.70 generic/brand treated as generic $9.20 or 5% all others	Greater of: $3.70 generic/brand treated as generic $9.20 or 5% all others	Greater of: $3.70 generic/brand treated as generic $9.20 or 5% all others
NOTE: UPMC Health Plan, Inc. has determined that the prescription drug coverage offered by this employer group plan for 2021 is creditable coverage.			
This grid is not intended to provide a full description of benefits. Please refer to the Evidence of Coverage.			