

2023 Medicare Advantage Plan Benefit Summary

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
Premium	\$220	\$355		\$450		
ANNUAL MAXIMUMS						
Annual Deductible	\$0	\$0	\$500	\$0	\$500	
Maximum Out-of-Pocket	\$3,200	\$5,100 IN and OON	\$5,100 IN and OON	\$5,100 IN and OON	\$5,100 IN and OON	
INPATIENT CARE						
Inpatient Hospital/ Mental Health Care (per stay) *	\$0 copay	\$200 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Skilled Nursing Facility (days 1-100) (100 day limit) *	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Blood (3 pints)	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Home Health Care*	\$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 Physician (PCP) Visits	\$5 copay	\$10 copay	20% coinsurance after deductible	\$5 copay	20% coinsurance after deductible	
Primary Care Physician (PCP) Visits (Telehealth)	\$5 copay	\$10 copay	Not covered	\$5 copay	Not covered	✓
Specialist Visits	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Specialist Visits (Telehealth)	\$20 copay	\$30 copay	Not covered	\$20 copay	Not covered	✓
Chiropractic Services (Medicare-covered) *	\$20 copay	\$20 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
Chiropractic Services (Routine) (6 visits every year) *	\$20 copay	\$20 copay	Not covered	\$20 copay	Not covered	
Podiatry Services (Medicare-covered)	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Podiatry Services (Routine) (4 visits every year)	\$20 copay	\$30 copay	Not covered	\$20 copay	Not covered	
Outpatient Mental Health Services /Psychiatric Services/Substance Abuse	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Outpatient Mental Health Services /Psychiatric Services/Substance Abuse (Telehealth)	\$20 copay	\$30 copay	Not covered	\$20 copay	Not covered	✓
Opioid Treatment Services	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Partial Hospitalization	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Outpatient Surgery and Ambulatory Surgical Center (ASC)/Observation (\$100 annual limit for Outpatient Surgery/ASC) *	\$50 copay	\$50 copay	20% coinsurance after deductible	\$50 copay	20% coinsurance after deductible	
Ambulance Services (Ground & Air) *	\$50 copay	\$100 copay	20% coinsurance after deductible	\$50 copay	20% coinsurance after deductible	
Emergency Care (waived if admitted within 3 days)	\$120 copay	\$120 copay IN/OON	\$120 copay IN/OON	\$120 copay IN/OON	\$120 copay IN/OON	
Urgently Needed Care (Clinics)	\$20 copay	\$30 copay IN/OON	\$30 copay IN/OON	\$20 copay IN/OON	\$20 copay IN/OON	
Outpatient Rehab Services (PT, OT, ST) *	\$20 copay	\$30	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
OUTPATIENT MEDICAL AND SUPPLIES						

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
Durable Medical Equipment (DME)/Oxygen *	20% coinsurance	20% coinsurance	50% coinsurance after deductible	20% coinsurance	50% coinsurance after deductible	
Prosthetic Devices and Medical Supplies*	20% coinsurance	20% coinsurance	50% coinsurance after deductible	20% coinsurance	50% coinsurance after deductible	
Diabetes Training	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	50% coinsurance after deductible	
Diabetes Training (Telehealth)	\$0 copay	\$0 copay	Not covered	\$0 copay	Not covered	✓
Diabetic Monitors- LifeScan Only	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Diabetic Supplies, Shoes or Inserts	20% coinsurance	20% coinsurance	20% coinsurance after deductible	20% coinsurance	50% coinsurance after deductible	
Part B Drugs (\$1,200 annual limit - IN)	20% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance after deductible	
Kidney Disease Training	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Renal Dialysis (ESRD)	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Lab Services (per day per facility)	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Diagnostic Procedures/Tests (per day per facility)*	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
Diagnostic X-Ray Services (Basic Imaging) (per service)	\$5 copay	\$20 copay	20% coinsurance after deductible	\$5 copay	20% coinsurance after deductible	
Diagnostic Radiological Services (Advanced Imaging) (per service)*	\$50 copay	\$60 copay	20% coinsurance after deductible	\$50 copay	20% coinsurance after deductible	
Therapeutic Radiological Services (Radiation) (per service)	\$0 copay	\$0 copay	20% coinsurance after deductible	\$0 copay	20% coinsurance after deductible	
PREVENTATIVE SERVICES						
Immunizations	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance	
Annual Wellness Visit	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance	
Screening Exams	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance	
SUPPLEMENTAL BENEFITS						
Dental Services						

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
Dental Services (Medicare-covered)	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Preventive Dental Benefit						
Cleaning	Not covered	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Routine Oral Exam	Not covered	\$30 copay	50% coinsurance	\$20 copay	50% coinsurance	
Limited Oral Exam	Not covered	\$30 copay	50% coinsurance	\$20 copay	50% coinsurance	
Comprehensive Oral Exam	Not covered	\$30 copay	50% coinsurance	\$20 copay	50% coinsurance	
Bitewing X-rays	Not covered	\$30 copay	50% coinsurance	\$20 copay	50% coinsurance	
Panoramic X-rays	Not covered	\$30 copay	50% coinsurance	\$20 copay	50% coinsurance	
Restorative Dental Benefit	Not covered	Not covered	Not covered	Not covered	Not covered	
Hearing Services						
Hearing Services (Medicare-covered)	\$20 copay	\$30 copay	20% coinsurance after deductible	\$20 copay	20% coinsurance after deductible	
Hearing Exam (Routine) (1 every year)	\$20 copay	\$30 copay	20% coinsurance	\$20 copay	20% coinsurance	
Hearing Aid Fitting (Routine) (1 every year)	\$20 copay	\$30 copay	20% coinsurance	\$20 copay	20% coinsurance	
Hearing Aids (Routine) (1 every year)	\$690 - \$1,890 copay per aid	\$690 - \$1,890 copay per aid	\$690 - \$1,890 copay per aid	\$690 - \$1,890 copay per aid	\$690 - \$1,890 copay per aid	
Vision Services						
Vision Services (Medicare-covered)	\$20 copay	\$30 copay	\$50 copay after deductible	\$20 copay	20% coinsurance after deductible	
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0 copay	\$0 copay	\$50 copay after deductible	\$0 copay	20% coinsurance after deductible	
Eyewear (Medicare-covered)	\$0 copay	\$0 copay	\$50 copay after deductible	\$0 copay	20% coinsurance after deductible	
Vision Exam (Routine) (1 every year)	\$0 copay	\$0 copay	\$50 copay	\$0 copay	\$50 copay	
Vision Eyewear (Routine) (1 every year)	\$250 allowance	\$250 allowance	\$250 allowance	\$250 allowance	\$250 allowance	
OTHER SERVICES						

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
Bathroom Safety Items (3 items every year)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Counseling Services (Resources for Life) (6 sessions per issue)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Fitness Benefit (SilverSneakers and personal training session) (1 every year)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Health and Wellness Benefit (Rx Well)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
In-Home Safety Assessment (1 every year)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Nurse Advice Line	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Over-the-counter (OTC) Items	Not covered	Not covered	Not Covered	Not Covered	Not Covered	
Palliative Care (including eligible meals) (56 meals for 28 days)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Remote Technologies (AnywhereCare eVisits)	\$5 copay	\$10 copay	50% coinsurance	\$5 copay	50% coinsurance	
Routine Physical Exam	Not covered	Not covered	Not Covered	Not Covered	Not covered	
Smoking and Tobacco Use Cessation (4 addtl sessions)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Support for Caregivers (Resources for Life) (6 sessions)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Support for Caregivers (Powerful Tools for Caregivers)	\$0 copay	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	
Worldwide Emergency Travel Assistance Coverage (Assist America Travel Benefit) <i>Requires Prior Authorization</i>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
ADDITIONAL BENEFIT PROGRAMS						
Visitor/Travel Benefit <i>*Requires Prior Authorization</i>	Covered in Arizona, Florida, Georgia, North Carolina,	Not Covered	Not Covered	Not Covered	Not Covered	

Western PA United Methodist Church (WPAUMC)						
Benefits	HMO Custom	PPO Custom - Basic	PPO Custom Basic	PPO Custom - Standard	PPO Custom -Standard	
	In Network	In Network	Out-of-Network	In Network	Out-of-Network	Telehealth
	South Carolina, and Tennessee					

Western PA United Methodist Church (WPAUMC)			
PART D PRESCRIPTION DRUGS	2023 HMO Custom	2023 PPO Custom - Basic	2023 PPO Custom - Standard
Tier 1: Preferred Generic Drugs	Preferred: \$0 copay - 30-day (retail) \$0 copay - 60-day (retail) \$0 copay - 90-day (retail)	Preferred: \$0 copay - 30-day (retail) \$0 copay - 60-day (retail) \$0 copay - 90-day (retail)	Preferred: \$0 copay - 30-day (retail) \$0 copay - 60-day (retail) \$0 copay - 90-day (retail)
	Standard: \$15 copay - 30-day (retail) \$30 copay - 60-day (retail) \$30 copay - 90-day (retail) \$30 copay - 90-day (mail-order)	Standard: \$15 copay - 30-day (retail) \$30 copay - 60-day (retail) \$30 copay - 90-day (retail) \$30 copay - 90-day (mail-order)	Standard: \$15 copay - 30-day (retail) \$30 copay - 60-day (retail) \$30 copay - 90-day (retail) \$30 copay - 90-day (mail-order)
Tier 2: Generic Drugs	Preferred: \$10 copay - 30-day (retail) \$20 copay - 60-day (retail) \$20 copay - 90-day (retail) \$20 copay - 90-day (mail-order)	Preferred: \$10 copay - 30-day (retail) \$20 copay - 60-day (retail) \$20 copay - 90-day (retail) \$20 copay - 90-day (mail-order)	Preferred: \$10 copay - 30-day (retail) \$20 copay - 60-day (retail) \$20 copay - 90-day (retail) \$20 copay - 90-day (mail-order)
	Standard: \$20 copay - 30-day (retail) \$40 copay - 60-day (retail) \$40 copay - 90-day (retail) \$40 copay - 90-day (mail-order)	Standard: \$20 copay - 30-day (retail) \$40 copay - 60-day (retail) \$40 copay - 90-day (retail) \$40 copay - 90-day (mail-order)	Standard: \$20 copay - 30-day (retail) \$40 copay - 60-day (retail) \$40 copay - 90-day (retail) \$40 copay - 90-day (mail-order)
Tier 3: Preferred Brand Drugs	Preferred: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$129.50 copay - 90-day (retail) \$117.50 copay - 90-day (mail-order)	Preferred: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$129.50 copay - 90-day (retail) \$117.50 copay - 90-day (mail-order)	Preferred: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$129.50 copay - 90-day (retail) \$117.50 copay - 90-day (mail-order)
	Standard: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$141 copay - 90-day (retail) \$141 copay - 90-day (mail-order)	Standard: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$141 copay - 90-day (retail) \$141 copay - 90-day (mail-order)	Standard: \$47 copay - 30-day (retail) \$94 copay - 60-day (retail) \$141 copay - 90-day (retail) \$141 copay - 90-day (mail-order)

Western PA United Methodist Church (WPAUMC)			
Tier 4: Non-Preferred Drugs	Preferred: \$100 copay - 30-day (retail) \$200 copay - 60-day (retail) \$300 copay - 90-day (retail) \$300 copay - 90-day (mail-order)	Preferred: \$100 copay - 30-day (retail) \$200 copay - 60-day (retail) \$300 copay - 90-day (retail) \$300 copay - 90-day (mail-order)	Preferred: \$100 copay - 30-day (retail) \$200 copay - 60-day (retail) \$300 copay - 90-day (retail) \$300 copay - 90-day (mail-order)
	Standard: \$100 copay - 30-day (retail) \$200 copay - 60-day (retail) \$300 copay - 90-day (retail) \$300 copay - 90-day (mail-order)	Standard: \$100 copay - 30-day (retail) \$200 copay - 60-day (retail) \$300 copay - 90-day (retail) \$300 copay - 90-day (mail-order)	Standard: \$100 copay - 30-day (retail) \$200 copay - 60-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	\$4,660	\$4,660	\$4,660
Out-of-Pocket Limit (TrOOP)	\$7,400	\$7,400	\$7,400
Coverage Gap	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage. Discount Program: Member pays up to 25% of the plan's cost or brand-name and generic drugs plus a portion of the dispensing fee.	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage. Tier 1 and Tier 2 coverage: Member pays the same cost-sharing in the coverage gap as the initial coverage stage for Tier 1 Preferred Generic and Tier 2 Generic drugs. For all other drugs - Tiers 3-5: Member pays 25% for generic drugs and 25% plus a dispensing fee for brand-name drugs through the coverage gap.	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage. Full Wrap-around Gap Coverage: Member pays the same cost-sharing in the coverage gap as the initial coverage stage for Tier 1-5 drugs.
Catastrophic Coverage Copays	Member pays the greater of 5% or \$4.15 for a generic drug or a drug treated like a generic and \$10.35 for all other drugs.	Member pays the greater of 5% or \$4.15 for a generic drug or a drug treated like a generic and \$10.35 for all other drugs.	Member pays the greater of 5% or \$4.15 for a generic drug or a drug treated like a generic and \$10.35 for all other drugs.
<i>NOTE: UPMC Health Plan, Inc. has determined that the prescription drug coverage offered by this employer group plan for 2020 is creditable coverage.</i>			
<i>This grid is not intended to provide a full description of benefits. Please refer to the Evidence of Coverage.</i>			