

# UPMC *for Life*

## 2024 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* PPO Salute (PPO)

HERE'S THE  
**PLAN**

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UPMC *for Life*

UPMC Health Plan Medicare Program



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

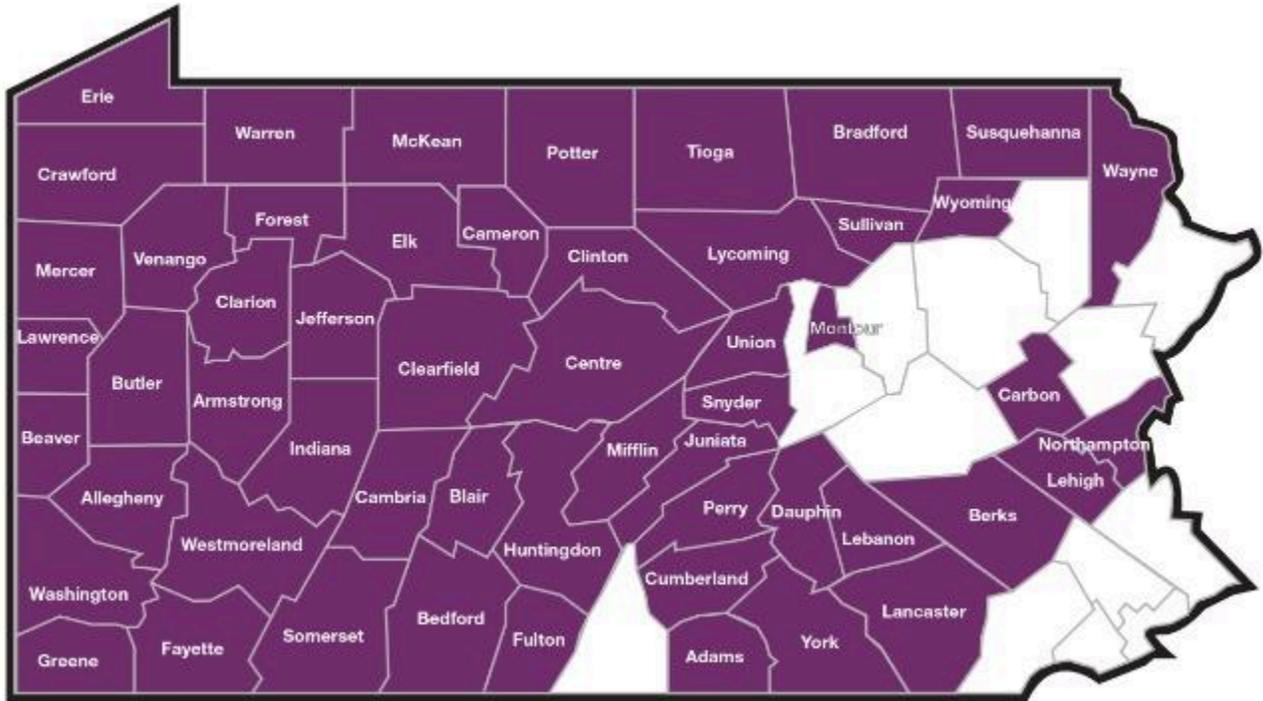
This book includes a PPO (Preferred Provider Organization) plan. A Preferred Provider Organization plan is a Medicare Advantage Plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. A PPO plan covers plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers.

**To search for your providers in our network, scan this QR code to visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**



# UPMC *for Life* Service Area

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.



The service area for this plan includes the following counties in Pennsylvania:

**Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Montour, Northampton, Perry, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

### Available hours:

**Oct. 1 – March 31:** seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m.

**Not a current member?** Call us at **1-877-381-3765 (TTY: 711)**

### Available hours:

**Jan. 1 – Sept. 30:** seven days a week from 8 a.m. to 8 p.m.

**Oct. 1 – Dec. 31:** seven days a week from 7 a.m. to 9 p.m.

## Find what you need online.



### Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)

Scan the QR code to visit our website, where you can:

- compare your plan options
- apply for enrollment
- find providers



### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### MyHealth OnLine

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## UPMC for Life PPO Salute

In-Network (IN)

Out-of-Network (OUT)

### Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$0 per month; \$75 Medicare Part B premium reduction per month
<b>Annual deductible (Medicare-defined Part B deductible)</b>	IN/OUT: \$240
<b>Maximum out-of-pocket responsibility</b>	<p><b>IN:</b> \$5,500 for Medicare-covered services, including copays, coinsurance, and the deductible. This is your out-of-pocket spending limit for the year.</p> <p><b>COMBINED IN/OUT:</b> \$9,550 for Medicare-covered services, including copays, coinsurance, and the deductible. This is your out-of-pocket spending limit for the year.</p>

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$1,632 deductible for days 1-60 and \$408 per day for days 61-90; \$816 per day for 60 lifetime reserve days.	\$1,632 deductible for days 1-60 and \$408 per day for days 61-90; \$816 per day for 60 lifetime reserve days.
<b>Outpatient hospital coverage*</b>	20% of the cost per service	20% of the cost per service
<b>Ambulatory Surgery Center (ASC) Services*</b>	20% of the cost per surgery	20% of the cost per surgery
<b>Doctor visits (Primary Care Providers and Specialists)</b>	<p>Primary care provider: 20% of the cost per visit, 20% of the cost per telehealth visit</p> <p>Specialist: 20% of the cost per visit, 20% of the cost per telehealth visit</p>	<p>Primary care provider: 20% of the cost per in-person visit</p> <p>Specialist: 20% of the cost per in-person visit</p>
<b>Preventive care</b>	<p><b>IN:</b> \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p><b>OUT:</b> \$0 per service</p>	

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
<b>Emergency care</b>	IN/OUT: 20% of the cost (up to \$120) per visit	
<b>Urgently needed services</b>	IN/OUT: 20% of the cost (up to \$60) per visit	
<b>Diagnostic services/labs*</b>	\$0 per day per facility	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): 20% of the cost per service; Basic imaging and X-rays: 20% of the cost per service	Advanced imaging (CT, MRI, and PET scans): 20% of the cost per service; Basic imaging and X-rays: 20% of the cost per service

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: 20% of the cost per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year;	Medicare-covered: 20% of the cost per visit; 50% of the cost for one routine hearing exam per year; 50% of the cost for one hearing aid fitting per year;
	<b>IN:</b> You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>	

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## UPMC for Life PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: 20% of the cost per visit;            \$0 for two cleanings per year;            \$0 for two routine oral exams per year;            \$0 for one limited oral exam every 12 months;            \$0 for one comprehensive oral exam every 36 months;            \$0 for one bitewing x-ray every 12 months;            \$0 for one panoramic x-ray every 36 months;</p>	<p>Medicare-covered: 20% of the cost per visit;            50% of the cost for two cleanings per year;            50% of the cost for two routine oral exams per year;            50% for one limited oral exam every 12 months;            50% of the cost for one comprehensive oral exam every 36 months;            50% of the cost for one bitewing x-ray every 12 months;            50% of the cost for one panoramic x-ray every 36 months;</p>
	<p><b>IN/OUT:</b> \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.  <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: 20% of the cost per visit;            \$0 for one routine vision exam and one contact lens fitting exam every year</p>	<p>Medicare-covered: 20% of the cost;            50% of the cost for one routine vision exam and one contact lens fitting exam every year</p>
	<p><b>IN/OUT:</b> \$300 allowance for routine contact lenses or eyeglasses, including lens options, per year.  <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	

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UPMC for Life PPO Salute

In-Network (IN)

Out-of-Network (OUT)

**Additional Medical Costs**

<b>Mental health services*</b>	Inpatient: \$1,632 deductible for days 1-60 and \$408 per day for days 61-90; \$816 per day for 60 lifetime reserve days. Outpatient therapy: 20% of the cost per visit, 20% of the cost per telehealth visit	Inpatient: \$1,632 deductible for days 1-60 and \$408 per day for days 61-90; \$816 per day for 60 lifetime reserve days. Outpatient therapy: 20% of the cost per in-person visit
<b>Skilled nursing facility*</b>	\$0 per day (days 1-20); \$204 per day (days 21-100)	\$0 per day (days 1-20); \$204 per day (days 21-100)
<b>Physical therapy*</b>	20% of the cost per visit	20% of the cost
<b>Ambulance*</b>	\$0 for treat and no transport; 20% of the cost per one-way trip	20% of the cost
<b>Transportation*</b>	\$0 for 24 one-way trips (that's 12 round trips) to plan-approved locations per year	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply to Part B insulins)	20% of the cost; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply to Part B insulins)
<b>Durable medical equipment*</b>	20% of the cost per item	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	20% of the cost per item
<b>Chiropractic care*</b>	Medicare-covered: 20% of the cost per service No routine chiropractic care	Medicare-covered: 20% of the cost No routine chiropractic care

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## UPMC for Life PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
<b>Podiatry services</b>	Medicare-covered: 20% of the cost per visit; No routine podiatry	Medicare-covered: 20% of the cost per visit; No routine podiatry

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	<p>\$600 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> <li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$5,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$300 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>Over-the-Counter Allowance</b>	You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.

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## UPMC for Life PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.	
<b>RxWell</b>	Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.	
<b>Home Safety Products</b>	Not covered.	
<b>Home Safety</b>	Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.	
<b>Personal Counseling</b>	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.	
<b>Caregiver Support</b>	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.	
<b>Palliative Care</b>	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).	
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
<b>UPMC AnywhereCare<sup>5</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit	

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## Utilization Management

(UM) Utilization management 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.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be 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 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.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* 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 or those who select Talk Therapy or Psychiatry services 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. Providers are not available to treat members who are in Puerto Rico.

Out-of-network/non-contracted providers are under no obligation to treat UPMC *for Life* members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., and UPMC Health Coverage Inc.

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