

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.
Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO
Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.

Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://inonet.upmc.com/SPD> or by calling 1-800-994-2752, option 3 for the Employee Service Center.

Important Questions	Answers		Why this Matters:
What is the overall deductible ?	UPMC Advantage Network \$200 individual \$400 family	UPMC Health Plan Network \$800 individual \$1,600 family	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1 st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other Deductibles ?	No.		You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	UPMC Advantage Network \$1,000 individual \$2,000 family	Other UPMC Health Plan Network \$3,000 individual \$6,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Co-payments, penalties for failure to obtain pre-authorization for service and health care this plan doesn't cover.		Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an annual limit on what the plan pays?	No.		The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers ?	Yes. For a list of in-network providers, www.upmchealthplan.com or call 1-888-876-2756.		If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	Referrals to specialists are not required.		You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.		Some of the services this plan doesn't cover are listed on page 5.

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.

Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO

Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.

Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care for injury or illness	\$20 co-pay/visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Specialist visit	\$40 co-pay/visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Other practitioner office visit	\$20 co-pay convenience care clinic, \$25 co-pay Podiatric, \$25 co-pay therapeutic manipulation	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Preventive care	\$0 co-pay	\$0 co-pay	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	40% co-insurance	After deductible is met.
	Imaging (CT/PET scans, MRIs)	10% co-insurance	40% co-insurance	After deductible is met.

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.

Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO

Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.

Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.upmchealthplan.com .	Generic drugs	\$15 co-pay (30-day) \$30 co-pay (90-day)	Not Covered	Must be filled at a UPMC Health Plan Participating Pharmacy.
	Preferred brand drugs	\$40 co-pay (30-day) \$80 co-pay (90-day)	Not Covered	Must be filled at a UPMC Health Plan Participating Pharmacy.
	Non-preferred brand drugs	\$80 co-pay (30-day) \$160 co-pay(90-day)	Not Covered	Must be filled at a UPMC Health Plan Participating Pharmacy.
	Specialty drugs	\$80 co-pay (30-day)	Not Covered	Prescriptions must be filled at a UPMC Health Plan Participating Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% co-insurance	40% co-insurance	After deductible is met.
	Physician/surgeon fees	10% co-insurance	40% co-insurance	After deductible is met.
If you need immediate medical attention	Emergency room services	\$100 co-pay/visit	\$100 co-pay/visit	Co-pay waived if admitted.
	Emergency transportation	10% co-insurance after deductible	40% co-insurance after deductible	In event of an emergency, coverage will be at the highest level of benefit
	Urgent care	\$40 co-pay / visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% co-insurance	40% co-insurance	After deductible is met.
	Physician/surgeon fee	10% co-insurance	40% co-insurance	After deductible is met.

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.

Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO

Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.

Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25 co-pay/visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Mental/Behavioral inpatient	10% co-insurance	40% co-insurance	After deductible is met.
	Substance use disorder outpatient services	\$25 co-pay/visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Substance use disorder inpatient	10% co-insurance	40% co-insurance	After deductible is met.
If you are pregnant	Prenatal and postnatal care	\$20 co-pay/visit	40% co-insurance after deductible	After deductible is met when using Non-Participating Provider.
	Delivery and all inpatient services	10% co-insurance	40% co-insurance	After deductible is met.
If you need help recovering or have other special health needs	Home health care	10% co-insurance	40% co-insurance	After deductible is met.
	Rehabilitation services	\$25 co-pay	40% co-insurance after deductible	Limited to 60 consecutive days of coverage, OR 25 visits per condition.
	Habilitation services	\$25 co-pay	40% co-insurance after deductible	Limited to 60 consecutive days of coverage, OR 25 visits per condition.
	Skilled nursing (hospital facility)	10% co-insurance	40% co-insurance after deductible	Limited to a maximum of 100 days.
	Durable medical equipment	10% co-insurance	40% co-insurance	After deductible is met.
	Hospice service	10% co-insurance	40% co-insurance	After deductible is met.
If your child needs dental or eye care	Eye exam	<u>In-Network</u> 0% co-insurance	<u>Out-of-Network</u> Plan pays \$40	Once every 24 months

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.

Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO

Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.

Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
	Glasses	<u>In-Network</u> \$15 co-pay, then 0% co-insurance	<u>Out-of-Network</u> Plan pays \$50 for frames	Dollar amounts listed are for the maximum amount reimbursed.
	Dental check-up	<u>In-Network</u> 0% co-insurance on diagnostic / preventive	<u>Out-of-Network</u> 20% co-insurance	Dental benefits are available through a separate plan election.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Dental Care (adult)
- Hearing Aids
- Weight Loss Programs
- Cosmetic Surgery
- Infertility Treatment
- Long-Term Care

NOTICE TO UPMC MERCY PLAN PARTICIPANTS The organization that sponsors your group health plan has certified that it qualifies for a safe harbor with respect to the Federal requirement to cover contraceptive services without cost sharing. Coverage under your group health plan will not include contraceptive services. Please contact UPMC Health Plan if you are interested in coverage for contraceptive services at no cost to you.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other services and your costs for these services.)

- Acupuncture
- Bariatric Surgery (subject to prior authorization)
- Chiropractic Care
- Routine Eye Care (Adult)
- Routine Foot Care
- Skilled Nursing Care is limited to 100 days per calendar year

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.
Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO
Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.
Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-876-2756. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: UPMC Health Plan at 1-888-876-2756, or the UPMC Employee Service Center at 1-800-994-2752, Option 3. You may also contact the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.”

This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.
Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO
Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.
Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

About these Coverage Examples:

These examples show how this plan might cover medical care for individual coverage in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,420
- Patient pays \$1,120

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles (individual)	\$200
Co-pays	\$20
Co-insurance	\$700
Limits or exclusions	\$200
Total	\$1,120

Note: These numbers assume patient has given notice of her pregnancy to the plan. If you are pregnant and have not given notice of your pregnancy, your costs may be higher. For more information, please contact the Health Plan.

Managing type 2 diabetes (routine maintenance of well-controlled)

- Amount owed to providers: \$5,400
- Plan pays \$3,920
- Patient pays \$1,480

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles (individual)	\$200
Co-pays	\$1,100
Co-insurance	\$100
Limits or exclusions	\$80
Total	\$1,480

Note: These numbers assume patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact the Health Plan.

Coverage Examples: Based on completion of Take a Healthy Step wellness program requirements.
Coverage for: Individual, Individual & Spouse / Domestic Partner, Individual & Child, Individual & Family | **Plan Type:** PPO
Benefits Band A: Answers and summary are based on an hourly rate below \$14.43.
Note: Limited short-term counseling, resources, consultations and referrals are available through *LifeSolutions* EAP.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

* **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses? * No.

Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different

depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.