

UPMC Health Plan

Exclusive Provider Organization Option 14

10/20/40

The Exclusive Provider Organization (EPO) plan blends elements of a traditional HMO with elements of a preferred provider organization (PPO). Similar to a PPO, the EPO does not require you to select a primary care physician to act as a “gatekeeper.” But like an HMO, the EPO does require you to receive your care from network physicians and facilities in order for it to be covered.

While PCPs are not required, UPMC Health Plan still believes that PCPs play a vital role in managed care. We encourage EPO members to build long-term relationships with your physician, who can be a family or general practitioner, an internist, or a pediatrician. Your personal physician performs routine and preventive care, and can coordinate specialist care. Most important, your personal physician is in the best position to become familiar with your medical profile. Women (usually age 19 and older) also may select an ob-gyn to provide or coordinate all covered gynecological/obstetric care. However, women are not required to see the same ob-gyn on a regular basis.

As an EPO member, you must use network providers and facilities to receive covered benefits (except for emergency or urgent care, or very specialized care not available in our network; UPMC Health Plan must first authorize any services for specialized care not available in our network). If you choose to go to a provider or facility outside of the UPMC Health Plan network, you must pay for the services yourself.

Covered Services	Benefit
Annual deductible	
Individual	\$750
Family	\$1,500
Annual out-of-pocket limit	
Individual	None
Family	None
Plan payment level	100%
Lifetime benefit limit	Unlimited
Primary care provider (PCP) required	No
Pre-existing condition limitations	None
Precertification requirements	Provider or member responsibility
Preventive Care	
Adult	
Routine physical exam	100% after \$5 copayment per visit
Pediatric	
Routine physical exam	100% after \$5 copayment per visit
Pediatric immunizations	100% - deductible does not apply
Well-baby visits	100% after \$5 copayment per visit
Physician Services	
Physician office visit (for illness or injury)	100% after \$40 copayment per visit
Specialist office visit	100% after \$40 copayment per visit
Medical/Surgical services	100% after deductible
Women's Care	
Routine gynecological exam, Pap test, mammogram, prenatal visit, diagnostic tests, and surgical services	100% after \$5 copayment per visit (applies to routine gynecologic exam only) 100% after deductible for all other care Pap test and mammogram are not subject to deductible.
Hospital Services	
Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies	100% after deductible
Emergency Services	
Emergency care coverage	100% after \$75 copayment per visit (waived if admitted)
Diagnostic Services	
Advanced imaging (e.g. PET, MRI, etc.)	100% after deductible
Other imaging (e.g. X-ray, sonogram, etc.)	100% after deductible
Lab and other services	100% after deductible
Rehabilitation Therapy Services	
Physical, speech, and occupational	100% after \$25 copayment per visit (Limited to the greater of: 60 consecutive days of coverage OR 25 visits per condition, per benefit period, for all therapies combined.)
Medical Therapy Services	
Chemotherapy, radiation, infusion therapy, dialysis treatment	100% after deductible

Covered Services	Benefit
Other Medical Services	
Skilled nursing facility	100% after deductible (limit of 100 days per benefit period)
Home health care	100% after deductible
Hospice care	100% after deductible
Therapeutic manipulation	100% after \$25 copayment per visit (limit of 25 visits per benefit period)
Podiatric care	100% after \$25 copayment per visit
Allergy testing and serum	100% after deductible
Durable medical equipment and corrective appliances	100% after deductible
Fertility testing	100% after deductible
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083	
Behavioral health	
Inpatient ¹	100% after deductible (limit of 30 days per benefit period; lifetime maximum of 90 days)
Outpatient ¹	100% after \$25 copayment per visit (limit of 20 visits per benefit period)
Substance abuse services	
Inpatient detoxification	100% after deductible (limit of 7 days per admission, lifetime maximum of 4 admissions)
Inpatient rehabilitation	100% after deductible (limit of 30 days per benefit period, lifetime maximum of 90 days)
Outpatient rehabilitation	100% after deductible (limit of 60 visits per benefit period, lifetime maximum of 120 visits)
Prescription Drug Coverage— The <i>Your Choice</i> pharmacy program will apply (Mandatory Generic).	
Retail prescription drug ³ <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy Prescriptions must be billed through the Pharmacy Benefit Manager (PBM) electronically by the dispensing pharmacy. 	\$10 copayment for generic drugs \$20 copayment for preferred brand drugs \$40 copayment for non-preferred brand drugs 30-day maximum retail supply
Specialty prescription drug ³ <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply Most specialty medications must be filled at our contracted specialty pharmacy provider (List available upon request). 	\$40 copayment for specialty drugs 30-day maximum specialty supply
Mail-order prescription drug ³ <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. 	\$20 copayment for generic drugs \$40 copayment for preferred brand drugs \$80 copayment for non-preferred brand drugs 90-day maximum mail-order supply

In this document, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Network, Inc., as well as plans offered by UPMC Health Plan, Inc.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

UPMC Health Plan Member Services: 1-888-876-2756.
TTY service:1-800-361-2629.

¹ Pennsylvania Act 1998-150 mandates 30 inpatient days per benefit period (no lifetime maximum) and 60 outpatient visits per benefit period for certain diagnoses based on medical necessity and appropriateness. For additional information concerning coverage and diagnosis requirements, please call UPMC Health Plan Behavioral Health Services at 1-888-251-0083.

² If a Physician demonstrates that the Brand Name Drug is Medically Necessary and Appropriate, the Member will pay only the Non-Preferred Brand Name Drug Copayment.

³ If a Physician demonstrates that the Brand Name Drug is Medically Necessary, the member will pay only the Non-Preferred Brand Name Drug Copayment

This summary is meant to assist in comparing the benefit plans. It is not a contract. If differences exist between this summary and a group’s contract or a member’s certificate of coverage, the contract or certificate of coverage prevails.



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