

UPMC Health Plan

Exclusive Provider Organization Option 4

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	\$1500
Family	\$3000
Annual out-of-pocket maximum	
Individual	None
Family	None
Coinsurance	100% after deductible
Lifetime maximum	Unlimited
Primary care provider (PCP) required	No
Pre-existing condition limitations	None
Precertification requirements	Provider's responsibility
Preventive Care	
Adult	
Routine physical exam	100% after \$10 copayment per visit
Pediatric	
Routine physical exam	100% after \$10 copayment per visit
Pediatric immunizations	100% (deductible does not apply)
Well-baby visits	100% after \$10 copayment per visit
Physician Services	
Physician office visit (for illness or injury)	100% after \$20 copayment per visit
Specialist office visit	100% after \$40 copayment per visit
Medical/Surgical services (inpatient medical and surgical care, outpatient surgeon's fees, anesthesia)	100% after deductible
Women's Care	
Routine gynecological exam, Pap test, mammogram, prenatal visit, diagnostic tests, and surgical services	100% after deductible (\$10 copayment applies to gynecologic exam only) 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 Department Services	
Must contact Member Services department within 24 hours or as soon as reasonably possible	100% after \$100 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 \$20 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 \$20 copayment per visit. (limit of 25 visits per benefit period)
Podiatric care	100% after \$20 copayment per visit
Allergy testing and serum	100% after deductible
Durable medical equipment and corrective appliances	100% after deductible
Behavioral Health — Contact Western Behavioral Health Care at 1-888-251-0083	
Mental health	
Inpatient ¹	100% after deductible (limit of 30 days per benefit period; lifetime maximum of 90 days) Note: 30 inpatient days may be exchanged on a 1:2 basis to secure up to a maximum of 60 transitional partial hospitalization days.
Outpatient ¹	100% after \$25 copayment per visit (limit of 20 visits per benefit period)
Chemical dependency treatment	
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 \$25 copayment per visit (limit of 60 visits per benefit period, lifetime maximum of 120 visits)
Prescription Drug Coverage	
Retail prescription drug ² <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy The <i>Your Choice</i> pharmacy program will apply. 	\$10 copayment for generic drugs \$20 copayment for preferred brand drugs \$40 copayment for non-preferred brand drugs Mandatory generic 30-day maximum retail supply
Specialty prescription drug ² <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply Most specialty medications must be filed at our contracted specialty pharmacy provider* <p>*Drugs in limited distribution may not be available from UPMC Health Plan's contracted specialty provider.</p>	\$40 copayment for specialty drugs Mandatory generic 30-day maximum specialty supply
Mail-order prescription drug ² <ul style="list-style-type: none"> You must use an initial 30-day supply of a new prescription before you may request a 90-day mail-order supply. 	\$20 copayment for generic drugs \$40 copayment for preferred brand drugs \$80 copayment for non-preferred brand drugs Mandatory generic 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.
TTD service for hearing-impaired:
1-800-361-2629.

UPMC HEALTH PLAN
Where you belong.

One Chatham Center
112 Washington Place
Pittsburgh, Pennsylvania
15219

www.upmchealthplan.com

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 Western Behavioral Health Care Network at 1-888-251-0083.

² If you receive a brand-name drug instead of the generic equivalent, you must pay the brand-name copayment as well as the retail price difference between the brand and generic drug

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.