

# UPMC Health Plan

## Exclusive Provider Organization Option 5

15/30/50

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
<b>Annual deductible</b>	
Individual	None
Family	None
<b>Annual out-of-pocket maximum</b>	
Individual	None
Family	None
Coinsurance	100%
Lifetime maximum	Unlimited
Primary care provider (PCP) required	No
Pre-existing condition limitations	None
Precertification requirements	Provider's responsibility
<b>Preventive Care</b>	
<b>Adult</b>	
Routine physical exam	100%
<b>Pediatric</b>	
Routine physical exam	100%
Pediatric immunizations	100%
Well-baby visits	100%
<b>Physician Services</b>	
Physician office visit (for illness or injury)	100% after \$10 copayment per visit
Specialist office visit	100% after \$30 copayment per visit
Medical/Surgical services (inpatient medical and surgical care, outpatient surgeon's fees, anesthesia)	100%
<b>Women's Care</b>	
Routine gynecological exam, Pap test, mammogram, prenatal visit, diagnostic tests, and surgical services	100%
<b>Hospital Services</b>	
Inpatient/outpatient care, medical/ surgical services, ancillary services, and supplies	100%
<b>Emergency Department Services</b>	
Must contact Member Services department within 24 hours or as soon as reasonably possible	100% after \$50 copayment per visit (waived if admitted)
<b>Diagnostic Services</b>	
Advanced imaging (e.g. PET, MRI, etc.)	100%
Other imaging (e.g. X-ray, sonogram, etc.)	100%
Lab and other services	100%
<b>Rehabilitation Therapy Services</b>	
Physical, speech, and occupational	100% after \$10 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.)
<b>Medical Therapy Services</b>	
Chemotherapy, radiation, infusion therapy, dialysis treatment	100%

Covered Services	Benefit
<b>Other Medical Services</b>	
Skilled nursing facility	100% (limit of 100 days per benefit period)
Home health care	100%
Hospice care	100%
Therapeutic manipulation	100% after \$25 copayment for first visit; then \$10 copayment/visit thereafter (limit of 25 visits per benefit period)
Podiatric care	100% after \$25 copayment per visit
Allergy testing and serum	100%
Durable medical equipment and corrective appliances	100%
<b>Behavioral Health — Contact Western Behavioral Health Care at 1-888-251-0083</b>	
Mental health	
Inpatient <sup>1</sup>	100% (limit of 30 days per benefit period; lifetime maximum of 90 days) <b>Note:</b> 30 inpatient days may be exchanged on a 1:2 basis to secure up to a maximum of 60 transitional partial hospitalization days.
Outpatient <sup>1</sup>	100% after \$25 copayment per visit (limit of 20 visits per benefit period)
Chemical dependency treatment	
Inpatient detoxification	100% (limit of 7 days per admission, lifetime maximum of 4 admissions)
Inpatient rehabilitation	100% (limit of 30 days per benefit period, lifetime maximum of 90 days)
Outpatient rehabilitation	100% (limit of 60 visits per benefit period, lifetime maximum of 120 visits)
<b>Prescription Drug Coverage</b>	
Retail prescription drug <sup>2</sup> <ul style="list-style-type: none"> <li>Prescriptions must be dispensed by a participating pharmacy</li> <li>The <i>Your Choice</i> pharmacy program will apply.</li> </ul>	\$15 copayment for generic drugs \$30 copayment for preferred brand drugs \$50 copayment for non-preferred brand drugs  Mandatory generic 30-day maximum retail supply
Specialty prescription drug <sup>2</sup> <ul style="list-style-type: none"> <li>Specialty medications are limited to a 30-day supply</li> <li>Most specialty medications must be filed at our contracted specialty pharmacy provider*</li> </ul> <p>*Drugs in limited distribution may not be available from UPMC Health Plan's contracted specialty provider.</p>	\$50 copayment for specialty drugs  Mandatory generic 30-day maximum specialty supply
Mail-order prescription drug <sup>2</sup> <ul style="list-style-type: none"> <li>You must use an initial 30-day supply of a new prescription before you may request a 90-day mail-order supply.</li> </ul>	\$30 copayment for generic drugs \$60 copayment for preferred brand drugs \$100 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.

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**Where you belong.**

One Chatham Center  
112 Washington Place  
Pittsburgh, Pennsylvania  
15219

www.upmchealthplan.com

<sup>1</sup> 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.

<sup>2</sup> 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.