

UPMC Health Plan Enrollment Guide

Western Pennsylvania

A photograph of a woman and a young girl smiling and decorating cupcakes together. The woman is wearing a blue cardigan and a white apron, and the girl is wearing a pink sweater and a blue apron. They are in a kitchen setting with framed pictures on the wall.

UPMC HEALTH PLAN





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UPMC Health Plan

Coverage that fits your life

At UPMC Health Plan, members are at the center of everything we do. We give them access to the top-ranked doctors and hospitals of UPMC* as well as outstanding community hospitals, plus a network of providers throughout the country. But that's just the beginning. We firmly believe that good health happens outside the walls of a doctor's office, and that providing great support and convenient care options is important. So how do we deliver on our commitment to provide high-quality, accessible care? All of our members get access to:



Nationally recognized doctors and hospitals and a nationwide network for care away from home.



Health programs that are free and have a proven track record of success.



Convenient medical care for minor illnesses and health concerns, whether it's a virtual visit from any mobile device or a phone call with a registered nurse.



Award-winning customer service from a local representative who is eager to resolve concerns as quickly as possible.**

Need more information?

Visit upmchp.us/learn or call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. (TTY users should call **711**.)

Find participating doctors, hospitals, and facilities

When you're choosing a health plan, the doctors in the network are an important part of your decision. It's easy to find providers who participate in the UPMC Health Plan network.



To search our online provider directory, go to **www.upmchealthplan.com**, then follow these steps:

- 1.** Select Doctors, then Medical.
- 2.** Enter the Provider Last Name/Practice Name and/or city or ZIP code where you need care.
- 3.** Under coverage type, select Coverage Through Your Employer, then choose the Plan Name from the adjacent dropdown menu. (*See the Schedule of Benefits in the folder pocket for the Plan Name.*)[†]

For help finding a doctor, hospital, or facility, or if you aren't sure whether your service will be covered, call the Open Enrollment Hotline.

A list of participating hospitals for the plan you're considering is included in the folder pocket.

Remember, an emergency department visit for a true medical emergency will be covered at the in-network benefit level even if the hospital does not participate with UPMC Health Plan.





Finding care



Finding care while traveling

You are always covered with our national extended network. If you are traveling and a health issue arises, you can access our extended network of urgent care centers, thousands of hospitals, and more than 500,000 physicians.

You will receive the highest level of coverage when you use a participating urgent care facility or other provider. To find a participating provider in our extended network, you can call UPMC Health Plan Member Services or search our online provider directory.



Dependents who live outside the service area

If you have dependents (up to age 26) who live outside the service area, they have coverage through our national extended network.

If your dependents attend school, they can receive in-network care by using an on-campus student health center or our national extended network.



Global emergency travel assistance services provided through Assist America¹

You can use this service when you travel more than 100 miles from home (including to another country) for less than 90 days. If you experience a medical emergency, Assist America can connect you to doctors, hospitals, pharmacies, and more.

Services include, but are not limited to:

- Emergency medical evacuation.
- Medical monitoring and referrals.
- Medical repatriation.
- Foreign hospital admission assistance.
- Prescription assistance.



UPMC AnywhereCare

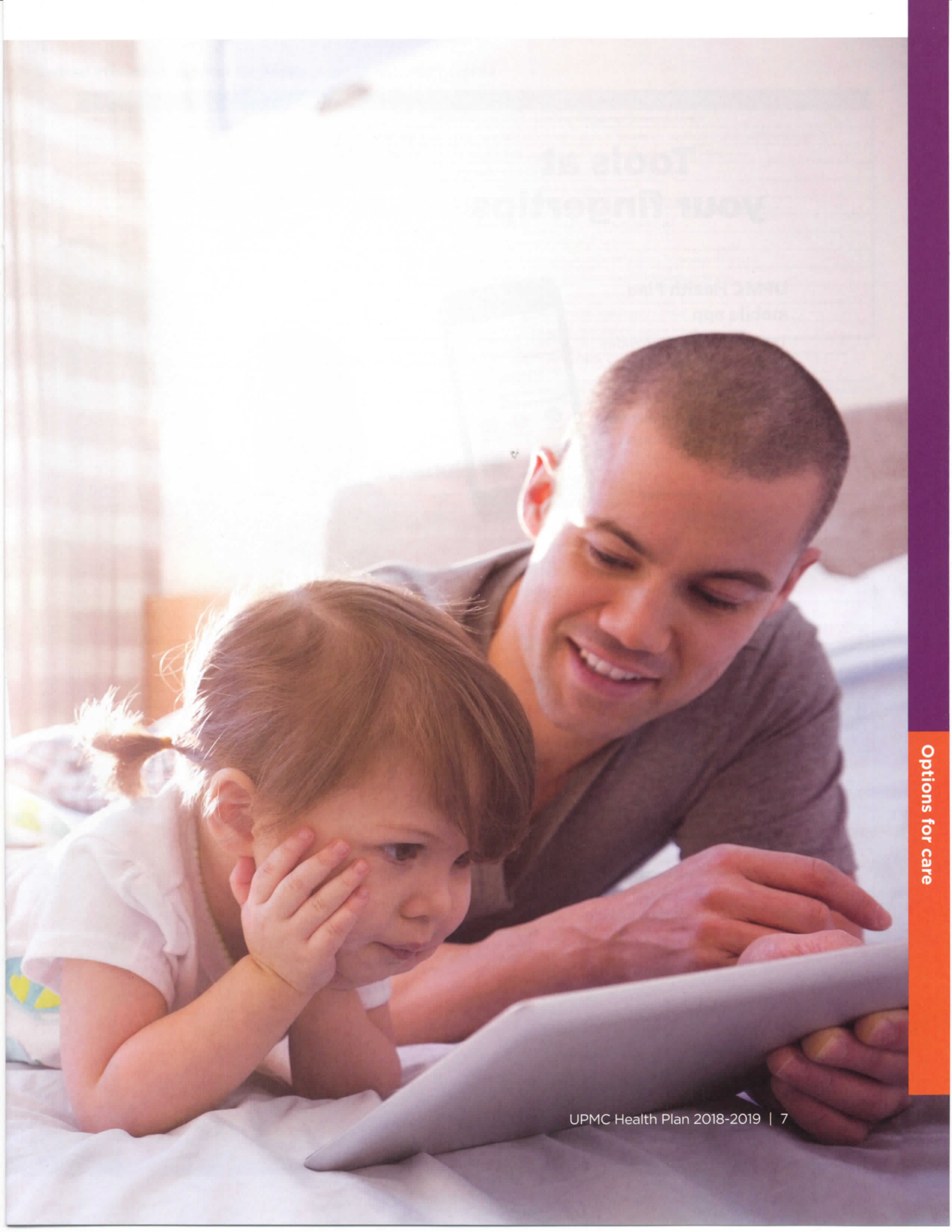
Help with nonemergency conditions—such as cold symptoms, allergies, and pink eye—is just a virtual visit away 24/7 with UPMC AnywhereCare. Learn more at www.upmcanywherecare.com.²

Care when you need it, *care where you want it*

UPMC Health Plan has you covered no matter where you are. This chart explains your options.

Care for every situation

Care option	Details	When to use	Availability	Cost
Primary care provider (PCP)	Your go-to for planned care and when you don't feel good	<ul style="list-style-type: none"> Well-visits Sick visits Preventive services (screenings, flu shots) Care coordination for tests or specialist care 	Usually need an appointment, but many PCPs have same-day appointments	Coinsurance or copayment; no cost for many preventive services
UPMC MyHealth 24/7 Nurse Line³	Phone service in which a UPMC registered nurse answers questions	<ul style="list-style-type: none"> Advice for treating a condition at home Guidance about whether to seek a higher level of care 	24 hours a day, seven days a week	No cost
UPMC AnywhereCare	Virtual urgent care visit with a provider right from your computer, tablet, or smartphone	<ul style="list-style-type: none"> Colds, sinus infections, and allergy symptoms Bronchitis Stomach aches/diarrhea Sore throat Pinkeye Poison ivy/rash 	24 hours a day, seven days a week	Copayment is less than the cost of an urgent care visit and significantly less than an emergency room visit ⁴
Urgent care	Nonhospital facility that provides immediate care	<ul style="list-style-type: none"> Sprains, strains Minor burns Small cuts that may need stitches 	Typically open seven days a week, no appointment required	Copayment or coinsurance
Emergency room⁵	Hospital facility for life-threatening conditions that require immediate care	<ul style="list-style-type: none"> Heavy bleeding Chest pain Burns Difficulty breathing Broken bones Any life-threatening condition 	24 hours a day, seven days a week	Copayment or coinsurance



Tools at
your fingertips

UPMC Health Plan
could help

Tools at your fingertips

UPMC Health Plan mobile app

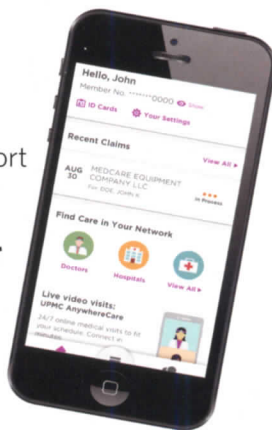
This powerful app provides access to service and support when you need it.

- **Obtain digital member ID cards** for yourself and your family.
- **Contact Member Services** through secure messaging or live chat.
- **View your claims** information and medical history.
- **Manage your prescriptions** in the Pharmacy Center.
- **Search for in-network** providers and locations.

Decision-making tools

Treatment adviser lets you compare different therapies, procedures, and recovery times based on research and patient feedback.

Medical cost estimator tells you the estimated out-of-pocket costs for many common medical procedures at various facilities.





Maternity care personalized for your needs

Choose the birth experience you want

As a member of UPMC Health Plan, you will have coverage to deliver in a traditional hospital setting or at a birthing center. Our growing network includes access to both recognized obstetricians and board-certified midwives. UPMC Magee-Womens Hospital, where many members choose to give birth, has the largest neonatal intensive care unit in Pennsylvania. You could also deliver at one of our community hospitals, which offer exceptional care and the convenience of being close to your home.

A personalized maternity program

Through UPMC Health Plan's maternity program, you will be linked with a maternity health coach who will provide caring, clinical support throughout your pregnancy. There is no cost for this personalized service. Maternity health coaches are registered nurses who are experienced in obstetrics. They can:

- Help you form questions for upcoming doctor's appointments.
- Give you tips to manage your pain during labor.
- Help you develop an eating plan so you gain a healthy amount of weight.
- Find education classes, parenting classes, and prenatal exercise options.



Pharmacy benefits

Pharmacy coverage is an important part of a health plan. UPMC Health Plan provides both value and choice. We offer access to high-quality, effective generic and brand-name drugs.



It's easy to see if the medications you're taking are covered. Check the formulary (drug list) for your plan option by visiting upmchp.us/pharmacybenefits.

With UPMC Health Plan, you can:



Access more than 65,000 pharmacies nationwide, including CVS, Giant Eagle, Rite Aid, Kmart, Sam's Club, Walmart, Wegmans, and hundreds of independent pharmacies.



Sign up for convenient home delivery through Express Scripts, which includes free standard shipping.



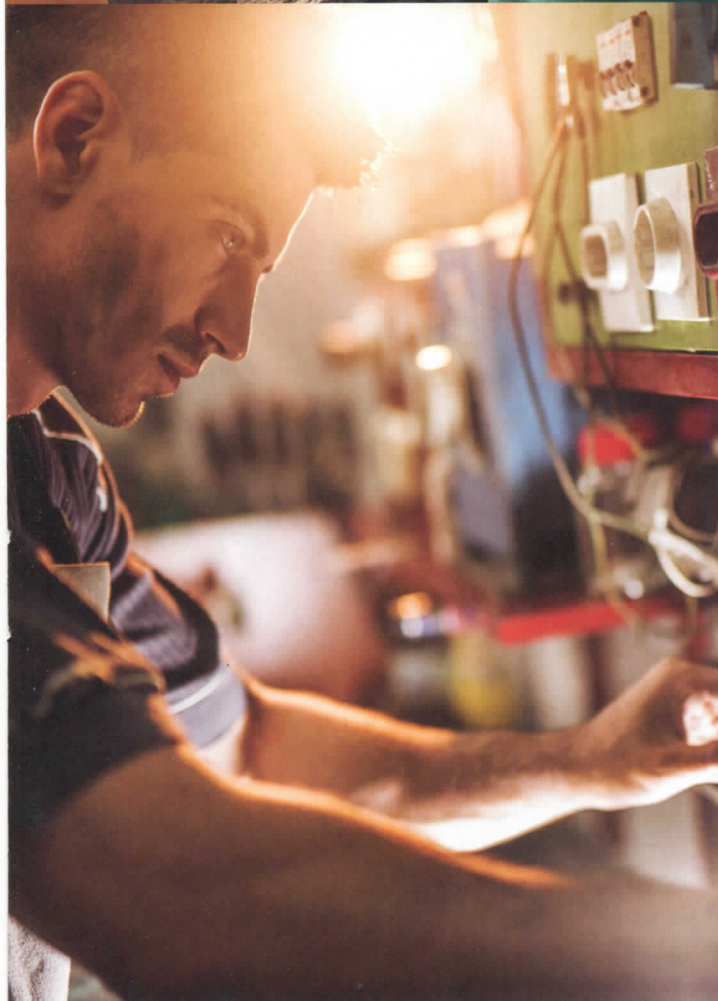
Have a personal pharmacy review to resolve potential issues with your medication coverage.



Behavioral health care comes with every plan

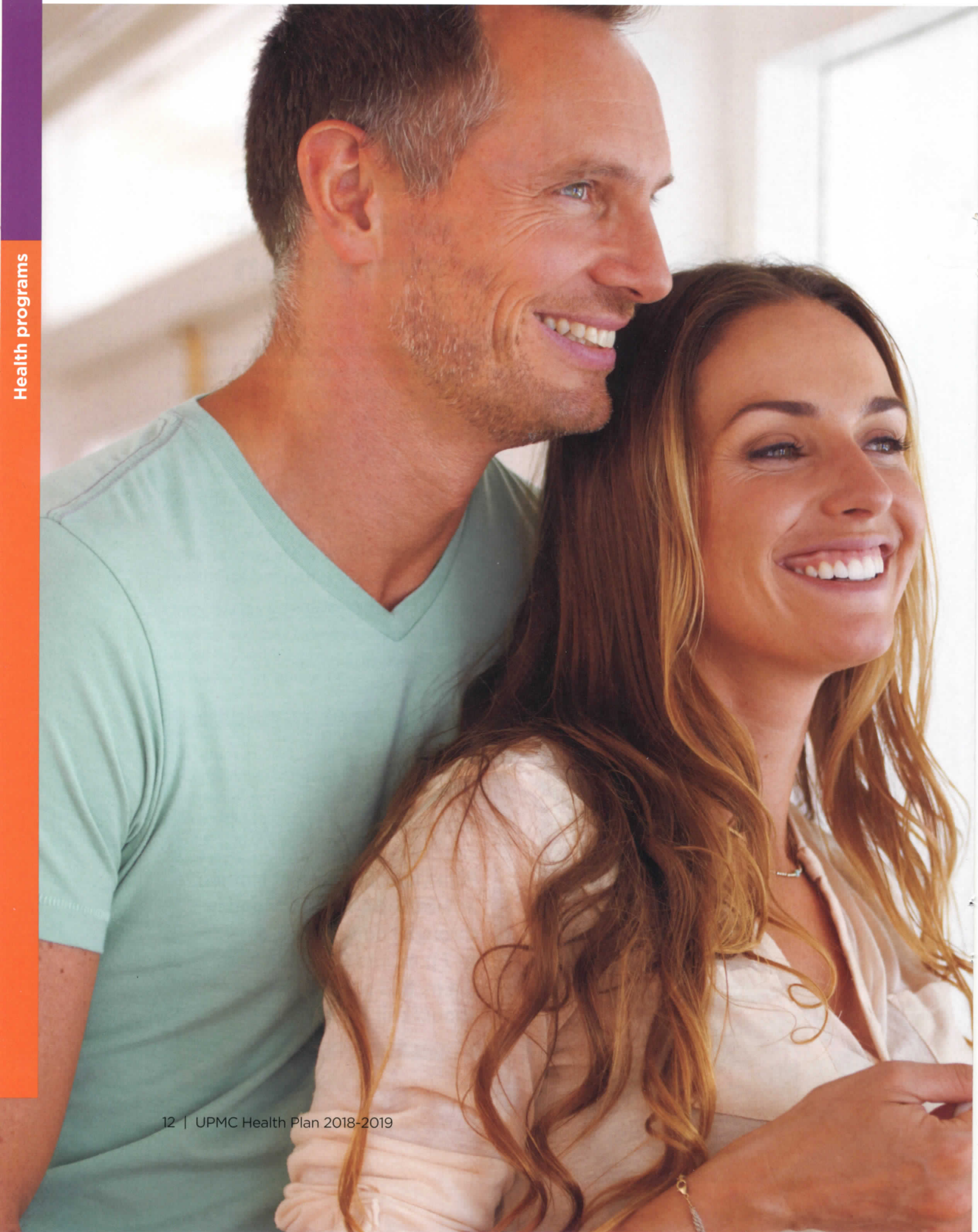
UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Finding the right professional to help you isn't always easy. As a member, you will have access to a team of licensed behavioral health clinicians who can provide you with referrals and link you to resources that match your specific needs. Our services include treatment for these and other issues:

- Emotional difficulties
- Bereavement issues
- Marital or family problems
- Mental health disorders
- Substance abuse or dependence



Need more information?

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Programs to help you stay healthy

We do a lot more than pay your medical bills. UPMC Health Plan offers all sorts of resources to help you live your healthiest life. Here are some of the highlights:



MyHealth OnLine

How it works:

You complete a simple online health survey, called the MyHealth Questionnaire. The instant feedback you receive will give you a clear picture of where your health stands, what your priorities should be, and how you can get healthier. The secure site can also help you stay organized. You can access your doctor's contact information, as well as your plan benefits, spending summary, and claims history.



Health coaching

How it works:

You can have one-on-one sessions with a health coach by telephone. We have programs for losing weight, reducing your stress, quitting smoking, managing a chronic condition, and more.



Discounted gym membership

How it works:

You can get a partially subsidized gym membership or two home fitness kits through a program called Active&Fit™. There are numerous fitness facilities to choose from.



Hearing aid discount

How it works:

You will be eligible for discounts on hearing aids through Amplifon, one of the nation's leading hearing health care providers. You can receive:

- Discounted hearing testing.
- A lowest-price guarantee.†† If you find a lower price at another local provider, Amplifon will beat the price by 5 percent.
- A 60-day trial with no restocking fee.
- One year of aftercare.

Transition of care for new members

Did you know that if you join UPMC Health Plan while receiving ongoing treatment from a provider who is not in our network, you may be eligible for coverage of continued treatment with that provider? This is called “transition of care.”

If approved, this coverage may allow you, under certain circumstances, to keep receiving care from your current provider for up to 90 days effective from your date of enrollment. Transition of care requests must be submitted within 30 days of the beginning of your UPMC Health Plan coverage.

UPMC Health Plan will consult with you and the provider and may extend the transition of care period beyond 90 days if clinically appropriate, such as with pregnancies.

Transition of care is not automatic or guaranteed. To apply, you must complete and return a UPMC Health Plan Transition of Care Request form within 30 days of your coverage effective date. For more information, please call Member Services. We have included a Transition of Care Request form in the folder pocket.



Need more information?

Visit upmchp.us/learn or call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. (TTY users should call **711**.)



The power of prevention

The disease or condition that's easiest to treat is the one you never get. We cover preventive services for adults and children at 100 percent, which means you will pay nothing. These services fall into three categories:

- Screenings
- Immunizations
- Health exams

Common adult screenings include cholesterol, blood pressure, and mammograms. Common adult immunizations include the tetanus, diphtheria, pertussis, and flu vaccines. See the charts beginning on page 16 for a list of all covered preventive services for adults and children up to age 18.

2019 Preventive Services Reference Guide for Members

In accordance with the Patient Protection and Affordable Care Act of 2010 (ACA), many preventive services, including screening tests and immunizations, are covered by UPMC Health Plan at no cost to you. Below is a list of services that should be covered without a copayment or applying to your deductible or coinsurance, as long as the services are recommended as preventive by your doctor and are delivered by a network provider. Please be aware that this list may be amended from time to time to comply with federal requirements. A complete listing of recommendations and guidelines can always be found at www.healthcare.gov/center/regulations/prevention.html.

Sometimes a routine preventive exam may result in a specific diagnosis from your doctor or the need for additional follow-up care. If you require follow-up care or if you're being treated for injury or illness, those additional services may not be covered at 100 percent. If you have any questions, call your Health Care Concierge team at **1-888-876-2756**.

Under some plans that are "grandfathered" under the Affordable Care Act, you may have to pay all or part of the cost of routine preventive services. Please refer to your specific Schedule of Benefits.

Covered Preventive Services for Adults (Ages 19 and older)

	Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
EXAMINATION & COUNSELING	Blood pressure	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate	Each visit as appropriate
	Depression	Each visit as appropriate				
	General physical exam	Annually				
	Screen/Counsel for tobacco use, alcohol misuse, substance abuse, skin cancer, obesity, healthy diet, and intimate partner violence	Each visit as appropriate				
	Sexually transmitted infection (STI) prevention counseling	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk	Each visit for adults at high risk
SCREENING	Abdominal aortic aneurysm screening					One ultrasound screening for members ages 65 to 75 who have ever smoked
	Abnormal blood glucose and Type 2 diabetes			Abnormal blood glucose screenings for members age 40-70 who are overweight or obese		
	Aspirin use for the prevention of cardiovascular disease and colorectal cancer				Members ages 50-59 with a 10% or greater 10-year cardiovascular risk	
	Blood cholesterol (full fasting lipid profile)	Every 5 years beginning at age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
	Blood pressure monitoring	If blood pressure numbers are high, additional monitoring with home blood pressure monitoring outside of the doctor's office or clinic to confirm diagnosis of high blood pressure before starting treatment				
	BRCA screening and counseling	One-time genetic assessment for members with a family history of breast or reproductive cancer, as recommended by their doctor. Members with positive screening results should receive genetic counseling and BRCA testing, as indicated.				
	Breast cancer preventive medications	Risk-reducing medications, such as tamoxifen or raloxifene, for members who are at increased risk for breast cancer and at low risk for adverse medication effects*				
	Cervical cancer screening	Pap test every three years for members ages 21-65. Pap test and HPV test every five years for members ages 30-65				
	Chlamydia screening	All sexually active members ages 24 and younger and older members who are at increased risk				
	Cholesterol screening	Screening every five years for members age 20 and older; more frequently for those at increased risk for cardiovascular disease				
	Colorectal cancer screening				Immunochemical iFOBT/FIT annually or stool DNA/sDNA FOBT every three years; sigmoidoscopy every five years, or colonoscopy every 10 years to age 75, as recommended by a doctor	
	Contraception	U.S. Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling*				
	Gonorrhea screening	All sexually active members age 24 and younger, and older members who are at increased risk				
	Fall prevention					Exercise or physical therapy and vitamin D supplementation for members age 65 and older who are at increased risk for falls*
	Hepatitis B screening	All members who are at increased risk				
	Hepatitis C virus infection screening	One-time screening for all members born between 1945 and 1965 and screening as needed for those who are at increased risk				
	HIV screening	All members ages 15-65 and sexually active younger or older members				
	Lung cancer screening				Annual lung cancer screening at a Center of Excellence for members age 55-80 who have a history of heavy smoking (one pack a day for 30 years or two packs a day for 15 years) and currently smoke or have quit within the past 15 years	
	Mammography (breast cancer screening)			Annually	Annually	Annually
	Osteoporosis screening					One-time screening for members age 65 and older and younger members who are at increased risk
	Statin use for the prevention of cardiovascular disease			All members ages 40-75 with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater		
	Syphilis screening	All members who are at increased risk				
	Tuberculosis screening	All members who are at increased risk				
	Tobacco cessation medications ¹	Up to 180 days of pharmacotherapy per year for members age 18 and older who smoke, as prescribed by your doctor*				
	Type 2 diabetes	Screening every three years for members age 19 and older with high blood pressure				

Covered Preventive Services for Adults (Ages 19 and older) (cont.)

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Aspirin use for the prevention of preeclampsia	Members who are at high risk for preeclampsia after 12 weeks of gestation				
Breastfeeding	Comprehensive support and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing members				
Chlamydia screening	All pregnant members ages 24 and younger and older pregnant members who are at increased risk				
Depression	Screening for depression in all pregnant and postpartum members				
Folic acid supplements (< 1 mg)	Members who may become pregnant*				
Gestational diabetes screening	Members 24 to 28 weeks pregnant and at first prenatal visit for those at high risk of developing gestational diabetes				
Hepatitis B virus infection screening	Screening for pregnant members at their first prenatal visit				
HIV screening	Screening for all pregnant members				
Rh(D) incompatibility screening	Screening for all pregnant members at first prenatal visit and follow-up testing for members at higher risk				
Preeclampsia screening	Screening in pregnant members with blood pressure measurements throughout pregnancy				
Syphilis screening	Screening for all pregnant members				
Tobacco use screening	Expanded counseling and interventions for all pregnant members				
Urinary tract or other infection screening	Screening for asymptomatic bacteriuria at 12 to 16 weeks gestation or at first prenatal visit, if later				

*Pharmacotherapy approved by the U.S. Food and Drug Administration and identified as effective for treating tobacco dependence in nonpregnant adults; coverage includes several forms of generic nicotine replacement therapy (gum, lozenge, and transdermal patch), sustained-release bupropion, Nicotrol nasal spray, Nicotrol inhaler, and Chantix.

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized or for certain contraceptive categories where generics are not available. Preventive coverage of contraception includes at least one medication or device in each of the U.S. Food and Drug Administration identified methods. Some devices are covered only under the medical benefit. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Adults

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Haemophilus influenzae type b (Hib)*		1 or 3 doses					
Hepatitis A*		2 doses					
Hepatitis B*		3 doses					
Human papillomavirus (HPV) female*		3 doses					
Human papillomavirus (HPV) male*		3 doses					
Influenza*		1 dose annually					
Measles, mumps, rubella (MMR)*		1 or 2 doses depending on indication					
Meningococcal B (MenB)*		2 or 3 doses depending on the vaccine					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)*		1 or more doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13)							1 dose
Pneumococcal polysaccharide (PPSV23)		1 or 2 doses					1 dose
Tetanus, diphtheria, pertussis (Td/Tdap)*		Substitute Tdap for Td once, then boost with Td every 10 yrs					
Varicella*		2 doses					
Zoster							2 doses

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection, zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

Covered Preventive Services for Children

Services	Infancy											Childhood						Adolescence																	
	Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr									
Amblyopia screening												✓																							
Anemia screening						✓																													
Autism screening								✓	✓																										
Behavioral assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																									
Blood pressure	Beginning at age 3											Annually																							
Body mass index (BMI) measurements										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Chlamydia screening																								✓	✓	✓									
Depression																			Screen/Counsel for major depressive disorder (MDD) in adolescents ages 12 to 18 years																
Developmental screening					✓			✓		✓																									
Developmental Surveillance	✓	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Iron supplementation				At increased risk for anemia*																															
Lead screening						✓			✓																										
Screen/Counsel for alcohol and drug use, obesity, sexually transmitted infections, tobacco use, violence prevention, and intimate partner violence as needed																			Annually																
Skin cancer behavioral counseling																			Children with fair skin																
Vision and hearing	Assess through observation or health history/physical											Annually																							
Well-child, including height and weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																									
Cholesterol screening																			✓																
Congenital hypothyroidism	All newborns																																		
Fluoride supplements	Children ages 6 months to 5 years without fluoride in their water source*																																		
Fluoride varnish to primary teeth	All children beginning at first primary tooth eruption																																		
Gonorrhea (preventive medication)	All newborns (applied to the eyes)																																		
Human immunodeficiency virus (HIV)	All children 15 and older, and younger children at increased risk																																		
Phenylketonuria (PKU)	All newborns																																		
Sickle cell test	All newborns											As indicated by history and/or symptoms																							
TB testing	As recommended by doctor and based on history and/or signs and symptoms																																		

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Children

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Haemophilus influenzae type b (Hib)*			1 st dose	2 nd dose			3 rd or 4 th dose									
Hepatitis A (HepA)								2-dose series								
Hepatitis B (HepB)	1 st dose	2 nd dose					3 rd dose									
Human papillomavirus (HPV2: females only; HPV4: males and females)													(2-dose series)			
Inactivated poliovirus (IPV) (<18 yrs)			1 st dose	2 nd dose			3 rd dose					4 th dose				
Influenza (IIV) 2 doses for some					Annual vaccination (IIV only)						Annual vaccination (IIV)					
Measles, mumps, rubella (MMR)							1 st dose					2 nd dose				
Meningococcal (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)														1 st dose		Booster
Meningococcal B																
Meningococcal B																
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose			4 th dose								
Pneumococcal polysaccharide (PPSV23)																
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose												
Tetanus, diphtheria, and acellular pertussis (Tdap: ≥ 7 yrs)														(Tdap)		
Varicella (VAR)								1 st dose				2 nd dose				

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for nonrisk groups that may receive vaccine, subject to individual clinical decision making

Privacy and confidentiality

Your Social Security number and birth date are confidential, along with any other health information that could identify you personally and any data we have about services you have received or the premiums you pay. UPMC Health Plan will use your personal health and financial information internally and with our contracted agents or providers only.

We will use your personal information for:

- Your health care treatment.
- Health care operations that are required to provide that treatment.
- Payment of your health care claims.

We will not share your personal information with your employer, except as described in UPMC Health Plan's Notice of Privacy Practices. We will not disclose your information for any purpose beyond the three described above, unless you authorize us or the law requires us to do so. You have the right to access your medical records.

Need more information?

Visit upmchp.us/learn or call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. (TTY users should call **711**.)

You should contact your health care provider directly for these files because UPMC Health Plan does not create or maintain medical records.

Your privacy rights include the right to access, amend, or restrict personal health information (PHI), and to request an alternate communication method or alternate location for the information the Health Plan maintains. You also have the right to know any time the Health Plan discloses your PHI beyond the three reasons that we previously described. UPMC Health Plan policies and procedures protect PHI for current, former, and prospective members (living or deceased) according to all applicable laws. These policies and procedures will protect your information regardless of its format: oral, written, or electronic.

UPMC Health Plan complies with all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and monitors issues related to HIPAA. The Health Plan has a Notice of Privacy Practices document that details our commitment to protecting your personal information. This document can be found at www.upmchealthplan.com.

For questions concerning the privacy and confidentiality of PHI, call UPMC Health Plan Member Services. For questions concerning the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083**.



Additional information

Your benefit plan may not cover certain products, services, and procedures. Noncovered items may vary by employer group. If you have questions about whether your benefit plan will cover a specific product, service, or procedure, call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046**.

Making sure you get the services you need

Utilization management (UM) 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 ensuring you receive the best possible care, and we do not offer incentives to providers to restrict your care.

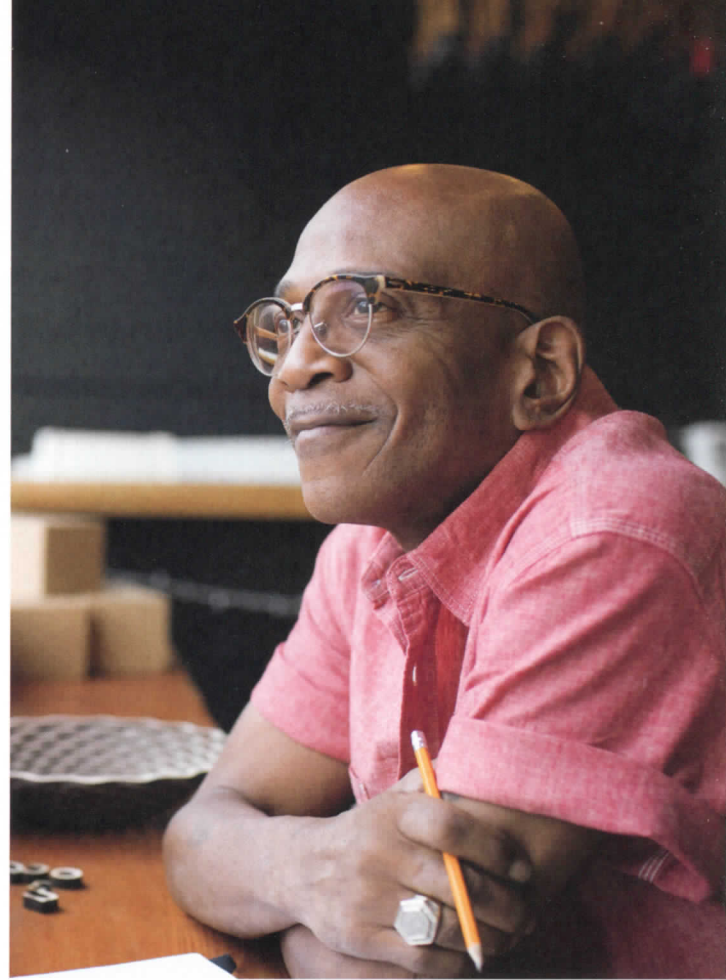
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.

For more information about our UM program, you can call a Health Care Concierge. A Health Care Concierge is your personal contact at UPMC Health Plan. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also receive a copy of the criteria we use to make UM decisions.

Services not covered

Services not covered include, but are not limited to, the following:

- Acupressure
- Aromatherapy, ayurvedic medicine, herbal medicine, homeopathy, naturopathy, relaxation therapy, transcendental meditation, and yoga
- Comfort or convenience items, such as air conditioners, television rental, or humidifiers
- Corrective appliances, including, but not limited to, arch supports, back braces, and orthopedic shoes (unless shoes are specifically required because of diabetes or peripheral vascular disease)
- Cosmetic procedures
- Custodial care
- Court-ordered services (when not medically necessary)
- Experimental or investigative procedures
- Food supplements or vitamins (except prenatal vitamins and nutritional supplements required to be covered by state or federal mandate)
- Genetic counseling
- Hearing aids and routine hearing examinations and services
- Motor vehicle insurance or workers' compensation-covered services
- Services that are not medically necessary (as determined by UPMC Health Plan)
- Over-the-counter medications
- Physical examinations given primarily at the request of a third party, including, but not limited to, attorneys, employers, insurers, schools, camps, and driver's licensing bureaus
- Surrogate motherhood
- Military service-connected disabilities and conditions



This booklet is a summary of plan information and is not a complete description of the benefits and limitations under your plan. Plan benefits and limitations may vary between employers and may be subject to change from the descriptions herein. Consult your official plan materials and/or insurance certificate (where applicable) for specific benefit information.

In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Coverage Inc. It may also refer to UPMC Health Benefits Inc. and UPMC Benefit Management Services Inc. This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. It is typically the responsibility of the medical provider to obtain any preservice approvals.

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).

This brochure is not a complete description of the benefits and limitations under your plan. Plan benefits and limitations may vary between employers and may be subject to change from the descriptions herein.

¹There is never a charge for services provided by Assist America; however, you must coordinate the services with Assist America. You will not be reimbursed for services you arranged on your own. All medical costs incurred should be submitted to UPMC Health Plan. They will be subject to the policy limits of your coverage.

²UPMC Health Plan members located in Pennsylvania at the time of the service will have a virtual visit with a UPMC-employed provider. If a member is located outside Pennsylvania, the service will be delivered by a separate provider group—Online Care Group (OCG).

³UPMC nurses who answer calls are licensed to assist members located in Pennsylvania, West Virginia, and Ohio. Members must be located 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 nearest emergency department.

⁴The cost of UPMC AnywhereCare is \$49 per visit. UPMC Health Plan members may have a benefit providing them with a less expensive copay. Prescriptions, if needed, must be paid for separately by the patient.

⁵If you experience a true medical emergency, you can go to any emergency department for care. You will receive the highest in-network level of coverage, even if the facility is not in our network.

*UPMC—which is affiliated with the University of Pittsburgh School of Medicine—is ranked among the nation's best hospitals by U.S. News & World Report.

Nearly 500 UPMC physicians have been named 2018 "Best Doctors" in more than 70 areas of expertise. UPMC doctors represent 75 percent of the physicians listed in Pittsburgh. These physicians are part of the Best Doctors in America list, which is compiled by Best Doctors Inc.

**UPMC Health Plan earned three 2018 Gold Stevie Awards for its outstanding sales and customer service: Best Back-Office Customer Service Team, Best Use of Technology in Customer Service, and Best Medicare Telesales Team. In 2017, UPMC Health Plan earned a Gold Contact Center of the Year Award, and in 2016 earned the Silver Award. The Stevie Awards are the world's most prestigious business awards.

†To find coverage for a dependent living in our extended network, select Extended Network/Out-of-Area PPO/EPO Plans.

‡A competitor's coupon is required for verification of price and model. Limited to manufacturers offered through the Amplifon program. Only local provider quotes will be matched.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

