SAINT FRANCIS UNIVERSITY (All Employees)

Overview of Current UPMC PPO Qualified High Deductible Health Plan

Non-Grandfathered

COVERED SERVICES[1]	Current UPMC Consumer Advantage PPO QHDHP Group Numbers: 021896-300 (Active), 021896-901 (Inactive) Extended Network: 021896-301 (Active), 021896-902 (Inactive)	
	Participating Provider	**Non-Participating Provider**
Plan Information		
Benefit period	Calendar Year	
Primary care provider (PCP) required	Encouraged, but not required	
Pre-certification and prior authorization requirements	Provider Responsibility	Member Responsibility[2] *If you fail to obtain prior authorization for certain services, you may not be eligible for reimbursement under your plan*
Member Cost Sharing		
Annual deductible (individual / family)[3, 4]	$1,650 / $3,300	
Coinsurance	You pay $0 after deductible	You pay 20% after deductible
Annual coinsurance limit (individual / family)	$0	$1,500 / $3,000
Total annual out-of-pocket limit (individual / family)[5, 6]	$1,650 / $3,300	Not applicable
Preventive Services		
Pediatric preventive/health screening examination	Covered at 100%; you pay $0	You pay 20% after deductible
Pediatric immunizations	Covered at 100%; you pay $0	You pay 20% (deductible does not apply)
Well-baby visits	Covered at 100%; you pay $0	You pay 20% after deductible
Adult preventive/health screening examination	Covered at 100%; you pay $0	You pay 20% after deductible
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay $0	You pay 20% after deductible
Routine annual gynecological exams, including a pap test	Covered at 100%; you pay $0	You pay 20% (deductible does not apply)
Mammograms, annual routine and medically necessary	Covered at 100%; you pay $0	You pay 20% after deductible
Diagnostic services and procedures required by the ACA	Covered at 100%; you pay $0	You pay 20% after deductible
Hospital Services		
Hospital inpatient	You pay $0 after deductible	You pay 20% after deductible
Hospital outpatient (includes ambulatory surgery)	You pay $0 after deductible	You pay 20% after deductible
Observation stay	You pay $0 after deductible	You pay 20% after deductible
Maternity - Non-preventive facility and professional services	You pay $0 after deductible	You pay 20% after deductible
Emergency Services		
Emergency department	You pay $0 after deductible	
Emergency transportation	You pay $0 after deductible	
Physician Surgical Services		
Inpatient physician/surgical services	You pay $0 after deductible	You pay 20% after deductible
Outpatient physician/surgical services	You pay $0 after deductible	You pay 20% after deductible
Provider Medical Services		
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay $0 after deductible	You pay 20% after deductible
Adult immunizations not required to be covered by the ACA	You pay $0 after deductible	You pay 20% after deductible
Primary care provider office visit	You pay $0 after deductible	You pay 20% after deductible
Specialist office visit	You pay $0 after deductible	You pay 20% after deductible
Convenience care visit	You pay $0 after deductible	You pay 20% after deductible
Urgent care facility	You pay $0 after deductible	You pay 20% after deductible
Virtual Visits		
UPMC AnywhereCare - Virtual urgent care and children's AnywhereCare	You pay $0 after deductible	You pay 20% after deductible
Virtual visit - primary care	You pay $0 after deductible	You pay 20% after deductible
Virtual visit - specialist	You pay $0 after deductible	You pay 20% after deductible
Virtual visit - behavioral health	You pay $0 after deductible	You pay 20% after deductible
Allergy Services		
Treatment, injections, and serum	You pay $0 after deductible	You pay 20% after deductible

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Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc.)	You pay $0 after deductible	You pay 20% after deductible
Other imaging (e.g., x-ray, sonogram, etc.)	You pay $0 after deductible	You pay 20% after deductible
Lab	You pay $0 after deductible	You pay 20% after deductible
Diagnostic testing	You pay $0 after deductible	You pay 20% after deductible
Rehabilitation Therapy Services		
Physical, speech and occupational therapy	You pay $0 after deductible	You pay 20% after deductible
Cardiac rehabilitation	You pay $0 after deductible	You pay 20% after deductible
Pulmonary rehabilitation	You pay $0 after deductible	You pay 20% after deductible
Note: Visit limits on rehabilitative therapy services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder		
Habilitation Therapy Services		
Physical, speech and occupational therapy	You pay $0 after deductible	You pay 20% after deductible
	Note: Visit limits on habilitative therapy services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder	
Medical Therapy Services		
Chemotherapy, radiation therapy, dialysis therapy	You pay $0 after deductible	You pay 20% after deductible
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay $0 after deductible	You pay 20% after deductible
Pain Management		
Pain management program	You pay $0 after deductible	You pay 20% after deductible
Mental Health Services		
Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment)	You pay $0 after deductible	You pay 20% after deductible
Outpatient – Office visits and outpatient therapy	You pay $0 after deductible	You pay 20% after deductible
Outpatient – Other services (includes intensive outpatient and partial hospitalization programs)	You pay $0 after deductible	You pay 20% after deductible
Other Medical Services		
Acupuncture	You pay $0 after deductible	You pay 20% after deductible
	Covered up to 12 visits per benefit period	
Corrective appliances	You pay $0 after deductible	You pay 20% after deductible
Dental services related to accidental injury	You pay $0 after deductible	You pay 20% after deductible
Durable medical equipment	You pay $0 after deductible	You pay 20% after deductible
Fertility testing	You pay $0 after deductible	You pay 20% after deductible
Home health care	You pay $0 after deductible	You pay 20% after deductible
Hospice care	You pay $0 after deductible	You pay 20% after deductible
Medical nutrition therapy	You pay $0 after deductible	You pay 20% after deductible
Nutritional counseling	You pay $0 after deductible	You pay 20% after deductible
	Covered up to 6 visits per benefit period	
Nutritional products	You pay $0 after deductible	You pay 20% after deductible
	Nutritional products for the treatment of PKU and related disorders are not subject to deductible	
Oral surgical services	You pay $0 after deductible	You pay 20% after deductible
Pediatric extended care services	You pay $0 after deductible	You pay 20% after deductible
	Covered up to 100 days per benefit period	
Podiatry care	You pay $0 after deductible	You pay 20% after deductible
Private duty nursing	You pay $0 after deductible	You pay 20% after deductible
Skilled nursing facility	You pay $0 after deductible	You pay 20% after deductible
Therapeutic manipulation	You pay $0 after deductible	You pay 20% after deductible

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Diabetic Equipment, Supplies, and Education[7]		
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at a participating pharmacy See applicable pharmacy rider for coverage information	
Diabetic education	You pay $0 after deductible	You pay 20% after deductible
Prescription Drugs		
Prescription drug deductible	Works in conjunction with medical deductible	
Formulary[8]	The Open Choice pharmacy program applies (mandatory generic)	
Refill limit	Refill limit: you must use 75% of your medication before you can obtain a refill	
Retail prescription medication[9] •Prescriptions must be dispensed by a participating pharmacy •30-day supply	Tier 1: You pay $0 copayment after deductible for preferred generic medications Tier 2: You pay $0 copayment after deductible for preferred brand medications	
Specialty prescription medication •Specialty medications are limited to a 30-day supply. See prescription medication rider for additional information •Most specialty medications must be filled at our contracted specialty pharmacy provider	Tier 2: You pay $0 copayment after deductible for specialty medications (brand and generic). You pay $0 copayment after deductible for oral chemotherapy medications. 30-day maximum supply	
Mail-order prescription medication[9] •A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy	Tier 1: You pay $0 copayment after deductible for preferred generic medications Tier 2: You pay $0 copayment after deductible for preferred brand medications 90-day maximum mail-order supply	

[1] For covered services to be paid at the level described in your schedule of benefits, they must be medically necessary. They must also meet all other criteria described in your COC and/or SPD. Criteria may include prior authorization requirements.

[2] Certain out-of-network non-emergent care must be prior authorized in order to be eligible for reimbursement under your plan. This means you must contact UPMC Health Plan and obtain prior authorization before receiving services. A list of services that must be prior authorized is available 24/7 on our website at www.upmchealthplan.com. You can also contact member services by calling the phone number on the back of your member ID card. Your out-of-network provider may also access this list at www.upmchealthplan.com or your provider may call provider services at 1-866-918-1595 to initiate the prior authorization process on your behalf. Regardless, you must confirm that prior authorization has been given in advance of your receiving services in order for those services to be eligible for reimbursement in accordance with your plan. Please note, the list of services that require prior authorization is subject to change throughout the year. You are responsible for verifying you have the most current information as of your date of service.

[3] The plan has an aggregate deductible. Deductible applies to all covered services you receive during the benefit period, unless the service is specifically excluded.

[4] Deductible levels are determined by the IRS and are subject to change.

[5] The in-network total maximum out-of-pocket as mandated by the federal government must include medical & prescription drug deductible, coinsurance, & copays.

[6] The plan has an aggregate out-of-pocket limit. Out-of-pocket costs (copayments, coinsurance, and deductibles) for covered services apply toward satisfaction of the out-of-pocket limit specified in this schedule of benefits. For covered services rendered by non-participating providers, only coinsurance applies toward this limit.

[7] For diabetic equipment and supplies, if you have prescription drug coverage through a program other than Express Scripts, Inc., that plan will pay for diabetic supplies and equipment first.

[8] According to your formulary, generic medications will be substituted for all brand-name medications that have a generic version available. If the brand name medication is dispensed instead of the generic equivalent, you must pay the copayment associated with the brand name medication as well as the price difference between the brand-name medication and the generic medication. If your prescribing physician demonstrates to UPMC Health Plan that a brand-name medication is medically necessary, you will pay only the copayment associated with the non-preferred brand-name medication.

[9] Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and Specialty medications may be limited to a 30-day maximum supply.

NOTE: This grid is provided as an overview of benefits only. All services must be medically necessary and appropriate, as determined by UPMC, for benefits to apply. For questions concerning your benefits, please contact The Reschini Group Customer Service Department at 1-800-442-8047.