

2016 UPMC *for Life* Plans

Module 5

2016 UPMC *for Life*

☐ **UPMC *for Life* will offer the same plans in 2016:**

☐ **Western Pennsylvania Plans – 28 counties**

- ☐ HMO (No Rx)
- ☐ HMO Deductible with Rx
- ☐ HMO Rx
- ☐ HMO Rx Enhanced
- ☐ PPO High Deductible with Rx
- ☐ PPO Rx Enhanced

☐ **Lancaster County**

- ☐ HMO (No Rx)
- ☐ HMO Deductible with Rx
- ☐ PPO High Deductible with Rx

2016 Service Area:

- ☐ There were no changes to the 29 county UPMC *for Life* Pennsylvania service area.

2016 UPMC *for Life* - Part D Prescription Drugs

	HMO Deductible w/Rx PPO HD w/Rx	HMO Rx HMO Rx Enhanced PPO Rx Enhanced
Tier 1: Generic Drugs	\$14 copay - 30 day supply (retail) \$42 copay - 90 day supply (retail) \$28 copay - 90 day supply (mail-order)	\$12 copay - 30 day supply (retail) \$36 copay - 90 day supply (retail) \$24 copay - 90 day supply (mail-order)
Tier 2: Preferred Brand Drugs	\$47 copay - 30 day supply (retail) \$141 copay - 90 day supply (retail) \$117.50 copay - 90-day supply (mail-order)	
Tier 3: Non-Preferred Brand Drugs	\$100 copay - 30 day supply (retail) \$300 copay - 90 day supply (retail) \$300 copay - 90 day supply (mail-order)	
Tier 4: Specialty Drugs (No Change)	33% coinsurance 30-day supply	
Tier 5: Select Care Drugs (No Change)	\$0 copay - 30 day supply (retail) \$0 copay - 90 day supply (retail) \$0 copay - 90 day supply (mail-order)	

2016 UPMC for Life

<u>Plan</u>	<u>PBP</u>		<u>2015 Total Premium</u>	<u>2016 Total Premium</u>	<u>Change</u>	<u>2016 Part B Buydown</u>		
H3907	002	HMO No Rx	\$ -	\$ -	\$ -	\$ -		
H3907	006	HMO Enhanced Rx	\$ 223.00	\$ 242.00	\$ 19.00	\$ -		
H3907	029	HMO Rx	\$ 78.00	\$ 83.00	\$ 5.00	\$ -		
H3907	037	HMO Deductible	\$ 18.00	\$ 22.00	\$ 4.00	\$ -		
H3907	038	HMO NO Rx - Lancaster	\$ -	\$ -	\$ -	\$ 46.20	\$63.20 in 2015	
H3907	039	HMO Deductible - Lancaster	\$ -	\$ -	\$ -	\$ -	\$2.30 in 2015	
H5533	003	PPO High Deductible	\$ 39.00	\$ 44.00	\$ 5.00	\$ -		
H5533	005	PPO Enhanced	\$ 139.00	\$ 152.00	\$ 13.00	\$ -		
H5533	006	PPO Deductible - Lancaster	\$ 39.00	\$ 43.00	\$ 4.00	\$ -		

Lancaster County Part B Premium Reduction

The amount of the Part B reduction is not known until after the benchmark is set by CMS and the final bids are approved. (This is primarily actuarially driven within their spreadsheets filed to CMS along with our plan benefit packages).

- ☐ UPMC is not responsible for the reduction to the Part B premium. The reduction is processed by Social Security.
- ☐ CMS sets the indicator/trigger for Social Security as members join affected plans.

2016 UPMC *for Life*

2016 UPMC *for Life* - All Plans Benefit Changes

- ☐ Emergency Care (*waived if admitted within 3 days*) - \$75 copay
- ☐ Urgent Care Copays will be \$50
- ☐ eDerm visits available
 - Will be \$38 or the specialist copay (whichever is lesser)
- ☐ Diabetic Supplies, and Diabetic Shoes or Inserts – 20% coinsurance
- ☐ UPMC Dental Advantage Routine Dental Bitewing X-rays changed to once every year (X-rays were once every 3 years)

2016 HMO Plans

2016 HMO (No Rx) Plan Western Pennsylvania and Lancaster County

HMO (No Rx) benefit changes for 2016:

- ❑ **Skilled Nursing Facility (100 Days per Benefit Period)**
 - \$40 copay per day/days 1-20 (\$15 increase days 1-5)**
 - \$80 copay per day days 21-100 (no change)**

2016 HMO Plans

2016 HMO Deductible with Rx Western Pennsylvania and Lancaster County

HMO Deductible with Rx benefit changes for 2016:

- ☐ **Inpatient Hospital & Inpatient Mental Health Care**
\$300 copay - per stay (\$100 increase)
- ☐ **Skilled Nursing Facility (100 Days per Benefit Period)**
\$0 copay per day/days 1-20 (no change)
\$160 copay per day/days 21-100 (\$35 increase)
- ☐ **PCP Visit**
\$10 copay for Lancaster County only (\$5 increase for Lancaster)
WPA copay will remain at \$5
- ☐ **Podiatry Services – \$50 copay (after the deductible is satisfied)**
(Podiatry Services will apply to the deductible for 2016)

>

2016 HMO Plans

2016 HMO Deductible with Rx

Western Pennsylvania and Lancaster County (*continued*)

HMO Deductible with Rx benefit changes for 2016:

- ☐ Out patient services for Mental Health, Psychiatric, and Substance Abuse.
\$40 copay (after the deductible is satisfied)
- ☐ Ambulance Services – per one way trip
\$100 copay (\$100 increase)
- ☐ Renal Dialysis
Will apply to the deductible for 2016
- ☐ Lab Services and Diagnostic Tests
\$0 - \$10 copay per day (\$5 increase)
- ☐ Diagnostic Radiological Services (Advanced Imaging)
\$100 copay (\$50 increase) (after the deductible is satisfied)

2016 HMO Plans

2016 HMO Deductible with Rx - Western Pennsylvania and Lancaster County (continued)

Medical Services Excluded from the Deductible

• Annual wellness exam	• Medicare-covered vision
• Chiropractic services	• Part B drugs
• Diabetes self-management training	• Primary care physician visits
• Emergency care	• Routine dental services
• Health and wellness (includes fitness)	• Routine vision services
• Immunizations: hepatitis B, influenza, and pneumonia	• Screening exams: bone mass measurement, colorectal, mammograms, Pap and pelvic, and prostate
• Kidney dialysis training	• Skilled nursing facility stays
• Labs and diagnostic procedures/tests	• Specialist visits
• Medicare-covered dental	• Urgently needed care
• Medicare-covered hearing	• Worldwide emergency coverage

2016 HMO Plans

2016 HMO Rx Plan Western Pennsylvania

HMO Rx benefit changes for 2016:

- ☐ **Skilled Nursing Facility (increased copayment and day range) (100 Days per Benefit Period)**
\$40 copay per day/days 1-20 (\$15 increase days 1-5)
\$80 copay per day days 21-100 (no change)
- ☐ **Ambulance Service – per one way trip**
\$200 copay (\$100 increase)
- ☐ **Diagnostic Radiological Services (Advanced Imaging)**
\$200 copay (\$50 increase)

2016 HMO Plans

2016 HMO Rx Enhanced Plan Western Pennsylvania

HMO Rx Enhanced benefit changes for 2016:

- ❑ Inpatient Hospital & Inpatient Mental Health Care
Removed annual benefit maximum
- ❑ Skilled Nursing Facility (increased day range) (100 Days per Benefit Period)
\$10 copay per day/days 1-20 (no change)
\$60 copay per day/days 21-100 (\$60 increase on days 74-100)

2016 PPO Plans

2016 PPO High Deductible with Rx Plan Western Pennsylvania and Lancaster County

PPO High Deductible with Rx In-Network and Out-of-Network benefit changes for 2016:

In-Network Services:

- ❑ **Skilled Nursing Facility (100 Days per Benefit Period)**
\$0 copay per day/days 1-20 (no change)
\$160 copay per day/days 21-100 (\$35 increase on days 21-100)
- ❑ **Home Health Care**
Will be excluded from the deductible in 2016
- ❑ **Medicare-covered Podiatry Services**
\$50 copay will apply after the deductible

Out-of-Network Services:

- ❑ **Chiropractic Services**
Changed from \$40 copay to 30% coinsurance.
(Will be excluded from the deductible in 2016)
- ❑ **Podiatry Services**
Changed from \$60 copay to 30% coinsurance after the deductible is satisfied
(Routine Podiatry Services will be excluded from the deductible in 2016)

2016 PPO Plans

2016 PPO High Deductible with Rx Plan Western Pennsylvania and Lancaster County (*continued*)

In-Network Services:

- ❑ **Outpatient services for Mental Health, Psychiatric, Rehab Services, and Substance Abuse**
Changed from \$40 copay to \$40 copay after the deductible
- ❑ **Durable Medical Equipment/Oxygen and Prosthetic Devices and Medical Supplies**
20% coinsurance (5% increase)
- ❑ **Lab Services and Diagnostic Procedure Tests**
Copay increased to \$0 - \$10 copay per day (\$5 increase)

Out-of-Network Services:

- ❑ **Outpatient services for Mental Health, Psychiatric, Rehab Services, and Substance Abuse**
Changed from \$40 copay after deductible to 30% coinsurance after the deductible

2016 PPO Plans

2016 PPO High Deductible with Rx Plan Western Pennsylvania and Lancaster County (*continued*)

In-Network Services:

- ☐ **Diagnostic Radiological Services (Advanced Imaging)**
\$100 copay after the deductible (\$50 increase)

Out-of-Network Services:

- ☐ **Medicare-covered Dental Services**
\$60 copay after the deductible changed to 30% coinsurance after the deductible
- ☐ **Medicare-covered Hearing Services**
\$60 copay after the deductible changed to 30% coinsurance after the deductible
- ☐ **Medicare-covered Vision Services and Medicare-covered Glaucoma Screening and Diabetic Retinal eye Exam**
\$60 copay after the deductible changed to 30% coinsurance after the deductible

2016 PPO Plans

2016 PPO High Deductible with Rx Plan - Western Pennsylvania and Lancaster County (continued)

Medical Services Excluded from the Deductible

In-Network Services

- | | |
|---|---|
| • Chiropractic Services (Medicare-covered and routine services) | • Preventive Services (All zero cost-share) |
| • Dental Services (Medicare-covered and routine services) | • Primary Care Physician Visits |
| • Diabetic Training Services | • Prosthetic Devices & Related Supplies |
| • Durable Medical Equipment | • Remote Technologies |
| • Emergency Room Visits | • Routine Podiatry Visits |
| • Health and Wellness (includes Fitness) | • Skilled Nursing Facility Stays |
| • Hearing Services (Medicare-covered) | • Specialist Visits |
| • Home Health Care | • Urgently Needed Care Visits |
| • Kidney Dialysis training | • Vision Exam & Eyewear (Medicare-covered and Routine Services) |
| • Labs and diagnostic procedures/tests | |
| • Part B Drugs | |

Out-of-Network Services

- | | |
|---|---------------------------------|
| • Dental Services (routine services only) | • Routine Chiropractic Services |
| • Emergency Room Visits | • Routine Podiatry Visits |
| • Health and Wellness (includes Fitness) | • Routine Vision Exam & Eyewear |
| • Preventive Services (All zero cost-share) | • Urgently Needed Care Visits |
| • Remote Technologies | • Worldwide emergency coverage |

2016 PPO Plans

2016 PPO Rx Enhanced Plan Western Pennsylvania

PPO Rx Enhanced In-Network and Out-of-Network benefit changes for 2016:

In-Network Services:

- ❑ **Inpatient Hospital and Inpatient Mental Health Care**
Removed annual benefit maximum
- ❑ **Skilled Nursing Facility (100 Days per Benefit Period)**
\$0 copay per day/days 1-20 (no change)
\$160 copay per day/days 21-100 (\$35 increase on days 21-100)

Out-of-Network Services:

- ❑ **Chiropractic Services**
Changed from a \$30 copay after deductible to 30% coinsurance after the deductible
(Routine Chiropractic Services will be excluded from the deductible in 2016)
- ❑ **Podiatry Services**
Changed from a \$50 copay after deductible to 30% coinsurance after the deductible
(Routine Podiatry Services will be excluded from the deductible in 2016)

2016 PPO Plans

2016 PPO Rx Enhanced Plan Western Pennsylvania (*continued*)

In-Network Services:

- ☐ **Part B Drugs**
Removed annual benefit maximum
- ☐ **Durable Medical Equipment/Oxygen and Prosthetic Devices and Medical Supplies**
In network 20% coinsurance (5% increase)

Out-of-Network Services:

- ☐ **Outpatient services for Mental Health, Psychiatric, Rehab Services, and Substance Abuse**
Changed from a \$50 copay after the deductible to 30% coinsurance after the deductible

2016 PPO Plans

2016 PPO Rx Enhanced Plan Western Pennsylvania (*continued*)

Out-of- Network Services:

- ❑ **Medicare-covered Dental Services**
Changed from a \$50 copay after the deductible to 30% coinsurance after the deductible

- ❑ **Hearing Services**
Medicare-covered services: \$50 copay after the deductible changed to 30% coinsurance after the deductible

Routine Services: \$50 copay excluded from the deductible, changed to 30% coinsurance excluded from the deductible

Routine Hearing Aid Fitting: \$50 copay excluded from the deductible changed to 30% coinsurance excluded from the deductible

Routine Hearing Aids: 50% out of network coinsurance was eliminated

- ❑ **Vision Services**
Medicare-covered services: \$50 copay after the deductible changed to 30% coinsurance after the deductible

2016 PPO Plans

2016 PPO Rx Enhanced Plan - Western Pennsylvania (*continued*)

Medical Services Excluded from the Deductible

In-Network Services	
• All In-Network services are EXCLUDED from the deductible	
Out-of-Network Services	
• Dental Services (routine services only)	• Routine Chiropractic Services
• Emergency Room Visits	• Routine Hearing Services & Hearing Aid(s)
• Health and Wellness (includes Fitness)	• Routine Vision Exam & Eyewear
• Preventive Services (All zero cost-share)	• Routine Podiatry Visits
• Remote Technologies	• Urgently Needed Care Visits
	• Worldwide emergency coverage

2016 UPMC *for Life* - Provider Directories

- ❑ Provider Directories – there will be 3 provider directories for UPMC *for Life* Medicare Advantage.
 - Region 1
 - Region 2 (includes previous Regions 3 & 4)
 - Stand Alone Pharmacy

- ❑ The Provider Directories will be a combined directory that will contain medical providers, pharmacy providers, and all ancillary providers (dental, vision, and fitness) for each region.

Evidence of Coverage (EOC)

- **There will be 3 EOCs:**

- ☐ UPMC *for Life* HMO No Rx
- ☐ UPMC *for Life* HMO Deductible with Rx (HMO), HMO Rx (HMO), and HMO Rx Enhanced (HMO) combined into 1 EOC
- ☐ UPMC *for Life* PPO High Deductible with Rx (PPO), and PPO Rx Enhanced (PPO) combined into 1 EOC

The combined HMO and PPO Plan EOCs have a premium table.

	Western Pennsylvania	Lancaster County
HMO Deductible with Rx	\$22	\$0
HMO Rx	\$83	
HMO Rx Enhanced	\$242	

	Western Pennsylvania	Lancaster County
PPO High Deductible with Rx	\$44	\$43
PPO Rx Enhanced	\$152	

Evidence of Coverage (EOC) – *(continued)*

Chapter 4. Medical Benefits Chart (what is covered and what you pay) has a different look.

Ambulance services

Services that are covered for you

- Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan.
- Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required.

What you must pay when you get these services

HMO Deductible with Rx

\$100 copayment after the deductible is met per one-way trip for emergency ambulance services and non-emergency ambulance services.

HMO Rx

\$200 copayment per one-way trip for emergency ambulance services and non-emergency ambulance services.

HMO Rx Enhanced

\$100 copayment per one-way trip for emergency ambulance services and non-emergency ambulance services.

Evidence of Coverage (EOC) – *(continued)*



Colorectal cancer screening

Services that are covered for you

For people 50 and older, the following are covered:

- Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months
- Fecal occult blood test, every 12 months

For people at high risk of colorectal cancer, we cover:

- Screening colonoscopy (or screening barium enema as an alternative) every 24 months

For people not at high risk of colorectal cancer, we cover:

- Screening colonoscopy every 10 years (120 months), but not within 48 months of a screening sigmoidoscopy

What you must pay when you get these services

All Plans

There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.

When a screening colonoscopy or sigmoidoscopy becomes a diagnostic procedure (e.g., results in a biopsy or removal of a lesion or growth), then outpatient surgery cost sharing and/or deductible, as applicable, may apply.

Summary of Benefits – (SB)

- For 2016, UPMC *for Life* plans will have **two** Summary of Benefits documents instead of **four**.
 - 1) **HMO Plans** (Western Pennsylvania and Lancaster service areas combined)
 - 2) **PPO Plans** (Western Pennsylvania and Lancaster service areas combined)
- Adding both service areas to one document caused a few sections to change .

Who can join? section:

- The plans offered in both service areas are separated out from the plans that are only offered in Western PA.

Who can join?

To join UPMC *for Life* HMO or HMO Deductible with Rx (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland in our Western Pennsylvania region and Lancaster in our Lancaster region.

To join UPMC *for Life* HMO Rx or HMO Rx Enhanced (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

Summary of Benefits – (SB) *(continued)*

Monthly Premium section:

The Lancaster **HMO** plan has a Part B reduction for 2016 that is noted in the premium section. This does not apply to the Western PA region.

	UPMC <i>for Life</i> HMO (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LI PAY FOR COVERED SERVICES	
How much is the monthly premium?	<p>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</p> <p>For Lancaster County members, UPMC Health Plan will reduce your Medicare Part B premium by up to \$46.20.</p>

Summary of Benefits – (SB) (continued)

Premium/Cost-Sharing Table section:

- This section appears after the benefits chart and breaks out the premiums for each region and any other cost-sharing that differs between the two regions.

PREMIUM/COST-SHARING TABLE

The tables below show the monthly plan premium amounts and primary care physician visit cost-sharing for **UPMC for Life HMO Deductible with Rx (HMO)** for our two regions. If you have any questions about your plan premium or benefit cost-sharing, please contact UPMC for Life Member Services at 1-877-539-3080. TTY users should call 1-800-361-2629.

The service area for **UPMC for Life HMO** and **HMO Deductible with Rx (HMO)** in the Western Pennsylvania region includes the following counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland

The service area for **UPMC for Life HMO** and **HMO Deductible with Rx (HMO)** in the Lancaster region includes the following county in Pennsylvania: Lancaster

Plan	Premium	
	Western Pennsylvania	Lancaster
UPMC for Life HMO Deductible with Rx (HMO)	\$22	\$0

Plan	Primary Care Physician Cost-Sharing	
	Western Pennsylvania	Lancaster
UPMC for Life HMO Deductible with Rx (HMO)	\$5 copay	\$10 copay

Summary of Benefits – (SB) (continued)

Monthly Premium section:

- The monthly plan premiums differ between the two service areas for two plans:
 - HMO Deductible with Rx and
 - PPO High Deductible with Rx
- The premiums for these plans appear as a range in the premium section with the disclaimer below:

“Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.”

Doctor’s Office Visits box:

- The copays for PCP visits differ for **HMO Deductible with Rx** between the two service areas. A disclaimer is also added here to refer the enrollee/member to the ‘Premium/Cost-Sharing Table’

UPMC for Life PPO High Deductible with Rx (PPO)	
MONTHLY PREMIUM, DEDUCTIBLE, AND L PAY FOR COVERED SERVICES	
How much is the monthly premium?	\$43-44 per month. In addition, you must keep paying your Medicare Part B premium. Please refer to the Premium/Cost- Sharing Table to find out the premium/cost-sharing in your area.

UPMC for Life HMO Deductible with Rx (HMO)	
Doctor's Office Visits	Primary care physician visit: \$5-10 copay Specialist visit: \$50 copay Please refer to the Premium/Cost- Sharing Table to find out the premium/cost-sharing in your area.