

2017 UPMC *for Life* Western Pennsylvania and Ohio Plans

Module 5

2017 UPMC *for Life* Western Pennsylvania and Ohio Plans

☐ **UPMC *for Life* 2017 Medicare Advantage plans:**

☐ **Western Pennsylvania and Ohio HMO Plans**

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

☐ **Western Pennsylvania PPO Plans (W. PA only)**

- ☐ PPO High Deductible with Rx
- ☐ PPO Rx Enhanced

Western Pennsylvania Counties – 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.

Ohio Counties – Harrison and Jefferson.

2017 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: Preferred 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 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)	

2017 UPMC *for Life* Western Pennsylvania and Ohio Plans and Premiums

UPMC <i>for Life</i> Western PA & Ohio HMO Individual Plans						
Plan	PBP	Product Name	2016 Total Premium	2017 Total Premium	Change	2017 Part B Buy Down
Western Pennsylvania and Ohio						
H3907	002	HMO (No Rx)	\$0	\$0	-	-
H3907	037	HMO Deductible with Rx	\$22	\$22	-	-
H3907	029	HMO Rx	\$83	\$83	-	-
H3907	006	HMO Rx Enhanced	\$242	\$255	\$13 increase	-
UPMC <i>for Life</i> Western PA (Only) PPO Individual Plans						
Western Pennsylvania (Only)						
H5533	003	PPO High Deductible with Rx	\$44	\$37	\$7 decrease	-
H5533	005	PPO Rx Enhanced	\$152	\$137	\$15 decrease	-

2017 UPMC *for Life* Western Pennsylvania and Ohio HMO Plans

2017 HMO (No Rx) Plan offering for Western Pennsylvania and Ohio

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H3907	002	HMO No Rx W. PA and Ohio	-- Annual OOP \$3,400 -- PCP visits \$5 copay -- Specialist visits \$45 copay -- Inpatient Hospital/Inpatient Mental Health \$350 copay per stay -- Durable Medical Equipment/Oxygen 20% coinsurance -- SNF \$20 copay per day (days 1-20), \$80 copay per day (days 21-100) --Decreased copay for days 1-20

2017 UPMC *for Life* Western Pennsylvania and Ohio HMO Plans

2017 HMO Rx Plan offering for Western Pennsylvania and Ohio

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H3907	029	HMO Rx W. PA and OH	-- Annual OOP \$3,400 -- PCP visits \$5 copay -- Specialist visits \$40 copay -- Inpatient Hospital/Inpatient Mental Hospital \$350 copay per stay -- Durable Medical Equipment/Oxygen 20% coinsurance -- SNF \$20 copay per day (days 1-20), \$80 copay per day (days 21-100) --Decreased copay for days 1-20 --Vision allowance decreased to \$125 (\$50 decrease)

2017 UPMC *for life* Western Pennsylvania and Ohio HMO Plans

2017 HMO Deductible with Rx Plan offering for Western Pennsylvania and Ohio

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H3907	037	HMO Ded w/Rx W. PA and OH	-- Annual OOP \$4,000 -- Deductible \$750 -- PCP visits \$5 copay excluded from deductible -- Specialist visits \$50 excluded from deductible -- Inpatient Hospital/Inpatient Mental Health \$300 copay per stay after deductible -- Durable Medical Equipment/Oxygen \$0 copay after deductible -- SNF \$0 copay per day (days 1-20); \$160 copay per day (days 21-100) excluded from deductible -- Vision allowance decreased to \$100. (\$50 decrease) excluded from deductible

2017 UPMC *for life* Western Pennsylvania and Ohio HMO Plans

2017 HMO Deductible with Rx Plan offering for Western Pennsylvania and Ohio

Medical Services Excluded from the Deductible

• Chiropractic Services	• Preventive Services
• Dental Services (Medicare-covered and Routine Services)	• Primary Care Doctor Visits
• Diabetes Training	• Remote Technologies (eVisits & eDerm)
• Emergency Care	• Skilled Nursing Facility
• Health and Wellness (Includes Fitness)	• Specialist Visits
• Hearing Services (Medicare-covered)	• Urgently Needed Care (Clinics)
• Kidney Disease Training	• Vision Services (Medicare-covered and Routine Services)
• Lab Services and Diagnostic Procedures/Tests	• Worldwide Emergency Coverage
• Part B Drugs	

2017 UPMC *for life* Western Pennsylvania and Ohio HMO Plans

2017 HMO Rx Enhanced Plan offering for Western Pennsylvania and Ohio

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H3907	006	HMO Rx Enhanced - W. PA & OH	-- Annual OOP \$3,400 -- PCP visits \$5 copay -- Specialist visits \$25 copay -- Inpatient Hospital/Inpatient Mental Health \$125 copay per stay -- Durable Medical Equipment/Oxygen 20% coinsurance -- SNF \$10 copay per day (days 1-20), \$60 copay per day (days 21-100)

2017 UPMC *for life* Western Pennsylvania and Ohio PPO Plans

2017 PPO High Deductible with Rx Plan offering for Western Pennsylvania (28 Counties) only

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H5533	003	PPO HD Rx - W. PA	--Annual OOP IN-\$6,700 IN/OUT-\$10,000 -- Deductible combined IN/OUT -\$1250 -- PCP visits IN- \$10 copay excluded from deductible OUT- \$40 copay after deductible -- Specialist visits IN \$50 excluded from deductible OUT \$60 copay after deductible -- Inpatient Hospital/Inpatient Mental Health IN- \$250 copay per stay after deductible OUT- 30% coinsurance after deductible -- Durable Medical Equipment/Oxygen IN- 20% coinsurance excluded from deductible OUT- 50% coinsurance after the deductible -- SNF IN- \$0 copay per day (days 1-20); \$160 copay per day (days 21-100) excluded from deductible OUT- 30% coinsurance after the deductible

2017 UPMC *for life* Western Pennsylvania and Ohio PPO Plans

2017 PPO High Deductible with Rx Plan offering for Western Pennsylvania (28 Counties)

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	• Prosthetic Devices & Medical Supplies
• Durable Medical Equipment/Oxygen	• Remote Technologies
• Emergency Care	• Routine Podiatry Visits
• Health and Wellness (includes Fitness)	• Skilled Nursing Facility Stays
• Hearing Services (Medicare-covered)	• Specialist Visits
• Home Health Care	• Urgently Needed Care (Clinics)
• Kidney Dialysis Training	• Vision Exam & Eyewear (Medicare-covered and Routine Services)
• Lab Services and Diagnostic Procedures/Tests	• Worldwide Emergency Coverage
• Part B Drugs	
Out-of-Network Services	
• Dental Services (routine services only)	• Routine Chiropractic Services
• Emergency Care	• Routine Podiatry Visits
• Health and Wellness (includes Fitness)	• Routine Vision Exam & Eyewear
• Preventive Services	• Urgently Needed Care (Clinics)
• Remote Technologies	• Worldwide Emergency Coverage

2017 UPMC *for life* Western Pennsylvania and Ohio PPO Plans

2017 PPO Rx Enhanced Plan offering for Western Pennsylvania (28-Counties) only

Contract	PBP	Plan Name	2017
			Cost-Sharing Updates
H5533	005	PPO Rx Enhanced - W. PA	--Annual OOP IN-\$6,700 IN/OUT-\$10,000 -- Deductible OUT-\$500 -- PCP visits IN- \$5 copay OUT- \$30 copay after deductible -- Specialist visits IN -\$40 copay OUT- \$50 copay after deductible -- Inpatient Hospital/Inpatient Mental Health IN-\$250 copay per stay OUT- 30% coinsurance after deductible -- Durable Medical Equipment/Oxygen IN- 20% coinsurance OUT- 50% coinsurance after deductible -- SNF IN-\$0 copay per day (days 1-20); \$160 copay per day (days 21-100) OUT- 30% coinsurance after deductible

2017 UPMC *for life* Western Pennsylvania and Ohio PPO Plans

2017 PPO Rx Enhanced Plan offering for Western Pennsylvania (28-Counties) only

Medical Services Excluded from the Deductible

In-Network Services	
• All In-Network services are EXCLUDED from the deductible	
Out-of-Network Services	
• Routine Chiropractic Services	• Preventive Services
• Dental Services (Routine Services Only)	• Remote Technologies
• Emergency Care	• Urgently Needed Care (Clinics)
• Health and Wellness (Includes Fitness)	• Routine Vision Exam & Eyewear
• Hearing Services & Hearing Aid(s) (Routine)	• Worldwide Emergency Coverage
• Routine Podiatry visits	

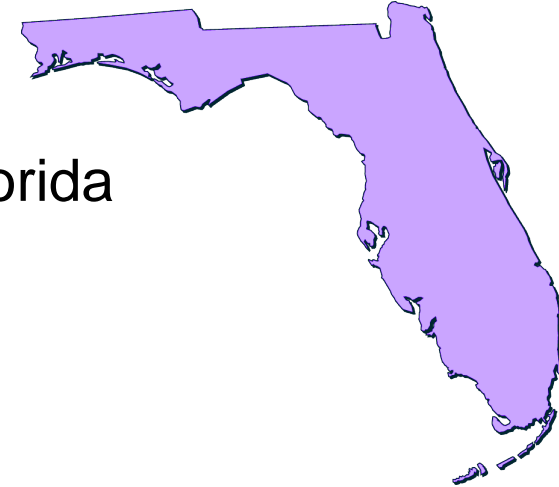
NEW BENEFIT for 2017: Visitor Travel (V/T) Benefit Overview

For 2017, UPMC for Life is offering a new travel benefit for HMO members.



Member Services Driven

- Travel benefit available in entire state of Florida
- Travel Benefit added to HMO plans only
- Members pay in network cost sharing
- Providers cannot balance bill members
- Concierge plays key role
 - Member must contact Member Services.
 - Concierge assists member finding provider and scheduling appointment



2017 UPMC *for Life* - Provider Directories

Provider Directories transitioned from Regional Directories to Radius/Partial Directories in 2017 – a full combined directory that contains all medical providers, pharmacy providers, and all ancillary providers (dental, vision, and fitness) will be available upon request.

- ❑ Radius/Partial Directory – is not a full provider directory. It will contain a subset of providers located within a specified fixed range of miles from a members' home address.
- ❑ All directories will contain a full listing of UPMC *for Life* participating Hospitals, Cancer Centers, and a full Pharmacy listing.