



2018 Eastern PA Medicare Product Training

UPMC for Life

UPMC Health Plan Medicare Program

August - September 2017

2018 Medicare Product Training Agenda

- 2018 UPMC *for Life* Plans
 - Details the 2018 benefit changes to the UPMC *for Life* HMO and PPO plans.
- Medicare Advantage and Prescription Drug Coverage Overview
 - Provides an overview of 2018 Medicare Advantage program changes and overview of the 2018 UPMC *for Life* changes that impact all of our Medicare plans.
- 2018 Member Document Changes

2018 UPMC *for Life* Plans

2018 UPMC *for Life* – HMO Service Area Expansion

36 Existing 2017 UPMC *for Life* Counties:

28 County WPA Region: 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.

6 Counties in Lehigh Cap and SEPA: Adams, Berks, Lancaster, Lehigh, York, and Philadelphia.

2 OH Counties Are Not Shown on This Map: Harrison and Jefferson.

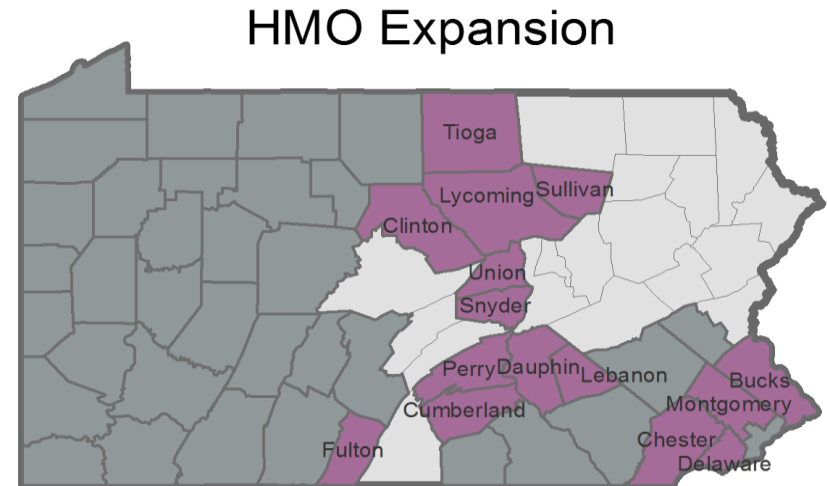
15 New Counties for 2018:

6 Susquehanna Region Counties:

Clinton, Lycoming, Sullivan, Snyder, Tioga, and Union.

5 Lehigh Cap Counties: Cumberland, Dauphin, Fulton, Lebanon, and Perry.

4 SEPA Counties: Bucks, Chester, Delaware, and Montgomery.



2017 service area counties are shaded gray.

New expansion counties for 2018 are shaded purple.

UPMC *for Life*

UPMC Health Plan Medicare Program

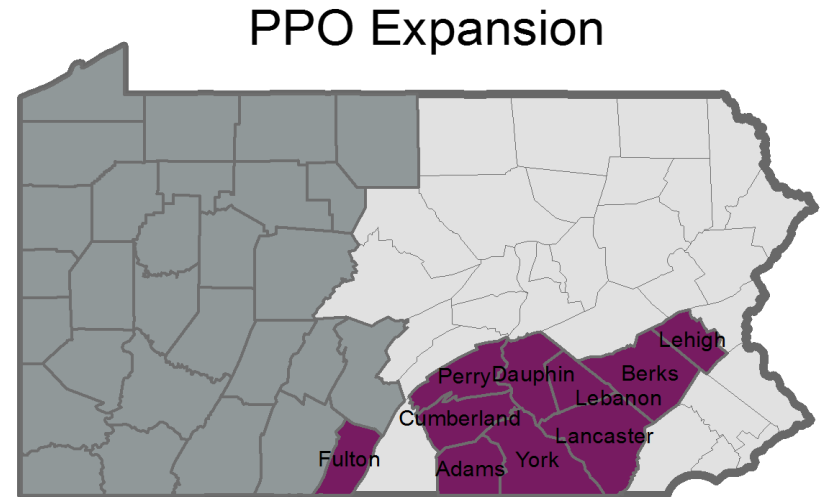
2018 UPMC *for Life* – PPO Service Area Expansion

28 Existing 2017 UPMC *for Life* Counties:

PA Region: 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.

10 New Counties for 2018:

Lehigh Cap Counties: Adams, Berks, Cumberland, Dauphin, Fulton, Lancaster, Lebanon, Lehigh, Perry, and York.



2017 service area counties are shaded gray.

New expansion counties for 2018 are shaded purple.

UPMC *for Life*

UPMC Health Plan Medicare Program

2018 UPMC *for Life* – SNP Service Area Expansion

28 Existing 2017 UPMC *for Life* Counties:

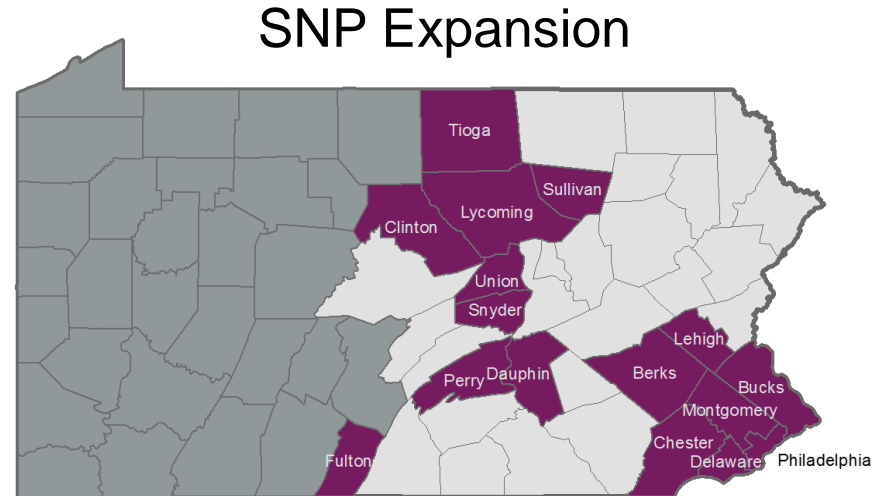
PA Region: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

16 New Counties for 2018:

6 Susquehanna Counties: Clinton, Lycoming, Snyder, Sullivan, Tioga, and Union

5 Southeast PA Counties: Bucks, Chester, Delaware, Montgomery, and Philadelphia

5 Lehigh Capital Counties: Berks, Dauphin, Fulton, Lehigh, and Perry



2017 service area counties are shaded gray.

New expansion counties for 2018 are shaded purple.

Provider Specific Plans (PSP)

- PSP plans are designed to include a select network of providers. Typically the network is a more narrow, smaller provider network.
- Berks county will have 3 PSP plans
 - UPMC *for Life* HMO Premier Rx (H3907 045)
 - UPMC *for Life* HMO Rx (H3907 047)
 - UPMC *for Life* Enhanced PPO (H5533 007)
 - Cobranding and Partnership with Tower Health
 - Also has their own Member Services number 1-844-870-2231

Provider Specific Plans (PSP)

Network consists of:

- Reading Health System and Berkshire Health System
- UPMC-owned providers
- Thomas Jefferson Health System
- Ancillaries, as appropriate
- UPMC and Reading Health System-owned rehabs

Non-Renewal and Service Area Reduction

Two no Rx plans will be terminated as of 1/1/18

- HMO No Rx in Lehigh Cap area (H3907 PBP 038)
- HMO No Rx in Philadelphia county (H3907 PBP 041)

Also members who live in Berks county in HMO Deductible with Rx (H3907 039) and HMO Rx (H3907 040) will be terminated from their plans. Berks county was removed from these two plans in order to create the new PSP plans in Berks. (Approximately 102 members are affected). Sales team will outreach to these members.

Notification will be mailed to all affected members by 10/2/17.

2018 UPMC *for Life* Plans By Region

Susquehanna Region

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

Lehigh Cap Region

- **Berks County Only (Tower Relationship)**
 - UPMC *for Life* HMO Premier Rx (PSP) (\$0/\$0 type plan)
 - HMO Rx (PSP)
 - PPO Rx Enhanced (PSP)
- **Rest of Lehigh Cap**
 - HMO Deductible with Rx
 - HMO Rx
 - PPO Rx Enhanced

Southeast Pennsylvania Region

- **Delaware County Only (Crozer Relationship):**
 - HMO Deductible with Rx
 - HMO Rx
- **Rest of Southeast Pennsylvania:**
 - HMO Deductible with Rx
 - HMO Rx

2018 UPMC *for Life* Individual Premiums

Product Name	Regions Offered	2017 Total Premium	2018 Total Premium	Change
HMO Plans				
HMO (No Rx)				
HMO (No Rx)	Susquehanna	Susque. – New for 2018	\$0	-
HMO Deductible with Rx				
HMO Deductible with Rx	Susquehanna	Susque. – New for 2018	\$20	All others: N/A
HMO Deductible with Rx	Lehigh Cap (Excludes Berks)	Adams, Lancaster, Lehigh, York – \$16 All Others – New for 2018	\$20	Adams, Lancaster, Lehigh, York: \$4; All Others: N/A
HMO Deductible with Rx	Southeast PA (Excludes Delaware)	Philadelphia - \$23 All Others - New for 2018	\$20	Philadelphia: -\$3; All Others N/A
HMO Deductible with Rx	Delaware County Only	New for 2018	\$0	-
HMO Rx				
HMO Rx	Susquehanna	Susque. – New for 2018	\$81	All Others: N/A
HMO Rx	Lehigh Cap (Excludes Berks)	Adams, Lancaster, Lehigh, York – \$95 All Others – New for 2018	\$81	Adams, Lancaster, Lehigh, York: -\$14; All Others: N/A
HMO Rx	Southeast PA (Excludes Delaware)	Philadelphia - \$83 All Others - New for 2018	\$81	Philadelphia: -\$2 All Others: N/A
HMO Rx (PSP)	Berks County Only	New for 2018	\$81	-
HMO Rx	Delaware County Only	New for 2018	\$81	-

2018 UPMC *for Life* Individual Premiums

Product Name	Regions Offered	2017 Total Premium	2018 Total Premium	Change
HMO Plans (Continued)				
HMO Rx Enhanced				
HMO Rx Enhanced	Susquehanna	Susque. – New for 2018	\$263	Susque: N/A
HMO Premier Rx (PSP)				
HMO Premier Rx (PSP)	Berks County Only	New for 2018	\$0	-
PPO Plans				
PPO Rx Enhanced				
PPO Rx Enhanced (PSP)	Berks County Only	New for 2018	\$135	-\$2
PPO Rx Enhanced	Lehigh Cap (Excludes Berks)	New for 2018	\$35	-

General Plan Updates for Medicare Plans

- Added an authorization requirement on outpatient mental health **ONLY** if member is undergoing certain psychological testing. The two psychological testing codes that require an authorization are 96101 and 96118. (SNP plans already have this requirement.)
- Added an authorization requirement for ambulance services. The authorization requirement is **ONLY** for non-emergent Medicare-covered ambulance services. (For example, bed-bound members who would not be able to be transported safely by any other means than by ambulance). Member would need a written doctor's order to start the authorization process.
- Increased ER copayments to either a \$80 copayment, if plan MOOP is \$3400 or under; or a \$100 copayment, if MOOP is greater than \$3,400.
- For plans with routine vision, separated the routine eye exam from the vision allowance. Routine eye exam has a \$0 copayment. Members will have the entire allowance to go towards eyewear.
- Increased an additional 4 smoking cessation visits beyond what Original Medicare covers.

2018 HMO Plans

HMO (No Rx) Plan offering for 2018:

Susquehanna

2 HMO No Rx plans are terming on 12/31/2017: Lehigh Cap #H3907-038, Philadelphia County #H3907-041

Plan Name	2018
	Cost-Sharing Updates
HMO No Rx-Susquehanna	<ul style="list-style-type: none"> --OP Mental Health: added prior auth for certain services --OP Psychiatric Services: added prior auth for certain services --Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services) --Emergency Care: \$100 copay (increased copay by \$25 from 2017) --Routine Vision Exam: \$0 copay (removed routine vision exam from vision allowance) --Routine Vision Eyewear: removed routine vision exam from vision allowance --Health and Wellness: \$0 copay for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018)

2018 HMO Plans

The HMO Rx Plan offering for 2018: Susquehanna, Lehigh Cap and Berks County

Plan Name	2018
	Cost-Sharing Updates
HMO Rx - Susquehanna	<ul style="list-style-type: none"> --Specialist Visits: \$30 copay (decreased copay by \$10) --Podiatry Services: \$30 copay (decreased copay by \$10) --Routine Podiatry Services: \$30 copay (decreased copay by \$10)
HMO Rx - Lehigh Cap Except Berks County	<ul style="list-style-type: none"> --OP Mental Health Services: \$30 copay (decreased copay by \$10; Added prior auth for certain services) --OP Psychiatric Services: \$30 copay (decreased copay by \$10; Added prior auth for certain services) --OP Substance Abuse: \$30 copay (decreased copay by \$10) --Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services) --Emergency Care: \$100 copay (Increased copay \$25 from 2017) --OP Rehab Services: \$30 copay (decreased copay by \$10)
HMO Rx – Berks (new plan for 2018)	<ul style="list-style-type: none"> --Medicare-covered dental services: \$30 copay (decreased copay by \$10) --Medicare-covered hearing services: \$30 copay (decreased copay by \$10) --Medicare-covered vision services: \$30 copay (decreased copay by \$10) --Routine vision exam: \$0 copay (removed routine vision exam from vision allowance) --Routine Vision Eyewear: \$175 allowance; removed routine vision exam from vision allowance --Health and Wellness: \$0 copay for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018) --Remote Technologies: \$5 copay for eVisits; \$30 copay for eDerm (decreased copay \$8 for eDerm)

2018 HMO Plans

The HMO Rx Plan offering for 2018 (continued): Southeast PA; Delaware County

Plan Name	2018
	Cost-Sharing Updates
HMO Rx – Southeast PA Except Delaware	<p>--MOOP: \$5,000 (decreased MOOP \$500 for PBP 042 (SEPA))</p> <p>--Specialist visits: \$35 copay (decreased copay \$5)</p> <p>--Podiatry services: \$35 copay (decreased copay \$5)</p> <p>--Routine Podiatry services: \$35 copay (decreased copay \$5)</p> <p>--OP Mental Health services: \$35 copay (decreased copay \$5) and added prior auth for certain services</p> <p>--OP Psychiatric services: \$35 copay (decreased copay \$5) and added prior auth for certain services</p> <p>--OP Substance Abuse: \$35 copay (decreased copay \$5)</p> <p>--Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services)</p> <p>--Emergency care: \$80 copay (increased copay \$5)</p> <p>--OP Rehab Services: \$35 copay (decreased copay \$5)</p> <p>--Medicare-covered dental services: \$35 copay (decreased copay by \$5)</p> <p>--Medicare-covered hearing services: \$35 copay (decreased copay by \$5)</p> <p>--Medicare-covered vision services: \$35 copay (decreased copay by \$5)</p> <p>--Routine vision exam: \$0 copay (removed routine vision exam from vision allowance)</p> <p>--Routine Vision Eyewear: removed routine vision exam from vision allowance</p> <p>--Health and Wellness: \$0 copay for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018)</p> <p>--Remote Technologies: \$5 copay for eVisits; \$35 copay for eDerm (decreased copay \$3 for eDerm)</p>
HMO Rx – Delaware County	<p>New Plan for 2018</p> <p>Difference: MOOP: \$4,000; all other benefits are the same as PBP 042</p>

2018 HMO Plans

The HMO Deductible with Rx Plan offering for 2018: Susquehanna and Lehigh Cap (Excludes Berks County)

Plan Name	2018
	Cost-Sharing Updates
HMO Ded Rx - Susquehanna	<p>--Primary Care Doctor Visits: \$5 copay, excluded from deductible (decreased the copay by \$5 for Lehigh Cap (PBP 039)).</p> <p>--OP Mental Health services: added prior auth for certain services.</p> <p>--OP Psychiatric services: added prior auth for certain services.</p>
HMO Ded Rx - Lehigh Cap (Excludes Berks County)	<p>--Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services)</p> <p>--Emergency care: \$80 copay, excluded from deductible (increased copay \$5)</p> <p>--Routine vision exam: \$0 copay, excluded from deductible (removed routine vision exam from vision allowance)</p> <p>--Health and Wellness: \$0 copay, excluded from deductible, for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018)</p> <p>--Remote Technologies: \$5 copay for eVisits; \$38 copay for eDerm, excluded from deductible (decreased copay \$5 for eVisits in Lehigh Cap (PBP 039) only)</p>

2018 HMO Plans

The HMO Deductible with Rx Plan offering for 2018 (continued): Southeast PA and Delaware County

Plan Name	2018
	Cost-Sharing Updates
HMO Ded Rx – Southeast PA Except Delaware	<p>--OP Mental Health services: added prior auth for certain services.</p> <p>--OP Psychiatric services: added prior auth for certain services.</p> <p>--Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services)</p> <p>--Emergency care: \$80 copay, excluded from deductible (increased copay \$5)</p> <p>--Routine vision exam: \$0 copay, excluded from deductible (removed routine vision exam from vision allowance)</p> <p>--Health and Wellness: \$0 copay, excluded from deductible, for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018)</p>
HMO Ded Rx – Delaware County	New Plan for 2018 – same benefits as Southeast PA HMO Ded Rx

2018 HMO Plans

All HMO Deductible with Rx Plan offerings for 2018:

Susquehanna and Lehigh Cap (Excluding Berks); Southeast PA

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	

2018 HMO Plans

The HMO Rx Enhanced Plan offering for 2018: Susquehanna

Plan Name	2018
	Cost-Sharing Updates
HMO Rx Enhanced - Susquehanna	<ul style="list-style-type: none"> --OP Mental Health services: added prior auth for certain services. --OP Psychiatric services: added prior auth for certain services. --Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services) --Emergency care: \$100 copay (increased copay \$25) --Routine vision exam: \$0 copay (removed routine vision exam from vision allowance) --Routine Vision Eyewear (removed routine vision exam from vision allowance) --Health and Wellness: \$0 copay for 4 additional Smoking and Tobacco Use Cessation visits (new benefit for 2018)

2018 HMO Plans

The HMO Premier Rx PSP (\$0/\$0 Type Plans) offerings for 2018: Berks County

Plan Name	2018
	Cost-Sharing Updates
HMO Premier Rx (PSP) – Berks County	<p>New Plan for 2018 MOOP = \$6000 PCP = \$0 copay Specialist = \$45 copay IP Hospital/IP Mental Health = \$200 copay per day for days 1-5 Different formulary than the other HMO/PPO plans</p>

2018 PPO Plans

The PPO Rx Enhanced Plan offerings for 2018: Lehigh Cap and Berks County

Plan Name	2018
	Cost-Sharing Updates
PPO Rx Enhanced	<p>--OP Mental Health services: added prior auth for certain services.</p> <p>--OP Psychiatric services: added prior auth for certain services.</p> <p>--Ambulance Services: added prior auth (required only for non-emergency Medicare-covered services)</p> <p>--Emergency care: \$80 copay, excluded from deductible OON (increased copay \$5)</p> <p>--Routine vision exam: \$0 copay (IN network) or \$50 copay (OUT of network), excluded from deductible (removed routine vision exam from vision allowance)</p> <p>--Routine Vision Eyewear (removed routine vision exam from vision allowance)</p> <p>--Health and Wellness: \$0 copay (IN network) or 50% coinsurance (OUT of network), excluded from deductible, for Smoking and Tobacco Use Cessation (new benefit for 2018)</p>
PPO Rx Enhanced – Berks County	New Plan for 2018
PPO Rx Enhanced – Lehigh Cap Except Berks	New Plan for 2018

2018 PPO Plans

All PPO Rx Enhanced Plan offerings for 2018: Lehigh Cap

No Annual Deductible for In Network Services
\$500 Annual Deductible Applies to Out of Network Services ONLY

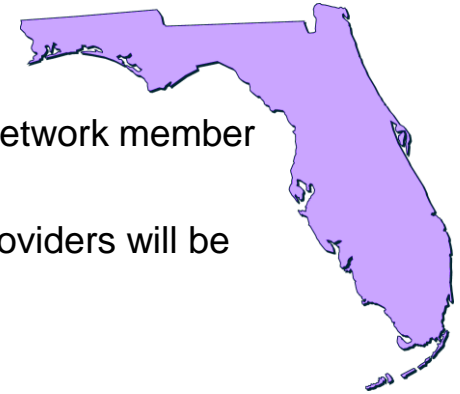
Medical Services Excluded from the Deductible

Out-of-Network Services	
• Chiropractic Services (Routine)	• Preventive Services
• Dental Services (Routine Services Only)	• Remote Technologies
• Emergency Care	• Urgently Needed Care (Clinics)
• Health and Wellness (Includes Fitness)	• Vision Exam (Routine)
• Hearing Services (Routine)	• Worldwide Emergency Coverage
• Podiatry Services (Routine)	

2018 UPMC *for Life* – Travel Benefit

Visitor Travel Benefit - included for all UPMC *for Life* HMO Individual plans

- **Still only for Florida**
- 6-month limit for travel coverage
- Must provide all plan-covered services (including supplemental benefits) at in-network member cost sharing levels.
- Contracted providers will be reimbursed at contracted rates - non-contracted providers will be reimbursed the local Medicare FFS rates.
- Providers cannot balance bill members.
- Members must call Members Services to activate the travel benefit. Member Services will try to coordinate services via UPMC-contracted Florida providers for care coordination.
- Services that currently require an authorization will also require an authorization under the Visitor/Travel benefit.
- PPO members will not be affected and will still continue to be liable for out-of-network cost sharing amounts unless they receive services from UPMC-contracted Florida providers.

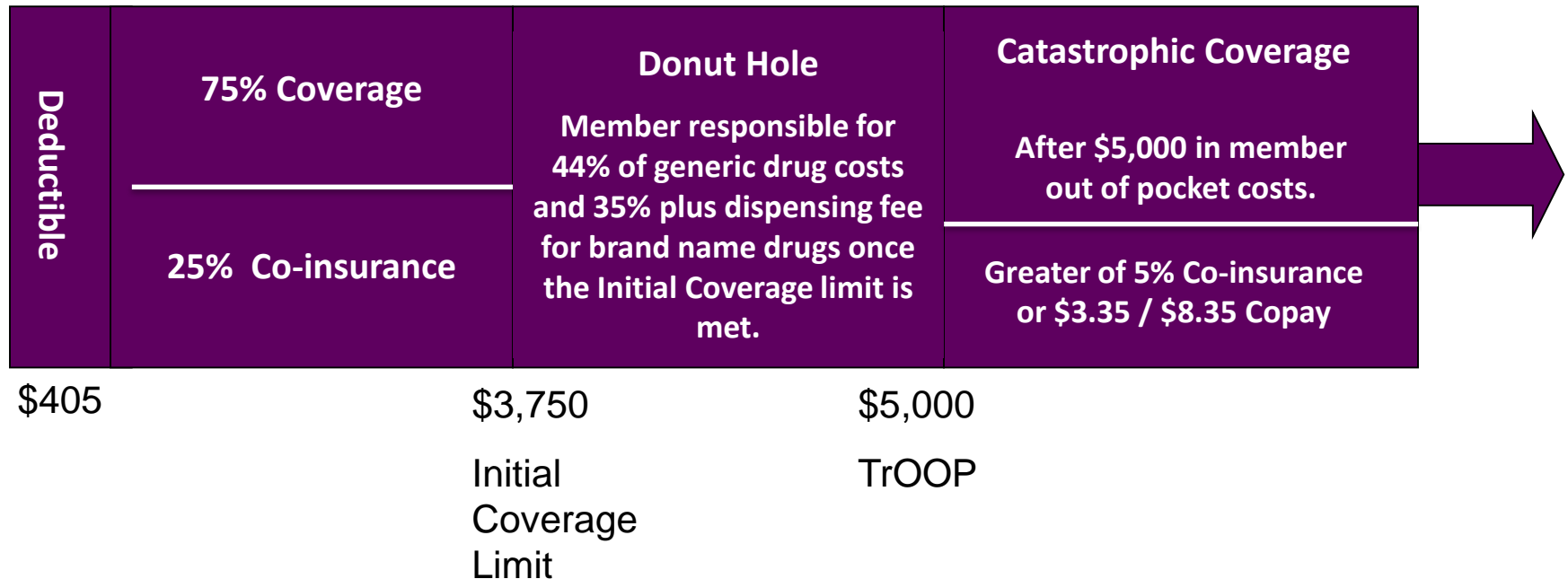


Medicare Advantage and Prescription Drug Coverage Overview

Prescription Drug Overview

2018 Medicare “Standard” Prescription Drug Benefit

- The following chart depicts the CMS Medicare Standard Part D benefit for 2018. A prescription drug plan’s benefit must be actuarially equivalent or better than the standard Medicare option listed below:



Prescription Drug Overview

- Medicare Prescription Drug Coverage Stages and Changes for 2018:
 - **Deductible Stage (The 2018 deductible amount is set at \$405 by CMS.)**
 - UPMC *for Life* non-SNP Plans do not have Part D deductibles.
 - **Initial Coverage Limit Stage**
 - The Initial Coverage Limit is a CMS defined annual limit. For 2018, the amount is \$3,750 - an increase of \$50 from 2017. (\$3,750 - \$3,700)
 - Both the beneficiary's cost-sharing and what the plan pays accumulates towards this limit.

Prescription Drug Overview

- Medicare Prescription Drug Coverage Stages and Changes for 2018:
 - **Coverage Gap Stage**
 - Both the member cost-sharing and drug manufacturer cost-sharing count toward TrOOP, the plans cost-sharing does not apply to the TrOOP.
 - Members receive a discount on generic and brand name drugs in the coverage gap. The following is the 2018 beneficiary cost-sharing in the coverage gap stage:
 - **Generic Drugs:** Once the \$3,750 Initial Coverage Limit is met an individual will pay 44% for generic drugs while they are in the coverage gap.
 - **Brand Name Drugs:** During the coverage gap stage, the beneficiary will pay 35% plus the dispensing fee.

Prescription Drug Overview

- Medicare Prescription Drug Coverage Stages and Changes for 2018:
 - **Catastrophic Coverage Stage**
 - TrOOP is defined as the **true out-of-pocket** costs (e.g., \$5,000) that an individual must accumulate before catastrophic drug coverage is reached. The amount paid by the plan does NOT apply to the members' TrOOP limit. TrOOP includes the following drug costs:
 - Deductible
 - Copays/coinsurance
 - Coverage gap costs
 - Out-of-network prescription costs
 - Coverage gap costs paid by the drug manufacturer
 - For 2018, the TrOOP increased \$50 from \$4,950 to \$5,000.
 - The member's cost-sharing for prescription drugs will decrease drastically when they reach this limit. The cost-sharing for 2018 is:
 - The larger of 5% of the cost of the drug; OR
 - \$3.35 for generic drugs or a drug treated like a generic
 - \$8.35 for all other drugs

Prescription Drug Overview

Medicare Prescription Drug Coverage Tiers and Changes for 2018

- All Tiers changed for 2018 except Tier 1
- In addition, we now also have Preferred and Standard Pharmacy networks, as detailed on the following slides

Tier	2017	2018
1	Preferred Generic Drugs	Preferred Generic Drugs
2	Preferred Brand Drugs	Generic Drugs
3	Non-Preferred Drugs	Preferred Brand Drugs
4	Specialty Drugs	Non-Preferred Drugs
5	Select Care Drugs	Specialty Drugs

2018 UPMC *for Life* – Preferred Network for Part D Prescription Drugs

	HMO Deductible w/Rx HMO Rx HMO Rx Enhanced (All Regions)	PPO Rx Enhanced (All Regions)	HMO Premier Rx (PSP) (Berks county)
Tier 1: Preferred Generic Drugs	\$0 copay - 30 day supply (retail) \$0 copay - 90 day supply (retail)		
Tier 2: Generic Drugs	\$10 copay - 30 day supply (retail) \$30 copay - 90 day supply (retail)		
Tier 3: Preferred Brand Drugs	\$42 copay - 30 day supply (retail) \$126 copay - 90 day supply (retail)		
Tier 4: Non- Preferred Drugs	\$95 copay - 30 day supply (retail) \$285 copay - 90 day supply (retail)	45% coinsurance- 30 day supply (retail) 45% coinsurance - 90 day supply (retail)	
Tier 5: Specialty Drugs	33% coinsurance – 30 day supply only		

2018 UPMC *for Life* – Standard Network for Part D Prescription Drugs

	HMO Deductible w/Rx HMO Rx HMO Rx Enhanced (All Regions)	PPO Rx Enhanced (All Regions)	HMO Premier Rx (PSP) (All Counties)
Tier 1: Preferred Generic Drugs	\$9 copay - 30 day supply (retail) \$27 copay - 90 day supply (retail) \$18 copay - 90 day supply (mail-order)		
Tier 2: Generic Drugs	\$16 copay - 30 day supply (retail) \$48 copay - 90 day supply (retail) \$32 copay - 90-day supply (mail-order)		
Tier 3: Preferred Brand Drugs	\$47 copay - 30 day supply (retail) \$141 copay - 90 day supply (retail) \$117.50 copay - 90 day supply (mail-order)		
Tier 4: Non- Preferred Drugs	\$100 copay - 30 day supply (retail) \$300 copay - 90 day supply (retail) \$300 copay - 90 day supply (mail-order)	50% coinsurance - 30 day supply (retail) 50% coinsurance - 90 day supply (retail) 45% coinsurance - 90 day supply (mail-order)	
Tier 5: Specialty Drugs	33% coinsurance – 30 day supply only		

2018 UPMC *for Life* Member Document Changes

New addition to ID cards

- 2018 ID Cards will list a network name for the Medicare HMO and PPO plans
- This is to assist providers in determining what network the member is in due to the new PSP plans
- Network names are:
 - Non-PSP plans: UPMC Medicare Network
 - PSPs in Berks county: Tower/UPMC Health Medicare PSP2
- The SNP ID cards will not contain the network names

2018 UPMC *for Life* - Provider Directories

2018 Provider Directories

- Full Provider/Pharmacy Directory - (1 combined directory divided into two books)
- Radius/Partial Directory (monthly)
- Stand Alone Pharmacy Directory
- PSPs will have a standalone directory

- Full Provider/Pharmacy Directories will be a combined directory that will contain medical providers, pharmacy providers, and all applicable ancillary providers (dental, vision, and fitness.)

- 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. Members will receive radius directories in their Welcome Kits.

2018 SNP Product Training
UPMC *for Life* Dual (HMO SNP) and
UPMC *for Life* Options (HMO SNP)



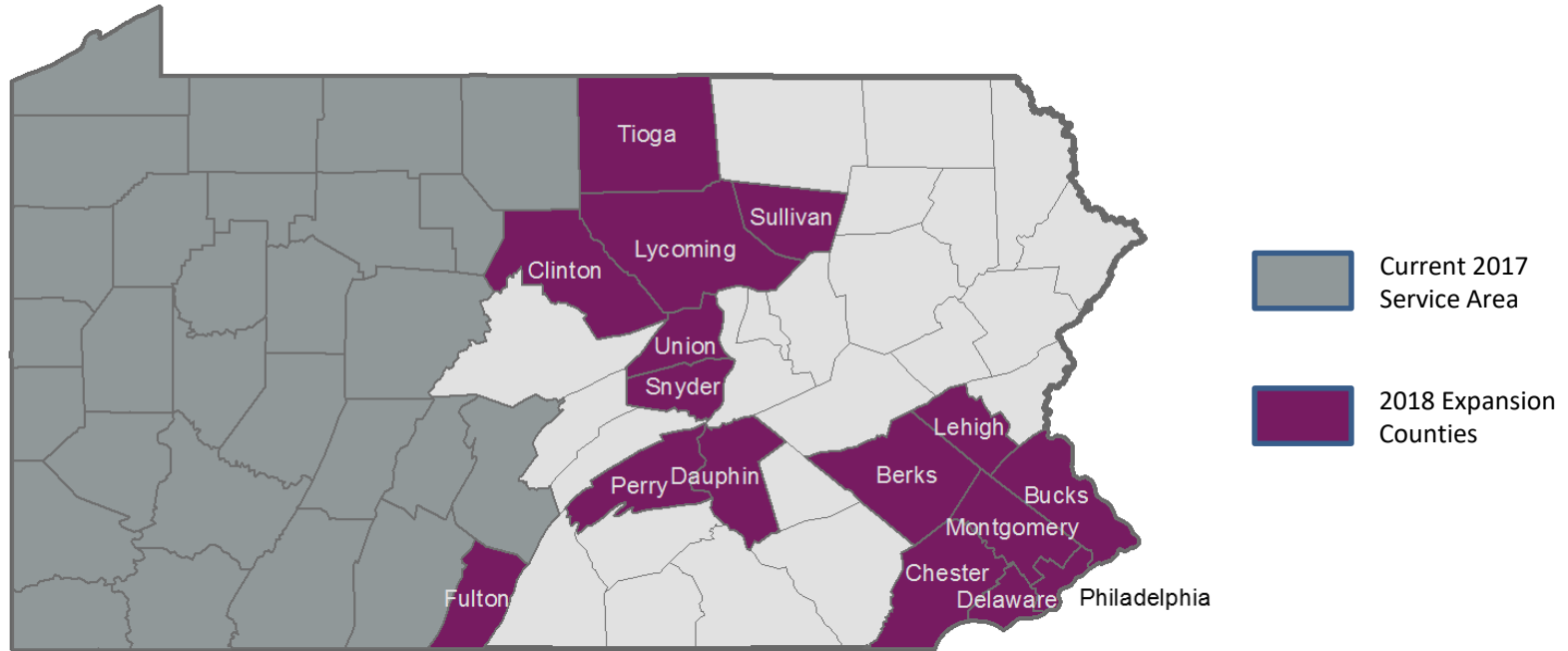
Objectives

- After today's overview you will have a better understanding of the following topics:
 - Who is eligible?
 - Benefits & Prescription Drug Coverage
 - 2018 Benefits changes

2018 Special Needs Plans Products

- UPMC *for Life* Dual (HMO SNP)
 - Dual-eligible SNP
- UPMC *for Life* Dual
 - Operates under the current contract number of H4279 – UPMC *for You*, Inc. license
 - Has one Plan Benefit Package (PBP), **001**, available in the following 44 PA counties for 2018:
 - **Existing 28 Western PA 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
 - **New in 2018:**
 - **6 Susquehanna Counties** – Clinton, Lycoming, Snyder, Sullivan, Tioga, and Union
 - **5 Southeast PA Counties** – Bucks, Chester, Delaware, Montgomery, and Philadelphia
 - **5 Lehigh Capital Counties** – Berks, Dauphin, Fulton, Lehigh, and Perry

2018 DSNP Expansion Counties



- Set to expand to multiple PA counties with CHC launch
 - SWPA in Jan 2018
 - SEPA in Jul 2018

UPMC *for Life* Dual Enrollment Requirements

- An individual can join UPMC *for Life* Dual if they are entitled to Medicare Part A, enrolled in Medicare Part B, and receive full Medical Assistance.
- An individual must live in the service area.
- Individuals with end stage renal disease are not eligible to enroll in UPMC *for Life* Dual unless they are members of our organization and have been since their dialysis began.

2018 Group/Plan Codes

Plan Name	Group	Subgroups	Plan Code	Contract	PBP	Rx Rider	Vision Rider	Dental Rider
UPMC <i>for Life Dual</i>	MCSND1	500-508	GYA	H4279	001	A221		12Y
UPMC <i>for Life Dual - Deemed</i>	MCSNDG	500-508	GYD	H4279	001	A222		12Y

Benefit Information

- The SNP Plans provide the beneficiary with all the usual services covered by original Medicare and some additional enhanced benefits.
 - Members must use the established network of doctors, specialists, and hospitals to receive covered care services.
 - If member has UPMC CHC and UPMC for Life Dual, they will receive only one ID card and it will contain two member ID numbers. The first ID # will be listed as Primary which will be their DSNP member number; the second ID # will be listed as Secondary which will be their CHC number.
 - UPMC *for Life* Dual members that have not enrolled with UPMC CHC must also show their Access or Community Health Choices card along with their UPMC *for Life* Dual card.
 - *Note:* The Medicare coverage through UPMC *for Life* Dual pays as primary and Medical Assistance (Medicaid) whether the member has coverage through UPMC CHC, another CHC or ACCESS pays as secondary.
 - If the member is full dual (has both Medicare and Medicaid), their cost-sharing is \$0.00 for Part C services and they pay a minimal copay for Part D pharmacy services.

2018 Supplemental Benefits for All UPMC SNP Plans

Benefit	UPMC <i>for Life Dual</i>
Dental	\$0 copay for: Exam/cleaning/x-rays every six months \$2500 annual allowance for comprehensive dental (includes fillings & simple extractions)
Hearing	\$0 copay for: 1 routine hearing exam and fitting per year Hearing aid allowance of \$1,500 every three years
Vision	\$0 copay for: Routine eye exam every year \$250 allowance for eyeglasses or contact lenses every year

2018 Supplemental Benefits for All UPMC SNP Plans (Continued)

Benefit	UPMC <i>for Life Dual</i>
Health and Wellness	<ul style="list-style-type: none"> • Nursing Hotline • Active & Fit fitness benefit – gym membership as well as at-home DVDs • Additional nutritional counseling available for the following conditions: Alzheimer’s, cancer, multiple sclerosis, and stroke • UPMC Anywhere Care
Transportation	\$0 copay for: 50 one-way trips
Podiatry	Only covers Medicare-covered services

2018 Supplemental Benefits for All UPMC SNP Plans (Continued)

Benefit	UPMC <i>for Life</i> Dual
Meal Benefit <i>(only post discharge from Inpatient Hospital, Observation or SNF stay)</i>	14 meals will be delivered to the member's home over a one week period – 2 meals a day for 7 days
Bathroom Safety Devices	\$0 copay The member can choose up to 6 bathroom safety items
PERS (Personal Emergency Response System)	\$0 copay One per lifetime
OTC Allowance	\$125/quarter Allowance can accrue for a maximum benefit of \$500/year Must go to a participating locations and must only purchase eligible items Will receive a debit card that must be activated

2018 Medicare Premiums, Deductibles, & FFS Rates

- The Medicare premiums, deductibles, and coinsurance amounts for a member who remains entitled to Medicare Part A, enrolled in Part B, and maintains full Medical Assistance coverage are fully subsidized (e.g. no member responsibility).
- The UPMC *for Life* Dual Summary of Benefits will show that members have a 0% cost-sharing responsibility

Medicare FFS Rates		
	2017	2018
Part B Premiums	\$134.00	\$xxx.xx
Part B Deductible (annual)*	\$183.00	\$xxx.xx
Applies to Inpatient Acute and Inpatient Mental Health	Part A Hospital Deductible (days 1-60)	\$1,316.00
	Hospital Days 61-90	\$329.00
	Lifetime Reserve Days (days 91 – 150)	\$658.00
	SNF (days 1 – 20)	\$0 copay
	SNF (days 21 – 100)	\$164.50
Part D Premium (Drug)	\$39.50	\$xx.xx

* Applies only to Medicare-covered outpatient services; excludes Labs, Emergency Care, Home Health, Pap Smears, Medicare covered preventive services, and non Medicare covered vision, dental, & hearing

Part B Premium Reduction for UPMC *for Life* Options

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.
- For 2018, the Part B premium reduction amount is \$20

Maximum Out-of-Pocket Costs for Medical Services

- The out-of-pocket maximum is the maximum amount that a member would pay out of their pocket during the calendar year for covered Part A (hospital insurance) and Part B (medical insurance) services. Part D copays are not applied to this out of pocket.
 - In 2018, UPMC *for Life* Dual members have a \$3,400 maximum out-of-pocket amount for covered Part A and Part B services
 - This applies only when the member falls into the grace period (lost Medical Assistance).
 - Medical Assistance picks up the balances after the Medicare payment for dual eligible members and the out-of-pocket is not applicable.

UPMC *for Life* Dual Grace Period

- UPMC *for Life* Dual members will be provided with a 150-180 day grace period, when they lose their Medical Assistance coverage.
- During the grace period, UPMC *for Life* Dual members are encouraged to contact their County Assistance Office to regain full Medical Assistance.
- UPMC *for Life* Dual members who are unable to regain full Medical Assistance coverage will be disenrolled after the grace period ends.
- Once the member is disenrolled, they will return to Original Medicare unless they enroll in another Medicare Advantage plan.

UPMC *for Life* Dual Grace Period (Continued)

- While in the grace period:
 - Members will not be responsible for copayments or coinsurance for covered services, except for Part D prescription drug copayments.
 - Members will remain responsible for the Part B premium at all times, unless this amount is paid on their behalf.
 - If a member receives a balance bill from a provider, they are encouraged to call Member Services, as members are not responsible for balance bills.
 - **UPMC *for Life* Dual providers are not allowed to balance bill our members.**

(Once members are in the Grace Period, the out of pocket accumulates, the part B deductible is not taken. Part B drugs are also paid at 100% once the member is in the Grace Period. If a member is trying to get a part B drug during the time they lost their full Medical Assistance and when they are in the Grace Period, the claim will need to be adjusted to pay at 100%.)

UPMC *for Life* Dual

2018 Pharmacy Coverage

- UPMC *for Life* Dual has a 5-tier drug list:
 - Tier 1 – Preferred Generic Drugs
 - Tier 2 – Generic Drugs
 - Tier 3 – Preferred Brand Drugs
 - Tier 4 – Non-Preferred Brand Drugs
 - Tier 5 – Specialty Drugs
- Part D Rx's are dispensed as a 30-day supply (except for long-term care facility residents).
- Temporary transition supply is dispensed in a 30-day supply for non-formulary drugs.
 - For long-term care facility residents, the transition drug supply remains at 31-days
- Not marketing preferred and non-preferred pharmacies since their cost-sharing doesn't change.

Low Income Subsidy (LIS)

- Medicare beneficiaries with limited income and resources may qualify for extra help to pay for prescription drugs costs. This low-income subsidy (LIS) assistance will help pay for monthly premiums, yearly deductibles, and copayments.
- Full benefit dual eligibles, such as those in the UPMC *for Life* Dual, are automatically eligible for the low-income subsidy.
- Low Income Subsidy Rider – Needs to be in member's hands by **September 30th**.

Low Income Subsidy (LIS)

	2016	2017	2018
SNP Part D Premium	\$35.30	\$39.50	\$37.10
Generic Copays	\$0; \$1.20; \$2.95	\$0; \$1.20; \$3.30	\$0, \$1.25, \$3.35
Brand Copays	\$0; \$3.60; \$7.40	\$0; \$3.70; \$8.25	\$0, \$3.70, \$8.35
Initial Coverage Limit	\$3,310.00	\$3,700.00	\$3,750.00
Catastrophic Coverage Limit	\$4,850.00	\$4,950.00	\$5,000.00