UPMC for Life 2027 National Comp			
Plan Design	**National Comp with Rx**		
Premium	**$393**		
	UPMC Pays	**Member Pays**	**Notes**
INPATIENT CARE			
Inpatient Hospital/Mental Health Care	Days 1-60: Medicare Part A Deductible; Days 61-150: 100% after primary carier has paid	$0	Days 91-150 May be used once per lifetime
Skilled Nursing Facility	Days 1-100: 100% after primary carrier has paid	Days 1-100: $0	You pay all costs for days 101 and after the per benefit period
Home Health Care	$0	$0	
Home Health Telehealth	$0	$0	
OUTPATIENT CARE			
PCP Visit	100% after primary carrier has paid	Medicare Part B Deductible	
PCP Telehealth	100% after primary carrier has paid	Medicare Part B Deductible	
Specialist Visit	100% after primary carrier has paid	Medicare Part B Deductible	
Specialist Telehealth	100% after primary carrier has paid	Medicare Part B Deductible	
Chiropractic (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Podiatry (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Podiatry (Non-Medicare)	Not Covered	Not Covered	
Outpatient Mental Health/Substance Abuse	100% after primary carrier has paid	Medicare Part B Deductible	
Mental Health Telehealth	100% after primary carrier has paid	Medicare Part B Deductible	
Opioid Treatment Services	100% after primary carrier has paid	Medicare Part B Deductible	
Partial Hospitalization	100% after primary carrier has paid	Medicare Part B Deductible	
Outpatient Surgery/ASC/Observation	100% after primary carrier has paid	Medicare Part B Deductible	
Ambulance (Ground/Air)	100% after primary carrier has paid	Medicare Part B Deductible	
Emergency Care (US + Worldwide)	100% after primary carrier has paid	Medicare Part B Deductible	
Emergency Transportation (Worldwide)	100% after primary carrier has paid	Medicare Part B Deductible	
Urgent Care (US + Worldwide)	100% after primary carrier has paid	Medicare Part B Deductible	
Outpatient Rehab (PT/OT/ST)	100% after primary carrier has paid	Medicare Part B Deductible	
Cardiac/Pulmonary Rehab	100% after primary carrier has paid	Medicare Part B Deductible	
OUTPATIENT MEDICAL AND SUPPLIES			
DME/Oxygen	100% after primary carrier has paid	Medicare Part B Deductible	
Prosthetics & Medical Supplies	100% after primary carrier has paid	Medicare Part B Deductible	
Diabetes Training	100% after primary carrier has paid	Medicare Part B Deductible	
Diabetes Training Telehealth	100% after primary carrier has paid	Medicare Part B Deductible	
Diabetic Supplies	100% after primary carrier has paid	Medicare Part B Deductible	
Diabetic Shoes/Inserts	100% after primary carrier has paid	Medicare Part B Deductible	
Part B Drugs – Insulin	100% after primary carrier has paid	Medicare Part B Deductible	
Part B Drugs	100% after primary carrier has paid	Medicare Part B Deductible	
Kidney Disease Training	100% after primary carrier has paid	Medicare Part B Deductible	
Dialysis	100% after primary carrier has paid	Medicare Part B Deductible	
Lab Services	100% after primary carrier has paid	Medicare Part B Deductible	
Diagnostic Procedures/Tests	100% after primary carrier has paid	Medicare Part B Deductible	
Basic Imaging	100% after primary carrier has paid	Medicare Part B Deductible	
Advanced Imaging	100% after primary carrier has paid	Medicare Part B Deductible	
Radiation Therapy	100% after primary carrier has paid	Medicare Part B Deductible	
Outpatient Blood	100% for the first three pints per calendar year, $0 thereafter	$0 for the first 3 pints per calendar year; then the member must meet the Medicare Part B Deductible. $0 cost to the member after the deductible has been met for the year.	
PREVENTIVE SERVICES			
Immunizations	100% after primary carrier has paid	Medicare Part B Deductible	
Annual Wellness Visit	100% after primary carrier has paid	Medicare Part B Deductible	
Screening Exams	100% after primary carrier has paid	Medicare Part B Deductible	

SUPPLEMENTAL BENEFITS			
Dental Services			
Dental (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Preventive Dental Cleaning	Not Covered	Not Covered	
Routine Oral Exam	Not Covered	Not Covered	
Limited Oral Exam	Not Covered	Not Covered	
Comprehensive Oral Exam	Not Covered	Not Covered	
Bitewing X-rays	Not Covered	Not Covered	
Panoramic X-rays	Not Covered	Not Covered	
Comprehensive Dental	Not Covered	Not Covered	
Hearing Services			
Hearing Services (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Hearing Exam	UPMC will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.	$20 copay	Every 1 year
Hearing Aid Fitting	UPMC will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.	$20 copay	Every 1 year
Hearing Aids	$5	$690–$1,890 copay	1 per ear per year
Hearing Aid Allowance	Not Covered	Not Covered	
Vision Services			
Vision Services (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Glaucoma Exam	100% after primary carrier has paid	Medicare Part B Deductible	
Eyewear (Medicare-Covered)	100% after primary carrier has paid	Medicare Part B Deductible	
Vision Exam	100%	$0	Every 1 year
Vision Eyewear	$250 allowance	Any cost above $250	
Vision Contact Lens Fitting	100%	$0	Every 1 year
Other Services			
Counseling Services	100%	$0	Resources For Life 6 sessions per issue
Fitness	100%	$0	SilverSneakers
Home Safety Items	100%	$0	3 items every year
In-Home Safety Assessment	Not Covered	Not Covered	1 per year
Remote Tech (Anywhere Care, Nurse Hotline)	100%	$0	
Routine Physical Exam	Not Covered	Not Covered	
Smoking Cessation	100%	$0	4 additional sessions
Caregiver Support (Powerful Tools for Caregivers)	100%	$0	

UPMC for Life 2027 National Comp														
Part D Prescription Drugs														
	2027													
DEDUCTIBLE STAGE	**There is no dedcutible for Part D prescription drugs.**													
Rx Deductible	**$0**													
	Retail pharmacy						**Mail-order**						**LTC**	**OON**
	30 day supply		**60 day supply**		**100 day supply**		**30 day supply**		**60 day supply**		**100 day supply**		**31 day**	**30 day**
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1: Preferred Generic Drugs	$0	$15	$0	$30	$0	$30	$0	$15	$0	$30	$0	$30	$0	$15
Tier 2: Generic Drugs	$10	$20	$20	$40	$20	$40	$10	$20	$20	$40	$20	$40	$10	$20
Tier 3: Preferred Brand Drugs	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5: Specialty Drugs	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Out-of-Pocket Limit (TrOOP)	**$2,400**													
	Retail pharmacy						**Mail-order**						**LTC**	**OON**
	30 day supply		**60 day supply**		**100 day supply**		**30 day supply**		**60 day supply**		**100 day supply**		**31 day**	**30 day**
Insulins under the Inflation Reduction Act (IRA)	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1: Preferred Generic Drugs	$0	$15	$0	$30	$0	$30	$0	$15	$0	$30	$0	$30	$0	$15
Tier 2: Generic Drugs	$10	$20	$20	$40	$20	$40	$10	$20	$20	$40	$20	$40	$10	$20
Tier 3: Preferred Brand Drugs	$35	$35	$70	$70	$96.25	$105	$35	$35	$70	$70	$87.50	$105	$35	$35
Tier 4: Non-Preferred Drugs	$35	$35	$70	$70	$96.25	$105	$35	$35	$70	$70	$87.50	$105	$35	$35
CATASTROPHIC COVERAGE STAGE	Member pays $0													