UPMC *for Life* 2027 HMO Custom Carneige Mellon University		
Plan Design	**HMO Custom**	
Premium	**$370**	
	In network (IN)	**Notes**
ANNUAL MAXIMUMS		
Annual Deductible	$0	
Maximum Out-of-Pocket	$3,400	
INPATIENT CARE		
Inpatient Hospital/Mental Health Care	$100 copay	$300 annual limit
Skilled Nursing Facility	$0 copay	100 Day Limit
Home Health Care	$0 copay	
Home Health Telehealth	$0 copay	
OUTPATIENT CARE		
PCP Visit	$10 copay	
PCP Telehealth	$10 copay	
Specialist Visit	$20 copay	
Specialist Telehealth	$20 copay	
Chiropractic (Medicare-Covered)	$20 copay	
Podiatry (Medicare-Covered)	$20 copay	
Podiatry (Non-Medicare)	$20 copay	4 visits per year
Outpatient Mental Health/Substance Abuse	$20 copay	
Mental Health Telehealth	$20 copay	
Opioid Treatment Services	$20 copay	
Partial Hospitalization	$0 copay	
Outpatient Surgery/ASC/Observation	$25 copay	$75 annual limit for Outpatient Surgery/ASC
Ambulance (Ground/Air)	$0 - $50 copay	
Emergency Care (US + Worldwide)	$120 copay	Waived if addmitted with 3 days
Emergency Transportation (Worldwide)	$50 copay	
Urgent Care (US + Worldwide)	$20 copay	
Outpatient Rehab (PT/OT/ST)	$20 copay	
Cardiac/Pulmonary Rehab	$0 copay	

OUTPATIENT MEDICAL AND SUPPLIES		
DME/Oxygen	$0 copay	
Prosthetics & Medical Supplies	$0 copay	
Diabetes Training	$0 copay	
Diabetes Training Telehealth	$0 copay	
Diabetic Supplies	$0 copay	
Diabetic Shoes/Inserts	$0 copay	
Part B Drugs – Insulin	$0 copay - 10% coinsurance	Up to $35 copay/ 30 day supply
Part B Drugs	$0 copay - 10% coinsurance	
Kidney Disease Training	$0 copay	
Dialysis	$0 copay	
Lab Services	$0 copay	per day per facility
Diagnostic Procedures/Tests	$0 copay	per day per facility
Basic Imaging	$0 copay	per service
Advanced Imaging	$0 copay	per service
Radiation Therapy	$0 copay	per service
Outpatient Blood	$0 copay	
PREVENTIVE SERVICES		
Immunizations	$0 copay	
Annual Wellness Visit	$0 copay	
Screening Exams	$0 copay	
SUPPLEMENTAL BENEFITS		
Dental Services		
Dental (Medicare-Covered)	$20 copay	
Preventive Dental Cleaning	$0 copay	2 per year
Routine Oral Exam	$20 copay	2 per year
Limited Oral Exam	$20 copay	1 per 12 months
Comprehensive Oral Exam	$20 copay	1 per 36 months
Bitewing X-rays	$20 copay	1 per 12 months
Panoramic X-rays	$20 copay	1 per 36 months
Comprehensive Dental	Not Covered	

Hearing Services		
Hearing Services (Medicare-Covered)	$20 copay	
Hearing Exam	$20 copay	Every 1 year
Hearing Aid Fitting	$20 copay	Every 1 year
Hearing Aids	$690–$1,890 copay	1 per ear per year
Hearing Aid Allowance	Not Covered	
Vision Services		
Vision Services (Medicare-Covered)	$20 copay	
Glaucoma Exam	$0 copay	
Eyewear (Medicare-Covered)	$0 copay	
Vision Exam	$0 copay	Every 1 year
Vision Eyewear	$250 allowance	Every 1 year
Vision Contant Lens Fitting	$0 copay	Every 1 year
Other Services		
Counseling Services	$0 copay	Resources For Life 6 sessions per issue
Fitness	$0 copay	SilverSneakers
Home Safety Items	$0 copay	3 items every year
In-Home Safety Assessment	$0 copay	1 per year
Remote Tech (Anywhere Care, Nurse Hotline)	$0 copay	
Routine Physical Exam	Not Covered	
Smoking Cessation	$0 copay	4 additional sessions
Caregiver Support (Powerful Tools for Caregivers)	$0 copay	
ADDITIONAL BENEFIT PROGRAMS		
Travel Concierge Program	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee	

UPMC for Life 2027 CMU HMO Custom

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	$35.00	$35.00	$70.00	$70.00	$96.25	$105.00	$35.00	$35.00	$70.00	$70.00	$87.50	$105.00	$35.00	$35.00
Tier 4: Non-Preferred Drugs	$35.00	$35.00	$70.00	$70.00	$96.25	$105.00	$35.00	$35.00	$70.00	$70.00	$87.50	$105.00	$35.00	$35.00

CATASTROPHIC COVERAGE STAGE	Member pays $0