UPMC *for Life*

2027 Summary of Benefits

Look inside to learn more about these plans:

UPMC *for Life* PPO High Deductible Rx (PPO)
UPMC *for Life* PPO Rx Enhanced (PPO)

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for these plans includes the following counties in Pennsylvania: **Allegheny, Armstrong, Beaver, Bedford, Blair, Crawford, Erie, Fayette, Greene, Huntingdon, Lawrence, McKean, Mercer, Somerset, Venango, Warren, and Washington.**

HERE'S THE PLAN

UPMC *for Life*
UPMC Health Plan Medicare Program

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We're here to answer your questions.

Talk to us.

Current members can call us at **1-877-539-3080 (TTY: 711) or chat with us at upmchealthplan.com**

Available hours:
Oct. 1 - March 31: Seven days a week from 8 a.m. to 8 p.m.
April 1 - Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

Not a current member? Call us at **1-877-381-3765 (TTY: 711)**

Available hours:
Oct. 1 - March 31: Seven days a week from 8 a.m. to 8 p.m.
April 1 - July 31: Monday through Friday from 8 a.m. to 8 p.m.
Aug. 1 - Sept 30: Monday through Friday from 8 a.m. to 8 p.m. Saturday from 9 a.m. to 3 p.m.

Find what you need online.

Visit us at upmchealthplan.com/medicare where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment

UPMC Health Plan mobile app

Members can use this app to search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC *My*Health 24/7 Nurse Line[1]. Download the app from your device's app store.

UPMC Health Plan member site

This secure member website allows you to see your plan benefits, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at **upmchealthplan.com/register**.

Get started with UPMC *for Life.*

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2027 – Dec. 31, 2027. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at **upmchealthplan.com/medicare/shop** or call us to have your Evidence of Coverage mailed to you.



With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You" handbook** that you received in the fall. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048.**

This book includes PPO (Preferred Provider Organization) plans. A Preferred Provider Organization plan is a Medicare Advantage Plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. A PPO plan covers plan benefits whether they are received from network or out-of-network providers. Member cost sharing will generally be higher when plan benefits are received from out-of-network providers.

To search for your providers in our network, visit upmchealthplan.com/find.

Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations, visit **upmchealthplan.com/legal/privacy/.**

UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	Out-of-Network (OUT)
Premium, Deductible and Out-of-Pocket Limit		
Monthly plan premium	$33 per month	
Annual deductible	**COMBINED IN/OUT:** $1,415	
Maximum out-of-pocket responsibility	**IN:** $7,550 for Medicare-covered services, including copays and coinsurance, and the deductible. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs. **COMBINED IN/OUT:** $11,300 for Medicare-covered services, including copays, coinsurance, and the deductible. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.	
Basic Medical and Hospital Costs		
Inpatient hospital coverage*	$300 per stay after deductible	30% of the cost per stay after deductible
Outpatient hospital coverage*	$175 per service after deductible	30% of the cost per service after deductible
Ambulatory Surgical Center (ASC) Services*	$175 per service after deductible	30% of the cost per service after deductible
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: $0 per visit (deductible does not apply), $0 per telehealth visit (deductible does not apply) Specialist: $40 per visit (deductible does not apply); $40 per telehealth visit (deductible does not apply)	Primary care provider: 30% of the cost per in-person visit after deductible Specialist: 30% of the cost per in-person visit after deductible
Preventive care	**IN:** $0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings (deductible does not apply) **OUT:** 30% of the cost per service (deductible does not apply)	
Emergency care	**IN/OUT:** $115 per visit (deductible does not apply)	
Urgently needed services	**IN/OUT:** $40 per visit (deductible does not apply)	

*** Services with an asterisk (*) may require prior authorization.**

UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	**Out-of-Network (OUT)**
Diagnostic services/labs*	$10 per day per facility (deductible does not apply)	30% per day per facility after deductible
Imaging*	Advanced imaging (CT, MRI, and PET scans): $100 per service after deductible; Basic imaging and X-rays: $10 per service after deductible	Advanced imaging (CT, MRI, and PET scans): 30% of the cost per service after deductible; Basic imaging and X-rays: 30% of the cost per service after deductible
Dental, Vision, and Hearing Coverage		
Hearing services[2]	Medicare-covered: $40 per visit (deductible does not apply); $0 for 1 routine hearing exam per year (deductible does not apply); $0 for 1 hearing aid fitting per year (deductible does not apply)	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 1 routine hearing exam per year (deductible does not apply); 50% of the cost for 1 hearing aid fitting per year (deductible does not apply)
	IN: You pay $690 - $1,890 copay per hearing aid one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. **OON:** $5,000 copay per hearing aid one per ear per year.	

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UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	**Out-of-Network (OUT)**
Dental services[3]	Medicare-covered: $40 per visit (deductible does not apply); $0 for 2 cleaning(s) per year (deductible does not apply); $15 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. (deductible does not apply); $15 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. (deductible does not apply);	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 2 cleaning(s) per year (deductible does not apply); 50% of the cost for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. (deductible does not apply); 50% of the cost for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. (deductible does not apply);
	IN/OUT: $2,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work (deductible does not apply). See your plan Evidence of Coverage for a complete list of covered dental services.	

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UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	Out-of-Network (OUT)
Vision services[4]	Medicare-covered: $40 per visit (deductible does not apply); $0 for 1 routine vision exam and 1 contact lens fitting exam per year (deductible does not apply);	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year (deductible does not apply);
	IN/OUT: $125 allowance for routine contact lenses or eyeglasses, including lens options, per year (deductible does not apply).	

Additional Medical Costs

Mental health services*	Inpatient: $300 per stay after deductible Outpatient therapy: $40 per visit after deductible, $40 per telehealth visit after deductible	Inpatient: 30% of the cost per stay after deductible Outpatient therapy: 30% of the cost per in-person visit after deductible
Skilled nursing facility*	$0 per day (days 1-20) (deductible does not apply); $221 per day (days 21-100) (deductible does not apply)	30% of the cost per stay after deductible
Physical Therapy*	$35 per visit after deductible	30% of the cost per visit after deductible
Ambulance*	$0 per one-way trip after deductible	$0 per one-way trip after deductible
Transportation	Not covered	Not covered
Medicare Part B drugs*	20% of the cost; no more than $35 for a 30-day supply of Part B insulins (deductible does not apply)	50% of the cost after deductible; no more than $35 for a 30-day supply of Part B insulins (deductible does not apply)
Durable medical equipment*	20% of the cost per item (deductible does not apply)	50% of the cost per item after deductible

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UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	**Out-of-Network (OUT)**
Diabetic supplies*	$0 for preferred diabetic monitors and supplies (deductible does not apply); 20% of the cost for non-preferred diabetic monitors and diabetic supplies (deductible does not apply)	50% of the cost per item after deductible
Chiropractic care	Medicare-covered: $15 per service (deductible does not apply) No routine chiropractic care	Medicare-covered: 30% of the cost after deductible; No routine chiropractic care
Podiatry services	Medicare-covered: $40 per visit after deductible; Routine (8 visits per year): $40 per routine visit (deductible does not apply)	Medicare-covered: 30% of the cost per visit after deductible; Routine (8 visits per year): 30% of the cost per routine visit (deductible does not apply)

Extra Benefits and Services

UPMC *for Life* Flex Spend Card	Not covered.	
SilverSneakers®	**FREE unlimited gym memberships** at participating fitness facilities.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.
Home Safety Products[5]	Choose up to **6 products per year from the UPMC *for Life* Home Safety Products Catalog** at no additional cost.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.
Home Safety	Get one **FREE in-home safety assessment** per year with a licensed health care professional.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.

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UPMC *for Life* PPO High Deductible Rx

	In-Network (IN)	**Out-of-Network (OUT)**
Travel Assistance	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
24/7 Video Visits[6] (virtual visit with a UPMC provider)	$0 per eVisit (deductible does not apply)	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.

Utilization Management

(UM) Utilization Management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge or visit **upmchealthplan.com/medicare/members/coverage-criteria**.

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UPMC *for Life* PPO Rx Enhanced

	In-Network (IN)	Out-of-Network (OUT)
Premium, Deductible and Out-of-Pocket Limit		
Monthly plan premium	$155 per month;	
Annual deductible	**OUT:** $500	
Maximum out-of-pocket responsibility	**IN:** $7,550 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year.This is not a deductible and does not include costs for Part D prescription drugs. **COMBINED IN/OUT:** $11,300 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs.	
Basic Medical and Hospital Costs		
Inpatient hospital coverage*	$250 per stay	30% of the cost per stay after deductible
Outpatient hospital coverage*	$150 per service	30% of the cost per service after deductible
Ambulatory Surgical Center (ASC) Services*	$150 per service	30% of the cost per service after deductible
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: $0 per visit, $0 per telehealth visit Specialist: $40 per visit, $40 per telehealth visit	Primary care provider: 30% of the cost per in-person visit after deductible Specialist: 30% of the cost per in-person visit after deductible
Preventive care	**IN:** $0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings **OUT:** 30% of the cost per service (deductible does not apply)	
Emergency care	**IN/OUT:** $115 per visit (deductible does not apply)	
Urgently needed services	**IN/OUT:** $40 per visit (deductible does not apply)	

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UPMC *for Life* PPO Rx Enhanced

	In-Network (IN)	Out-of-Network (OUT)
Diagnostic services/labs*	$5 per day per facility	30% per day per facility after deductible
Imaging*	Advanced imaging (CT, MRI, and PET scans): $100 per service; Basic imaging and X-rays: $10 per service	Advanced imaging (CT, MRI, and PET scans): 30% of the cost per service after deductible; Basic imaging and X-rays: 30% of the cost per service after deductible
Dental, Vision, and Hearing Coverage		
Hearing services[2]	Medicare-covered: $40 per visit; $0 for 1 routine hearing exam per year; $0 for 1 hearing aid fitting per year	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 1 routine hearing exam per year (deductible does not apply); 50% of the cost for 1 hearing aid fitting per year (deductible does not apply)
	IN: You pay $690 - $1,890 copay per hearing aid one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. **OON:** $5,000 copay per hearing aid one per ear per year.	
Dental services[3]	Medicare-covered: $40 per visit; $0 for 2 cleaning(s) per year; $15 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months.	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 2 cleaning(s) per year (deductible does not apply); 50% of the cost for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A

*** Services with an asterisk (*) may require prior authorization.**

UPMC *for Life* PPO Rx Enhanced

	In-Network (IN)	Out-of-Network (OUT)
	$15 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.	comprehensive oral exam is offered at a periodicity of 1 every 36 months. (deductible does not apply); 50% of the cost for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. (deductible does not apply);
	IN/OUT: $1,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work (deductible does not apply). See your plan Evidence of Coverage for a complete list of covered dental services.	
Vision services[4]	Medicare-covered: $40 per visit; $0 for 1 routine vision exam and 1 contact lens fitting exam per year;	Medicare-covered: 30% of the cost per visit after deductible; 50% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year (deductible does not apply);
	IN/OUT: $250 allowance for routine contact lenses or eyeglasses, including lens options, per year (deductible does not apply).	

Additional Medical Costs

Mental health services*	Inpatient: $250 per stay Outpatient therapy: $40 per visit, $40 per telehealth visit	Inpatient: 30% coinsurance per stay after deductible; Outpatient therapy: 30% of the cost per in-person visit after deductible
Skilled nursing facility*	$0 per day (days 1-20); $221 per day (days 21-100)	30% of the cost per stay after deductible

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UPMC *for Life* PPO Rx Enhanced

	In-Network (IN)	Out-of-Network (OUT)
Physical Therapy*	$35 per visit	30% of the cost per visit after deductible
Ambulance*	$50 for treat and no transport; $315 per one-way trip	$50 for treat and no transport after deductible $315 per one-way trip after deductible
Transportation	Not covered	Not covered
Medicare Part B drugs*	20% of the cost; no more than $35 for a 30-day supply of Part B insulins	30% of the cost after deductible; no more than $35 for a 30-day supply of Part B insulins (deductible does not apply)
Durable medical equipment*	20% of the cost per item	50% of the cost per item after deductible
Diabetic supplies*	$0 for preferred diabetic monitors and supplies; 20% of the cost for non-preferred diabetic monitors and diabetic supplies	50% of the cost per item after deductible
Chiropractic care	Medicare-covered: $15 per service No routine chiropractic care	Medicare-covered: 30% of the cost after deductible No routine chiropractic care
Podiatry services	Medicare-covered: $40 per visit; Routine (8 visits per year): $40 per routine visit	Medicare-covered: 30% of the cost per visit after deductible; Routine (8 visits per year): 30% of the cost per routine visit (deductible does not apply)

Extra Benefits and Services

UPMC *for Life* Flex Spend Card	Not covered

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UPMC *for Life* PPO Rx Enhanced

	In-Network (IN)	Out-of-Network (OUT)
SilverSneakers®	**FREE unlimited gym memberships** at participating fitness facilities.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.
Home Safety Products[5]	Choose up to **6 products per year from the UPMC *for Life* Home Safety Products Catalog** at no additional cost.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.
Home Safety	Get one **FREE in-home safety assessment** per year with a licensed health care professional.	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.
Travel Assistance	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
24/7 Video Visits[6] **(virtual visit with a UPMC provider)**	$0 per eVisit (deductible does not apply)	50% coinsurance after $500 deductible which is not applied to medical out-of-pocket maximums.

Utilization Management

(UM) Utilization Management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge or visit **upmchealthplan.com/medicare/members/coverage-criteria**.

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Prescription Drug Costs

Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through the Part D prescription drug stages. Your costs can also depend on your specific UPMC *for Life* plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC *for Life* prescription drug costs below.

Part D deductible stage
Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2027, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount. The deductible doesn't apply to covered insulin products.
The UPMC *for Life* PPO High Deductible Rx deductible for Tier 3, Tier 4, and Tier 5 is $700.
The UPMC *for Life* PPO Rx Enhanced plan does not have a deductible for Tiers 3, 4, and 5. You will start at the initial coverage stage.

Initial coverage stage
Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach $2,400, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
Tier	**Preferred Pharmacy**	**Standard Pharmacy**	**Preferred Pharmacy**	**Standard Pharmacy**	**Preferred Pharmacy**	**Standard Pharmacy**
Tier 1 Preferred Generic	$0	$15	$0	$30	$0	$30
Tier 2 Generic	$0	$20	$0	$40	$0	$40
Tier 3 Preferred Brand	UPMC *for Life* PPO High Deductible Rx: 25% UPMC *for Life* PPO Rx Enhanced: 25%					
Tier 4 Non- Preferred	UPMC *for Life* PPO High Deductible Rx: 27% UPMC *for Life* PPO Rx Enhanced: 40%					

	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
Tier	**Preferred Pharmacy**	**Standard Pharmacy**	**Preferred Pharmacy**	**Standard Pharmacy**	**Preferred Pharmacy**	**Standard Pharmacy**
Tier 5 Specialty	UPMC *for Life* PPO High Deductible Rx: 25% (up to 30-day supply only) UPMC *for Life* PPO Rx Enhanced: 33% (up to 30-day supply only)					
Covered Insulins	$35	$35	$96.25	$105	$87.50	$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

Catastrophic coverage stage

Your total yearly drug costs will be capped at $2,400. Once the costs paid by you and your plan reach $2,400, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC for Life member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to **upmchealthplan.com/pharmacyreview/** and submit the form to request a pharmacy review.

Make sure your drugs are covered.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to **upmchp.us/prescription-coverage**.

To view your plan's formulary, check your drugs are covered, and see your costs, you can search for them at **upmchp.us/prescription-coverage** by scanning this QR code or give us a call at the phone number on **page 1.**

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

*Services with an asterisk (*) may require prior authorization.

[1]UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC *My*Health 24/7 Nurse Line. The UPMC *My*Health 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

[2]Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to **upmchealthplan.com/find** to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

[3]Go to **upmchealthplan.com/find** to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

[4]The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

[5]UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

[6]UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to the provider's availability and discretion. Members who are not in Pennsylvania at the time of service may receive care from a provider employed by or contracted with UPMC. This service is not available to members in Puerto Rico.

Out-of-network/non-contracted providers are under no obligation to treat UPMC f*or Life* members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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