# UPMC *for Life*

# 2027 Summary of Benefits

## Look inside to learn more about this plan:

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 this plan includes the following counties in Pennsylvania: **Berks, Bradford, Carbon, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Lycoming, Montour, Northampton, Perry, Potter, Susquehanna, Union, Wayne, Wyoming, and York.**

HERE'S THE PLAN

UPMC *for Life*
UPMC Health Plan Medicare Program

H5533_273017_M

# 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 a PPO (Preferred Provider Organization) plan. 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 Rx Enhanced

| | In-Network (IN) | Out-of-Network (OUT) |
|---|---|---|
| **Premium, Deductible and Out-of-Pocket Limit** | | |
| **Monthly plan premium** | $60 per month | |
| **Annual deductible** | **OUT:** $750 | |
| **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 does not include costs for Part D prescription drugs.<br>**COMBINED IN/OUT:** $14,800 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*** | $275 per day for days 1-5 and $0 per day for days 6 and beyond | 40% of the cost per stay after deductible |
| **Outpatient hospital coverage*** | $250 per service | 40% of the cost per service after deductible |
| **Ambulatory Surgical Center (ASC) Services*** | $200 per service received at a standalone ASC; $250 per service at a hospital ASC | 40% of the cost per service after deductible |
| **Doctor visits (Primary Care Providers and Specialists)** | Primary care provider: $0 per visit, $0 per telehealth visit<br>Specialist: $40 per visit; $40 per telehealth visit | Primary care provider: 40% of the cost per in-person visit after deductible<br>Specialist: 40% 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<br>**OUT:** 40% 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 Rx Enhanced

| | **In-Network** (IN) | **Out-of-Network (OUT)** |
|---|---|---|
| **Diagnostic services/labs*** | $5 per day per facility | 40% per day per facility after deductible |
| **Imaging*** | Advanced imaging (CT, MRI, and PET scans): $200 per service;<br>Basic imaging and X-rays: $20 per service | Advanced imaging (CT, MRI, and PET scans): 40% of the cost per service after deductible;<br>Basic imaging and X-rays: 40% of the cost per service after deductible |
| **Dental, Vision, and Hearing Coverage** | | |
| **Hearing services**[2] | Medicare-covered: $40 per visit;<br>$0 for 1 routine hearing exam per year;<br>$0 for 1 hearing aid fitting per year | Medicare-covered: 40% of the cost per visit after deductible;<br>50% of the cost for 1 routine hearing exam per year (deductible does not apply);<br>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.<br>**OON:** $5,000 copay per hearing aid one per ear per year. | |

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

## UPMC *for Life* PPO Rx Enhanced

| | In-Network (IN) | Out-of-Network (OUT) |
|---|---|---|
| **Dental services**[3] | Medicare-covered: $40 per visit;<br>$0 for 2 cleaning(s) per year;<br>$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.<br>$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. | Medicare-covered: 40% of the cost per visit after deductible;<br>50% of the cost for 2 cleaning(s) per year (deductible does not apply);<br>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);<br>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:** $2,500 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. | |

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

## UPMC *for Life* PPO Rx Enhanced

| | In-Network (IN) | Out-of-Network (OUT) |
|---|---|---|
| **Vision services**[4] | Medicare-covered: $40 per visit;<br>$0 for 1 routine vision exam and 1 contact lens fitting exam per year; | Medicare-covered: 40% of the cost per visit after deductible;<br>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: $275 per day for days 1-5 and $0 per day for days 6 and beyond<br>Outpatient therapy: $40 per visit, $40 per telehealth visit | Inpatient: 40% of the cost per stay after deductible<br>Outpatient therapy: 40% of the cost per in-person visit after deductible |
| **Skilled nursing facility*** | $0 per day (days 1-20);<br>$221 per day (days 21-100) | 40% of the cost per stay after deductible |
| **Physical Therapy*** | $35 per visit | 40% of the cost per visit after deductible |
| **Ambulance*** | $50 for treat and no transport;<br>$280 per one-way trip | $50 for treat and no transport after deductible;<br>$280 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 | 40% 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 |

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

## UPMC *for Life* PPO Rx Enhanced

| | In-Network (IN) | Out-of-Network (OUT) |
|---|---|---|
| **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<br>No routine chiropractic care | Medicare-covered: 40% of the cost after deductible;<br>No routine chiropractic care |
| **Podiatry services** | Medicare-covered: $40 per visit;<br>Routine (8 visits per year): $40 per routine visit | Medicare-covered: 40% of the cost per visit after deductible;<br>Routine (8 visits per year): 40% 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] | Not covered. | |
| **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. |

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

## 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**.

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

# 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 Rx Enhanced deductible for Tier 3, Tier 4, and Tier 5 is $700.**

**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 Rx Enhanced: 25% | | | | | |
| **Tier 4** Non- Preferred | UPMC *for Life* PPO Rx Enhanced: 29% | | | | | |
| **Tier 5** Specialty | UPMC *for Life* PPO Rx Enhanced: 25% (up to 30-day supply only) | | | | | |

| | 30-Day Supply | | 100-Day Supply | | | |
|---|---|---|---|---|---|---|
| | Retail | | Retail | | Mail-Order | |
| Tier | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy | Preferred Pharmacy | Standard Pharmacy |
| 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.

Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries.



2027_MCPPO008SB_26MCID0728
Copyright 2026 UPMC Health Plan, Inc. All rights reserved.