UPMC *for Life*

2027 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* PPO Salute (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: **Bucks, Chester, Delaware, Montgomery, and Philadelphia.**

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
- 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, 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 Salute

	In-Network (IN)	**Out-of-Network (OUT)**
Premium, Deductible and Out-of-Pocket Limit		
Monthly plan premium	$0 per month; $45 Medicare Part B premium reduction per month	
Annual deductible (Medicare-defined Part B deductible)	The Part B deductible was $283. This is the 2026 cost sharing amount and may change in 2027. UPMC *for Life* PPO Salute will provide updated rates at **upmchealthplan.com/medicare** as soon as they are released.	
Maximum out-of-pocket responsibility	**IN:** $9,850 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. **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.	
Basic Medical and Hospital Costs		
Inpatient hospital coverage*	You pay the 2026 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $1,736 deductible for days 1-60; $434 per day for days 61-90; $868 per day for days 91-150 (lifetime reserve days).	You pay the 2026 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $1,736 deductible for days 1-60; $434 per day for days 61-90; $868 per day for days 91-150 (lifetime reserve days).
Outpatient hospital coverage*	20% of the cost per service	20% of the cost per service
Ambulatory Surgical Center (ASC) Services*	20% of the cost per service	20% of the cost per service

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

UPMC *for Life* PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: 20% of the cost per visit, 20% of the cost per telehealth visit Specialist: 20% of the cost per visit, 20% of the cost per telehealth visit	Primary care provider: 20% of the cost per in-person visit Specialist: 20% of the cost per in-person visit
Preventive care	**IN:** $0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings **OUT:** $0 per service	
Emergency care	**IN/OUT:** 20% of the cost (up to $115) per visit	
Urgently needed services	**IN/OUT:** 20% of the cost (up to $40) per visit	
Diagnostic services/labs*	Labs: $0 per day per facility Diagnostic services: 20% per day per facility	Labs: $0 per day per facility Diagnostic services: 20% per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): 20% of the cost per service; Basic imaging and X-rays: 20% of the cost per service	Advanced imaging (CT, MRI, and PET scans): 20% of the cost per service; Basic imaging and X-rays: 20% of the cost per service
Dental, Vision, and Hearing Coverage		
Hearing services[2]	Medicare-covered: 20% of the cost per visit; $0 for 1 routine hearing exam per year; $0 for 1 hearing aid fitting per year	Medicare-covered: 20% of the cost per visit; 50% of the cost for 1 routine hearing exam per year; 50% of the cost for 1 hearing aid fitting per year
	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. **You also have additional dollars you can use to help pay for hearing aids. See the UPMC for *Life Flex* Spend Card under Extra Benefits and Services for more details.**	

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UPMC *for Life* PPO Salute

	In-Network (IN)	**Out-of-Network (OUT)**
Dental services[3]	Medicare-covered: 20% of the cost per visit; $0 for 2 cleaning(s) per year; $0 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. $0 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: 20% of the cost per visit; 50% of the cost for 2 cleaning(s) per year; 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. 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.
	IN/OUT: $3,000 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. See your plan Evidence of Coverage for a complete list of covered dental services. **You also have additional dollars you can use to help pay for dental services. See the UPMC *for Life* Flex Spend Card under Extra Benefits and Services for more details.**	

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UPMC *for Life* PPO Salute

	In-Network (IN)	**Out-of-Network (OUT)**
Vision services[4]	Medicare-covered: 20% of the cost per visit; $0 for 1 routine vision exam and 1 contact lens fitting exam per year;	Medicare-covered: 20% of the cost per visit; 50% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year;
	IN/OUT: $300 allowance for routine contact lenses or eyeglasses, including lens options, per year. **You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC *for Life* Flex Spend Card under Extra Benefits and Services for more details.**	

Additional Medical Costs

Mental health services*	Inpatient: You pay the 2026 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $1,736 deductible for days 1-60; $434 per day for days 61-90; $868 per day for days 91-150 (lifetime reserve days). Outpatient therapy: 20% of the cost per visit, 20% of the cost per telehealth visit	Inpatient: You pay the 2026 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $1,736 deductible for days 1-60; $434 per day for days 61-90; $868 per day for days 91-150 (lifetime reserve days). Outpatient therapy: 20% of the cost per in-person visit

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UPMC *for Life* PPO Salute

	In-Network (IN)	**Out-of-Network (OUT)**
Skilled nursing facility*	These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $0 per day (days 1-20); $217 per day (days 21-100)	These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates at **upmchealthplan.com/medicare** as soon as Medicare releases them. $0 per day (days 1-20); $217 per day (days 21-100)
Physical Therapy*	20% of the cost per visit	20% of the cost per visit
Ambulance*	$0 for treat and no transport; 20% of the cost per one-way trip	20% of the cost
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	20% of the cost; 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	20% of the cost per item
Diabetic supplies*	$0 for preferred diabetic monitors and supplies; 20% of the cost for non-preferred diabetic monitors and diabetic supplies	20% of the cost per item
Chiropractic care	Medicare-covered: 20% of the cost per service No routine chiropractic care	Medicare-covered: 20% of the cost; No routine chiropractic care
Podiatry services	Medicare-covered: 20% of the cost per visit; No routine podiatry	Medicare-covered: 20% of the cost per visit; No routine podiatry

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	In-Network (IN)	Out-of-Network (OUT)
Extra Benefits and Services		
UPMC *for Life* Flex Spend Card	$200 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. $200 allowance per year to spend on dental, vision, and hearing services. These allowances do not roll over from year to year • **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). **You can use $50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You can use this card at any provider that accepts MASTERCARD. • **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations. • **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs. • **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: **upmchp.us/flex-spend-card.** • **Home safety products.** Use this card to buy home safety products through our mail-order catalog. • **Dental services.** Use your dental benefit allowance of $3,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • **Vision services.** Use your vision benefit allowance of $300 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.	

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UPMC *for Life* PPO Salute

	In-Network (IN)	Out-of-Network (OUT)
	• **Hearing aids.** Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.	
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]	You have an allowance you can use to help pay for home safety products. See the **UPMC *for Life*** Flex Spend Card above for more details.	
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	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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[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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