

UPMC for Life 2025 HMO Custom - County of Cambria

Group Number: MC5840

2025					
	Cost-share	Metric	Other Info	Telehealth	Prior Auth*
ANNUAL MAXIMUMS					
Annual Deductible - \$0	\$0				
Maximum Out-of-Pocket - \$3,400	\$3,400				
INPATIENT CARE					
Inpatient Hospital/ Mental Health Care	\$0	copay	per stay		Y
Skilled Nursing Facility (days 1-100)	\$0	copay	100 day limit		Y
Blood	\$0	copay	3 pints		N
Home Health Care	\$0	copay		\$0	Y
OUTPATIENT CARE					
Primary Care Physician (PCP) Visits	\$0	copay		\$0	N
Specialist Visits	\$0	copay		\$0	N
Chiropractic Services (Medicare-covered)	\$0	copay			Y
Chiropractic Services (Routine)	\$0	copay	8 visits every year		Y
Podiatry Services (Medicare-covered)	\$0	copay			N
Podiatry Services (Routine)	\$0	copay	10 visits every year		N
Outpatient Mental Health Services /Psychiatric Services/Substance Abuse	\$0	copay		\$0	N
Opioid Treatment Services	\$0	copay			N
Partial Hospitalization	\$0	copay			N
Outpatient Surgery and Ambulatory Surgical Center (ASC)	\$0	copay			Y
Observation	\$0	copay			Y
Ambulance Services (Ground & Air)	\$0	copay			Y
Ambulance Services (Treat no Transport)	Not Covered				N
Emergency Care	\$0	copay	waived if admitted within 3 days		N
Urgently Needed Care (Clinics)	\$0	copay			N
Outpatient Rehab Services (PT, OT, ST)	\$0	copay			Y
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0	copay			N
OUTPATIENT MEDICAL AND SUPPLIES					
Durable Medical Equipment (DME) /Oxygen	\$0	copay			Y
Prosthetic Devices and Medical Supplies	\$0	copay			Y
Diabetes Training	\$0	copay		\$0	N
Diabetic Monitors and Test Strips - LifeScan Only	\$0	copay			N
Diabetic Supplies - All Other Brands	\$0	copay			Y
Diabetic Shoes or Inserts	\$0	copay			N
Part B Drugs - Insulin	\$0	copay	up to \$35 copay/ 30 day supply		N
Part B Drugs	\$0	copay			Y
Kidney Disease Training	\$0	copay			N
Renal Dialysis (ESRD)	\$0	copay			N
Lab Services	\$0	copay	per day per facility		Y
Diagnostic Procedures/Tests	\$0	copay	per day per facility		Y
Diagnostic X-Ray Services (Basic Imaging)	\$0	copay	per service		Y
Diagnostic Radiological Services (Advanced Imaging)	\$0	copay	per service		Y
Therapeutic Radiological Services (Radiation)	\$0	copay	per service		Y
PREVENTIVE SERVICES					
Immunizations	\$0	copay			N
Annual Wellness Visit	\$0	copay			N
Screening Exams	\$0	copay			N

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SUPPLEMENTAL BENEFITS					
Dental Services					
Dental Services (Medicare-covered)	\$0	copay			N
Preventive Dental Benefit:					
Cleaning	Not Covered				
Routine Oral Exam	Not Covered				
Limited Oral Exam	Not Covered				
Comprehensive Oral Exam	Not Covered				
Bitewing X-rays	Not Covered				
Panoramic X-rays	Not Covered				
Restorative Dental Benefit	Not Covered				
Hearing Services					
Hearing Services (Medicare-covered)	\$0	copay			N
Hearing Exam (Routine)	\$20	copay	1 every year		N
Hearing Aid Fitting (Routine)	\$20	copay	1 every year		N
Hearing Aids (Routine)	\$690-\$1,890	copay	1 every year		N
Vision Services					
Vision Services (Medicare-covered)	\$0	copay			N
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0	copay			N
Eyewear (Medicare-covered)	\$0	copay			N
Vision Exam (Routine)	\$0	copay	1 every year		N
Vision Eyewear (Routine)	\$250	allowance	1 every year		N
Other Services					
Counseling Services (Resources for Life)	\$0	copay	6 sessions per issue		N
Fitness Benefit (SilverSneakers and personal training session)	\$0	copay	1 every year		N
Health and Wellness Benefit (Rx Well)	\$0	copay	1 every year		N
Home Safety Items	\$0	copay	3 items every year		N
In-Home Safety Assessment	\$0	copay	1 every year		N
Nurse Advice Line	\$0	copay			N
Over-the-counter (OTC) Items	Not Covered				
Palliative Care (including eligible meals)	Not Covered				
Remote Technologies (AnywhereCare eVisits)	\$0	copay			N
Routine Physical Exam	Not Covered				
Smoking and Tobacco Use Cessation	\$0	copay	4 addtl sessions		N
Support for Caregivers (Resources for Life)	Not Covered				
Support for Caregivers (Powerful Tools for Caregivers)	\$0	copay			N
Transportation	Not Covered				
Worldwide Emergency Travel Assistance Coverage	\$0	copay			N
ADDITIONAL BENEFIT PROGRAMS					
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee				

*Please see separate prior auth details chart for more detail

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Part D Prescription Drugs

2025								
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.							
Rx Deductible	\$0							
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.							
Initial Coverage Limit (ICL)	N/A							
	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
	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
Tier 3: Preferred Brand Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
Tier 4: Non-Preferred Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
Tier 5: Specialty Drugs	\$10	n/a	n/a	\$10	n/a	n/a	\$10	\$10
COVERAGE GAP STAGE	Starting in 2025, the Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. Member moves from the Initial Coverage Stage to the Catastrophic Coverage Stage once the Out-of-Pocket Limit has been met.							
Out-of-Pocket Limit (TrOOP)	\$2,000							
Coverage in the Coverage Gap	Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.							
	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)	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
Tier 3: Preferred Brand Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
Tier 4: Non-Preferred Drugs	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$10
CATASTROPHIC COVERAGE STAGE	Member pays \$0							