

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) **2025 National Complementary with Rx - County of Cambria**

Group Number: MC6334

2025

INPATIENT CARE

Inpatient Hospital/Mental Health Care	<ul style="list-style-type: none"> UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has exhausted.
Skilled Nursing Facility (days 1- 100 day) A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.	<ul style="list-style-type: none"> For days 1-100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. You pay all costs for days 101 and after the per benefit period.
Blood (3 pints)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Home Health Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Home Health Care Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

OUTPATIENT CARE

Primary Care Physician (PCP) Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Primary Care Physician (PCP) Visits Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Specialist Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Specialist Visits Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Chiropractic Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Chiropractic Services (Routine)	Routine chiropractic care is not covered by the plan.
Podiatry Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Podiatry Services (Routine)	Routine podiatry care is not covered by the plan.
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Mental Health Services/Psychiatric Services/Substance Abuse Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Opioid Treatment Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Partial Hospitalization	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Surgery and Ambulatory Surgical Center (ASC)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Observation	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Ground & Air)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Treat no Transport)	Not Covered
Emergency Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Urgently Needed Care (Clinics)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Rehab Services (PT, OT, ST)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

OUTPATIENT MEDICAL AND SUPPLIES

Durable Medical Equipment (DME)/Oxygen	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Prosthetic Devices and Medical Supplies	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

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Diabetes Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Monitors and Teststrips - LifeScan Only	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Supplies - All Other Brands	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Shoes or Inserts	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs - Insulin	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Kidney Disease Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Renal Dialysis (ESRD)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Lab Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Procedures/Tests	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic X-Ray Services (Basic Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Radiological Services (Advanced Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Therapeutic Radiological Services (Radiation)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
PREVENTIVE SERVICES	
Immunizations	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Annual Wellness Visit	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Screening Exams	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services	
Hearing Exam (Routine) <i>(1 every year)</i>	<ul style="list-style-type: none"> You pay a \$20 copayment for 1 routine hearing exam every year.
Hearing Aid Fitting (Routine) <i>(1 every year)</i>	<ul style="list-style-type: none"> You pay a \$20 copayment for 1 routine fitting evaluation every year.
	<ul style="list-style-type: none"> UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.
Hearing Aids (Routine) <i>(1 every year)</i>	<ul style="list-style-type: none"> UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid
Vision Services	
Vision Exam (Routine) <i>(1 every year)</i>	<ul style="list-style-type: none"> You pay \$0 copayment for 1 routine vision exam every year.
Vision Eyewear (Routine) <i>(1 every year)</i>	<ul style="list-style-type: none"> UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear.
Other Services	
	<ul style="list-style-type: none"> UPMC Complementary Plan pays qualified services at 100%. You pay \$0 copayment for the following:
Counseling Services (Resources for Life)	Counseling services - 6 sessions per issue.
Fitness Benefit (SilverSneakers and personal training session)	Fitness Benefit (SilverSneakers) - 1 every year.
Health and Wellness (Rx Well)	Rx Well - 1 every year
Home Safety Items	Home Safety Items - 3 every year.
In-Home Safety Assessment	Not Covered
Nurse Advice Line	Nurse advice line.
Palliative Care (including eligible meals)	Not Covered
Remote Technologies (AnywhereCare eVisits)	AnywhereCare eVisits.
Routine Physical Exam	Not Covered
Smoking and Tobacco Use Cessation	Smoking and tobacco use cessation - 4 add'l sessions.
Support for Caregivers (Resources for Life)	Not Covered
Support for Caregivers (Powerful Tools for Caregivers)	Support for caregivers (Powerful Tools for Caregivers).
Worldwide Emergency Coverage	Emergency travel assistance transportation services are available worldwide when traveling

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Part D Prescription Drugs

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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	\$4	\$8	\$8	\$4	\$8	\$8	\$4	\$4
Tier 3: Preferred Brand Drugs	\$12	\$24	\$24	\$12	\$24	\$24	\$12	\$12
Tier 4: Non-Preferred Drugs	\$24	\$48	\$48	\$24	\$48	\$48	\$24	\$24
Tier 5: Specialty Drugs	20%	n/a	n/a	20%	n/a	n/a	20%	20%

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
	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Insulins under the Inflation Reduction Act (IRA)								
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$4	\$8	\$8	\$4	\$8	\$8	\$4	\$4
Tier 3: Preferred Brand Drugs	\$12	\$24	\$24	\$12	\$24	\$24	\$12	\$12
Tier 4: Non-Preferred Drugs	\$24	\$48	\$48	\$24	\$48	\$48	\$24	\$24

CATASTROPHIC COVERAGE STAGE Member pays \$0