

UPMC HEALTH PLAN  
Where you belong.

2009

Medical Plan  
Comparison

UPMC



# UPMC RESOURCES – your Advantage

UPMC Health Plan partners with UPMC and community network providers to improve clinical outcomes and the health of the greater community. This includes you and your family.

The Advantage health care product, detailed in this comparison, limits your out-of-pocket expenses encouraging you to use UPMC's hospitals, rehabilitation centers, home health care, durable medical equipment, and other services.

When reviewing the following information, consider your medical options carefully, and remember to compare such items as your per-pay cost, copayments, coinsurance, out-of-pocket maximums, and lifetime maximums. You can reduce the annual deductible in each option by meeting the *MyHealth* requirements.

## Medical options available to you:

### UPMC Advantage Health Maintenance Organization (HMO)

Using Advantage network facilities reduces your costs and ensures you will not pay standard deductibles.

### UPMC Advantage Preferred Provider Organization (PPO)

Using Advantage network facilities means you will receive the highest benefit level after satisfying the annual deductible.

### UPMC Open Access Preferred Provider Organization (PPO)

You can eliminate coinsurance and reduce deductibles by using Health Plan network facilities. Going out of the Health Plan's network means you will pay higher deductibles and higher coinsurance for most procedures.

## MyHealth

UPMC Health Plan's *MyHealth* is designed to encourage and support healthy lifestyles through educational and wellness programs, discounts on physical fitness activities, on-site workplace programs, and personalized health coaching programs. *MyHealth OnLine* is available any time and includes resources and interactive tools to help you track your health, set goals, and get personalized assistance to achieve measurable results.

### MyHealth OnLine allows you to:

- Create a personal homepage that includes favorite links and health topics.
- Receive e-mails from *MyHealth* experts in a personal, secure message center.

- Complete the *MyHealth* Questionnaire, an easy-to-use health risk assessment that analyzes your health and potential risks and provides immediate results you can share with your physician.
- Customize and track personal action plans in the areas of nutrition, exercise, pregnancy, and tobacco cessation.
- Access the Emmi™ program, an audio "tour guide" to answer common questions about chronic illnesses and necessary and elective surgeries.
- Access *MyHealth Record*, a secure personal health record to manage and store your personal health information.

You can reduce the annual deductible in each medical option by meeting the *MyHealth* requirements. *MyHealth* requirements are available online through <http://infonet.upmc.com> or by calling UPMC DirectLink at 1-800-994-2752, option 3.

## Smoking Cessation Benefit

With completion of the *MyHealth* requirements, you and your dependents will be eligible to receive smoking cessation benefits. With a doctor's prescription, the pharmacy aids listed below are available. Talk with your doctor about which aid might be most helpful for you, or call the UPMC Health Plan Ready to Quit™ Line at 1-800-807-0751.

### SMOKING CESSATION COVERAGE

Product	Duration of Therapy*	Copayment
Nicotine Gum	12 weeks	Generic tier 1 (lowest)
Nicotine Patches	12 weeks	Generic tier 1 (lowest)
Nicotine Lozenges	12 weeks	Tier 2 (middle)
Nicotine Nasal Spray	12 weeks	Tier 3 (highest)
Nicotine Inhalers	24 weeks	Tier 3 (highest)
Zyban	12 weeks	Tier 2 (middle)

\*Longer duration of therapy is available if certified as medically necessary by your doctor.

## A Network of 7,600 Physicians

Regardless of which option you select, you will have full access to any physician in the Health Plan's network. You can access a full provider directory online at [upmchealthplan.com](http://upmchealthplan.com). Select "Find a Provider" and search for providers by name, zip code, specialty, benefit plan, or admitting hospital. Our online directory also includes important information on network physicians, such as board certifications, hospital admitting privileges, and gender.

While the UPMC Advantage network does include all physicians in the UPMC Health Plan network, members who are enrolled in UPMC Advantage programs need to use UPMC hospitals and facilities in order to get the highest level of coverage. Therefore, we recommend that you work with doctors who both admit to and perform testing at UPMC Advantage network facilities.

## UPMC Advantage Network

The UPMC Advantage HMO and PPO options feature the UPMC Advantage network. With this network, you receive the highest level of benefits when you use facilities owned by or affiliated with UPMC.

Listed below are the hospitals included in the UPMC Advantage network. You can find a complete listing of UPMC Advantage facilities, including ancillary facilities, such as radiology centers, diagnostic labs, rehabilitation centers, and skilled nursing facilities, in the UPMC Advantage network directory.

The directory is available online at [upmchealthplan.com](http://upmchealthplan.com) by selecting "Find a Hospital or Facility" from the "Find a Provider" drop-down menu, or you can request a printed copy by calling 1-888-876-2756.

Children's Hospital of Pittsburgh of UPMC  
(412)692-5325

Conemaugh Valley Memorial Hospital  
(814)534-9000

Eye & Ear Institute  
(412)647-2345

Magee-Womens Hospital of UPMC  
(412)641-1000

Memorial Medical Center Downtown  
(814)533-0123

Meyersdale Medical Center  
(814)634-5911

Miners Hospital  
(814)247-3100

The Children's Home of Pittsburgh  
(412)441-0700

The Children's Institute of Pittsburgh  
(412)420-2400

UPMC Bedford Memorial  
(814)623-6161

UPMC Braddock  
(412)636-5000

UPMC Horizon - Greenville  
(724)588-2100

UPMC Horizon - Shenango Valley  
(724)981-3500

UPMC McKeesport  
(412)664-2000

UPMC Mercy  
(412)232-8111

UPMC Montefiore  
(412)647-2345

UPMC Northwest  
(814)676-7600

UPMC Passavant  
(412)367-6700

UPMC Passavant Cranberry  
(724)772-5300

UPMC Presbyterian Shadyside - Presbyterian Campus  
(412)647-2345

UPMC Presbyterian Shadyside - Shadyside Campus  
(412)623-2121

UPMC South Side  
(412)488-5550

UPMC St. Margaret  
(412)784-4000

Western Psychiatric Institute and Clinic  
(412)624-2100

Windber Medical Center  
(814)467-3000

## UPMC Health Plan Network

The UPMC Open Access PPO features the UPMC Health Plan network. With this option, you can visit any doctor or facility of your choosing, although you receive the highest level of benefits when you use providers that participate in UPMC Health Plan's network.

You can find a complete listing of network providers in the UPMC Health Plan PPO directory. You can also review this information at [upmchealthplan.com](http://upmchealthplan.com) in the "Find a Provider" drop-down menu, or you can request a printed copy by calling 1-888-876-2756.

## The Your Choice Pharmacy Program

Our national pharmacy network includes nearly 30,000 independent pharmacies and notable retail chains, including Giant Eagle, Kmart, Rite Aid, Sam's Club, Target, Walgreens, and Wal-Mart. You also have the option of saving time and money by having certain prescriptions filled through UPMC's contracted mail-order pharmacy.

You can use the Health Plan's website to:

- order prescriptions
- check copayment levels
- review the drug formulary
- locate a pharmacy
- access benefit information

For more information about these services, or to request mail-order prescription forms, contact Member Services at 1-888-876-2756. You can download and print the 2009 *Your Choice Pharmacy Benefit Guide* in the commercial benefits section of the website.

## Value-Added Services

Benefits that go above and beyond the standard health plan offerings:

### • Assist America

A unique global emergency services program, Assist America® arranges for assistance services and clears many of the obstacles caused by medical emergencies when members travel 100 miles or more away from home for less than 90 days. Assist America provides immediate connections to doctors, hospitals, pharmacies, and other services, including medical referrals, monitoring, evacuations, repatriation, and more. For more information visit [upmchealthplan.com](http://upmchealthplan.com) or call 1-888-876-2756.

### • 24/7 MyHealth Advice Line

Members seeking general health advice or information regarding a specific medical issue can call the MyHealth Advice Line at 1-866-918-1591 to speak with experienced registered nurses trained to provide members with prompt and efficient service. This advice line is not a substitute for medical care.

### • Health Coach Referral Line

Highly trained clinical health coaches are available to answer questions, offer support, and guide members toward healthier lifestyles. Additional information about our programs and services can be obtained by calling 1-800-807-0751.

### • Healthy Living Rewards

Healthy Living Rewards is an exclusive member discount program which includes more than 200 fitness centers in Pennsylvania and more than 1,400 nationally. Members are enrolled automatically and simply need to present their ID card to be eligible for discounts at fitness centers, health care supply stores, health food stores, dance studios, optical centers, pharmacies, sporting goods stores, weight management programs, and cultural facilities.

## Vision Care Coverage Through Vision Benefits of America (VBA)

UPMC Health Plan offers vision benefits through an arrangement with VBA, a comprehensive nationwide network of eye care providers.

The Basic Plan provides you and your adult dependents (age 19 or older) with a vision exam, plus lenses and frames or contact lenses, once every 24 months. Your dependents younger than 19 years of age are eligible for an exam and lenses once every 12 months, and frames once every 24 months. Employees who require additional coverage have the option to purchase an Enhanced Vision Plan at an additional cost. The Enhanced Vision Plan provides coverage every 12 months and includes a \$60 wholesale allowance toward eyeglass frames as compared to the \$50 allowance with the Basic Plan.

Both the basic and enhanced plans allow you to visit in-network and out-of-network providers; however, VBA in-network visits will be covered at a higher level of benefit and you will incur lower out-of-pocket costs. Before you can receive covered services, you must obtain a validated VBA benefit form by doing one of the following:

- Call VBA toll-free at 1-800-432-4966 Monday through Friday from 8:30 a.m. to 7 p.m. to speak with a VBA customer service representative.
- Call 1-800-432-4966 and press "4"; then follow the prompts to use an automated benefit request line at any time. You will need to know the member ID number (Social Security number), home zip code, and date of birth for the member for whom you are requesting the form.
- Visit VBA's website at [www.visionbenefits.com](http://www.visionbenefits.com).

If you are eligible for benefits, within approximately one week VBA will send you a valid benefit form and a list of VBA providers in your area. You can then make an appointment with the provider of your choice.

# UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC)

## 2009 Medical Plan Comparison

(Coinsurance percentages, listed below, apply only after the annual deductible has been met.)

Covered Services	UPMC Advantage HMO		UPMC Advantage PPO		UPMC Open Access PPO	
	UPMC Advantage Network	Other UPMC Health Plan Facilities	UPMC Advantage Network	Other UPMC Health Plan Facilities and Out-of-Network Providers <sup>2</sup>	UPMC Health Plan Network	Out-of-Network Providers <sup>2</sup>
<b>Annual Deductibles (individual/family)</b>						
Annual deductible without completing the <i>MyHealth</i> requirements <sup>1</sup>	\$250/\$500	\$750/\$1,500	\$400/\$800	\$750/\$1,500	\$450/\$900	\$1,000/\$2,000
Deductible credit for completing the <i>MyHealth</i> requirements <sup>1</sup>	\$250/\$500		\$250/\$500		\$250/\$500	
Annual deductible if completing the <i>MyHealth</i> requirements <sup>1</sup>	None	\$500/\$1,000	\$150/\$300	\$500/\$1,000	\$200/\$400	\$750/\$1,500
<b>Annual Out-Of-Pocket Maximums</b>						
Individual	None*	\$2,000*	\$1,000*	\$3,000*	None*	\$5,000*
Family	None*	\$4,000*	\$2,000*	\$6,000*	None*	\$10,000*
	* The out-of-pocket maximum would increase by \$250 for individuals and \$500 for family coverage if the <i>MyHealth</i> credit is not received.		* The out-of-pocket maximum would increase by \$250 for individuals and \$500 for family coverage if the <i>MyHealth</i> credit is not received.		* The out-of-pocket maximum would increase by \$250 for individuals and \$500 for family coverage if the <i>MyHealth</i> credit is not received.	
Lifetime Maximum	Unlimited	\$2,000,000	\$2,000,000	\$300,000	\$2,000,000	\$300,000
Primary Care Physician (PCP) Required	Yes	Yes	No	No	No	No
Pre-Existing Condition Limitations	None	None	None	None	None	None
Precertification Requirements	Provider responsibility	Provider responsibility	Provider responsibility	Provider responsibility for other Health Plan network facilities; member responsibility for out-of-network providers; required for select services	Provider responsibility	Member responsibility; required for select services
<b>Hospital Services</b>						
Inpatient/Outpatient Care, Medical/Surgical Services, Maternity Services, Ancillary Services, and Supplies	100% <sup>3</sup>	70%	80%	50%	100%	60%
Chemotherapy, Radiation, Infusion Therapy, Dialysis Treatment	100% <sup>3</sup>	70%	80%	50%	100%	60%
<b>Diagnostic Services</b>						
Radiology, Basic Diagnostics (includes, but not limited to, x-ray, sonogram)	\$10 copayment - limit 6 copayments per benefit period; 100% coverage thereafter	70%	80%	50%	\$10 copayment - limit 6 copayments per benefit period; 100% coverage thereafter	60%
Radiology, High Tech Diagnostics (includes, but not limited to, MRI, CT, PET, SPECT)	\$60 copayment - limit 6 copayments per benefit period; 100% coverage thereafter	70%	80%	50%	\$60 copayment - limit 6 copayments per benefit period; 100% coverage thereafter	60%
Mammogram (based on age guidelines)	100% (deductible does not apply)	70% (deductible does not apply)	80% (deductible does not apply)	50% (deductible does not apply)	100% (deductible does not apply)	60% (deductible does not apply)
Lab, Other Tests	100% <sup>3</sup>	70%	80%	50%	100%	60%
<b>Rehabilitation Therapy Services (inpatient)</b>						
Physical, Speech, and Occupational	100% <sup>3</sup>	70%	80%	50%	100%	60%
<b>Rehabilitation Therapy Services (outpatient)</b>						
Physical, Speech, and Occupational	100% after \$15 copayment/visit	70%	100% after \$15 copayment/visit	50%	100% after \$15 copayment/visit	60%
	Limited to the greater of 60 consecutive days of coverage OR 25 visits/condition, per benefit period, for all therapies combined, subject to ongoing substantial improvement		Limited to the greater of 60 consecutive days of coverage OR 25 visits/condition, per benefit period, for all therapies combined, subject to ongoing substantial improvement		Limited to the greater of 60 consecutive days of coverage OR 25 visits/condition, per benefit period, for all therapies combined, subject to ongoing substantial improvement	
<b>Other Medical Services</b>						
Home Health Care	100% <sup>3</sup>	70%	80%	50%	100%	60%
Skilled Nursing Facility (hospital provider)	100% <sup>3</sup>	70%	80%	50%	100%	60%
	Limit of 100 days/benefit period		Limit of 100 days/benefit period		Limit of 100 days/benefit period	
Durable Medical Equipment	100% <sup>3</sup>	70%	80%	50%	100%	60%

**THE INFORMATION BELOW DESCRIBES BENEFITS THAT ARE NOT ASSOCIATED WITH THE UPMC ADVANTAGE NETWORK OF FACILITIES AND SERVICES. THEY FOLLOW THE TRADITIONAL UPMC HEALTH PLAN BENEFIT NETWORK FOR HMO'S AND PPO'S.**

Covered Services	UPMC Advantage HMO		UPMC Advantage PPO		UPMC Open Access PPO	
	UPMC Health Plan Network		UPMC Health Plan Network	Out-of-Network Providers <sup>2</sup>	UPMC Health Plan Network	Out-of-Network Providers <sup>2</sup>
<b>Preventive Care</b>	<b>(Care must be coordinated through PCP)</b>					
Adult Routine Physical Exam	100% after \$5 copayment/visit		100% after \$5 copayment/visit	50%	100% after \$5 copayment/visit	60%
Pediatric Routine Physical Exam	100% after \$5 copayment/visit		100% after \$5 copayment/visit	50%	100% after \$5 copayment/visit	60%
Pediatric Immunization	100% (deductible does not apply)		100% (deductible does not apply)	50% (deductible does not apply)	100% (deductible does not apply)	60% (deductible does not apply)
Well-Baby Visit	100% after \$5 copayment/visit		100% after \$5 copayment/visit	50%	100% after \$5 copayment/visit	60%
<b>Physician Services</b>						
PCP Office Visit (for illness or injury)	100% after \$20 copayment/visit		100% after \$20 copayment/visit	50%	100% after \$20 copayment/visit	60%
Specialist Office Visit (no referral required if in-network)	100% after \$30 copayment/visit		100% after \$30 copayment/visit	50%	100% after \$30 copayment/visit	60%
Physician Services: Inpatient Medical and Surgical Care, Outpatient Surgeon's Fees, Anesthesia, etc.	100% <sup>3</sup>		80%	50%	100%	60%
<b>Women's Care</b>						
Routine Gynecologic Exam, Pap Test, Maternity Care, and Surgical Services (care provided/coordinated through PCP or selected ob/gyn)	100% after \$20 copayment/visit; routine gynecologic exam has \$5 copayment; Pap test and mammogram not subject to deductible		100% after \$5 copayment/ gynecologic exam; 100% after \$20 copayment/ illness visit; 80% Pap test and mammogram not subject to deductible	50% routine gynecologic exam, Pap test, and mammogram not subject to deductible	100% after \$5 copayment/ gynecologic exam; 100% after \$20 copayment/ illness visit; 100% Pap test and mammogram not subject to deductible	60% routine gynecologic exam, Pap test, and mammogram not subject to deductible
<b>Emergency Room Services</b>						
	100% after \$75 copayment (copayment waived and inpatient stay paid at highest benefit level if admitted). Must contact PCP within 24 hours or as soon as reasonably possible. Call Health Plan Member Services if admitted to a non-UPMC owned facility.		100% after \$75 copayment (copayment waived and inpatient stay paid at highest benefit level if admitted). Call Health Plan Member Services if admitted to a non-UPMC owned facility.		100% after \$75 copayment (copayment waived and inpatient stay paid at highest benefit level if admitted). Call Health Plan Member Services if admitted to a non-UPMC owned facility.	
<b>Other Medical Services</b>						
Skilled Nursing Facility (non-hospital provider)	100% <sup>3</sup>		80%	50%	100%	60%
	Limit of 100 days/benefit period		Limit of 100 days/benefit period		Limit of 100 days/benefit period	
Hospice Care	100% <sup>3</sup>		80%	50%	100%	60%
Therapeutic Manipulation (chiropractic care) (no referral required if in-network, except for dependents under the age of 13 enrolled in the UPMC Advantage HMO)	100% after \$25 copayment/visit		100% after \$25 copayment/visit	50%	100% after \$25 copayment/visit	60%
	Limit of 25 visits/benefit period		Limit of 25 visits/benefit period		Limit of 25 visits/benefit period	
Podiatric Care (no referral required if in-network)	100% after \$25 copayment/visit		100% after \$25 copayment/visit	50%	100% after \$25 copayment/visit	60%
Allergy Testing and Serum	100% <sup>3</sup>		80%	50%	100%	60%
Corrective Appliances	100% <sup>3</sup>		80%	50%	100%	60%
Chemotherapy, Radiation, Infusion Therapy, Dialysis Treatment (non-hospital provider)	100% <sup>3</sup>		80%	50%	100%	60%

Covered Services	UPMC Advantage HMO	UPMC Advantage PPO		UPMC Open Access PPO	
	UPMC Health Plan Network	UPMC Health Plan Network	Out-of-Network Providers <sup>2</sup>	UPMC Health Plan Network	Out-of-Network Providers <sup>2</sup>
<b>Behavioral Health - Contact UPMC Health Plan Behavioral Health Services at 1-800-391-9103</b>					
Inpatient Mental Health	100% <sup>3</sup> Limit of 30 days/benefit period	80%	50%	100%	60%
Outpatient Mental Health	100% after \$25 copayment/visit Limit 20 visits/benefit period	100% after \$25 copayment/visit	50% Limit 20 visits/benefit period	100% after \$25 copayment/visit Limit 20 visits/benefit period	50% Limit 20 visits/benefit period
<b>Chemical Dependency Treatment</b>					
Inpatient Detoxification	100% <sup>3</sup> 7 days/admission; lifetime maximum of 4 admissions	80%	50%	100%	60%
Inpatient Rehabilitation	100% <sup>3</sup> Limit 30 days/benefit period; lifetime maximum 90 days	80%	50%	100%	60%
Outpatient Rehabilitation	100% <sup>3</sup> after \$25 copayment/visit Limit 60 visits/benefit period; lifetime maximum 120 visits	100% after \$25 copayment/visit	50% Limit 60 visits/benefit period; lifetime maximum 120 visits	100% after \$25 copayment/visit Limit 60 visits/benefit period; lifetime maximum 120 visits	50% Limit 60 visits/benefit period; lifetime maximum 120 visits
<b>Prescription Drug Coverage</b>					
Retail Prescription Drug Prescriptions must be dispensed by a participating pharmacy. <i>Your Choice</i> will apply	\$15 copayment generic \$35 copayment preferred brand \$70 copayment non-preferred brand 30-day maximum retail supply	\$15 copayment generic \$35 copayment preferred brand \$70 copayment non-preferred brand 30-day maximum retail supply		\$15 copayment generic \$35 copayment preferred brand \$70 copayment non-preferred brand 30-day maximum retail supply	
Mail-Order Prescription Drug Use of an initial 30-day supply is required for all new prescriptions before a 90-day mail-order supply may be requested.	\$30 copayment generic \$70 copayment preferred brand \$140 copayment non-preferred brand 90-day maximum mail-order supply	\$30 copayment generic \$70 copayment preferred brand \$140 copayment non-preferred brand 90-day maximum mail-order supply		\$30 copayment generic \$70 copayment preferred brand \$140 copayment non-preferred brand 90-day maximum mail-order supply	

- (1) *MyHealth* is a program with access to online information, tools, and resources on a variety of health topics designed to assist staff to improve their lifestyle. Active participation in *MyHealth* provides enhanced benefits that include deductible credits and increased coverage for smoking cessation medications. While participation in the *MyHealth* program is voluntary, completing the annual requirements will result in a credit (\$250 per individual and \$500 per family) toward the annual deductible. *MyHealth* requirements are available online through Infonet (<http://inonet.upmc.com>) or by calling the UPMC DirectLink at 1-800-994-2752, option 3. Copayments are paid directly to medical providers and do not count toward deductible limits.
- (2) If you go to an out-of-network provider, you also may have to pay the difference between the provider's charge and the UPMC Health Plan payment (reasonable and customary amount).
- (3) Deductibles apply (instead of any copayment) for members who have not completed the *MyHealth* requirements for the 2009 benefit year.

In this medical plan comparison, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Network, Inc., as well as to those plans offered by UPMC Health Plan, Inc.

# UPMC HEALTH PLAN

**Where you belong.**

One Chatham Center  
112 Washington Place  
Pittsburgh, PA 15219

[upmchealthplan.com](http://upmchealthplan.com)

**UPMC Health Plan administers benefit plans underwritten by UPMC Health Network, Inc.**

**This managed care plan may not cover all your health care expenses. Read your Summary Plan Description carefully to determine which health care services are covered.**

**UPMC Health Plan  
Member Services: 1-888-876-2756  
TTY Services: 1-800-361-2629**