

UPMC *for Life*

2023 Summary of Benefits

Look inside to learn more about these plans:

UPMC *for Life* PPO Premier Rx (PPO)

UPMC *for Life* PPO Rx Choice (PPO)

**HERE'S THE
PLAN**

UPMC *for Life*
UPMC Health Plan Medicare Program

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, 2023 – Dec. 31, 2023. 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 www.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 www.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 PPO (Preferred Provider Organization) plans. 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.

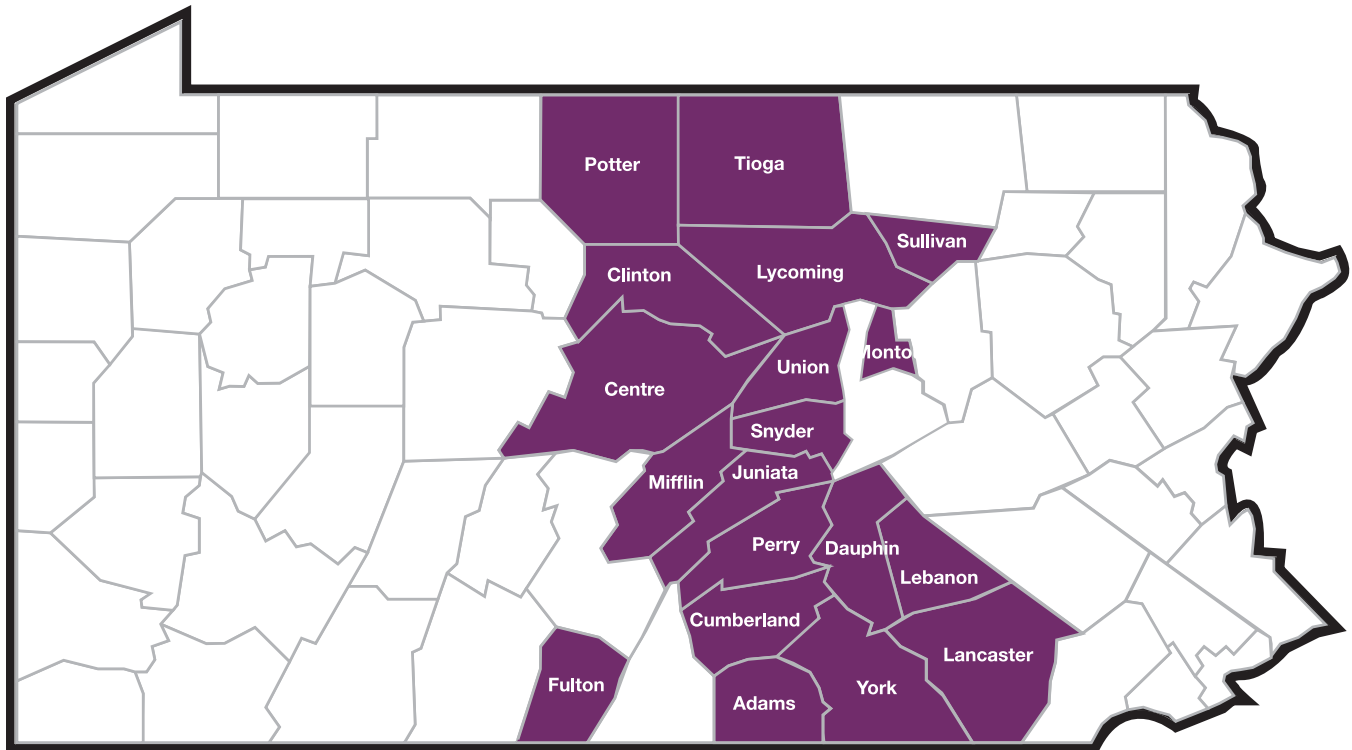
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



All plans in this book include prescription drug coverage. Please refer to the Part D information on page 15 to review your coverage and costs for prescriptions.

UPMC for Life Service Area

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 these plans includes the following counties in Pennsylvania:

Adams, Centre, Clinton, Cumberland, Dauphin, Fulton, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Perry, Potter, Snyder, Sullivan, Tioga, Union, and York.

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 on the UPMC Health Plan app.

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. and Saturday from 8 a.m. to 3 p.m.

Not a current member? Call us at **1-877-381-3765 (TTY: 711)**

Available hours:

Jan. 1 – Sept. 30: seven days a week from 8 a.m. to 8 p.m.

Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

Scan the QR code to visit our website, where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, 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 MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

This secure member website allows you to see your plan benefits and documents, 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.

UPMC for Life PPO Premier Rx

Premium, Deductible, and Out-of-Pocket Limit

	In-Network (IN)/Out-of-Network (OUT)
Monthly plan premium	\$0 per month
Part B Premium Reduction	\$50 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	<p>IN: \$5,900 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.</p> <p>COMBINED IN/OUT: \$8,950 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

Basic Medical and Hospital Costs

	In-Network (IN)	Out-of-Network (OUT)
Inpatient hospital coverage*	\$350 per stay	\$250 per day for days 1-5 and \$0 for days 6 and beyond.
Outpatient hospital coverage*	\$265 per service	\$300 per service
Ambulatory Surgery Center (ASC) Services*	\$265 per surgery	\$300 per surgery
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$30 per visit, \$30 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$30 per in-person visit
Preventive care	<p>IN: \$0 per service; for your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p>OUT: 30% of the cost per service</p>	
Emergency care	IN/OUT: \$90 per visit	
Urgently needed services	IN/OUT: \$45 per visit	
Diagnostic services/labs*	\$10 per day per facility	\$10 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$250 per service; Basic imaging and X-rays: \$30 per service	Advanced imaging (CT, MRI, and PET scans): \$350 per service; Basic imaging and X-rays: \$30 per service

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

Dental, Vision, and Hearing Coverage

	In-Network (IN)	Out-of-Network (OUT)
Hearing services²	<p>Medicare-covered: \$30 per visit; \$0 for one hearing exam per year; \$0 for one hearing aid fitting per year</p>	<p>Medicare-covered: \$30 per visit; 30% of the cost for one hearing exam per year; 30% of the cost for one hearing aid fitting per year</p>
	<p>IN: You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. You could save \$6,734 on average for your hearing aids (depending on the hearing aids you choose). 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.</p>	
Dental services³	<p>Medicare-covered: \$30 per visit; \$0 for two cleanings per year; \$0 for two oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months;</p>	<p>Medicare-covered: \$30 per visit; 30% of the cost for two cleanings per year; 30% of the cost for two oral exams per year; 30% of the cost for one limited oral exam every 12 months; 30% of the cost for one comprehensive oral exam every 36 months; 30% of the cost for one bitewing x-ray per year; 30% of the cost for one panoramic x-ray every 36 months;</p>
	<p>IN/OUT: \$2,500 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work. 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.</p>	
Vision services⁴	<p>Medicare-covered: \$30 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year</p>	<p>Medicare-covered: \$30 per visit; 30% of the cost for one routine vision exam and one contact lens fitting exam every year</p>
	<p>IN/OUT: \$200 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.</p>	

Additional Medical Costs

	In-Network (IN)	Out-of-Network (OUT)
Mental health services *	Inpatient: \$350 per stay; Outpatient therapy: \$30 per visit, \$30 per telehealth visit	Inpatient: \$250 per day for days 1-5 and \$0 for days 6 and beyond; Outpatient therapy: \$30 per in-person visit
Skilled nursing facility*	\$0 per day (days 1-20); \$196 per day (days 21-100)	30% of the cost per stay
Physical therapy*	\$30 per visit	\$30 per visit
Ambulance*	\$50 for treat and no transport; \$305 per one-way trip	30% of the cost
Transportation	Not covered.	
Medicare Part B drugs*	20% of the cost	30% of the cost
Durable medical equipment*	20% of the cost per item	30% of the cost per item
Diabetes supplies	20% of the cost per item (limited to specific suppliers, products, and brands. Quantity limits apply.)	30% of the cost per item
Chiropractic care*⁵	Medicare-covered: Tier 1: \$18 per service Tier 2: \$20 per service No routine chiropractic care	Medicare-covered: \$30 per service
Podiatry services	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit

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

Extra Benefits and Services

<p>UPMC for Life Flex Spend Card</p>	<p>\$500 allowance per year to spend on over-the-counter health care products and dental, vision, and hearing services. You can use the full amount whenever you like during the plan year – this is not a quarterly allowance, and it will not roll over from year to year.</p> <p>Here are the ways you can use this card. You can use this card in any amount on any of these services. The choice is yours!</p> <ul style="list-style-type: none"> • 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. • Dental services. Use your dental benefit allowance of \$2,500 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 \$200 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. • 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers^{®†}</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>
<p>Home Safety Products</p>	<p>Not covered.</p>
<p>Home Safety[†]</p>	<p>Get one FREE in-home safety assessment per year with a licensed health care professional.</p>
<p>Personal Counseling[†]</p>	<p>Receive six counseling sessions per concern per year at no additional cost.</p>
<p>Caregiver Support[†]</p>	<p>Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.</p>
<p>Palliative Care[†]</p>	<p>If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).</p>

† Services with a dagger (†) if you receive these benefits out-of-network you will incur a higher cost-sharing.

UPMC for Life PPO Premier Rx

Meals	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
Assist America	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.
UPMC AnywhereCare[†] (virtual visit with a UPMC provider)	\$0 per eVisit

[†] Services with a dagger (†) if you receive these benefits out-of-network you will incur a higher cost-sharing.

UPMC for Life PPO Rx Choice

Premium, Deductible, and Out-of-Pocket Limit

	In-Network (IN)/Out-of-Network (OUT)
Monthly plan premium	\$23 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	<p>IN: \$4,900 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.</p> <p>COMBINED IN/OUT: \$8,950 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

Basic Medical and Hospital Costs

	In-Network (IN)	Out-of-Network (OUT)
Inpatient hospital coverage*	\$300 per stay	\$400 per stay
Outpatient hospital coverage*	\$200 per service	\$300 per service
Ambulatory Surgery Center (ASC) Services*	\$200 per surgery	\$300 per surgery
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$30 per visit, \$30 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$30 per in-person visit
Preventive care	<p>IN: \$0 per service; for your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p>OUT: 20% of the cost per service</p>	
Emergency care	IN/OUT: \$90 per visit	
Urgently needed services	IN/OUT: \$45 per visit	
Diagnostic services/labs*	\$0 per day per facility	\$10 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$225 per service; Basic imaging and X-rays: \$20 per service	Advanced imaging (CT, MRI, and PET scans): \$325 per service; Basic imaging and X-rays: \$30 per service

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

Dental, Vision, and Hearing Coverage

	In-Network (IN)	Out-of-Network (OUT)
Hearing services²	Medicare-covered: \$30 per visit; \$0 for one hearing exam per year; \$0 for one hearing aid fitting per year	Medicare-covered: \$30 per visit; 20% of the cost for one hearing exam per year; 20% of the cost for one hearing aid fitting per year
	<p>IN: You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. You could save \$6,734 on average for your hearing aids (depending on the hearing aids you choose).</p> <p>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.</p>	
Dental services³	Medicare-covered: \$30 per visit; \$0 for two cleanings per year; \$0 for two oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months;	Medicare-covered: \$30 per visit; 20% of the cost for two cleanings per year; 20% of the cost for two oral exams per year; 20% of the cost for one limited oral exam every 12 months; 20% of the cost for one comprehensive oral exam every 36 months; 20% of the cost for one bitewing x-ray per year; 20% of the cost for one panoramic x-ray every 36 months;
	<p>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.</p> <p>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.</p>	
Vision services⁴	Medicare-covered: \$30 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year	Medicare-covered: \$30 per visit; 20% of the cost for one routine vision exam and one contact lens fitting exam every year
	<p>IN/OUT: \$300 allowance for routine contact lenses or eyeglasses, including lens options, per year.</p> <p>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.</p>	

Additional Medical Costs

	In-Network (IN)	Out-of-Network (OUT)
Mental health services *	Inpatient: \$300 per stay; Outpatient therapy: \$30 per visit, \$30 per telehealth visit	Inpatient: \$400 per stay; Outpatient therapy: \$30 per in-person visit
Skilled nursing facility*	\$0 per day (days 1-20); \$196 per day (days 21-100)	20% of the cost per stay
Physical therapy*	\$30 per visit	\$30 per visit
Ambulance*	\$50 for treat and no transport; \$305 per one-way trip	30% of the cost
Transportation	Not covered.	
Medicare Part B drugs*	20% of the cost	20% of the cost
Durable medical equipment*	20% of the cost per item	20% of the cost per item
Diabetes supplies	20% of the cost per item (limited to specific suppliers, products, and brands. Quantity limits apply.)	20% of the cost per item
Chiropractic care*⁵	Medicare-covered: Tier 1: \$18 per service Tier 2: \$20 per service No routine chiropractic care	Medicare-covered: \$30 per service
Podiatry services	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit

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

Extra Benefits and Services

<p>UPMC for Life Flex Spend Card</p>	<p>\$500 allowance per year to spend on over-the-counter health care products and dental, vision, and hearing services. You can use the full amount whenever you like during the plan year – this is not a quarterly allowance, and it will not roll over from year to year.</p> <p>Here are the ways you can use this card. You can use this card in any amount on any of these services. The choice is yours!</p> <ul style="list-style-type: none"> • 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. • 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. • 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.
<p>Over-the-Counter Allowance (mail order catalog)</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers^{®†}</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>
<p>Home Safety Products</p>	<p>Not covered.</p>
<p>Home Safety[†]</p>	<p>Get one FREE in-home safety assessment per year with a licensed health care professional.</p>
<p>Personal Counseling[†]</p>	<p>Receive six counseling sessions per concern per year at no additional cost.</p>
<p>Caregiver Support[†]</p>	<p>Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.</p>
<p>Palliative Care[†]</p>	<p>If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).</p>

† Services with a dagger (†) if you receive these benefits out-of-network you will incur a higher cost-sharing.

UPMC for Life PPO Rx Choice

Meals	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
Assist America	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.
UPMC AnywhereCare[†] (virtual visit with a UPMC provider)	\$0 per eVisit

[†] Services with a dagger (†) if you receive these benefits out-of-network you will incur a higher cost-sharing.

Prescription Drug Costs

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1

Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2

Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$4,660**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		90-Day Supply			
	Retail		Retail		Mail-Order	
	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	\$10	\$20	\$20	\$40	\$20	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30-day supply only)	33% (30-day supply only)
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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$7,400**. After that, you move into the Catastrophic Coverage Stage.

4

Catastrophic Coverage Stage

Once you reach this stage, you pay the greater of 5% or \$4.15 for a generic drug (or a drug treated like a generic). For all other drugs, you pay the greater of 5% or \$10.35.



Make sure your drugs are covered.

To make sure your drugs are covered and check 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 3**.



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 generics

For all plans during the Initial Coverage stage

You have a **\$0 copay** when you fill a preferred generic prescription (Tier 1) at a preferred pharmacy.

Low copays for covered diabetic medications (Tier 2)

For the Initial Coverage stage of all plans except for PPO Premier Rx

Save money on covered, brand-name, non-insulin diabetic medications that help lower your blood sugar.

- \$10 copay for a 30-day supply filled at a preferred retail pharmacy
- \$20 copay for a 90-day supply filled at a preferred pharmacy or mail-order pharmacy

Save money with donut hole coverage for insulin medications

For all plans during the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

- \$35 copay for a 30-day supply filled at retail pharmacies
- \$87.50 copay for a 90-day supply filled at a preferred mail-order pharmacy
- \$96.25 copay for a 90-day supply filled at a preferred retail pharmacy
- \$105 copay for a 90-day supply filled at standard pharmacies

For more information view our full covered drug list at upmchp.us/prescription-coverage.

Services with an asterisk () may require prior authorization.

¹UPMC 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 MyHealth 24/7 Nurse Line. The UPMC MyHealth 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.

²Members 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.

³Go 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.

⁴The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

⁵The tiering structure for chiropractic care services is based on provider.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

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