

UPMC for Life 2022 HMO Custom - Plumbers and Pipefitters Local 354

Plan Design	HMO Custom
Premium	\$263
<b>ANNUAL MAXIMUMS</b>	
Annual Deductible	\$0
Maximum Out-of-Pocket	\$3,400
<b>INPATIENT CARE</b>	
Inpatient Hospital/ Mental Health Care (per stay)	\$0 copay
Skilled Nursing Facility (days 1-100)(100 day limit)	\$0 copay
Blood (3 pints)	\$0 copay
Home Health Care	\$0 copay
Home Health Care (Telehealth)	\$0 copay
<b>OUTPATIENT CARE</b>	
Primary Care Physician (PCP) Visits	\$5 copay
Primary Care Physician (PCP) Visits (Telehealth)	\$0 copay
Specialist Visits	\$15 copay
Specialist Visits (Telehealth)	\$10 copay
Chiropractic Services (Medicare-covered)	\$15 copay
Chiropractic Services (Routine) (8 visits every year)	\$15 copay
Podiatry Services (Medicare-covered)	\$15 copay
Podiatry Services (Routine) (10 visits every year)	\$15 copay
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse	\$15 copay
Outpatient Mental Health Services /Psychiatric Services /Substance Abuse (Telehealth)	\$10 copay
Opioid Treatment Services	\$15 copay
Partial Hospitalization	\$0 copay
Outpatient Surgery and Ambulatory Surgical Center (ASC)/Observation	\$0 copay
Ambulance Services (Ground & Air)	\$25 copay
Emergency Care (waived if admitted within 3 days)	\$50 copay
Urgently Needed Care (Clinics)	\$40 copay
Outpatient Rehab Services (PT, OT, ST)	\$15 copay
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0 copay
<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
Durable Medical Equipment (DME)/Oxygen	15% coinsurance
Prosthetic Devices and Medical Supplies	15% coinsurance
Diabetes Training	\$0 copay
Diabetes Training (Telehealth)	\$0 copay
Diabetic Supplies, Shoes or Inserts	\$0 copay
Part B Drugs (\$1,200 limit every year)	10% coinsurance
Kidney Disease Training	\$0 copay
Renal Dialysis (ESRD)	\$0 copay
Lab Services (per day per facility)	\$0 copay
Diagnostic Procedures/Tests (per day per facility)	\$0 copay
Diagnostic X-Ray Services (Basic Imaging) (per service)	\$0 copay
Diagnostic Radiological Services (Advanced Imaging)(per service)	\$0 copay
Therapeutic Radiological Services (Radiation) (per service)	\$0 copay
<b>PREVENTIVE SERVICES</b>	
Immunizations	\$0 copay
Annual Wellness Visit	\$0 copay
Screening Exams	\$0 copay

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<b>SUPPLEMENTAL BENEFITS</b>	
<b>Dental Services</b>	
Dental Services (Medicare-covered)	\$15 copay
<b>Preventive Dental Benefit:</b>	
Cleaning (2 every year)	\$0 copay
Routine Oral Exam (2 every year)	\$15 copay
Comprehensive Oral Exam (1 every 36 months)	\$15 copay
Bitewing X-rays (2 every year)	\$15 copay
Panoramic X-rays (1 every 36 months)	\$15 copay
Restorative Dental Benefit (dentures - 1 every 5 years)	50% coinsurance
Restorative Dental Benefit (denture maintenance - 1 every 3 years)	50% coinsurance
<b>Hearing Services</b>	
Hearing Services (Medicare-covered)	\$15 copay
Hearing Exam (Routine) (1 every year)	\$15 copay
Hearing Aid Fitting (Routine) (1 every year)	\$15 copay
Hearing Aids (Routine) (monaural hearing aid 1 every year)	\$500 allowance
Hearing Aids (Routine) (binaural hearing aid 1 every year)	\$800 allowance
<b>Vision Services</b>	
Vision Services (Medicare-covered)	\$15 copay
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Vision Exam (Routine)	\$0 copay
Vision Eyewear (Routine) (upgrades to post cataract surgery 1 every year)	\$200 allowance
Vision Eyewear (Routine) (routine eyewear 1 every year)	\$100 allowance
<b>Other Services</b>	
Bathroom Safety Items (3 items every year)	\$0 copay
Counseling Services (Resources for Life ) (6 sessions per issue)	\$0 copay
Fitness Benefit (SilverSneakers and personal training session) (1 every year)	\$0 copay
In-Home Safety Assessment (1 every year)	\$0 copay
Nurse Advice Line	\$0 copay
Palliative Care (including eligible meals) (14 meals for 7 days)	\$0 copay
Remote Technologies (AnywhereCare eVisits)	\$5 copay
Smoking and Tobacco Use Cessation (4 addtl sessions)	\$0 copay
Support for Caregivers (Resources for Life ) (6 sessions )	\$0 copay
Support for Caregivers (Powerful Tools for Caregivers)	\$0 copay
Transportation (24 one-way trips)	\$0 copay
Worldwide Emergency Travel Assistance Coverage (Assist America Travel Benefit)	\$0 copay
<b>ADDITIONAL BENEFIT PROGRAMS</b>	
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina and Tennessee



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**Part D Prescription Drugs**

<b>DEDUCTIBLE STAGE</b>	There is no deductible for Part D prescription drugs.										
Rx Deductible	\$0										
<b>INITIAL COVERAGE STAGE</b>	Member pays cost-sharing amounts below until total yearly costs reach the Initial Coverage Limit.										
<b>Initial Coverage Limit (ICL)</b>	<b>\$4,430</b>										
	Retail pharmacy						Mail-order		LTC	OON	
	30 day supply		60 day supply		90 day supply		90 day supply		30 day	31 day	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	
<b>Tier 1:</b>											
<b>Preferred Generic Drugs</b>	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$0	\$15
<b>Tier 2:</b>											
<b>Generic Drugs</b>	\$10	\$20	\$20	\$40	\$20	\$40	\$20	\$40	\$10	\$20	
<b>Tier 3:</b>											
<b>Preferred Brand Drugs</b>	\$47	\$47	\$94	\$94	\$129.50	\$141	\$117.50	\$141	\$47	\$47	
<b>Tier 4:</b>											
<b>Non-Preferred Drugs</b>	\$100	\$100	\$200	\$200	\$300	\$300	\$300	\$300	\$100	\$100	
<b>Tier 5:</b>											
<b>Specialty Drugs</b>	33%	33%	n/a	n/a	n/a	n/a	33% (30 day)	33% (30 day)	33%	33%	
<b>COVERAGE GAP STAGE</b>	When total costs from the Coverage Gap Stage, combined with the out-of-pocket costs from the Initial Coverage Stage, reach the True Out-of-Pocket (TrOOP) limit, the member moves to the Catastrophic Coverage Stage										
<b>Out-of-Pocket Limit (TrOOP)</b>	<b>\$7,050</b>										
<b>Coverage in the Coverage Gap</b>	<b>Full Wrap-around Gap Coverage:</b> Member pays the same cost-sharing in the coverage gap as the initial coverage stage for Tier 1-5 drugs.										
<b>CATASTROPHIC COVERAGE STAGE</b>	Member pays the greater of 5% or \$3.95 for a generic drug or a drug treated like a generic and \$9.85 for all other drugs.										