

UPMC *for Life*

UPMC Health Plan Medicare Program



Understanding Medicare

**HERE'S THE
PLAN**

Welcome, and thank you for coming!

UPMC *for Life* Medicare Advantage plans

- UPMC *for Life* has been providing coverage in Pennsylvania for more than 18 years. We are 190,000 members strong and growing!
- We are proudly owned by the University of Pittsburgh Medical Center (UPMC). UPMC Presbyterian Shadyside has been recognized by *U.S. News & World Report* as one of the nation's top-ranked hospitals (7-30-19).

Today we will be talking about:

- Medicare Parts A and B
- Medicare Part C
- Medicare Part D
- Stages of prescription drug coverage
- Medicare Advantage enrollment timeline



Health care words to know

Terms	Definitions
Coinsurance	A percentage of the cost you pay when you receive covered services (for example, 20%).
Copay	A fixed amount you pay when you receive a covered service or supply, such as a doctor's visit, hospital outpatient visit, or a prescription (for example, you might pay a \$10 copay for a primary care doctor visit). Generally, copays are paid at the time you receive services.
Covered service	Health care services and supplies that are covered by your plan.
Deductible	<p>A pre-set dollar amount you pay for covered services before your plan begins to pay. Not all covered services apply to the deductible.</p> <ul style="list-style-type: none"> • If a covered service does apply to the deductible, you must pay the total cost of the service until the pre-set deductible amount is paid in full. • If a covered service does not apply to the deductible, you pay a copay or coinsurance.
In-network (IN)	A doctor, hospital, facility, or other provider that participates in the UPMC <i>for Life</i> network.
Out-of-network (OUT)	A doctor, hospital, facility, or other provider that DOES NOT participate in the UPMC <i>for Life</i> network.
Annual out-of-pocket maximum	This is your out-of-pocket spending limit for the year. It is the most you will have to pay during the coverage year for covered medical services such as copays, deductibles, and/or coinsurance. Once you reach this limit, your plan will pay all costs for covered medical services. This limit does not include Part D prescription drug costs.

What is Medicare?

Medicare is a federal health insurance program.

In order to qualify, you must be a U.S. citizen or lawfully present in the United States. You must also:

- Be age 65 or older, or
- Be under 65 with certain disabilities, or
- Have permanent kidney failure requiring dialysis.

Medicare has four parts:

- Part A hospital coverage
- Part B medical coverage
- Part C Medicare Advantage plans
- Part D prescription drug coverage

Enrollment in Original Medicare

Contact the Social Security Administration to sign up for Original Medicare. Call toll-free at **1-800-772-1213** Monday through Friday from 7 a.m. to 7 p.m. TTY users should call **1-800-325-0778**.



Medicare Parts A and B



Part A hospital coverage

Covers:	Inpatient hospital stays, skilled nursing facility expenses, hospice care, and some home health care.
Premium:	If you or your spouse worked for 10 years and paid Medicare taxes, you will not have a monthly premium for Part A.
Costs:	Inpatient hospital deductible and copays, skilled nursing copays, and a monthly premium, if applicable.



Part B medical coverage

Covers:	Doctor and other health care provider services, outpatient care, lab and x-ray services, ambulance services, medical supplies, and preventive services.
Premium:	You pay a monthly premium with a yearly deductible before coverage begins.
Does not cover:	<ul style="list-style-type: none">You pay part of the costs for services that are covered under Part B.You pay full costs for: routine hearing, dental, and vision exams, hearing aids or glasses (except for glasses after cataract surgery), travel benefits, fitness club membership, long-term care (such as a nursing home), and prescription drug coverage.

Medicare Part C



Part C Medicare Advantage plans

Medicare Advantage plans are Medicare-approved private health plans. They allow you to get all of your Part A, Part B, and sometimes, Part D coverage in one plan. They can also provide you with additional benefits and services that Original Medicare does not cover.

Covers:	Your Part A hospital, Part B medical, and sometimes, Part D prescription drug coverage are combined into one plan. You can also get additional benefits and services that Original Medicare does not cover.
You must:	Be a U.S. citizen or lawfully present in the United States, be enrolled in Medicare Parts A and B, permanently reside in the plan's service area, and not have permanent kidney failure (some exclusions may apply).
Costs:	Your Medicare Advantage plan monthly plan premium (if applicable) and the out-of-pocket costs such as copays, deductibles, and coinsurance included with the plan you choose.

Two types of Medicare Advantage plans

Health Maintenance Organizations (HMO)	Preferred Provider Organizations (PPO)
<ul style="list-style-type: none">• HMOs use a network of participating doctors and hospitals for your care.• You must receive services from participating doctors and hospitals, except for emergency care, urgent care, and out-of-area kidney dialysis.• All UPMC <i>for Life</i> plans give you the freedom to self-refer to in-network providers.	<ul style="list-style-type: none">• PPOs offer coverage for services received both in and out of the plan's provider network.• You may pay a higher coinsurance, copay, or deductible for care received outside of the plan's participating provider network.

Make sure your current doctors are included in the UPMC *for Life* provider network before joining a plan. You'll pay less for your care and your PCP can help make sure you get all the medical services you need to stay healthy.

Medicare Part D



Part D prescription drug coverage

Part D is offered through Medicare-approved private insurance companies. You can receive Part D coverage through a prescription drug plan (PDP) or included in a Medicare Advantage prescription drug plan (MAPD).

Covers:	Brand-name, generic, and specialty medications. Each plan has a formulary that lists the drugs that are covered.
Costs:	Your Part D monthly plan premium (if applicable). You will also pay out-of-pocket costs such as copays, deductibles, and coinsurance included with the plan you choose.

Your prescription drug coverage works in stages. You move from one stage to another based on your prescription costs. All Medicare beneficiaries have the same stages no matter which health insurance provider or Part D plan they choose. These stages reset at the beginning of each calendar year.

1. Deductible Stage: Deductible cost is determined by your plan
2. Initial Coverage Stage (*after your deductible is met*): \$0-\$4,020
3. Coverage Gap Stage: \$4,021-\$6,350
4. Catastrophic Coverage Stage: \$6,351- No Limit

Stages of prescription coverage for 2020

Stages	Description
Deductible Stage	None of the UPMC for Life plans have a deductible. However, some part D plans include a deductible. You pay the full cost for your prescriptions until you have met the deductible amount.
Initial Coverage Stage	Your Part D plan begins to pay for your covered prescriptions. You pay a copay or coinsurance depending on the drug tier. When your total drug cost (the amount both you and the plan pay added together) is more than \$4,020 you move to the Coverage Gap stage.
Coverage Gap Stage (donut hole)	You pay 25% of the plan's cost for brand name and generic drugs. A manufacturer discount payment provided by the federal government covers 70% of the total costs for brand-name drugs. This amount is included with your out-of-pocket payments for generic and brand-name drugs to determine your total costs during this stage. When your total costs from the Coverage Gap Stage, combined with your out-of-pocket costs from the Initial Coverage Gap Stage, reach \$6,350, you move to the Catastrophic Coverage Stage.
Catastrophic Coverage Stage	You have significantly lower costs for your covered drugs for the remainder of the year. You pay 5% of the cost for each of your drugs or \$3.60 for generics and \$8.95 for brand-name (whichever is greater).

Prescription drug coverage example

Stages	In this example, the total cost of a Tier 2 generic drug is \$50.
Initial Coverage Stage	You pay your plan's deductible first (if applicable). Then you pay your plan's Tier 2 generic drug copay of \$10. The plan then pays the remaining \$40. A total of \$50 (\$10 your cost plus \$40 plan cost) is put toward the \$4,020 spending limit for this stage. You have \$3,970 (\$4,020-\$50) left in the initial coverage stage.
Coverage Gap Stage	You pay a maximum of 25% of the total cost of \$50. Your cost would be \$12.50. Because this is a generic, a manufacturer discount payment does not apply. Your total costs in this stage plus what you spent in the Initial Coverage Stage must equal \$6,350 to move to the Catastrophic Coverage Stage.
Catastrophic Coverage Stage	You pay the greater of 5% or \$3.60 for a generic drug or a drug treated like a generic drug and 5% or \$8.95 for all other drugs. Your cost would be \$3.60.

Extra help with Part D prescription drug coverage

To see if you qualify for extra help:

- Call Medicare at **1-800-MEDICARE (1-800-633-4227)**.
TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week.
You can also visit their website at **www.Medicare.gov**.
- Call Social Security at **1-800-772-1213** Monday through Friday between 7 a.m. and 7 p.m.
TTY users should call **1-800-325-0778**. You can also visit their website at **www.socialsecurity.gov/prescriptionhelp/**.
- Call Medical Assistance (Medicaid) at **1-800-692-7462** Monday through Friday from 8:30 a.m. to 4:45 p.m. TTY users should call **1-800-451-5886**.

To see if you qualify for PACE or PACENET:

- Call the Pennsylvania Department of Aging at **1-800-225-7223** Monday through Friday from 8:30 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.
TTY users should call **1-800-222-9004**.
- Enroll online at **<https://pacecares.magellanhealth.com>**.

To see if you qualify for Veterans Administration (VA) benefits:

- Go to your local VA facility.
- Apply online at **www.va.gov**.

Medicare Advantage enrollment timeline

New to Medicare?

You have an Initial Coverage Election Period. This is the first time you may apply for enrollment in a Medicare Advantage plan. You may start the enrollment process up to three months before your Part B coverage goes in effect.

Already on Medicare?

There are only certain times of the year in which you can change your Medicare Advantage coverage. See the next page for more details.



Medicare Advantage additional enrollment periods

Additional enrollment periods	Changes you can make
Initial Coverage Election Period (ICEP)	This is your first opportunity to enroll in a Medicare Advantage plan. This usually occurs when you turn 65 and enroll in Medicare Parts A and B. The time frame begins three months before you turn 65, includes your birth month, and ends three months after you turn 65.
Special Election Period (SEP)	You can make changes to your Medicare Advantage coverage when certain events happen in your life. These chances to make changes are in addition to the regular enrollment periods that happen each year. There are rules about when you can make changes and the type of changes you can make based on your circumstances.

List of assistance programs based on income

If you are struggling or are unable to afford your premiums, copays, or coinsurance see below for a list of assistance programs and their income limits. They may help cover some of your out-of-pocket costs.

Additional assistance programs	2019 yearly income limit
PACENET	Single: \$27,500 Married: \$35,500
PACE	Single: \$14,500 Married: \$17,700
Low Income Subsidy (LIS)	Single: \$18,735 Married: \$25,365
Partial Medical Assistance (Partial Dual)	Single: \$17,112 Married: \$13,076
Full Medical Assistance (Full Dual) – Eligible for SNP	Single: \$12,732 Married: \$17,160

*Our hours of operation change twice a year. You can call us Oct. 1 through Dec. 31, seven days a week from 8 a.m. to 8 p.m. From Jan. 1 through Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

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., UPMC Health Coverage Inc., and UPMC *for You* Inc.

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan¹:

- Provides to people with disabilities to communicate effectively with us free aids and services, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides to people whose primary language is not English free language services , such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Member Services phone number listed on the back of your member ID card. If you believe that UPMC Health Plan¹ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a grievance with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-844-220-4785 (TTY: 711)
Fax: 412-454-7920
Email: HealthPlanCompliance@upmc.edu

Nondiscrimination Notice (*continued*)

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

Nondiscrimination Notice (*continued*)

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-381-3765 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-381-3765 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-381-3765 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-381-3765 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-381-3765 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-381-3765 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-381-3765 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-381-3765 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-381-3765 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-381-3765 (TTY: 711).

Nondiscrimination Notice (*continued*)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-381-3765 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-381-3765 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-381-3765 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរទូរស័ព្ទទៅ 1-877-381-3765 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-381-3765 (TTY: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-381-3765 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-381-3765 (TTY: 711) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-381-3765 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-381-3765 (телетайп: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-381-3765 (TTY: 711).

Have questions? UPMC *for Life* can help!

Call toll-free at 1-866-517-2802 seven days a week from 8 a.m. to 8 p.m.* TTY users should call 711.