



UPMC Health Plan Enrollment Guide

PENNSYLVANIA

UPMC HEALTH PLAN





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UPMC HEALTH PLAN

THE CARE YOU NEED, THE EXTRAS YOU WANT

At UPMC Health Plan, members are at the center of everything we do. No matter where you live in our Pennsylvania service area, you will have access to a broad network of high-quality doctors and hospitals, plus thousands of providers across the country.

But that's just the beginning.

We firmly believe that providing great health care involves more than paying claims for medical services. That's why we work closely with UPMC, other leading health care providers, and researchers at the University of Pittsburgh Schools of the Health Sciences to develop tools and programs that can help you live your healthiest life.

The bottom line is that we're committed to getting you the care you need, when and where you need it.

So how do we deliver on that commitment? By giving you access to:



Nationally recognized doctors and hospitals and a national extended network for care away from home.



Free tools and health support programs that have a track record of success. As a member, you can work one-on-one with a health coach or use our mobile apps to complete a lifestyle improvement program—at no cost.



Convenient medical care for minor illnesses and health concerns through virtual visits from a mobile device and phone calls with registered nurses.



Award-winning customer service from a Health Care Concierge who is eager to answer coverage and benefits questions.¹

ONE MEMBER'S STORY

"This is the best customer service I've ever received. We just switched over to UPMC Health Plan, and I'm so thankful for the representative. She helped me get my claims and benefits straightened out, and I really appreciate that. That's what I look for in coverage."

NEED MORE INFORMATION?

Call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.



FIND CARE WHEREVER YOU ARE



You are always covered with a national extended network. If you are traveling and an urgent health issue arises, you can access an extended network of urgent care centers, thousands of hospitals, and more than 900,000 physicians. You will receive the highest level of coverage when you use these providers while you are out of our service area. To find a provider in the extended network, you can call UPMC Health Plan Member Services or search our online provider directory.



FINDING CARE FOR DEPENDENTS WHO LIVE OUTSIDE THE SERVICE AREA

If you have dependents (up to age 26) who live, work, or study outside the service area, they have coverage through the extended network.



assist america[®]

EMERGENCY TRAVEL ASSISTANCE

If you experience a medical emergency while traveling more than 100 miles from home (including to another country) for less than 90 days, Assist America² can connect you to doctors, hospitals, pharmacies, and more.

Members can download the Assist America mobile app to contact the 24/7 Emergency Operations Center and quickly access these and other services:

- Emergency medical evacuation
- Medical monitoring and referrals
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance

ONE MEMBER'S STORY

"Throughout my experience, representatives of Assist America were professional, courteous, and respectful. They impressed me with their competence and understanding of what we were going through. I will always appreciate the help they provided to my wife and me during a very difficult and stressful time."

FIND PARTICIPATING DOCTORS, HOSPITALS, AND FACILITIES

When you're choosing a health plan, the doctors in the network are an important part of your decision. It's easy to find providers who participate with UPMC Health Plan.



To search our online provider directory, go to www.upmchealthplan.com, click Find Care at the top of the screen, then follow these directions:

- 1.** If you are not yet a member, select **I'm Just Browsing**. If you are a current member, click **I'm a Member** and enter your member ID number.
- 2.** Select the kind of care you are looking for (medical, behavioral health, dental, vision, home- and community-based services, or pharmacy).
- 3.** Select how you get your health insurance from the dropdown menu. (Current members will skip this step.)
- 4.** Choose the appropriate button based on how you want to search. You can find a provider using their name, or you can search by provider type, specialty, procedure, service, or equipment.
- 5.** Type a last name, practice name, specialty, or other search term in the field below the buttons.
- 6.** Type the county, address, city, or ZIP code where you want to receive care; indicate the distance you're willing to travel; then click **Search**.
- 7.** If you know your network, you can select it from the dropdown. This will allow you to refine your search.

COST OF CARE

You and UPMC Health Plan will share the cost of your care (**cost sharing**). This means you must pay a portion of your health care expenses and UPMC Health Plan will pay a portion.

Until you meet your **deductible**, you must pay the full cost of any health care services you receive.

UPMC Health Plan covers many preventive services for children and adults at 100 percent. This means you won't have to pay anything. **For more information on preventive services, see page 15 of this booklet.**

Your plan may have a combined medical and prescription drug deductible. (You should check your plan documents to confirm this.³) Once this deductible has been met, your prescriptions usually will be covered at your plan's designated amount. If you have any questions about pharmacy costs, please call the Open Enrollment Hotline.

When you visit a doctor's office, you may have to pay a **copayment**. A copayment is a flat fee you must pay for covered health care services. Your copayment amount will depend on the type of doctor you are seeing and the type of visit you are having. Copayments apply to your out-of-pocket maximum, but they don't count toward your deductible.

Coinsurance is what you pay after you meet your deductible. For example, if your coinsurance is 20 percent, you must pay 20 percent of the cost of your health care services. UPMC Health Plan will pay the remaining 80 percent.

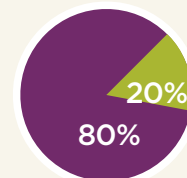
You will continue to pay your share of the cost until you meet your **out-of-pocket maximum**. This is the most you will have to pay for health care expenses in a plan year. If you meet your maximum, UPMC Health Plan will pay for 100 percent of your care. But remember, you must pay 100 percent of the cost of your health care services until you meet your deductible.

Annual deductible
You must pay 100%.*



100%

Coinsurance
You must pay for a percentage of your care and UPMC Health Plan will pay for a percentage.



(80% and 20% are typical cost-sharing amounts, but they may not be accurate for your plan. Check your plan documents.)

Annual out-of-pocket maximum
UPMC Health Plan will pay 100% once you meet your out-of-pocket maximum.



100%

NEED MORE INFORMATION?

Call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

**This is an example of what a plan may look like. Your employer may cover a portion of the deductible through a health reimbursement arrangement (HRA) or health savings account (HSA). For more information, check the Schedule of Benefits for your plan.*

CARE WHEN YOU NEED IT, CARE WHERE YOU WANT IT

UPMC Health Plan has you covered, no matter where you are. This chart explains your options for care.

CARE FOR EVERY SITUATION

Care option	Details	When to use	Availability	Cost
Primary care provider (PCP)	Your go-to for planned care and when you don't feel well	<ul style="list-style-type: none"> Well-visits Sick visits Preventive services (screenings, flu shots) Care coordination for tests or specialist care Chronic condition management (such as for diabetes or high blood pressure) 	Usually need an appointment, but many PCPs have same-day appointments	Coinsurance or copayment; no cost for many preventive services
UPMC MyHealth 24/7 Nurse Line⁴	Phone service in which a UPMC registered nurse answers health-related questions	<ul style="list-style-type: none"> Advice for treating a condition at home Guidance about whether to seek a higher level of care 	24 hours a day, seven days a week	No cost
UPMC AnywhereCare⁵	Virtual Urgent Care visit with a provider right from your computer, tablet, or smartphone	<ul style="list-style-type: none"> Colds, sinus infections, and allergy symptoms Bronchitis Diarrhea Sore throats Pink eye Rashes 	24 hours a day, seven days a week	Copayment is generally less than the cost of an urgent care visit and significantly less than an emergency department visit
Urgent care	Nonhospital facility that provides immediate care	<ul style="list-style-type: none"> Sprains, strains Minor burns Small cuts that may need stitches 	Typically open seven days a week, no appointment required	Copayment or coinsurance
Emergency department⁶	Hospital facility for emergency conditions that require immediate care	<ul style="list-style-type: none"> Heavy bleeding Chest pain Serious burns Difficulty breathing Broken bones Any life-threatening condition 	Generally 24 hours a day, seven days a week	Copayment or coinsurance

PHARMACY BENEFITS

Pharmacy coverage is an important part of a health plan. UPMC Health Plan strives to provide both value and choice. That's why we offer access to high-quality, effective generic and brand-name drugs.

- When you need to fill a prescription, you'll have access to a broad network of retail pharmacies nationwide, including CVS, Rite Aid, Sam's Club, and Walmart; regional chain pharmacies such as Giant Eagle, GIANT, MARTIN'S, and Wegmans; plus hundreds of independent pharmacies.
- You can sign up for convenient home delivery—with free standard shipping—through Express Scripts Inc.
- You can have a pharmacy review to resolve potential issues with your medication coverage. A member of our pharmacy staff will review the medications you are taking, then help you

address any potential problems before you go to the pharmacy.

- You can request a review by submitting the Pharmacy Review Form that's available at www.upmchealthplan.com/pharmacyreview.

FIND OUT WHETHER YOUR MEDICATION IS COVERED

It's easy to see if the medication you're taking is covered.

Check the formulary (drug list) for your plan option by visiting upmchp.us/pharmacybenefits.





CONVENIENT NONEMERGENCY CARE OPTIONS



UPMC ANYWHERECARE

The next time you get sick, don't waste time waiting. With UPMC AnywhereCare, you can have a Virtual Urgent Care visit with a health care provider right from your smartphone, tablet, or computer.

- You can get prompt treatment for a variety of nonemergency conditions, including cold and flu symptoms, sinus infections, allergies, rashes, and more.
- If you need a prescription, the provider will send it to your preferred pharmacy.
- Providers are available 24 hours a day, 365 days a year.

Get quality care at a low cost.

As a UPMC Health Plan member, you will pay much less to use UPMC AnywhereCare than you would for a visit to an urgent care facility or emergency room.

Learn more at www.UPMCAnywhereCare.com.

UPMC MYHEALTH 24/7 NURSE LINE

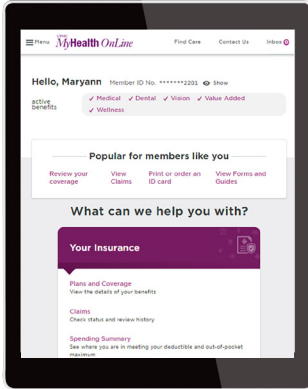
Registered nurses are available to answer your general health questions or help you determine what care you need to treat an injury or illness. After you describe your symptoms, the nurse will tell you the best way to treat your condition at home or advise you to seek medical care.

ONE MEMBER'S STORY

UPMC AnywhereCare "is extremely helpful when I am feeling ill and do not want to leave my house to see a doctor. I am very thankful to have this option 24/7."

HELP AT YOUR FINGERTIPS

Websites and apps to help you manage your health and your insurance.



MYHEALTH ONLINE

Our secure member website can give you information about your health insurance and access to wellness resources. As a member, you can log on to:

- View, order, or print member ID cards.
- Check your plan

benefits, coverage, spending summary, and claims.

- Search for participating providers.
- Explore treatment options and use our medical cost estimator get an idea of the cost.
- View your flexible spending account, HSA, or HRA balance and access the UPMC Consumer Advantage website.
- Take the MyHealth Questionnaire and receive a customized plan to get or stay healthy.

Once you have a member ID card, you can access MyHealth OnLine from www.upmchealthplan.com.



UPMC HEALTH PLAN MOBILE APP

Once you're a member, you can use this convenient app to:

- Access your digital member ID cards.
- Contact Member Services through secure messaging or live chat.
- View your recent claims information.
- Search for in-network providers.
- Complete the MyHealth Questionnaire.
- Check your progress toward reaching your deductible and out-of-pocket maximum.



MYUPMC

The secure website and mobile app both allow you to:

- Communicate with your UPMC providers.*
- Schedule and manage your appointments.
- View your medical records, doctors' notes, and test results.
- Renew your prescriptions.
- Pay bills you've received from UPMC providers.

Visit www.MyUPMC.com to create your MyUPMC account or download the app from the Apple App Store or Google Play.

**MyUPMC is available only to UPMC patients. Your health information will not appear in MyUPMC if you receive care from participating providers who are outside of the UPMC system. MyUPMC is not available for UPMC Pinnacle patients. UPMC Pinnacle patients can use MyPinnacleHealth for patient information.*



PROGRAMS TO HELP YOU STAY HEALTHY



You can achieve your health-related goals by working with a health coach. He or she can help you stay motivated and keep you accountable. We have two kinds of health coaching programs, and both are available at no cost to you.

Our **lifestyle improvement programs** can help you:

- Lose weight.
- Eat better.
- Reduce your stress.
- Quit using tobacco.
- Increase your physical activity.

Our **condition management programs** can help you:

- Manage your diabetes or heart disease.
- Control your asthma or other chronic conditions.

Our **health coaches** are registered dietitians, nurses, certified diabetes counselors, smoking cessation counselors, or licensed social workers. They can:

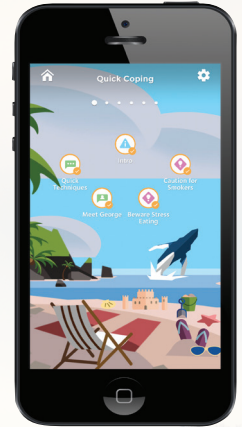
- Customize a plan that will align with your priorities and learning preferences.
- Encourage you to set goals and overcome challenges.
- Provide support and resources that can help you reach your goals.

Health coaching sessions are available over the phone and can be scheduled at times that are convenient for you.



ODYSSEY BY UPMC

This game-like app can help you learn to manage your weight, eat better, reduce your stress, quit using tobacco, or increase your physical activity. A health coach will give you tips and encouragement, and you can use the daily check-in feature to track your progress. With Odyssey by UPMC, you can get healthy and have fun doing it.



Once you're a member, you can download Odyssey from the Apple App Store or Google Play.

DISCOUNTED GYM MEMBERSHIP

Work out the way you want with the Active&Fit Direct™ program. You'll have access more than 10,000 fitness centers nationwide and over 800 on-demand fitness videos for just \$25 per month.

ONE MEMBER'S STORY

"The diabetes coaching program helped me make changes that I could sustain. My blood pressure improved, I dropped two sizes, and I lost 20 pounds. It changed my life."



MATERNITY CARE THAT'S PERSONALIZED FOR YOUR NEEDS

CHOOSE THE BIRTH EXPERIENCE YOU WANT

As a member of UPMC Health Plan, you will have coverage to deliver in a traditional hospital setting—such as a UPMC or in-network community hospital—or at a birthing center.

Our growing network includes both world-renowned obstetricians and board-certified midwives.

ONE MEMBER'S STORY

"My maternity health coach, Brooke, was such a big help. She would email me about setting up a time to check in. When we talked, I could ask her anything. She was like a friend who was really knowledgeable and well-informed."

A MATERNITY PROGRAM PERSONALIZED TO YOU

Through UPMC Health Plan's Maternity Program, you will be connected with a maternity health coach who will provide caring, clinical support throughout your pregnancy. There is no cost for this service.

Maternity health coaches are registered nurses experienced in obstetrics. They can:

- Help you form questions for upcoming doctor appointments.
- Tell you about ways to manage your pain during labor.
- Talk with you about healthy eating and foods to avoid during pregnancy.
- Help you find prenatal exercise and parenting classes.

You can talk with your coach over the phone at times that are convenient for you.



BEHAVIORAL HEALTH CARE COMES WITH EVERY PLAN

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Whether you want to make small changes to improve your life or are in recovery from a significant behavioral health issue, we can help.

Our services include treatment for these and other issues:*

- Emotional difficulties
- Bereavement issues
- Marital or family concerns
- Mental health disorders
- Substance use or dependence

EXTRA SUPPORT FOR THOSE WHO WANT IT

As a member, you will have access to behavioral health case managers who can provide referrals and link you to resources that match your needs.

In addition, you can use our condition management programs to help you cope with depression, anxiety, or substance use issues. You'll be paired with a licensed clinician who will help you set goals, challenge negative thinking, and recognize when you need help.

These programs are available at no cost to you, and you can complete them over the phone.

**Not all services are covered by all plans. Before seeking services, please check your plan documents or call Member Services to learn what is covered by your plan.*



TRANSITION OF CARE FOR NEW MEMBERS

If you join UPMC Health Plan while receiving ongoing treatment from a health care provider who is not in our network, you may be eligible for coverage of continued treatment with that provider. This is called “transition of care.”

The transition of care period may last for up to 90 days, effective from your date of enrollment. UPMC Health Plan will consult with you and the provider and may extend the transition of care period beyond 90 days if clinically appropriate, such as with pregnancies.

Please note: Transition of care is not automatic or guaranteed. To apply, you must complete and return a UPMC Health Plan Transition of Care Request Form within 30 days of your coverage effective date. (We have included a Transition of Care Request Form in the folder pocket. You can also visit www.upmchealthplan.com/members/learn/getting-started to download a form and email it to your provider.)

For more information, please call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.



THE POWER OF PREVENTION

We believe that the disease or condition that's easiest to treat is the one you never get. That's why we cover many adult and child preventive services at 100 percent.⁷

Our preventive services fall into three categories:

- Screenings
- Immunizations
- Health exams

Common adult screenings include cholesterol, blood pressure, and mammograms. Common adult immunizations include the tetanus, diphtheria, pertussis, and flu vaccines. Wellness exams are common for both children and adults.

Visit upmchp.us/psrg to see all covered preventive services for adults and children up to age 18.

Have questions about which screenings are covered?

Call the UPMC Health Plan Open Enrollment Hotline at **1-800-644-1046** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

PRIVACY AND CONFIDENTIALITY

Your information—including any information that could be used to identify you, your health information, and data about the services you have received—is kept confidential subject to the limitations and exceptions set forth below.

UPMC Health Plan uses your personal, health, and financial information internally and with our contracted agents or providers only.

Unless we have obtained your consent, we will only use your information for:

- Your health care treatment.
- Health care operations that are required to provide that treatment.
- Payment of your health care claims.

We will not share your personal information with your employer except as described in UPMC Health Plan's Notice of Privacy Practices. We will not disclose your information for any purpose beyond the three described above unless you authorize us or the law requires us to do so.

You have the right to access your medical records. You should contact your health care provider for these files.

Your rights concerning your information include the right to access, amend, and restrict access to your information.

You can request an alternate communication method or an alternate location for delivery of Health Plan communications.

You have the right to know any time the Health Plan discloses your protected health information (PHI) if it was not used for treatment, health care, operations or health care payment purposes. UPMC Health Plan policies and procedures protect PHI for current, former, and prospective members (living or deceased) in compliance with all applicable laws. These policies and procedures protect your information regardless of its format: oral, written, or electronic.

UPMC Health Plan complies with all aspects of and requirements set forth under the Health Insurance Portability and Accountability Act of 1996 and all applicable state laws. The full Health Plan Notice of Privacy Practices can be found at www.upmchealthplan.com.

For questions about the privacy and confidentiality of your PHI, call UPMC Health Plan at the number on the back of your member ID card or contact the Open Enrollment Hotline. For questions about the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083**.



ADDITIONAL INFORMATION

Hearing aids and other services may be available with some plan options. Please check with your plan administrator or review your Certificate of Coverage for details.

SERVICES NOT COVERED

Services not covered include, but are not limited to, the following:

- Acupressure
- Aromatherapy, ayurvedic medicine, herbal medicine, homeopathy, massage therapy, naturopathy, relaxation therapy, transcendental meditation, and yoga
- Comfort or convenience items, such as air conditioners, television rental, or humidifiers
- Corrective appliances, including, but not limited to, arch supports, back braces, and orthopedic shoes, unless shoes are specifically required due to diabetes or peripheral vascular disease
- Cosmetic surgery
- Custodial care
- Court-ordered services (when not medically necessary)
- Experimental or investigative procedures
- Food supplements or vitamins (except prenatal vitamins and nutritional supplements required to be covered by state or federal mandate)
- Genetic counseling
- Hearing aids and routine hearing examinations and services
- Motor vehicle insurance or workers' compensation-covered services
- Services that are not medically necessary (as determined by UPMC Health Plan)
- Over-the-counter drugs
- Physical examinations given primarily at the request of a third party, including, but not limited to, attorneys, employers, insurers, schools, camps, and driver's licensing bureaus
- Surrogate motherhood
- Military service-connected disabilities and conditions

MAKING SURE YOU GET THE SERVICES YOU NEED

Utilization management (UM) is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.

For more information about our UM program, you can call a Health Care Concierge. A Health Care Concierge is your personal contact at UPMC Health Plan. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also receive a copy of the criteria we use to make UM decisions.

This booklet is a summary of plan information and is not a complete description of the benefits and limitations under your plan. Plan benefits and limitations may vary between employers and may be subject to change from the descriptions herein. Consult your official plan materials and/or insurance certificate (where applicable) for specific benefit information.

In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Coverage Inc. It may also refer to UPMC Health Benefits Inc. and UPMC Benefit Management Services Inc. This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. It is typically the responsibility of the medical provider to obtain any preservice approvals.

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 Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- 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 Plan has failed to provide these services or has 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 complaint with:

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

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

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 SW., 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.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (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 1-855-869-7228 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).



¹UPMC Health Plan earned 11 awards for customer service excellence at the 14th Annual Stevie® Awards—including the 2020 People’s Choice Stevie Award for Favorite Customer Service in the Healthcare and Pharma category. UPMC Health Plan earned three 2019 Gold Stevie Awards for its outstanding sales and customer service. The Stevie Awards are the world’s premier business awards.

²Assist America is not travel or medical insurance. Its services will not replace health coverage while members or their dependents are away from home.

³Members who have a qualified high-deductible health plan may have to pay the contracted rate for any medical and pharmacy products or services until their deductible is met.

⁴UPMC 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 ID card for questions regarding your plan benefits.

⁵UPMC Health Plan members located in Pennsylvania at the time of virtual visit may select a UPMC-employed provider or a provider from Online Care Network II P.C. (OCN), subject to availability and discretion of the provider. Members located outside of Pennsylvania will receive service from OCN. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans that have opted out of coverage.

⁶In an emergency, members can visit any emergency department, even if the hospital does not participate with UPMC Health Plan.

⁷UPMC Health Plan will cover many adult and child preventive services at 100 percent if the services are received from a participating provider.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

