

Summary of Benefits

UPHP Advantage HMO-POS (H2161-002)

UPHP Choice HMO (H2161-003)

This is a summary of drug and health services covered by Upper Peninsula Health Plan (UPHP) Advantage and UPHP Choice from Jan. 1, 2022 through Dec. 31, 2022.

UPHP Advantage is an HMO-POS plan with a Medicare contract. UPHP Choice is an HMO plan with a Medicare contract. Enrollment in UPHP depends on contract renewal.

This is not a complete description of benefits. The complete list of benefits can be found in the UPHP *Evidence of Coverage* (EOC). To access the UPHP EOC online, visit www.uphp.com/medicare. To request a hard copy of the UPHP EOC or alternate format of this summary (such as large print), call UPHP Customer Service at 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time, with weekend hours Oct. 1 through March 31. The call is free.

UPHP has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. To access the UPHP Provider and Pharmacy Directory online, visit www.uphp.com/medicare. UPHP Advantage is an HMO Point-of-Service (POS) plan. HMO-POS plans work a lot like HMO plans. The main difference is that you can see doctors outside your network in some cases. With our HMO-POS plan, it means you can get routine health care when you travel outside the Upper Peninsula of Michigan but within the U.S. Prior authorization requirements are the same for in-network and POS services.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.uphp.com/medicare.

To join UPHP Advantage or UPHP Choice, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Michigan: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://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.

Premiums and Benefits	UPHP Advantage HMO-POS (H2161-002)	UPHP Choice HMO (H2161-003)
Outpatient Hospital Coverage <i>(continued)</i>	<i>Additional copays may apply for services. See Medical Benefits Chart in UPHP Evidence of Coverage for more information.</i>	<i>Additional copays may apply for services. See Medical Benefits Chart in UPHP Evidence of Coverage for more information.</i>
Doctor Visits <ul style="list-style-type: none"> ○ Primary Care ○ Specialists 	In-network: \$10 copay per visit \$40 copay per visit Point-of-Service: 30% coinsurance for primary and \$40 copay per specialist visit.	In-network: \$15 copay per visit \$45 copay per visit
Preventive Care	In-network: \$0 Any additional preventive services approved by Medicare during the contract year will be covered. Point-of-Service: 30% coinsurance	In-network: \$0 Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	In-network: \$90 copay per visit Point-of-Service: \$90 copay per visit	In-network: \$90 copay per visit
Urgently Needed Services	In-network: \$50 copay per visit Point-of-Service: \$50 copay per visit	In-network: \$50 copay per visit
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> ○ Diagnostic tests and procedures ○ Lab services ○ Diagnostic radiology service (i.e. MRI) 	In-network: \$10 copay \$5 copay \$255 copay for CT and PET/MRI radiological services. \$25 copay for all other Medicare-covered diagnostic radiological services.	In-network: \$15 copay \$10 copay \$270 copay for CT and PET/MRI radiological services. \$35 copay for all other Medicare-covered diagnostic radiological services.

Premiums and Benefits	UPHP Advantage HMO-POS (H2161-002)	UPHP Choice HMO (H2161-003)
Diagnostic Services/ Labs/ Imaging <i>(continued)</i> <ul style="list-style-type: none"> ○ Outpatient x-rays ○ Therapeutic radiology services 	\$25 copay 20% coinsurance <i>Prior authorization is required for some services. Please contact the plan for more information.</i> Point-of-Service: 30% coinsurance for diagnostic and therapeutic radiology. In-network copay amounts for outpatient diagnostic tests and procedures, lab services, and x-rays.	\$35 copay 20% coinsurance <i>Prior authorization is required for some services. Please contact the plan for more information.</i>
Hearing Services <ul style="list-style-type: none"> ○ Exam to diagnose and treat hearing and balance issues ○ Routine hearing exam and hearing aid fitting/evaluation (for up to one every three years) ○ Hearing aids 	In-network: \$35 copay This plan pays up to \$90 every three years for routine hearing exams and hearing aid fitting/evaluations. This plan pays up to \$750 for up to two hearing aids for both ears combined every three years. Point-of-Service: 30% coinsurance for Medicare-covered hearing exams.	In-network: \$45 copay Not a covered benefit. Not a covered benefit.

Premiums and Benefits	UPHP Advantage HMO-POS (H2161-002)	UPHP Choice HMO (H2161-003)
<p>Dental Services</p> <p>Preventive dental services</p> <ul style="list-style-type: none"> ○ Cleaning (for up to one every six months) ○ Dental x-ray(s) (for up to one every year) ○ Fluoride treatment (for up to one every year) ○ Oral exam (for up to one every six months) <p>Comprehensive dental services</p> <ul style="list-style-type: none"> ○ Periodontal maintenance ○ Endodontics (root canals) ○ Simple extractions 	<p>In-network:</p> <p>\$0 for preventive dental services.</p> <p>\$0 for periodontal maintenance.</p> <p>50% coinsurance for endodontics and simple extractions.</p> <p><i>You must obtain dental services from an in-network provider.</i></p> <p>Point-of-Service: Dental services are not a covered benefit.</p>	<p>In-network:</p> <p>\$0 for preventive dental services.</p> <p>\$0 for periodontal maintenance.</p> <p>50% coinsurance for endodontics and simple extractions.</p> <p><i>You must obtain dental services from an in-network provider.</i></p>
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) ○ Eyeglasses or contact lenses after cataract surgery ○ Routine eye exam 	<p>In-network:</p> <p>\$35 copay</p> <p>20% coinsurance</p> <p>This plan pays up to \$90 every year for routine eye exams. (For up to one every year.)</p>	<p>In-network:</p> <p>\$45 copay</p> <p>20% coinsurance</p> <p>This plan pays up to \$90 every year for routine eye exams.</p>

Premiums and Benefits	UPHP Advantage HMO-POS (H2161-002)	UPHP Choice HMO (H2161-003)
Vision Services <i>(continued)</i> <ul style="list-style-type: none"> ○ Eyewear (contact lenses, eyeglasses (frames and lenses), eyeglass frames, eyeglass lenses) 	This plan pays up to \$200 every year for eyewear (glasses or contacts). (For up to one every year.) Point-of-Service: 30% coinsurance for Medicare-covered eye exams.	This plan pays up to \$100 every year for eyewear (glasses or contacts).
Mental Health Services <ul style="list-style-type: none"> ○ Inpatient visit ○ Outpatient group therapy visit ○ Outpatient individual therapy visit 	In-network: <ul style="list-style-type: none"> ○ \$310 copay per day for days 1 through 6. ○ \$0 for days 7 through 90. \$40 copay per visit \$40 copay per visit Point-of-Service: 30% coinsurance for mental health services.	In-network: <ul style="list-style-type: none"> ○ \$310 copay per day for days 1 through 6. ○ \$0 for days 7 through 90. \$40 copay per visit \$40 copay per visit
Skilled Nursing Facility	In-network: <ul style="list-style-type: none"> ○ \$0 for days 1 through 20. ○ \$188 copay per day for days 21 through 100 per admission. Point-of-Service: 30% coinsurance Our plan covers up to 100 days in a skilled nursing facility per benefit period.	In-network: <ul style="list-style-type: none"> ○ \$0 for days 1 through 20. ○ \$188 copay per day for days 21 through 100 per admission. Our plan covers up to 100 days in a skilled nursing facility per benefit period.
Rehabilitation Services <ul style="list-style-type: none"> ○ Occupational therapy visit 	In-network: \$40 copay per visit	In-network: \$40 copay per visit

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Rehabilitation Services <i>(continued)</i> <ul style="list-style-type: none"> ○ Physical therapy, speech therapy, and language therapy visits 	\$40 copay per visit Point-of-Service: 30% coinsurance for rehabilitation services.	\$40 copay per visit
Ambulatory Surgery Center	In-network: \$205 copay for each Medicare-covered ambulatory surgical center visit. Point-of-Service: 30% coinsurance	In-network: \$250 copay for each Medicare-covered ambulatory surgical center visit.
Ambulance	In-network: \$250 copay for ground ambulance services. 20% coinsurance for air ambulance services. Point-of-Service: \$250 copay for ground ambulance services. 20% coinsurance for air ambulance services.	In-network: \$285 copay for ground ambulance services. 20% coinsurance for air ambulance services.
Transportation	Not a covered benefit.	Not a covered benefit.
Medicare Part B Drugs	In-network: 20% of the cost for chemotherapy, radiation drugs and other Part B drugs. Point-of-Service: 30% coinsurance for chemotherapy, radiation drugs and other Part B drugs.	In-network: 20% of the cost for chemotherapy, radiation drugs and other Part B drugs.
Fitness Benefit	Basic gym membership with participating <i>LIVE FIT</i> gyms.	Basic gym membership with participating <i>LIVE FIT</i> gyms.
24-hour Nurse Advice Line	There is no coinsurance, copayment, or deductible for members to use the 24-hour nurse advice line.	There is no coinsurance, copayment, or deductible for members to use the 24-hour nurse advice line.

UPHP Advantage

Outpatient Prescription Drugs			
Costs may differ based on pharmacy type or status (i.e. preferred /non-preferred, mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).			
Phase 1: Deductible Stage	\$0		
Phase 2: Initial Coverage Stage	You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$4,430.		
Tier	Standard Retail, Mail Order and LTC Pharmacy One-month Supply	Standard Retail Three-month Supply	Mail Order Pharmacy Three-month Supply
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$10 copay	\$20 copay	\$15 copay
Tier 3: Preferred Brand	\$42 copay	\$84 copay	\$63 copay
Tier 4: Non-Preferred Drug	\$95 copay	\$190 copay	\$142.50 copay
Tier 5: Specialty Tier	33% of the cost	Not offered	Not offered
Coverage Gap and Catastrophic Coverage Stages	Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the <i>Evidence of Coverage</i> online at www.uphp.com/medicare and below.		
Phase 3: Coverage Gap Stage	After your yearly out-of-pocket drug costs reach \$4,430, you pay no more than 25% of the cost of generic drugs or 25% of the cost plus a portion of the dispensing fee for brand name drugs.		
Phase 4: Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay 5% of the cost of the drug or \$3.95 generic/\$9.85 brand, whichever is greater.		
Cost sharing may change when entering another phase of the Part D benefit.			
<i>Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your Formulary (List of Covered Drugs) to determine if your drugs are subject to any limitations.</i>			

UPHP Choice

Outpatient Prescription Drugs

Costs may differ based on pharmacy type or status (i.e. preferred /non-preferred, mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).

Phase 1: Deductible Stage	\$285 except for drugs listed on Tier 1 which are excluded from the deductible.		
Phase 2: Initial Coverage Stage	After you pay your deductible, you pay the following until your total yearly drug costs reach \$4,430. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$4,430.		
Tier	Standard Retail, Mail Order and LTC Pharmacy One-month Supply	Standard Retail Three-month Supply	Mail Order Pharmacy Three-month Supply
Tier 1: Preferred Generic	\$2 copay	\$4 copay	\$3 copay
Tier 2: Generic	\$20 copay	\$40 copay	\$30 copay
Tier 3: Preferred Brand	\$47 copay	\$94 copay	\$70.50 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$200 copay	\$150 copay
Tier 5: Specialty Tier	28% of the cost	Not offered	Not offered
Coverage Gap and Catastrophic Coverage Stages	Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the <i>Evidence of Coverage</i> online at www.uphp.com/medicare and below.		
Phase 3: Coverage Gap Stage	After your yearly out-of-pocket drug costs reach \$4,430, you pay no more than 25% of the cost of generic drugs or 25% of the cost plus a portion of the dispensing fee for brand name drugs.		
Phase 4: Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay 5% of the cost of the drug or \$3.95 generic/\$9.85 brand, whichever is greater.		

Cost sharing may change when entering another phase of the Part D benefit.

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