



2020

Summary of Benefits



Upper Peninsula
Health Plan
(HMO)
Medicare
Advantage Plans

Summary of Benefits

UPHP Advantage HMO

UPHP Choice HMO

H2161, Plan 002 and Plan 003

This is a summary of drug and health services covered by Upper Peninsula Health Plan Advantage (HMO) and Upper Peninsula Health Plan Choice (HMO) from Jan. 1, 2020 through Dec. 31, 2020.

Upper Peninsula Health Plan (UPHP) is an HMO plan with a Medicare contract. Enrollment in UPHP depends on contract renewal.

This is not a complete description of benefits. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. The complete list of benefits can be found in the UPHP Evidence of Coverage (EOC). The UPHP EOC gives you details of the plan's benefits and services, as well as prescription drug coverage information. It also explains how you can get the health care you need. To access the UPHP EOC online, visit www.uphp.com/medicare, select "Current Members" from the left hand column, select "Medicare Advantage Plans," and then select "Evidence of Coverage" on the left hand side of the screen. To request a hard copy of the UPHP EOC, 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.

To join Upper Peninsula Health Plan Advantage (HMO) or Upper Peninsula Health Plan Choice (HMO), 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.

Upper Peninsula Health Plan 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.

Premiums and Benefits	Upper Peninsula Health Plan (UPHP) Advantage HMO	Upper Peninsula Health Plan (UPHP) Choice HMO
Monthly Plan Premium	<p>You pay \$113.</p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>You pay nothing.</p> <p>You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>No deductible.</p>	<p>No plan deductible for Medicare Part B benefits.</p> <p>\$435 deductible per year for Part D prescription drugs, except for drugs listed on Tier 1 which are excluded from the deductible.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>You pay no more than \$6,700 annually.</p> <p>Includes copays, coinsurance and other costs for medical services for the year.</p>	<p>You pay no more than \$6,700 annually.</p> <p>Includes copays, coinsurance and other costs for medical services for the year.</p>
Inpatient Hospital Coverage	<ul style="list-style-type: none"> ○ \$250 copay per day for days 1 through 6 ○ You pay nothing per day for days 7 through 90 <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<ul style="list-style-type: none"> ○ \$300 copay per day for days 1 through 6 ○ You pay nothing per day for days 7 through 90 <p>Our plan covers 90 days for an inpatient hospital stay.</p>
Outpatient Hospital Coverage	<p>You pay \$35 copay per visit.</p> <p><i>Additional copays may apply for services. See Medical Benefits Chart in UPHP Evidence of Coverage for more information.</i></p>	<p>You pay \$40 copay per visit.</p> <p><i>Additional copays may apply for services. See Medical Benefits Chart in UPHP Evidence of Coverage for more information.</i></p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary Care ○ Specialists 	<p>You pay \$10 copay per visit.</p> <p>You pay \$40 copay per visit.</p>	<p>You pay \$15 copay per visit.</p> <p>You pay \$45 copay per visit.</p>
Preventive Care	<p>You pay nothing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>You pay nothing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

Premiums and Benefits	Upper Peninsula Health Plan (UPHP) Advantage HMO	Upper Peninsula Health Plan (UPHP) Choice HMO
Emergency Care	You pay \$90 copay per visit.	You pay \$90 copay per visit.
Urgently Needed Services	You pay \$50 copay per visit.	You pay \$50 copay per visit.
<p>Diagnostic Services / Labs / Imaging</p> <ul style="list-style-type: none"> ○ Diagnostic radiology service (e.g., MRI) ○ Therapeutic radiology services ○ Lab services ○ Diagnostic tests and procedures ○ Outpatient x-rays 	<p>You pay \$255 copay for CT and PET/MRI radiological services.</p> <p>You pay \$5 copay for all other Medicare-covered diagnostic radiological services.</p> <p>You pay 20% coinsurance.</p> <p>You pay \$5 copay.</p> <p>You pay \$10 copay.</p> <p>You pay \$10 copay.</p> <p><i>Prior authorization is required for some services. Please contact the plan for more information.</i></p>	<p>You pay \$270 copay for CT and PET/MRI radiological services.</p> <p>You pay \$10 copay for all other Medicare-covered diagnostic radiological services.</p> <p>You pay 20% coinsurance.</p> <p>You pay \$10 copay.</p> <p>You pay \$15 copay.</p> <p>You pay \$20 copay.</p> <p><i>Prior authorization is required for some services. Please contact the plan for more information.</i></p>
<p>Hearing Services</p> <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 	<p>You pay \$35 copay.</p> <p>This plan pays up to \$90 every three years for routine hearing exams and hearing aid fitting/evaluations.</p> <p>This plan pays up to \$1,300 for up to two hearing aids for both ears combined every three years.</p> <p><i>Prior authorization is required for hearing aids.</i></p>	<p>You pay \$45 copay.</p> <p>Not a covered benefit.</p> <p>Not a covered benefit.</p>

Premiums and Benefits	Upper Peninsula Health Plan (UPHP) Advantage HMO	Upper Peninsula Health Plan (UPHP) Choice HMO
<p>Dental Services</p> <ul style="list-style-type: none"> ○ Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) <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>You pay nothing.</p> <p><i>You must obtain dental services from an in-network provider.</i></p> <p>You pay nothing.</p> <p><i>You must obtain preventive dental services from an in-network provider.</i></p>	<p>You pay nothing.</p> <p><i>You must obtain dental services from an in-network provider.</i></p> <p>You pay nothing.</p> <p><i>You must obtain preventive 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 (for up to one every year) ○ Eyewear (contact lenses, eyeglasses (frames and lenses), eyeglass frames, eyeglass lenses) for up to one every year 	<p>You pay \$35 copay.</p> <p>You pay \$35 copay.</p> <p>This plan pays up to \$90 every year for routine eye exams.</p> <p>This plan pays up to \$300 every year for eyewear (glasses or contacts).</p>	<p>You pay \$45 copay.</p> <p>You pay nothing.</p> <p>Not a covered benefit.</p> <p>Not a covered benefit.</p>

Premiums and Benefits	Upper Peninsula Health Plan (UPHP) Advantage HMO	Upper Peninsula Health Plan (UPHP) Choice HMO
<p>Mental Health Services</p> <ul style="list-style-type: none"> ○ Inpatient visit ○ Outpatient group therapy visit ○ Outpatient individual therapy visit 	<ul style="list-style-type: none"> ○ You pay \$290 copay per day for days 1 through 6 ○ You pay nothing per day for days 7 through 90 <p>You pay \$40 copay per visit.</p> <p>You pay \$40 copay per visit.</p>	<ul style="list-style-type: none"> ○ You pay \$290 copay per day for days 1 through 6 ○ You pay nothing per day for days 7 through 90 <p>You pay \$40 copay per visit.</p> <p>You pay \$40 copay per visit.</p>
<p>Skilled Nursing Facility</p>	<ul style="list-style-type: none"> ○ You pay nothing per day for days 1 through 20 ○ You pay \$178 copay per day for days 21 through 100 <p>Our plan covers up to 100 days in a skilled nursing facility.</p>	<ul style="list-style-type: none"> ○ You pay nothing per day for days 1 through 20 ○ You pay \$178 copay per day for days 21 through 100 <p>Our plan covers up to 100 days in a skilled nursing facility.</p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> ○ Occupational therapy visit ○ Physical therapy, speech therapy, and language therapy visits 	<p>You pay \$40 copay per visit.</p> <p>You pay \$40 copay per visit.</p>	<p>You pay \$40 copay per visit.</p> <p>You pay \$40 copay per visit.</p>
<p>Ambulatory Surgery Center</p>	<p>You pay \$205 copay for each Medicare-covered ambulatory surgical center visit.</p>	<p>You pay \$215 copay for each Medicare-covered ambulatory surgical center visit.</p>
<p>Ambulance</p>	<p>You pay \$200 copay for ground ambulance services.</p> <p>You pay 20% coinsurance for air ambulance services.</p>	<p>You pay \$200 copay for ground ambulance services.</p> <p>You pay 20% coinsurance for air ambulance services.</p>
<p>Transportation</p>	<p>Not a covered benefit.</p>	<p>Not a covered benefit.</p>
<p>Medicare Part B Drugs</p>	<p>You pay 20% of the cost for chemotherapy drugs.</p>	<p>You pay 20% of the cost for chemotherapy drugs.</p>

Premiums and Benefits	Upper Peninsula Health Plan (UPHP) Advantage HMO	Upper Peninsula Health Plan (UPHP) Choice HMO
Medicare Part B Drugs (continued)	You pay 20% of the cost for other Part B drugs. <i>Prior authorization is required for some Medicare Part B drugs. Please contact the plan for more information.</i>	You pay 20% of the cost for other Part B drugs. <i>Prior authorization is required for some Medicare Part B drugs. Please contact the plan for more information.</i>

UPHP Advantage

Outpatient Prescription Drugs			
Costs may differ based on pharmacy type or status (e.g., preferred /non-preferred, mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply)			
Phase 1: Deductible Stage	You pay \$0		
Phase 2: Initial Coverage Stage	Standard Retail, Mail Order and Long Term Care Pharmacy One-month Supply	Standard Retail Three-month Supply	Mail Order Pharmacy Three-month Supply
Tier 1: Preferred Generic	You pay \$5 copay.	You pay \$10 copay.	You pay \$7.50 copay.
Tier 2: Generic	You pay \$10 copay.	You pay \$20 copay.	You pay \$15 copay.
Tier 3: Preferred Brand	You pay \$42 copay.	You pay \$84 copay.	You pay \$63 copay.
Tier 4: Non-Preferred Drug	You pay \$95 copay.	You pay \$190 copay.	You pay \$142.50 copay.
Tier 5: Specialty Tier	You pay 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	<i>Generic drugs:</i> You pay no more than 25% of the cost of the drug <i>Brand name drugs:</i> You pay 25% of the cost plus a portion of the dispensing fee		
Phase 4: Catastrophic Coverage Stage	5% of the cost of the drug or \$3.60 generic/\$8.95 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 (e.g., preferred /non-preferred, mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply)

Phase 1: Deductible Stage	You pay \$435 except for drugs listed on Tier 1 which are excluded from the deductible.		
Phase 2: Initial Coverage Stage	Standard Retail, Mail Order and Long Term Care Pharmacy One-month Supply	Standard Retail Three-month Supply	Mail Order Pharmacy Three-month Supply
Tier 1: Preferred Generic	You pay \$7 copay.	You pay \$14 copay.	You pay \$10.50 copay.
Tier 2: Generic	You pay \$13 copay.	You pay \$26 copay.	You pay \$19.50 copay.
Tier 3: Preferred Brand	You pay \$47 copay.	You pay \$94 copay.	You pay \$70.50 copay.
Tier 4: Non-Preferred Drug	You pay \$100 copay.	You pay \$200 copay.	You pay \$150 copay.
Tier 5: Specialty Tier	You pay 25% 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	<i>Generic drugs:</i> You pay no more than 25% of the cost of the drug <i>Brand name drugs:</i> You pay 25% of the cost plus a portion of the dispensing fee		
Phase 4: Catastrophic Coverage Stage	5% of the cost of the drug or \$3.60 generic/\$8.95 brand, whichever is greater		

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

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.

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.

This document is available in other formats such as Braille or large print.

For more information, please call us at the phone number below or visit us at www.uphp.com/medicare.

Toll-free 1-877-349-9324, TTY users should call 711.

From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 9 p.m. Eastern time.

From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

You can see our plan’s *Provider and Pharmacy Directory* at our website at www.uphp.com/medicare.

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.