Duquesne UniversitylealthyU HIA EP@remium Network: UPMC Health Plan

Coverage forIndividual, Individual + Spouse, FarailyTypeEPC

The Summary of Benefits and Coverage (SBC) document will help you choosed and the Batth SBC shows you how you and the cost for covered health care services. NOTEmbation about the cost of this called the premium will be provided separately.

covered before you me

Yes. Deductible oes not apply Reventive care
Primary Care provider office visit, Specialist office
visit, Emergency 38p (e)16 (et)6.6 (t)1 (m)70 (nt). ()] g 2TT1 1 Tg 0 Tc 0 T1386.12 0 1386.277 46.32 360.6 Tm ()TJ EM

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All copaymentand coinsurance costs shown in this chart are after your de that there net, if a deduction plies.

Common	Services You May Nee	WhatYou Will Pay		Limitations, Exceptions, & Other
Medical Event		(You will pay the least)	(You will pay the most)	Important Information
	Primary Care visit to trea injury or illness.	\$25 <u>copayme</u> rpter visit. <u>Deductib</u> leoes not apply.	Not covered	None.
If you visit a health care	<u>Speciali</u> stisit	\$45 <u>copayme</u> rpter visit. <u>Deductib</u> leoes not apply.	Not covered	None.
orovider'soffice or clinic	Preventive carescreenin/immunizatio	No cost <u>Deductib</u> l e oes not apply.	Not covered	Please see your Schedule of Benefits details. You may have to pay for servithat aren <u>terventive</u> . Ask your vide if the services needed receive then check what your will pay for.
If you have a test	Diagnostic te(seray, blood work)	15% <u>coinsuran</u> ce	Not covered	Certain Diagnostic Services may have additional cost sharing. Please see you Schedule of Benefits for details.
	Imaging (CT/PET scans, MRIs)	15% <u>coinsuran</u> ce	Not covered	None.

Common Medical Event	Services You May Nee	WhatYou Will Pay		Limitations, Exceptions, & Other
		(You will pay the least)	(You will pay the most)	Important Information
	Office visits	\$25 <u>copayme</u> rpter visit. Deductible		
If you are pregnant				

Excluded Services & Other Covered Services:

Services Your landenerally Does NOT Cover (Check your politization and a list of any extremely service)s

Cosmetic surgery

Infertility treatment

• Routine Eye Care (Adult)

• Dental care (Adult)

Longterm care

- Weight loss programs
- Hearing aids
 Nonemergency care when traveling outside t

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Pleasescynouent.)

• Acupuncture only covered for specific diagnor •

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples to the prices of the latest and the cost of the latest actual care. Your actual costs will be different to the actual care you receive, the prices of the latest actual care you receive, the prices of the latest actual care. Your actual costs will be different to the latest actual care you receive, the prices of the prices of the latest actual care. Your actual costs will be different to the latest actual care. Your actual costs will be different to the latest actual care. Your actual costs will be different to the latest actual care. Your actual costs will be different to the latest actual care. Your actual costs will be different to the latest actual care. Your actual costs will be different to the latest actual care you receive, the prices of the latest actual care. Your actual costs will be different to the latest actual care you receive, the prices of the latest actual care. Your actual costs will be different to the latest actual care your actual care. Your actual costs will be different to the latest actual care your actual care. Your actual care your actual care. Your actual care your actual care your actual care your actual care. Your actual care your actual care your actual care. Your actual care your actual care your actual care your actual care your actual care. Your actual care your ac

Managing Joe's type 2 Diabetes
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