



CURRENTLY SEEING A UPMC PROVIDER?

You may be eligible for in-network benefits ... and, if not, you're protected against balance billing.

Members who are in a continuing course of treatment for a chronic or persistent medical condition and were treated for that condition in 2013, 2014 or 2015 by a UPMC physician or by an independent physician and received care for that condition at UPMC can receive care from those UPMC providers at the in-network level of benefits through June 2019. Routine preventive care does not qualify as a chronic or persistent medical condition.

If you choose to receive care from UPMC providers — even though you don't qualify for in-network benefits based on one of the other provisions of the Consent Decree — you will be responsible for the out-of-network deductible and cost sharing of 80%. But UPMC can only "balance bill" you up to 60 percent of their actual charge. That's important protection that could save you money.