

	Type of Service	Time Limits	You Pay	Medicare Pays	Eligibility	Not Covered
PART A	<b>*Hospital Inpatient:</b> Including semi-private room, meals, and regular nursing services	First 60 days	\$1,632 deductible	Balance	Over 65: Eligible for Social Security	Private rooms, private nurses, doctors
		Days 61-90	\$408 per day		Under 65: Certain Disabilities	
	<b>Lifetime Reserve</b>	Lifetime limit of 60 days	\$816 copayment per day	Balance	Same as for hospital inpatient care	Same as for hospital inpatient care
	<b>*Skilled Nursing Care:</b> Facilities certified by Medicare	First 20 days	\$0	100%	Must be an extension of at least 4 days of hospital inpatient care and authorized by a physician	Same as for hospital inpatient care, including personal convenience items
		Days 21-100	\$204 per day	Balance		
	<b>Home Health Care:</b> Performed by nurses, therapists, and home health aides	Intermittent care recertified every 60 days by physician	No copayment 20% of Medicare Approved Amount for DME	100%	Homebound; authorized by your physician	Full-time, long-term nursing care at home, drugs, meals, and homemaker services
<b>Inpatient Psychiatric Hospital Care</b>	Lifetime limit of 190 days	Same as for hospital inpatient care	Balance	Same as for hospital inpatient care	Same as for hospital inpatient care	
<b>Hospice Care</b>	Unlimited, provided the patient continues to be certified as terminally ill	5% copay (up to \$5) on each prescription related to terminal illness	All care, equipment, and medication related to the hospice (terminal) diagnosis	Certified by the attending physician as terminally ill	Refer to your hospice provider	
		Respite care: 5% of respite rate				
*All services are based on benefit periods						
PART B	Doctor's fees including medical/surgical services, hospital outpatient services, emergency room treatment and outpatient treatment of mental illness; oxygen and wheelchair (home use only); outpatient physical and occupational therapy or speech pathology; ambulance	Unlimited during duration of eligibility	Annual \$240 deductible plus basic monthly premium as determined by your annual income; thereafter 20% of the approved Medicare allowable	80% of the approved Medicare allowable after your deductible has been met	Must enroll and pay monthly premium	Routine vision checkup, eye glasses, hearing aids, dental work, orthopedic shoes, cosmetic surgery, immunizations (except Hepatitis B, pneumonia, and influenza), private nurses, private room, and certain prescription drugs, wheelchair van or ambulette
*Note: Outpatient therapies are subject to a cap.						

Skilled Residents		
Medicare Part A	Insurance	Medical
<p><b>Covered transports:</b></p> <ul style="list-style-type: none"> <li>Emergency Ambulance trips to the ER                             <ul style="list-style-type: none"> <li>covered under consolidated billing if deemed a true emergency</li> </ul> </li> <li>Stretcher van deemed medically necessary                             <ul style="list-style-type: none"> <li>physician statement required. Ambulance company bills Medicare Part B</li> </ul> </li> </ul> <p><b>Non-covered transports:</b></p> <ul style="list-style-type: none"> <li>Wheelchair van or ambulette</li> <li>Stretcher van not deemed medically necessary</li> </ul> <p><i>Note: Dialysis clinic transports are not covered. Ambulance companies bill patients directly for these transports.</i></p>	<p><b>Covered transports:</b></p> <ul style="list-style-type: none"> <li>Emergency ambulance trips to the ER                             <ul style="list-style-type: none"> <li>covered under insurance, subject to deductible as required</li> </ul> </li> <li>Stretcher van deemed medically necessary:                             <ul style="list-style-type: none"> <li>Physician statement required</li> <li>Ambulance company bills insurance directly</li> <li>Patient is responsible for copays as outlined by their contract</li> </ul> </li> </ul> <p><i>Note: Coverage for wheelchair van or ambulette transports varies according to patient insurance provider. Patient is responsible for copays.</i></p> <p><i>*Only insurance exceptions are the Medicaid HMOs (Gateway, BEST, and UPMC for You). Transports are covered under these providers.</i></p>	<p>All transports are covered for Medical Assistance patients that are approved in the facility, not the community.</p>

UPMC Senior Communities Skilled Nursing and Rehabilitation Facilities	
<p><b>Avalon Place Springs<sup>†</sup></b> 745 Greenville Rd. Mercer, PA 16137 724-662-5400</p>	<p><b>Canterbury Place<sup>**</sup></b> 310 Fisk St. Pittsburgh, PA 15201 412-622-9000</p>
<p><b>Cranberry Place*</b> 5 St. Francis Way Cranberry Twp. PA 16066 724-772-5350</p>	<p><b>Sherwood Oaks</b> 100 Norman Dr. Cranberry Twp. PA 16066 724-776-8100</p>
<p><i>*Transitional Rehabilitation Units (TRUs) in partnership with the UPMC Rehabilitation Institute for short-term patients. Canterbury Place also offers a second Heart and Vascular Institute TRU specifically for cardiac-specific post-acute complex cardiology and cardiac surgical patients in partnership with the UPMC Heart and Vascular Institute.</i></p>	
<p><sup>†</sup>Skilled memory care available at Avalon Springs Place and Canterbury Place</p>	
<p>For information and questions regarding skilled nursing and rehabilitation referrals, call the Central Admissions Office (CAO) at <b>412-688-3900</b>.</p>	

Other UPMC Senior Communities Facilities
<p><b>Independent Living</b></p> <p>Beatty Pointe Village — Monroeville Cumberland Woods Village — Allison Park Hampton Fields Village — Hampton Sherwood Oaks — Cranberry Twp. Strabane Trails Village — Washington</p>
<p><b>Personal Care</b></p> <p>Canterbury Place — Lawrenceville Sherwood Oaks — Cranberry Twp.</p>
<p><b>Assisted Living</b></p> <p>Cumberland Crossing Manor — Allison Park Strabane Woods — Washington</p>

*Personal care memory care available at Sherwood Oaks*



To learn more visit [UPMCSeniorCommunities.com](https://UPMCSeniorCommunities.com) or call **1-800-324-5523**.