

Medical Plans Comparative Summary of Key Provisions

UPMC Health Plan Member Services:
1-888-499-6885
www.upmchealthplan.com/pitt

PANTHER GOLD with Advantage Network (HMO)	
Requires selection of a network doctor— primary care physician (PCP) ^c No coverage provided outside the UPMC Health Plan network, except in the case of an emergency	
UPMC ADVANTAGE NETWORK: Higher Benefit—UPMC Owned Facilities^a	UPMC Health Plan Network Lower Benefit^b
Deductible* (member responsibility before insurance pays for services)	n/a / \$300 / \$600
Coinsurance (member responsibility for services after deductible has been paid)	n/a / 20%
Plan Responsibility (amount insurance pays for services after member pays deductible and before out-of-pocket max is reached)	100% / 80%
Out-of-Pocket Max—INCLUDES Deductible and Coinsurance/ Copayment Amounts, Including Pharmacy Copayments (total member responsibility before insurance pays for services at 100%)	\$1,800 / \$3,600
Copayment (member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance)	Copayments for various services are listed below
HIA/HSA Option⁺	HIA \$125 / \$250

PANTHER ADVOCATE (PPO)	
May select any doctor ^c Provides coverage to any doctor or hospital	
FULL UPMC IN-NETWORK	OUT-OF- NETWORK
\$500 / \$1,000	\$1,000 / \$2,000
10%	30%
90%	70%
\$2,000 / \$4,000	\$4,000 / \$8,000
n/a	n/a
HIA \$200 / \$400	

Basic Plan Features and Explanations

Deductible* (member responsibility before insurance pays for services)	n/a	\$300 / \$600
Coinsurance (member responsibility for services after deductible has been paid)	n/a	20%
Plan Responsibility (amount insurance pays for services after member pays deductible and before out-of-pocket max is reached)	100%	80%
Out-of-Pocket Max—INCLUDES Deductible and Coinsurance/ Copayment Amounts, Including Pharmacy Copayments (total member responsibility before insurance pays for services at 100%)	\$1,800 / \$3,600	
Copayment (member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance)	Copayments for various services are listed below	
HIA/HSA Option⁺	HIA \$125 / \$250	

Health plan payments for services are noted. Copayments for the HMO, and deductibles and coinsurance for the PPO plans apply

Adult and Pediatric Wellness and Preventive Services (e.g., adult physical and annual ob/gyn visit, pneumonia vaccine, well-baby visits, pediatric immunizations)	100%	100% (deductible does not apply)	70% (deductible does not apply to pediatric immunizations and preventive mammograms)	
Doctor Office or Convenient Care Clinic Visit (for illness or injury)	100% after \$25 copayment	90%	70%	
Specialist Office Visit (e.g., cardiologist, dermatologist)	100% after \$40 copayment			
Outpatient Behavioral Health (e.g., therapist)	100% after \$25 copayment			
Chiropractic Services (limit of 25 visits per plan year)	100% after copayment per visit: initial \$40 / others \$25			
Prenatal Services	100%			
AnywhereCare Visits^d (e.g., virtual visits with UPMC physicians)	100% after \$10 copayment			
Urgent Care Services^c (same services as Convenient Care plus x-rays, setting broken bones, stitches)	100% after \$60 copayment	90% (after in-network deductible)		
Emergency Room Services (refer to page 17 for Global Emergency Services)	\$75 copayment (children through age 18) /\$125 (adult 19+) (copayment waived if admitted)	90% (after in-network deductible)		
Inpatient Hospital Services <i>max. of 2 copayments per plan year</i>	100% after \$500 copayment	90%	70%	
Outpatient Facility Services and Observations <i>(e.g., same day surgery) max. of 4 copayments per plan year</i>	100% after \$200 copayment			
Diagnostic Services: Basic (e.g., x-ray, sonograms) <i>max. of 4 copayments per plan year</i>	100% after \$20 copayment			80%
High-tech (e.g., MRI, CT, PET) <i>max. of 4 copayments per plan year</i>	100% after \$80 copayment			
Medical Therapy Services (e.g., dialysis, radiation, chemo)	100%			
Physical, Speech, and Occupational Therapy <i>(Limit 60 visits/plan year all therapies combined)</i>	100% after \$25 copayment			

PANTHER PLUS (PPO)	
May select any doctor ^c Provides coverage to any doctor or hospital	
FULL UPMC IN-NETWORK	OUT-OF-NETWORK
\$750 / \$1,500	\$1,500 / \$3,000
20%	40%
80%	60%
\$3,000 / \$6,000	\$6,000 / \$12,000
n/a	n/a
HIA \$125 / \$250	

PANTHER BASIC (PPO) QHDP with HSA Option	
May select any doctor ^c Provides coverage to any doctor or hospital	
FULL UPMC IN-NETWORK	OUT-OF-NETWORK
\$1,500 / \$3,000	\$3,000 / \$6,000
30%	50%
70%	50%
\$5,000 / \$10,000 ¹	\$10,000 / \$20,000
n/a	n/a
HSA Option ^{*2}	

as stated above.

100% (deductible does not apply)	60% (deductible does not apply to pediatric immunizations and preventive mammograms)
80%	60%
80% (after in-network deductible)	
80% (after in-network deductible)	
80%	60%

100% (deductible does not apply)	50% (deductible does not apply to pediatric immunizations and preventive mammograms)
70%	50%
70% (after in-network deductible)	
70% (after in-network deductible)	
70%	50%

^aUPMC Advantage Network

Listed is a sampling of the Advantage Network hospitals. Visit www.upmchealthplan.com/find to confirm all participating Advantage Network facilities.

- Children's Hospital of Pittsburgh of UPMC
- Magee-Women's Hospital
- UPMC Altoona
- UPMC East
- UPMC Hamot
- UPMC McKeesport
- UPMC Montefiore
- UPMC Northwest
- UPMC Passavant
- UPMC Presbyterian
- UPMC Shadyside
- Western Psychiatric Institute and Clinic

^bOther UPMC Health Plan Network Facilities

Listed is a sampling of the participating UPMC Health Plan network facilities. Visit www.upmchealthplan.com/find to confirm all other facilities that participate with UPMC Health Plan.

- Butler Memorial Hospital
- Jefferson Regional Medical Center
- Latrobe/Westmoreland/Frick
- St. Clair Memorial Hospital
- The Washington Hospital

^cTo locate participating physicians and facilities in the UPMC network:

1. Go to www.upmchealthplan.com/find.
2. Select your type of care: Medical.
3. Type your current provider's last name, or search by ZIP code.
 - Select Coverage Type: Coverage through your employer
 - Select Plan Name:
 - HMO Plan: Panther Gold Advantage HMO (For Pitt employees)
 - PPO Plans(s): Premium Network Plans-PPO and EPO plans
 - Outside of Western PA: Out of Area PPO
4. Click the Find Providers Now button.
5. Expand desired results to see what plans are accepted.

^dTo utilize an AnywhereCare visit:

1. Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care.
2. Click the Visit UPMC AnywhereCare box to log into your MyUPMC account. If you are a new user, you can create an account through the Sign Up process.
3. Have a face-to-face conversation with a UPMC provider over live video on your phone, tablet, or computer within minutes to discuss your symptoms.
4. Receive a diagnosis and treatment plan. Prescriptions are sent right to your pharmacy.

The Patient Protection Notice can be found at www.hr.pitt.edu/patient-notice.

* One or more covered family members may satisfy these amounts.

The Summary of Benefits and Coverage (SBC) and uniform glossary of terms, developed by UPMC Health Plan, as mandated by the Patient Protection and Affordable Care Act (PPACA) are available online at www.hr.pitt.edu/benefits. Hard copies are available by contacting the Benefits Department at 412-624-8160.

+ Visit www.upmchealthplan.com/pitt for additional HIA and HSA information.

¹ This plan has an embedded out of pocket maximum (OOP max) for in and out-of-network benefits, which means when an individual within a family reaches his or her individual OOP max, only that person on the plan is considered to have met the OOP max; or when a combination of family members' expenses reach the family OOP max all covered members are considered to have met the OOP max.

² Monthly statements are generated and posted to your UPMC Consumer Advantage member portal. If you prefer to also receive a paper statement, click Update Notification Preferences under the Statements & Notification tab on the member portal. Please note that there will be a \$1.50 monthly fee to receive your paper HSA statement.

Medical Plans Monthly Premiums

Premiums Summary

Plans	Total Monthly Premium	Monthly University Contribution*	Monthly Employee Contribution
PANTHER GOLD with Advantage Network (HMO)			
Individual	\$ 528	\$ 452	\$ 76
Parent/Child(ren)	\$ 1,171	\$ 984	\$ 187
Two Adults	\$ 1,322	\$ 1,054	\$ 268
Family	\$ 1,460	\$ 1,093	\$ 367
PANTHER ADVOCATE (PPO)			
Individual	\$ 520	\$ 452	\$ 68
Parent/Child(ren)	\$ 1,153	\$ 984	\$ 168
Two Adults	\$ 1,298	\$ 1,054	\$ 244
Family	\$ 1,432	\$ 1,093	\$ 339
PANTHER PLUS (PPO)			
Individual	\$ 472	\$ 452	\$ 23
Parent/Child(ren)	\$ 1,037	\$ 984	\$ 53
Two Adults	\$ 1,174	\$ 1,054	\$ 120
Family	\$ 1,301	\$ 1,093	\$ 208
PANTHER BASIC (PPO) QHDHP with HSA Option			
Individual	\$ 452	\$ 452	\$ 0
Parent/Child(ren)	\$ 984	\$ 984	\$ 0
Two Adults	\$ 1,086	\$ 1,054	\$ 32
Family	\$ 1,141	\$ 1,093	\$ 48

*Individuals who do not elect coverage will receive a \$50 monthly benefit credit in their paycheck. The monthly benefit credit for individuals enrolled in coverage is reflected in the employer contribution portion of the medical insurance premium.