



Summary Guide to Benefits

for Eligible Faculty and Staff
July 1, 2024 - June 30, 2025



University of
Pittsburgh

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Contact the Benefits Department

Call: 833-852-2210

Submit an inquiry: www.hr.pitt.edu/contact-ohr

Individuals are responsible for reviewing the benefit deductions and retirement plan contributions on their pay statement for each benefit plan every pay period. Contact the Benefits Department immediately if there are any discrepancies.

Disclosure

The information presented in this Summary Guide to Benefits is intended to provide a general overview and discussion of the plans. Descriptive literature is available from the carriers and the Office of Human Resources. Additional details of the benefits presented may also be found at www.hr.pitt.edu/benefits. The rights and obligations of employees and those of the University are governed by the terms of each benefit plan and, in some cases, by contracts with the insurance companies. The plans are based on current federal and state laws and are regulated by those laws. If there is a conflict between the *Summary Guide to Benefits* and the plan/contracts, then the plan and contracts will control.

Benefits may be modified as required by applicable laws, and benefits may be modified or terminated as deemed necessary or appropriate by the University. Any such modifications or terminations will be communicated in writing, as appropriate. Staff covered under collective bargaining agreements are governed by the terms of those agreements. No one speaking on behalf of the plans or purporting to speak on behalf of the plans can modify the terms of the plans in any way. The terms of the plans control in all instances.



Eligibility, Enrollment, and Status Changes Outside of Open Enrollment

Enrollment

Health and welfare plans for faculty and staff generally operate on a plan year, which runs from July 1 through June 30 (a 12-month period). These health and welfare plans include medical, dental, vision, flexible spending accounts, life, accidental death and dismemberment (AD&D), and dependent life insurances. If applicable, short-term and/or long-term disability, retirement, and long term care (LTC) benefits may be included in your benefits package, but are not subject to the plan year.

The effective date of coverage is dependent upon your date of hire. If you are hired on the first business day of the month, coverage becomes effective the first day of the same month. If you are hired after the first business day of the month, coverage becomes effective the first day of the next month. An initial benefit enrollment period for newly hired employees is 31 days from the date of hire.

For those who are subject to the plan year rules (outside of the initial benefit enrollment period), new enrollments, cancellations, and changes to coverage may only be made during future open enrollment periods or due to a Qualified Status Change when the request for a change is made within 60 days of the life event. The effective date for a status change is the first of the month following the date of the qualifying event.

Life Events (Qualified Status Changes)

www.hr.pitt.edu/benefits/qualified

A Qualified Status Change may include:

- » **Marriage or divorce**
- » **Birth, adoption, or custody of a child or stepchild**
- » **Spouse/domestic partner's gain or loss of employment, or obtaining or losing coverage**
- » **Death of a spouse/domestic partner or child**
- » **Loss of Medicaid or CHIP coverage or becoming eligible for a premium assistance subsidy**

You must make your election within 60 days of when the Qualified Status Change occurs. Appropriate documentation must be submitted for any dependents being added to health and welfare plans. Documentation requirements can be reviewed at www.hr.pitt.edu/eligibility. Please note that primary care physicians and primary dental offices may be changed at any time during the year directly through the respective insurance carrier, not just at open enrollment or because of a status change.

Enroll in or Make Changes to Benefits

1. Visit login.pittworx.pitt.edu, and log in via Pitt Passport with your Pitt username and password (if not logged in)
2. In Pitt Worx, select **Benefits** from the Me page
3. Select the **Make Changes** button
4. Follow the on-screen instructions for enrolling in or making changes to your benefits.

For detailed steps about enrolling, visit the Pitt Worx Hub at pittworx.pitt.edu/hub/benefits.

Note: If you are adding dependents, you must add them in **Before You Enroll** and upload the appropriate documentation in **Document Records** prior to enrolling. **You will not be able to enroll new dependents in benefits coverage until documentation is added.**

Accessing Current Benefits Elections

After logging in to Pitt Worx, select **Benefits** from the Me page, then select **Your Benefits**. On the My Benefits page, select **Active Program**.

Pre-65 retirees, surviving spouses/ domestic partners, long-term disability participants, prolonged worker's compensation participants, and COBRA participants will not enroll via Pitt Worx.

Participants will receive their associated enrollment forms through Benefit Management Services (BMS).

Participants who receive forms from BMS should return their forms to BMS if making changes or electing benefits.

Medical Plans Comparative Summary of Key Provisions

www.hr.pitt.edu/medical

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). No coverage provide outside the UPMC Health Plan network, except in the case of an emergency³

PANTHER PPO

May select any doctor
Provides coverage to any doctor or hospital³

Basic Plan Features and Explanations

	UPMC Advantage Network/ Participating Providers Level 1 Higher Benefit-UPMC Owned Facilities ¹	Other Participating UPMC Facilities Level 2 Lower Benefit ²	Full UPMC In-Network	Out-of-Network
Deductible* <i>Member responsibility before insurance pays for services</i>	\$150/\$300 for non-copay services	\$300/\$600	\$750/\$1,500	\$1,500/\$3,000
Coinsurance <i>Member responsibility for services after deductible has been paid</i>	n/a	20%	15%*	35%*
Plan Responsibility <i>Amount insurance pays for services after member pays deductible and before out-of-pocket max is reached</i>	100%	80%	85%*	65%*
Out-of-Pocket Max <i>(includes Deductible and Coinsurance/Copayment Amounts, including Pharmacy copayments) Total member responsibility before insurance pays for services at 100%</i>	\$2,000/\$4,000		\$3,000/\$6,000	\$6,000/\$12,000
Copayment <i>Member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance</i>	Copayments for various services are listed below		n/a	n/a
FSA/HSA Option*	Health Care FSA Option		Health Care FSA Option	

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

		100% (deductible does not apply)	65% (deductible does not apply to pediatric immunizations and preventive mammograms)
Adult and Pediatric Wellness & Preventive Services <i>e.g., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations</i>	100%		
Doctor Office or Convenient Care Clinic Visit <i>For illness or injury</i>	100% after \$25 copayment		
Specialist Office Visit <i>e.g., cardiologist, dermatologist</i>	100% after \$50 copayment		
Outpatient Behavioral Health <i>e.g., therapist</i>	100% after \$25 copayment	85%*	65%*
Chiropractic Services <i>Limit of 25 visits per plan year</i>	100% after copayment per visit: initial \$40/others \$25		
Prenatal Doctor Office Visits	100%		
AnywhereCare Visits⁴ <i>e.g., virtual visits with UPMC physicians</i>	100% after \$5 copayment		
Urgent Care Services³ <i>Same services as Convenient Care plus x-rays, setting broken bones, stitches</i>	100% after \$60 copayment	85% (after in-network deductible)*	
Emergency Room Services <i>Refer to Global Emergency Services for assistance while traveling</i>	\$100 copayment (children through age 18) / \$150 (adult 19+ (copayment waived if admitted))	85% (after in-network deductible)*	
Inpatient Hospital Services <i>Max of 2 copayments per plan year</i>	100% after \$500 copayment		
Outpatient Facility Services & Observations <i>e.g., same day surgery; max of 4 copayments per plan year</i>	100% after \$250 copayment		
Other (or Basic) Imaging <i>(e.g., x-ray, sonograms; max of 4 copayments per plan year)</i>	100% after \$25 copayment		
Advanced Imaging <i>(e.g., MRI, CT, PET; max of 4 copayments per plan year)</i>	100% after \$100 copayment	85%*	65%*
Medical Therapy Services <i>e.g., dialysis, radiation, chemo</i>	100%		
Physical, Speech, & Occupational Therapy <i>Limit 60 visits per plan year for all therapies combined</i>	100% after \$25 copayment		

PANTHER BASIC
(PPO) QHDHP with HSA Option

May select any doctor
Provides coverage to any doctor or hospital ³

Full UPMC In-Network	Out-of-Network
\$2,000/\$4,000	\$4,000/\$8,000
30%*	50%*
70%*	50%*
\$5,000/\$10,000	\$10,000/\$20,000
n/a	n/a
HSA Option ^{1,2}	Individual \$4,150; Family \$8,300; Age 55+ add \$1,000

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%*

1 UPMC Advantage Network

Listed are the Advantage Network hospitals applicable to employees based at all campuses. Visit www.upmchealthplan.com/find to confirm all participating Advantage Network facilities:

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

2 Other UPMC Health Plan Network Facilities

Listed are the participating UPMC Health Plan network facilities only applicable to employees at the Pittsburgh and Titusville Campuses. Visit www.upmchealthplan.com/find to confirm all other facilities that participate with UPMC Health Plan:

- » Butler Memorial Hospital
- » Heritage Valley
- » Latrobe/Westmoreland/Frick
- » St. Clair Memorial Hospital
- » The Washington Hospital

3 To locate participating physicians and facilities in the UPMC Network:

1. Visit www.upmchealthplan.com
2. Select "Find Care" (top of page)
3. Choose either the "I'm A Member" or "I'm Just Browsing" tab (If you choose "I'm A Member," it will ask you to enter your member ID number to verify your plan)
4. Select the type of care (medical or behavioral health)
5. Choose to search either by name or by specialty
6. Enter zip code

4 To utilize an AnywhereCare visit:

1. Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care
2. Select 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 directly to your pharmacy

Learn more by visiting www.hr.pitt.edu/anywherecare

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

* One or more family members may satisfy the deductible amount. Members will pay their deductible share first before their coinsurance is applied.

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.

+ 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, select Update Notification Preferences under the Statements & Notifications tab on the member portal. Please note that there will be a \$1.50 monthly fee to receive your paper HSA statement.

Prescription Drug Program

www.hr.pitt.edu/prescription-drug

The Prescription Drug Program applies to all plans, but Panther Basic only receives this benefit once their deductible has been met.

Short-term, 30-, 60-, and 90-day supply available through:

- Retail and independent pharmacies
- UPMC Health Plan: 1-888-499-6885

Tier	Copayment
1	\$16 Preferred Generics
2	\$45 Preferred Brand Medications and Generic Medications (brand and generic)
3	\$90 Non-Preferred Medications (brand and generic)
4	\$100 Specialty Medications (brand and generic)
5	\$0 Select Generic and Preventive Medications (ACA)^

90-day discounted supply available through:

- Mail order through Express Scripts: 1-877-787-6279
- Falk Clinic Pharmacy: 412-623-6222
Pittsburgh campus office delivery available
- University Pharmacy: 412-383-1850

Tier	Copayment
1	\$32 Preferred Generics
2	\$90 Preferred Brand Medications and Generic Medications (brand and generic)
3	\$180 Non-Preferred Medications
5	\$0 Select Generic and Preventive Medications (ACA)^

Members may obtain a 90-day supply of medication at any participating retail pharmacy, but three copayments will apply. Members may obtain a 90-day supply at a discounted price through mail order, Falk Pharmacy, or the University Pharmacy. For example, at the University Pharmacy members pay \$32 for a 90-day supply of a preferred generic medication, while the cost is \$48 at a retail pharmacy (\$16 x 3). Specialty medication is not available at the discounted price.

Please note that the prescription drug formulary is subject to change periodically based upon the decisions of the UPMC Pharmacy and Therapeutics Committee. Examples include introduction of new medications, changes in tier level (i.e., brand name to generic), etc. For additional information about the prescription drug program, please visit www.hr.pitt.edu/prescription-drug.

* Applies to Panther Basic (QHDHP) only after the deductible has been met.

^ Criteria must be met in accordance with the Patient Protection and Affordable Care Act (PPACA) of 2010 in order to receive preventive medications at no cost share.

Price Assure - Express Scripts and GoodRx Partnership

UPMC Health Plan includes Price Assure, a pharmacy savings program aimed at lowering out-of-pocket costs for non-specialty generic medications among members with UPMC Health Plan coverage through Pitt. Price Assure provides significant cost savings, ensuring access to the best prices and potentially reducing out-of-pocket expenses for members filling prescriptions at in-network pharmacies. Furthermore, it offers convenience by automatically applying savings at the point of sale, eliminating the need for coupons or apps. Price Assure seamlessly integrates with applicable deductibles and out-of-pocket accumulators, ensuring members' financial records are kept up to date. The importance of privacy is also understood, and while some information may be shared with Price Assure to facilitate this program, rest assured that your personal health data remains secure. Opting out is a straightforward process; simply reach out to UPMC Member Services at 1-888-499-6885.

LifeSolutions: Faculty & Staff Assistance Program

1-866-647-3432 or www.hr.pitt.edu/lifesolutions

LifeSolutions, the University's faculty and staff assistance program, provides a broad range of services to assist faculty, staff, and their household members in balancing work and the stresses of daily life. The services are provided at no cost to you. LifeSolutions services include:

- » **Personalized Work Life Referrals (services include: elder care, child care, legal, and financial consultation)**
- » **Online Work Life Resources**
- » **Six sessions per issue of confidential coaching and counseling, and 24/7 crisis support**
- » **Disability and Family Medical Leave Outreach**

UPMC AnywhereCare

www.hr.pitt.edu/anywherecare

UPMC AnywhereCare gives you 24/7 access to low-cost, high-quality care from UPMC providers to treat a number of symptoms and illnesses, accessible over live video from your smartphone, tablet, or computer. Receive a personal diagnosis and treatment plan, if necessary, all for less than or comparable to what you would pay to see your primary care physician.

Learn more about UPMC AnywhereCare at

www.hr.pitt.edu/anywherecare.

Comprehensive Medication Management

www.hr.pitt.edu/cmm

As part of your UPMC Health Plan wellness benefits, the University's Benefits Department offers Comprehensive Medication Management services. Visit with a pharmacist to answer your medication-related questions and develop an action plan to help take better control of your health. Services for pre-travel health consultations, smoking cessation, and diabetes prevention are also offered.

This service is offered at no cost to all full- and part-time regular University faculty and staff with UPMC Health Plan coverage.

Appointments can be held on the Pittsburgh campus in the Medical Arts Building, at a location of your choice, or by phone Mondays and Thursdays between the hours of 8:00 a.m. and 6:00 p.m. Schedule an appointment with a pharmacist by calling 412-383-6337 or emailing mymeds@pitt.edu.

Amplifon

www.amplifonusa.com/pitt

Through a partnership with UPMC, Amplifon provides medical plan participants access to a national network of over 5,500 hearing health care providers with over 3,800 hearing aid models. The benefit includes an \$1,800 per ear insurance payment towards the cost of hearing aids every three years.

Learn more about the hearing aid benefit through Amplifon online at www.amplifonusa.com/pitt.

Wellness for Life

www.hr.pitt.edu/wellness-for-life

The University's Wellness for Life program focuses on proactive health care management by offering services to you and your family members to promote healthy lifestyle activities and choices.

The benefit coverage and activities sponsored by the University help support each member in the development of a healthy lifestyle.



Benefits Coverage and Wellness-Related Programs

Preventive Care Coverage

Preventive-related benefits are covered at 100% for those who participate in the University's medical plans without the need to make a copayment or meet a deductible, including but not limited to:

- » Wellness visits with your primary care physician and related blood panels
- » Mammograms, prostate screenings, and colonoscopies
- » Flu, pneumonia, and shingles vaccinations
- » Adult and pediatric immunizations

Physical Activity

A well-balanced diet and exercise are key components of a healthy lifestyle. The availability of fitness facilities vary by campus. In Pittsburgh, Trees Hall and Bellefield Hall are available for faculty and staff to use. Additional information can be found on the Campus Recreation website at www.studentaffairs.pitt.edu/campus-recreation/facilities-and-hours/ or by calling 412-648-8320.

The University Club is also open to faculty and staff. Membership and general information are available on the University Club's website at www.uc.pitt.edu.

Pitt employees also have access to the Ignite Fitness center in Trees Hall. Open gym and class information can be found at pittignitefitness.com.

Regional campus information is available through the campus' Human Resources office.

Health Coaching

The University, through UPMC Health Plan, provides health coaching to members with University-sponsored health insurance.

Lifestyle health coaches can provide needed support in a variety of areas such as physical activity, nutrition, stress management, weight management, and tobacco cessation.

Condition Management health coaches can help you manage chronic conditions such as diabetes, asthma, lower back pain, high blood pressure, and more.

Learn more and schedule an appointment online at www.hr.pitt.edu/health-coaching.

Smoking Cessation

The University dedicates resources for those trying to quit smoking, including coverage for many tobacco cessation medications and tobacco cessation coaching programs.

Contact UPMC Health Plan at 1-800-807-0751 to start a coaching program today.

Additional support services are available through LifeSolutions and the Comprehensive Medication Management program.

Vaccination and Health Hub

The Vaccination and Health Hub on our Pittsburgh campus provides a variety of services to the Pitt community. These services include:

- » Vaccinations for Flu, COVID-19, Shingles, and more
- » Biometric Screenings (Blood Pressure, BMI, and a blood panel) to help you earn Wellness Incentives
- » Pre-travel health consultations and vaccines
- » Comprehensive medication management

Walk-ins are welcome, but appointments are preferred. Visit www.healthhub.pitt.edu to learn more.

UPMC MyHealth@Work

UPMC MyHealth@Work is an on-site Health and Wellness Center that treats a variety of health issues. Health care professionals can help you get back to feeling your best, as well as provide additional services and referrals.

- » **Available at no cost to all full- and part-time regular faculty and staff, regardless of insurance coverage.**
- » **Convenient hours, by appointment only, Monday through Friday, from 7:00 a.m. to 3:30 p.m.**
- » **Staffed by a group of highly trained UPMC providers.**
- » **Located conveniently on the Pittsburgh campus on the 5th floor of the Medical Arts Building with adjacent parking available.**



Schedule an appointment online:
www.hr.pitt.edu/wellness

Some of the conditions that UPMC MyHealth@Work can help treat include:

- » Acute bronchitis
- » Allergies
- » Blood pressure screenings
- » Coughs, colds, and fever
- » Headaches
- » Insect bites and stings
- » Laryngitis
- » Minor cuts
- » Nausea and vomiting
- » Rashes
- » Sinusitis
- » Strains and sprains
- » Suture removal
- » Urinary tract infections
- » Vaccinations

UPMC MyHealth@Work health care professionals can support the treatment program you already have in place with your doctor. Care you receive at UPMC MyHealth@Work is electronically shared with your doctor so that you can follow up with him or her as needed. The Center is not meant to serve as a replacement for your primary care physician.

If medications are recommended as part of your UPMC MyHealth@Work visit, they can be electronically prescribed to your preferred pharmacy.

Learn more about UPMC MyHealth@Work by visiting www.hr.pitt.edu/wellness.

Wellness for Life Health Incentive Reward Dollars

Faculty and staff with UPMC Health coverage can participate in the Wellness Incentives program to earn reward dollars for completing healthy activities. Your reward dollars can be used to cover the cost of certain health care expenses. If you participate in a health care flexible spending account (FSA), those monies must be exhausted first before earned reward dollars can be used.

Reward dollars can be used to purchase over-the-counter products and to pay for dental and vision expenses, just like you would use an FSA.

For more information about the Wellness Incentives program and to find a list of included activities, visit www.hr.pitt.edu/incentives.

Please note that activities and associated reward dollars are subject to change.

*For Panther Basic members, any earned reward dollars will be applied to your September 2025 paycheck.

Even More Incentives

You and your covered spouse or domestic partner, if applicable, are each eligible to earn up to \$200 in Health Incentive Reward Dollars. Please refer to www.hr.pitt.edu/wellness-for-life for more information on how to use and access these rewards.



Vision Plans and Monthly Premiums

www.hr.pitt.edu/vision

Davis Vision by MetLife

1-888-777-7418

www.metlife.com/mybenefits

Summary of Key Provisions: How the Plans Work

All participants, regardless of age, are eligible for a comprehensive eye examination and one pair of eyeglass lenses, along with an allowance for frames OR contact lens evaluation and fitting, once every 12 months from the last date of service.

In-Network: Requires utilization of providers in the Davis Vision by MetLife network.*

Out-of-Network: May utilize providers outside the Davis Vision by MetLife network.

Participants who utilize an out-of-network provider are responsible for paying all billed charges and will be reimbursed subsequently (after submitting claim forms to the carrier) up to the specified out-of-network schedule allowance as stated below.

	FASHION EXCELLENCE		DESIGNER GOLD	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Examination	Covered in full	Plan pays up to \$32	Covered in full	Plan pays up to \$32
Eyeglass Lenses	Covered in full	Single Vision: \$25 Bifocal: \$36 Trifocal: \$46 Lenticular: \$72	Covered in full	Single Vision: \$25 Bifocal: \$36 Trifocal: \$46 Lenticular: \$72
Frame	Plan pays up to \$60 Davis Vision Fashion Frame: Covered in full Davis Vision Designer Frame: \$20 copay Davis Vision Premier Frame: \$40 copay	Plan pays up to \$30	Plan pays up to \$130 plus 20% off** Davis Vision Fashion Frame: Covered in full Davis Vision Designer Frame: \$0 copay Davis Vision Premier Frame: \$25 copay	Plan pays up to \$30
Contacts	Evaluation and fitting: Covered in full Plan pays up to \$75 for provider supplied contacts Medically necessary: Covered in full	Daily wear: up to \$20 Extended wear: up to \$30 Elective: up to \$48 Disposable: up to \$75 Medically necessary: up to \$225	Evaluation and fitting: Covered in full Plan pays up to \$130 plus 15% off** for provider supplied contacts Medically necessary: Covered in full	Daily wear: up to \$20 Extended wear: up to \$30 Elective: up to \$48 Disposable: up to \$75 Medically necessary: up to \$225

Monthly Vision Plan Premiums

COVERAGE LEVEL	FASHION EXCELLENCE	DESIGNER GOLD
Individual	\$6.93	\$10.25
Individual Plus One Dependent	\$12.45	\$18.42
Family	\$16.95	\$25.07

*Locate Participating Providers in the Davis Vision by MetLife network:

- Step 1: Go to MetLife.com.
- Step 2: Scroll to **"How can we help you"** and select **"Find a vision provider."**
- Step 3: Select **"MetLife Vision - Davis"**
- Step 4: Complete the demographics section (location, mile radius, etc.).
- Step 5: Click **"Search Now"** to obtain a provider list based on your inputs in step 4.

**Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

For more information on the Davis Vision Collection, contact Davis Vision by MetLife.

Additional discounts are now available at Walmart locations.

An additional \$50 allowance is available for Non-Collection frames purchased at Visionworks locations.

Important Notice

The name of the University's vision insurance changed from Davis Vision, to Davis Vision by MetLife, effective 7/1/23. While the coverage itself did not change, the name of the insurance company changed. When seeking vision services through a provider, please ensure that you are providing the full name of "Davis Vision by MetLife" on any forms and/or to the provider's office upon checking in for your appointment.

Dental Plans and Monthly Premiums

www.hr.pitt.edu/dental

Summary of Key Provisions

How the Plan Works
Network Name
Annual Deductible
Exam/Cleaning Frequency
Preventive Services (e.g., x-rays)
Basic Services (e.g., cavity fillings)
Major Services (e.g., crowns)
Orthodontics (eligible dependents to age 19)
Annual Plan Year Maximum <i>Note: Orthodontics maximum is separate</i>

MANAGED CARE

Concordia Plus Managed Care (PA only) DHMO

Requires selection of a primary dental office (PDO) in the Western PA DHMO network.** All services must be coordinated through the designated dentist listed on the insurance card presented at the time of service.+ PDO referrals required for specialty and pediatric care.*

Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.*

DHMO Concordia Plus General Dentists
None
One in any consecutive six months**
Insurance pays 100%**
Insurance pays 100%
Covered based on specific member copayment schedule amounts ¹
Covered based on specific member copayment schedule amounts ¹
None

Monthly Dental Plan Premiums

Coverage Level	Concordia Plus Managed Care (PA only) DHMO	Concordia Flex I	Concordia Flex II
Individual	\$21.58	\$18.20	\$27.30
Individual Plus One Dependent	\$43.68	\$34.58	\$52.78
Family	\$71.24	\$55.90	\$101.92

Note: If you live, or are planning to live, outside of the Western PA area, it is recommended that you **do not** select the Concordia Plus Managed Care (DHMO) plan. The coverage/in-network area for the Concordia Plus Managed Care (DHMO) plan is limited to the Western PA area.

* Locate participating providers in the United Concordia network with instructions on next page.

& Electing the DHMO means having a limited network and would require a change in dentists/dental facilities if the currently selected dentist leaves the DHMO network.

** A \$5 office visit copayment applies for these services only at University Dental Health Services Inc.

^ When in-network; when services are performed by an out-of-network dentist, balance billing may occur up to the dentist charge.

¹ To determine your copayment responsibility for the current plan year, visit www.hr.pitt.edu/dental and select "Schedule of Benefits."

+ Existing participants must contact United Concordia directly at 1-877-215-3616 to change your primary dental office prior to seeking services.

STANDARD CARE PLANS

Concordia Flex I

May select any dentist*

Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC).

MAC accepted as payment in full by participating provider (Concordia Advantage dentist); non-participating provider may issue a balance bill.

Advantage Plus

\$50/individual; \$150/family maximum deductible to be applied to ALL services, including preventive, diagnostic, and orthodontics and to be paid one time per plan year.

One in any consecutive six months

Insurance pays 100% of Maximum Allowable Charge[^]

Insurance pays 50% of Maximum Allowable Charge[^]

Insurance pays 50% of Maximum Allowable Charge[^]

Not covered

\$500/covered person

Concordia Flex II

May select any dentist*

Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC).

MAC accepted as payment in full by participating provider (Concordia Advantage dentist); non-participating provider may issue a balance bill.

Advantage Plus

\$50 individual; \$150/family maximum deductible to be applied and paid one time per plan year and waived for preventive, diagnostic, and orthodontics.

One in any consecutive six months**

Insurance pays 100% of Maximum Allowable Charge[^]

Insurance pays 80% of Maximum Allowable Charge[^]

Insurance pays 50% of Maximum Allowable Charge[^]

Insurance pays approximately 50% up to scheduled allowance; \$1,500 lifetime maximum

\$1,000/covered person



*Locate Participating Providers in the United Concordia network:

1. Visit www.unitedconcordia.com
2. Select **"Find a Dentist"**
3. Enter a location or dentist name
4. For the Pennsylvania DHMO plan Primary Dental Office selection, select **"DHMO Concordia Plus General Dentist"** in the **"Select Network"** search box located in Western PA only

Use the Provider ID to designate the PDO(s) when enrolling⁺
5. For the Concordia Flex I and II plans, select **"Advantage Plus"** in the **"Select Network"** search box

Travel Assistance & Global Emergency Services

www.hr.pitt.edu/travel-coverage

If you encounter a medical emergency while traveling for personal reasons or while on University business, you're protected worldwide. Available services include doctor referrals, prescription assistance, emergency evacuation, and more. For information about accessing either travel benefit, visit www.hr.pitt.edu/travel-coverage.

Personal Travel

When traveling for personal reasons, domestically or internationally, as part of UPMC Health Plan, you're covered through Assist America if you encounter an emergency and you're 100 miles or more away from home. For more information about Assist America, call 1-800-872-1414 or visit www.assistamerica.com.

To obtain a brochure with attached ID card, you can call member services or print out a card by accessing the Health Plan Access member portal by following these steps:

1. Visit <https://my.pitt.edu/task/all/hr-myhealth-upmc> and select the "Start" button on the right side, then log in via Pitt Passport
2. Select the menu button (hamburger button) and then select "Your Insurance," and then "ID Cards"
3. From the "Card Type" drop-down, select "Assist America"
4. After selecting the "Print ID Card" button, a new window/tab will open with your printable card

Assist America is available 24 hours a day, 365 days a year, anywhere in the world. Assist America arranges and pays for the services but cannot reimburse members for services arranged independently.

Business Travel

For any University member traveling on an academic- or work-related assignment, you're covered through International SOS, the world's leading medical and travel security risk services company. In an emergency—or for routine advice—the International SOS team is available to serve your travel-related needs.

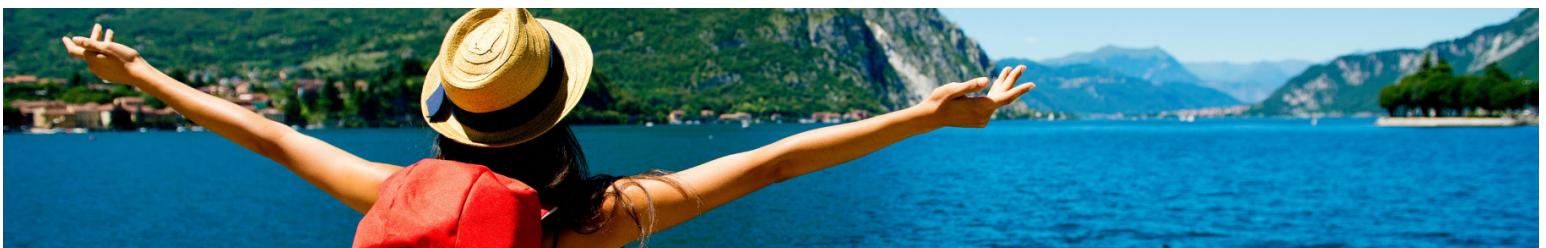
To learn more about coverage while traveling and how to register your trip with International SOS, visit www.hr.pitt.edu/travel-coverage.

For more information about International SOS, visit www.internationalsos.com.

Please note that registration for your trip is required prior to traveling.

Business Travel Accident Insurance

The University provides business travel accident (BTA) coverage for all full-time employees in the amount of \$100,000. BTA insurance coverage provides a benefit for loss of life and certain injuries resulting from a covered accident while traveling on authorized University business. For more information, contact the Benefits Department by submitting an online request at www.hr.pitt.edu/contact-ohr.



PittPerks is a value-added benefit for the University of Pittsburgh's faculty and staff. It provides special pricing on a variety of voluntary benefits including auto, home, and pet health insurance, as well as identity theft protection, all through a convenient payroll deduction. Faculty and staff can also obtain University, local, and national discounts on various products and services. These discounts have been negotiated especially for the University of Pittsburgh.

Visit the PittPerks website for more information. If you have any questions about the available programs on this site, would like to suggest new program offerings, or refer discount shopping vendors, please contact PittPerks pittperks@corestream.com.

Note: Enrollment is passive and will continue year-to-year; you can only opt-out of coverage during the Open Enrollment period.

Supplemental Medical Coverage

Available through PittPerks, eligible employees can enroll in employee-paid **supplemental medical coverage with accident, critical illness, and hospital indemnity insurance through MetLife**. This coverage would be in addition to the UPMC medical coverage already provided by the University.

Enrollment for this voluntary coverage only takes place during Open Enrollment or new hire enrollment on the PittPerks website: www.pittperks.com.

Legal Services

Provided through PittPerks by MetLife, eligible faculty and staff can enroll in legal plan coverage for a variety of legal matters, such as real estate, family law, document preparation, and more at an affordable monthly rate. For non-covered matters that are not otherwise included, your plan will now provide four additional hours of network attorney time and services a year.

Enrollment for legal plan coverage takes place during Open Enrollment or new hire enrollment on the PittPerks website: www.pittperks.com.



Policies and Notices

www.hr.pitt.edu/benefits/notices

Children's Health Insurance Program Reauthorization Act (CHIPRA)

CHIPRA requires employers offering group health plans to notify employees of their potential rights to receive premium assistance under a state's Medicaid or CHIP program.

CHIPRA has two different rules that could benefit certain employees of the University. First, CHIPRA offers a premium assistance program for participants who are eligible for a Medicaid or a state CHIP program. If you are such an individual, and you are eligible for health coverage from the University but are unable to afford the premiums, the state CHIP program may help you pay for coverage under the University health plans. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. Second, CHIPRA includes two Qualified Status Change events. The Qualified Status Change events occur either when an eligible participant's enrollment ends in Medicaid or a state's CHIP program, or when an employee becomes eligible for the premium subsidy and can then enroll in the University's coverage. If either of those two events occur, the employee must request coverage from the University within 60 days of the event.

Summaries of Benefits and Coverage

Summaries of Benefits and Coverage (SBC) provide applicants, enrollees, and policyholders with government mandated comparable information about health plan benefits and coverage options to help you evaluate choices when comparing the University of Pittsburgh's plans to other plans. For the most cost-accurate information to compare between the University of Pittsburgh's group of plans, and for customized information about your medical options, please visit www.hr.pitt.edu/benefits.

In addition to accessing/printing copies of the electronic SBCs or Certificates of Coverage (COC), you also have the right to request and receive paper copies of these documents for free.

Request a printed health and welfare SBC/COC by contacting the Benefits Department by submitting an online request at www.hr.pitt.edu/contact-ohr or by calling 833-852-2210.

Prescription Drug Notice of Creditable Coverage (Medicare Part D Notice)

Group medical plans with prescription drug coverage sponsored by the University for active faculty and staff, pre-65 retirees, and post-65 retirees meet the standards for creditable coverage required by federal regulations and guidelines.

Benefits Appeals

Individuals who have a dispute or objection regarding a covered service, denial or provider; or the coverage, operations, or management policies of a plan vendor should contact that vendor directly. Any individual dispute or objection related to coverage through a plan must be addressed between the employee and vendor.

For more information, please visit:

www.hr.pitt.edu/current-employees/benefits/provisions/appeals.

Women's Health and Cancer Rights Act

Under the University of Pittsburgh's health plans, coverage will be provided to a member who is receiving benefits for a medically necessary mastectomy and who elects breast reconstruction after the mastectomy for:

1. Reconstruction of the breast on which a mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses
4. Treatment of physical complications of all stages of medical and surgical benefits provided under the plan

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same coinsurance and any applicable annual deductibles that apply for the mastectomy.

Additional Notices

The following policies and notices, including all of those mentioned on this page, are available online at www.hr.pitt.edu/benefits/notices.

We encourage you, your spouse/domestic partner, and dependents to access the notices online and review them in conjunction with open enrollment and any time after. The notice of the availability of this information online and your ability to access the information is deemed to be delivery of those notices. You have the right to request any notice in paper copy by contacting the Plan Administrator.

- » Assisted Fertilization
- » Behavioral Health Care
- » Children's Health Insurance Program Reauthorization Act (CHIPRA)
- » Claims Review and Appeal Procedures
- » Emergency Services
- » Genetic Information Non-Discrimination Act Compliance
- » Health Insurance Marketplace Notice
- » Initial COBRA Notification
- » Life Insurance Conversion and Portability
- » Loss of Coverage/Termination of Employment (COBRA)
- » Military Leave under USERRA and NDAA
- » Newborns' and Mothers' Health Protection Act
- » Notice of Rescission of Coverage
- » Patient Protection Notice
- » Protected Personal Health Information
- » Qualified Medical Child Support Orders
- » Summary of Benefits Coverage
- » Wellness Program Notice
- » Women's Health and Cancer Rights Act
- » Women's Health Care

Benefits Glossary

Coinsurance – Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service

Copayment – A fixed amount you pay for a covered health care service, usually when you receive the service

Deductible – The amount you owe for health care services before your health insurance or plan begins to pay

Dependent – An individual, usually a spouse or child, of an insured employee who is eligible for insurance coverage

Emergency Services – Evaluation of an emergency medical condition and treatment to keep the condition from getting worse

Excluded Services – Health care services that your health insurance or plan doesn't pay for or cover

Health Incentive Reward Dollars – An employer-sponsored program to reward you for taking steps to improve your and your dependent(s) health

Health Insurance – A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium

Health Maintenance Organization (HMO) – A health insurance plan that offers a wide range of health care services through a network of providers that contract exclusively with the HMO, or who agree to provide services to members at a pre-negotiated rate

Health Savings Account (HSA) – A tax-advantaged medical savings account used in combination with certain health insurance plans to pay for qualifying medical expenses

In-Network Co-Insurance – The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan

In-Network Copayment – A fixed amount you pay for covered health care services to providers who contract with your health insurance or plan

Inpatient Services – Health care services at a medical facility when the duration of the stay is at least 24 hours or overnight

Network – The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services

Non-Preferred Provider – A provider who doesn't have a contract with your health insurer or plan to provide services to you

Out-of-Network Co-Insurance – The percent you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan

Out-of-Network Copayment – A fixed amount you pay for covered health care services from providers who do not contract with your health insurance or plan

Out-of-Pocket Costs – Expenses for medical services that are not reimbursed by your health care plan

Out-of-Pocket Limit – The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount

Outpatient Services – Health care services at a medical facility that does not require an overnight stay at the facility

Plan – A benefit your employer, union, or other group sponsor provides to you to pay for your health care services

Plan Details – This tells the employee more information about the plans including, but not limited to, participation period, option, dependents, beneficiaries, and cost

Plan Type – The category of the plan enrolled in or offered to the employee and their dependents, including, but not limited to, medical, dental, and life plans

Preferred Provider Organization (PPO) – A provider who has a contract with your health insurer or plan to provide services to you at a discount

Premium – The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly

Prescription Drug Coverage – Health insurance or plan that helps pay for prescription drugs and medications

Preventive Care – Medical care that focuses on health maintenance, such as annual physicals, certain screening tests, and child immunization programs

Primary Care Physician – A physician who directly provides or coordinates a range of health care services for a patient

Primary Care Provider – A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services

Provider – A physician, health care professional, or health care facility licensed, certified, or accredited as required by state law

Qualified Life Status Change – A change to benefits eligibility that is recognized by the IRS and allows an employee to make a change to certain benefits during the calendar year

Specialist – A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions

Summary Plan Description – A document that explains the fundamental features of an employer's employee benefits plan, including eligibility requirements and the schedule of benefits

Urgent Care – Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away but not so severe as to require emergency room care

Contact Information

Vendor/Service	Benefits Plan/Information	Website	Phone Number
UPMC Health Plan	Medical	www.upmchealthplan.com	1-888-499-6885
	Prescription drug program: retail	www.upmchealthplan.com/pharmacy	1-888-499-6885
	Prescription drug program: mail order	www.expressscripts.com	1-877-787-6279
	Assist America	www.assistamerica.com	1-800-872-1414
	Health Plan Access Advice Line		1-866-918-1591
	Flexible Spending Accounts	www.upmchealthplan.com/members/learn/consumer-advantage	1-888-499-6885
	UPMC MyHealth@Work Health and Wellness Center	www.hr.pitt.edu/wellness	1-412-647-4949
	Amplifon	www.amplifonusa.com/pitt	1-866-978-9379
Davis Vision by MetLife	Vision	www.metlife.com/mybenefits	1-888-777-7418
United Concordia	Dental	www.ucci.com	1-877-215-3616
The Hartford Life Insurance	Life, AD&D, and Dependent Life	enroll.thehartfordatwork.com/upittbene	1-855-396-7655
Unum	Long term care insurance	www.unuminfo.com/upitt002	1-800-227-4165
TIAA	Defined Contribution Plan	hr.pitt.edu/defined-contribution	1-800-682-9139
Pension Administration Center	Noncontributory Defined Benefit Pension Plan	hr.pitt.edu/noncontributory	1-866-283-0208
LifeSolutions	Faculty and Staff Assistance Program	www.hr.pitt.edu/lifesolutions	1-866-647-3432
MetLife	FMLA, STD, LTD	www.hr.pitt.edu/benefits/leaves	1-888-777-7418
PittPerks (Corestream)	PittPerks voluntary benefits	www.pittperks.com	1-888-689-9696
Care.com	Child and dependent backup care	www.pitt.care.com	1-855-781-1303

Contact the Benefits Department

www.hr.pitt.edu/contact-ohr

1-833-852-2210

Support: hr.pitt.edu/contact-ohr
 Website: hr.pitt.edu/benefits

How are we doing?
 Visit <http://pi.tt/BenefitsSurvey>
 and let us know.