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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 here 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 from time to time 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.
Enrollment and Status Changes
Outside of Open Enrollment

Enrollment
Health and wellness plans for staff and faculty generally operate on a plan year which runs from July 1 through June 30 (a 12 month period). These health and wellness plans may include medical, dental, vision, life, accidental death and dismemberment (AD&D), and dependent life insurances. If applicable, 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 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 plans that are subject to the plan year, 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.

Qualified Status Changes
» Marriage or divorce
» Birth, adoption, or custody of a stepchild
» Spouse/domestic partner’s gain or loss of employment, or obtaining or losing coverage
» Death of a spouse/domestic partner or child
» Child reaches age 26
» Loss of Medicaid or CHIP coverage or become eligible for a premium assistance subsidy

You must make your election within 60 days of when the status change occurs. 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.

Coverage for Dependent Children
Under the University of Pittsburgh’s insurance plans, children up to the age of 26 are eligible for medical, dental, vision, and dependent life insurance coverage under their parent’s insurance.

Disabled dependents may be able to continue coverage after age 26, refer to www.hr.pitt.edu/benefits/benefit-el for additional information.

Vendor Contact Information

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Benefits Plan</th>
<th>Phone Number</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPMC Health Plan</td>
<td>Medical</td>
<td>1-888-499-6885</td>
<td><a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a></td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: retail</td>
<td>1-800-396-4139</td>
<td><a href="http://www.upmchealthplan.com/pharmacy/index.html">www.upmchealthplan.com/pharmacy/index.html</a></td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: mail order</td>
<td>1-877-787-6279</td>
<td><a href="http://www.expressscripts.com">www.expressscripts.com</a></td>
</tr>
<tr>
<td></td>
<td>Travel medical emergency services</td>
<td>1-800-872-1414</td>
<td><a href="http://www.assistamerica.com">www.assistamerica.com</a></td>
</tr>
<tr>
<td></td>
<td>MyHealth Advice Line</td>
<td>1-866-918-1591</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flexible spending accounts</td>
<td>1-888-499-6885</td>
<td><a href="http://www.upmchealthplan.com/flexadvantage">www.upmchealthplan.com/flexadvantage</a></td>
</tr>
<tr>
<td>Davis Vision</td>
<td>Vision: prior to enrollment</td>
<td>1-877-923-2847</td>
<td><a href="http://www.davision.com">www.davision.com</a> (refer to page 6 for more details)</td>
</tr>
<tr>
<td></td>
<td>Vision: current participants</td>
<td>1-800-999-5431</td>
<td><a href="http://www.davision.com">www.davision.com</a> (refer to page 6 for more details)</td>
</tr>
<tr>
<td>United Concordia</td>
<td>Dental</td>
<td>1-877-215-3616</td>
<td><a href="http://www.ucci.com">www.ucci.com</a></td>
</tr>
<tr>
<td>Aetna Life Insurance Company</td>
<td>Life, AD&amp;D, and dependent life</td>
<td>1-888-584-2983</td>
<td><a href="http://www.aetna.com/group/upitt">www.aetna.com/group/upitt</a></td>
</tr>
<tr>
<td>UNUM</td>
<td>Long term care insurance</td>
<td>1-800-227-4165</td>
<td><a href="http://www.unuminfo.com/upitt">www.unuminfo.com/upitt</a></td>
</tr>
<tr>
<td>TIAA-CREF</td>
<td>Retirement income plans</td>
<td>1-800-682-9139</td>
<td><a href="http://www.tiaa-cref.org/pitt">www.tiaa-cref.org/pitt</a></td>
</tr>
<tr>
<td>Pension Administration Center</td>
<td>Noncontributory defined benefit pension plan</td>
<td>1-866-283-0208</td>
<td></td>
</tr>
<tr>
<td>LifeSolutions</td>
<td>Faculty and Staff Assistance Program</td>
<td>1-866-647-3432</td>
<td><a href="http://www.hr.pitt.edu/lifesolutions">www.hr.pitt.edu/lifesolutions</a></td>
</tr>
</tbody>
</table>
## Medical Plans

### Medical Insurance Plans Comparative Summary of Key Provisions

#### How the Plan Works

<table>
<thead>
<tr>
<th>Basic Plan Features and Explanations</th>
<th>UPMC ADVANTAGE NETWORK: Higher Benefit-UPMC Owned Facilities§</th>
<th>UPMC AFFILIATED NETWORK: Lower Benefit-No Out of Network Benefit Coverage§</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible**</td>
<td>n/a</td>
<td>$500 / $1000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>N/A</td>
<td>10% / 20%</td>
</tr>
<tr>
<td>Plan Responsibility</td>
<td>100%</td>
<td>90% / 80%</td>
</tr>
</tbody>
</table>

#### Out of Pocket Max

- **Includes Deductible and Coinsurance**
- Copayment amounts for services at 100%

<table>
<thead>
<tr>
<th>Out of Pocket Max</th>
<th>Deductible**</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
<th>Out of Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>100%</td>
<td>$300 / $600</td>
</tr>
</tbody>
</table>

#### Copayment

- Member responsibility at time of service
- Amounts do not apply towards any deductibles or coinsurance

<table>
<thead>
<tr>
<th>Copayment</th>
<th>Deductible**</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
<th>Out of Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>100%</td>
<td>$300 / $600</td>
</tr>
</tbody>
</table>

### Health Plan Payments for Services are Noted Below. Copayments for the HMO and Deductibles and Coinsurance for the PPO Plans Apply as Stated Above.

<table>
<thead>
<tr>
<th>Adult and Pediatric Wellness and Preventive Services</th>
<th>Deductible**</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
<th>Out of Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>100%</td>
<td>$300 / $600</td>
</tr>
</tbody>
</table>

#### Panther Gold with Advantage Network (HMO)

- Requires selection of a network doctor—primary care physician (PCP)**
- No coverage provided outside the UPMC Health Plan network, except in the case of an emergency

#### Panther Advocate (PPO) with HIA

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

#### Panther Plus (PPO)

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

#### Panther Basic (PPO) HSA Option

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

### UPMC Health Plan Member Services: 1-888-499-6885

www.upmchealthplan.com

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### a UPMC Advantage Network

Listed below is a sampling of the Advantage Network hospitals. Visit www.upmchealthplan.com for a full listing of Advantage Network facilities.

- **Children’s Hospital of Pittsburgh of UPMC**
- **UPMC Montefiore**
- **UPMC Northside**
- **UPMC Passavant**
- **UPMC Presbyterian**
- **UPMC Shadyside**
- **Western Psychiatric Institute and Clinic**

### b Other Affiliated UPMC Facilities

Listed below is a sampling of the other affiliated UPMC facilities. Visit www.upmchealthplan.com for a full listing of facilities.

- **Butler Memorial Hospital**
- **St. Clair Memorial Hospital**
- **Jefferson Regional Medical Center**
- **The Washington Hospital**

### c To locate participating physicians and facilities in the UPMC network:

2. In the top corner, select the option you are searching for (i.e. Doctors).
3. Complete search field.
4. Coverage Type: Coverage through your employer
5. Plan Name: UPMC Plan: Panther Gold Advantage HMO (For Pitt Employees)
6. PPO Plans(s): Premium Network Plans-PPO and EPO plans
7. Search for provider/facility
8. Expand desired results to see what plans are accepted

### d To utilize an AnywhereCare visit:

1. Access AnywhereCare by visiting upmchealthplan.com and complete a brief questionnaire about your symptoms.
2. Log in to your MyUPMC account. If you do not have an account, create one by following the new user instructions.
3. Choose between a video appointment or secure messaging. Children ages 3 to 18 must have a video appointment with a pediatrician.
4. Receive a response with a diagnosis and treatment plan, usually within 30 minutes. Prescriptions are sent right to your pharmacy.

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*The Patient Protection Notice can be found at www.hr.pitt.edu/benefits/notices/patient-pr

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

***You must receive a University pay stub in order to have an HSA contribution.

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Visit www.upmchealthplan.com for additional HSA and HSA information.
Prescription Drug Program-Your Choice Formulary
(applies to all medical plans)*

<table>
<thead>
<tr>
<th>30-Day Supply available through:</th>
<th>90-Day Supply available through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail and Independent Pharmacies</td>
<td>Mail Order through Express Scripts 1-877-787-6279; Falk Clinic Pharmacy 412-623-6222 (Oakland campus office delivery available) University Pharmacy 412-381-1850</td>
</tr>
<tr>
<td>$16 copayment generic</td>
<td>$12 copayment generic</td>
</tr>
<tr>
<td>$40 copayment preferred brand</td>
<td>$80 copayment preferred brand</td>
</tr>
<tr>
<td>$80 copayment nonpreferred brand</td>
<td>$160 copayment nonpreferred brand</td>
</tr>
</tbody>
</table>

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, and the University Pharmacy. As an example, at the University Pharmacy members pay $12 for a 90-day supply of generic medication, while the cost is $48 at a retail pharmacy ($16 x 3).

Specialty medication is not available at the discount price.

Examples include introduction of new medications, changes in tier level (i.e., brand name to generic), etc.

Prescription Drug Program-Your Choice Formulary

To obtain a brochure with attached ID card, you can call member services or print out a card by accessing MyHealth Online member portal from my.pitt.edu. Follow these steps:

1. After logging in, select the “My Resources” tab near the top of the page.
2. Scroll down to “Human Resources”.
3. On the next page, click “My Health Access”. It will take approximately 20 seconds for authentication. The next screen that appears is the My Health Online member portal.
4. Select “Self Service Tools.”
5. Select “I want to print”.
6. Click on “An Assist America Card” at the bottom.

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

Fitness for Life
www.hr.pitt.edu/fitness

The University’s Fitness for Life program focuses on proactive health care management. As part of this program, services are offered to you and your family members to promote a healthy lifestyle. The benefit coverage and activities sponsored by the University help support each member in the development of a healthy lifestyle and awareness of the benefits of reducing health-care cost escalation.

Benefits Coverage, Wellness Related Programs and Activities

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 to your primary care physician
- Wellness-related blood panels
- Mammograms
- Prostate screenings
- Colonoscopies
- Flu and pneumonia vaccinations
- Shingles vaccination (Zostavax)
- Adult immunizations
- Pediatric immunizations

The adult and pediatric preventative guidelines are posted at: www.hr.pitt.edu/fitness. Click on “Prevention Guidelines.”

Smoking Cessation

Smoking is a difficult habit to break. The University supports members who are trying to quit smoking. As a result of the Affordable Care Act, most over-the-counter and generic tobacco cessation medicines are covered at 100%, without a copayment. Specific brand-name drugs like Nicotrol Inhaler and Nicotrol Nasal Spray remain subject to the brand name copayment.

Coverages for brand name smoking cessation drugs may be reimbursed by the University for members who participate in the University sponsored medical plans, if those members complete a tobacco cessation coaching program that is available:
- Online
- By telephone

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

Additional support services are available through LifeSolutions. Information about LifeSolutions is on page 8.

Exercise

A well-balanced diet and exercise are key components of a healthy lifestyle. The availability of exercise facilities will vary by campus. In Oakland, Trees Hall and Bellfield Hall are available for use at no cost to faculty and staff. Regional campus information is available through the local Human Resources office.

The University Club is also open to faculty and staff. Membership and general information are available on its Web site: www.uc.pitt.edu.

The University’s Health and Physical Activity department provides wellness education, exercise, and dietary programs that promote physiological benefits. It is open to all faculty and staff. Additional information is available on its Web site: www.education.pitt.edu/wellness.

Activities on Campus

Throughout the year, the Benefits Department, UPMC Health Plan, and many engaged departments sponsor wellness-related activities on campus. Some of the programs include:

- Exercise campaigns
- Wellness fairs

These programs are generally announced through flyers, campus mailings, and posters.

Health Coaching

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

Health coaches can provide needed support to help you lose weight, eat healthier, quit smoking, manage stress and become more active and physically fit. They can also help you manage many chronic conditions such as diabetes, asthma, low back pain, high blood pressure, and many more.

To set up an appointment, contact UPMC Health Plan at 1-800-807-0751.

Assist America - Global Emergency Services

1-800-872-1414 or www.assistamerica.com

If you encounter a medical emergency while traveling, you have the comfort of knowing that you are protected worldwide. Keep in mind, during a medical emergency situation you should:

- Seek care immediately from the nearest emergency facility.
- Notify your primary care physician (if applicable), or
- Contact UPMC Health Plan Member Services at 1-888-499-6885 within 24–48 hours of an emergency or hospital admission.
- Have claims processed through UPMC Health Plan before making payment to providers outside the network.

As part of your UPMC health plan you have the powerful global emergency assistance services provided by Assist America if you encounter a medical or personal emergency while traveling 100 miles or more away from home, or in another country. Assist America provides emergency medical and personal assistance services such as doctor referrals, prescription assistance, emergency evacuation, return of mortal remains and more.

To access these services, call 1-800-396-4139.
**Vision Plans and Monthly Premiums**

**Davis Vision**

Current participants: 1-800-999-5431 or www.davisvision.com

(claim code 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan)

**Vision Insurance Plans—Summary of Key Provisions**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Copayment and Coverage Options</th>
<th>Designer Gold Plan</th>
<th>Copayment and Coverage Options</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the Plan Works</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All participants, regardless of age, are eligible for a comprehensive eye examination and one pair of eyeglass lenses and frames or an equivalent evaluation and fitting and contact lenses once every 12 months. <strong>In-Network</strong> means visits to providers within the Davis Vision network. <strong>Out-of-Network</strong> means visits to providers outside the Davis Vision network.</td>
<td>Covered in Full</td>
<td>$25</td>
<td>Covered in Full</td>
<td>$25</td>
<td>Covered in Full</td>
<td>$25</td>
<td>Covered in Full</td>
</tr>
</tbody>
</table>

**Plan and Products**

- **Coverage Level**
  - Individual: $6.93, $7.09
  - Individual Plus One Dependent: $12.45, $17.41
  - Family: $16.95, $23.70

**MONTHLY PREMIUMS**

- **Davis Vision Fashion Excellence Plan**
  - Individual: $6.93
  - Individual Plus One Dependent: $12.45
  - Family: $16.95

- **Davis Vision Designer Gold Plan**
  - Individual: $7.09
  - Individual Plus One Dependent: $17.41
  - Family: $23.70

**How the Plan Works**

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 allowances as stated below.

1. **Basic Services**
   - Insurance pays 100% of MAC.
   - Insurance pays 100% of MAC.
   - Insurance pays 100% of MAC.
   - Insurance pays 50% of MAC.
   - Insurance pays 50% of MAC.
   - Insurance pays 50% of MAC.

2. **Major Services**
   - Covered based on specific member copayment schedule amounts.
   - Covered based on specific member copayment schedule amounts.
   - Covered based on specific member copayment schedule amounts.
   - Not covered

3. **Orthodontics**
   - Eligible dependents age 19 or older

4. **Annual Plan Year Maximum**
   - None
   - $500/individual, $400/individual plus one adult or child, $150/family

5. **Emergency Dentistry**
   - Insured—Waived for preventive, diagnostic, and orthodontic.
   - Insured—Waived for preventive, diagnostic, and orthodontic.
   - Insured—Waived for preventive, diagnostic, and orthodontic.

**To determine your copayment responsibility, refer to www.hr.pitt.edu/benefits/health-and-welfare/dental-plans and click on “Schedule of Benefits.”**

**Plan Benefits**

- **Individual Plus One Dependent:**
  - Up to $60 retail allowance towards provider-provided eyeglass frame (with retail values up to $125)
  - Up to $30 retail allowance towards provider-provided contact lenses (with retail values up to $75)
  - Up to $40 retail allowance towards any Premier frame from Davis Vision’s exclusive Collection
  - Evaluation and fitting fee: Daily wear, up to $20
  - Extended wear, up to $30
  - Standard Daily Wear, up to $48
  - Elective, up to $75
  - Medically Necessary, up to $125

- **Family:**
  - Up to $120 retail allowance towards provider-provided eyeglass frame (with retail values up to $125)
  - Up to $60 retail allowance towards provider-provided contact lenses (with retail values up to $75)
  - Up to $80 retail allowance towards any Premier frame from Davis Vision’s exclusive Collection
  - Evaluation and fitting fee: Daily wear, up to $60
  - Extended wear, up to $100
  - Standard Daily Wear, up to $255
  - Elective, up to $75
  - Medically Necessary, up to $225

**Contact lenses, evaluation and fitting fees. Covered in Full $75 allowance towards provider-supplied contacts or one pair of daily wear (in lieu of allowance) or Medically necessary with prior approval. Covered in Full**

**Monthly Premiums**

- **Concordia PLUS:** $7.86
- **Concordia FLEX I:** $8.18
- **Concordia FLEX II:** $26.89

**To locate participating providers in the United Concordia network:**

1. Go to www.ucci.com
2. Click on “Find a Dentist”
3. For the Concordia PLUS plan, select “DHMO Concordia Plus General Dentists” from the “My Network I” drop down menu
4. Use the last 6 digits of the Provider ID to designate the PDCs when enrolling.
5. For the Concordia FLEX I and II plans, select “Concordia Advantage” from the “My Network I” drop down menu

**Dental Plans and Monthly Premiums**

United Concordia: 1-877-215-3636 or www.ucci.com

**Managed Care**

- **Concordia PLUS:** Requires selection of a primary dental office (PPO) in the Women’s PA/DHM network. All services must be coordinated through the designated dentist listed on the insurance card. PPO referrals required for specialty and pediatric care.

- **Concordia FLEX I**

- **Concordia FLEX II**

**How the Plan Works**

Plan payment accepted by PPO, for certain services, patient responsible for co-payment of $40 copayment for non-Food stamp patients.

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

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.

**Annual Deductible**

- None

**Example Cleaning Frequency**

- **Concordia PLUS:**
  - One in any consecutive six months

- **Concordia FLEX I:**
  - One in any consecutive six months

- **Concordia FLEX II:**
  - One in any consecutive six months

**Preventive Services**

- (e.g., x-rays)
  - Insurance pays 100%**
  - Insurance pays 100% of MAC.
  - Insurance pays 100% of MAC.

**Basic Services**

- (e.g., cavity fillings)
  - Insurance pays 100%.
  - Insurance pays 50% of MAC.
  - Insurance pays 50% of MAC.

**Major Services**

- (e.g., crowns)
  - Covered based on specific member copayment schedule amounts.
  - Covered based on specific member copayment schedule amounts.
  - Not covered

**Orthodontics**

- (Eligible dependents age 19 or older)
  - Covered based on specific member copayment schedule amounts.

**Annual Plan Year Maximum**

- None

**Oral Health Plan**

- Individual: $17.86
- Individual Plus One Dependent: $6.32
- Family: $59.11

**Oral Health Plan**

- Individual: $18.18
- Individual Plus One Dependent: $34.87
- Family: $86.14

**Oral Health Plan**

- Individual: $26.89
- Individual Plus One Dependent: $52.71
- Family: $102.45

**For more information on the Davis Vision Collection, call Davis Vision at the numbers listed above.**

**Additional discounts not available at Walmart locations.**

**Additional $5 allowance for Non-Collection frames purchased at Visionworks locations.**
LifeSolutions - Faculty and Staff Assistance Program
1-866-647-3432 or www.hr.pitt.edu/lifesolutions

As Faculty and Staff of the University, you are continually asked to juggle your own workload and your life at home. Balancing can be much easier with direct access to supportive resources and personal attention. LifeSolutions, the University's faculty and staff assistance program, provides WorkLife services including no-cost personalized consultations and referrals, for a wide range of daily needs.

The goal of WorkLife services is to help with the time consuming leg work associated with daily needs, so a person can remain focused on his or her job duties. Some of the WorkLife services offered include:

- **Elder Care**: Help with locating an assisted living facility for an elderly parent who can no longer live independently.
- **Financial consultation**: Support with budgeting, retirement planning, debt management, and similar issues.
- **Child care assistance**: Choosing a summer camp, preschool, day care facility, or other resource(s).
- **Legal consultation**: Estate planning, wills, divorce or marriage issues, or contract issues. The initial 30-minute legal consultation is free and subsequent legal support will be offered at a discounted rate.

LifeSolutions continues to provide in person and telephonic coaching and counseling services. Faculty, staff, and their household members can receive up to six sessions per issue per year at no cost. These services are completely private and confidential. The clinicians are all PhD or Master’s level trained with broad experience in mental health and addiction issues. LifeSolutions helps people with stressors such as family conflict and relationship issues, as well as more serious psychiatric or substance use disorders. LifeSolutions responds to calls 24 hours a day, seven days a week, and services are conveniently located near all five University of Pittsburgh campuses.

LifeSolutions also provides training and education programs which can be customized to meet a department or school’s needs:

- Examples include Financial Wellness, Stress Management: a Path to Wellbeing, and Maintaining a Respectful Workplace, to name a few.
- Deans, managers, and supervisors receive management consultation services regarding challenging workplace issues, including how to safely and tactfully approach a troubled employee or sensitive situation.

LifeSolutions is a no cost resource available to University faculty, staff, and their household members that can help pave the way to a happier, healthier, and more productive life at work and at home. You can reach LifeSolutions by phone at 1-866-647-3432 or online at www.hr.pitt.edu/lifesolutions.

Additional Benefits

**PittPerks**

PittPerks is a value-added benefit for 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 www.pittperks.com today for more information. If you have any questions about the available programs on this site, or would like to suggest new program offerings or refer discount shopping vendors, please contact PittPerks customer care at 888-689-9696 or pittperks@corestream.com.

**Long Term Care Insurance**

Long term care is the type of care received, either at home or in a facility, when someone needs assistance with activities of daily living because of an accident, illness, or advancing age. Long Term Care Insurance provides benefits to help pay for this needed care.

Long Term Care Insurance is an employee-paid benefit available at a group rate to faculty and staff, as well as their family members. Please contact the University’s Long Term Care Insurance carrier, Unum, for specific plan details and coverage, rates and enrollment forms at 1-800-227-4165, or unuminfo.com/upitt.
Policies and 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 added two different rules that could benefit certain employees of the University. First, CHIPRA added a new 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 has added two new Qualified Status Change events. The Qualified Status Change events occur either when an eligible employee’s enrollment ends in Medicaid or a state’s CHIP program or when an eligible employee becomes eligible for the premium subsidy and can then enroll in the University’s coverage. If either of these two events occur, the employee must request coverage from the University within 60 days of the event.

Women’s Health and Cancer Rights Acts (HR4328, Public Law 105-277)

Under the University of Pittsburgh’s health plans, coverage will be provided to a member who is receiving benefits for 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 mastectomy, including lymphomas

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.

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-age 65 retirees, and post-age 65 retirees meet the standards for creditable coverage required by federal regulations and guidelines.

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 customized information about your medical options, please go to www.hr.pitt.edu/benefits.

In addition to accessing and/or printing copies of the electronic COCs and SBCs, you also have the right to request and receive, free of charge, paper copies of these documents.

Request a printed Health and Welfare COC and/or Summary of Benefits and Coverage (SBC) on the Benefits website or by calling the University’s Benefits Department at 412-624-8160

Additional Notices

The following policies and notices are available, in most instances, in more detail on the Benefits Department Website at www.hr.pitt.edu/benefits/health-and-wellness/notices.

- Assisted Fertilization
- Behavioral Health Care
- Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Claims Review and Appeal Procedures
- Emergency Services
- Genetic Information Nondiscrimination 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
- Women’s Health Care