



University of Pittsburgh

Summary Guide to Benefits

for Eligible Faculty and Staff

JULY 1, 2019–JUNE 30, 2020

Table of Contents

Eligibility, Enrollment, and Status Changes Outside of Open Enrollment	3
Medical Plans	4
Medical Plans Monthly Premiums	6
Prescription Drug Program	8
Life Solutions - Faculty and Staff Assistance Program.....	9
Wellness for Life	10
Dental Plans and Monthly Premiums.....	12
Vision Plans and Monthly Premiums	14
Flexible Spending Accounts.....	16
Life Insurance and AD&D	18
Retirement Income Plans	20
Write Your Own Financial Story	21
Travel Assistance and Global Emergency Services	22
Additional Benefits.....	23
Policies and Notices	24
Benefits Glossary.....	25
Vendor Contact Information.....	26

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 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.

Eligibility, Enrollment, and Status Changes Outside of Open Enrollment

Eligibility for Health and Welfare Plans

Participation is open to:

- Full-time regular faculty, librarians, research associates, and post doctoral associates
- Part-time regular tenured/tenure stream faculty at no less than 50% effort
- Part-time regular librarians designated with expectations of continued employment at no less than 50% effort
- Full-time regular staff
- Part-time regular staff
- All of the above may include their spouse or domestic partner and children up to age 26.

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

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 that 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.

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.

Accessing Current Benefit Elections

1. Use your Pitt username and password to log in to the Pitt Portal at my.pitt.edu.
2. Select PRISM from the right-side menu on the homepage or select "Human Resources" from the "My Resources" drop down menu and then select "Access PRISM" in the right-side menu.
3. Select PHR Employee Self Service from the main menu.
4. Select Benefits from the drop down menu.
5. The Current Benefits tab will open; this will show your current benefit elections.

To review past benefits, use the drop down box on the top of the page.



Medical Plans

Comparative Summary of Key Provisions

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

Basic Plan Features and Explanations

	PANTHER GOLD with Advantage Network (HMO)		PANTHER ADVOCATE (PPO)	
	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		May select any doctor ^c Provides coverage to any doctor or hospital	
	UPMC ADVANTAGE NETWORK: Higher Benefit—UPMC Owned Facilities ^a	UPMC Health Plan Network Lower Benefit ^b	FULL UPMC IN-NETWORK	OUT-OF-NETWORK
Deductible* (member responsibility before insurance pays for services)	n/a	\$300 / \$600	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance (member responsibility for services after deductible has been paid)	n/a	20%	10%	30%
Plan Responsibility (amount insurance pays for services after member pays deductible and before out-of-pocket max is reached)	100%	80%	90%	70%
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		\$2,000 / \$4,000	\$4,000 / \$8,000
Copayment (member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance)	Copayments for various services are listed below		n/a	n/a
HIA/HSA Option+	HIA \$125 / \$250		HIA \$200 / \$400	

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

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 Doctor Office Visits	100%			
AnywhereCare Visits^d (e.g., virtual visits with UPMC physicians)	100% after \$10 copayment		90% (after in-network deductible)	70%
Urgent Care Services^c (same services as Convenient Care plus x-rays, setting broken bones, stitches)	100% after \$60 copayment			
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	80%	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			
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) QHDHP 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 / \$10,000¹

\$10,000 / \$20,000

n/a

n/a

HSA Option⁺ 2 Individual \$3,500; Family \$7,000;
Age 55+ add \$1,000

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

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

- Go to www.upmchealthplan.com.
- Click Find Care at the top of the page.
 - 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.
- Choose the type of care (medical or behavioral health).
- Choose to search either by name or by specialty.
- Enter zip code

Learn more by visiting www.hr.pitt.edu/find-provider

^dTo utilize an AnywhereCare visit:

- Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care.
- 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.
- 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.
- Receive a diagnosis and treatment plan. Prescriptions are sent directly 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.

+ 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	\$ 543	\$ 465	\$ 78
Parent/Child(ren)	\$ 1,205	\$ 1,013	\$ 192
Two Adults	\$ 1,361	\$ 1,085	\$ 276
Family	\$ 1,503	\$ 1,124	\$ 379
PANTHER ADVOCATE (PPO)			
Individual	\$ 535	\$ 465	\$ 70
Parent/Child(ren)	\$ 1,187	\$ 1,013	\$ 174
Two Adults	\$ 1,336	\$ 1,085	\$ 251
Family	\$ 1,474	\$ 1,124	\$ 350
PANTHER PLUS (PPO)			
Individual	\$ 489	\$ 465	\$ 24
Parent/Child(ren)	\$ 1,067	\$ 1,013	\$ 54
Two Adults	\$ 1,208	\$ 1,085	\$ 123
Family	\$ 1,339	\$ 1,124	\$ 215
PANTHER BASIC (PPO) QHDHP with HSA Option			
Individual	\$ 465	\$ 465	\$ 0
Parent/Child(ren)	\$ 1,013	\$ 1,013	\$ 0
Two Adults	\$ 1,118	\$ 1,085	\$ 33
Family	\$ 1,174	\$ 1,124	\$ 50

*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.



Prescription Drug Program- Your Choice Formulary



This program applies to all medical plans.*

Short-term, 30-, 60-, and 90-day supply available through:		90-day discounted supply available through:	
Retail and Independent Pharmacies UPMC Health Plan: 1-888-499-6885		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	Tier	Copayment
1	\$16 Preferred Generics	1	\$32 Preferred Generics
2	\$40 Preferred Brand	2	\$80 Preferred Brand
3	\$80 Non-Preferred Medications	3	\$160 Non-Preferred Medications
4	\$90 Specialty Medications		

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/upmc-pdp.

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

Life Solutions: Faculty and Staff Assistance Program

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

Life Solutions, 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. Life Solutions 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 plan 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.



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

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.

To learn more or to schedule an appointment, contact a Pitt health coach at www.hr.pitt.edu/ask-health-coach.

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 Life Solutions.

Comprehensive Medication Management

As part of your UPMC Health Plan wellness benefits, the University's Benefits Department now offers Comprehensive Medication Management services. Sit down with a pharmacist to answer your medication-related questions and develop an action plan to help take better control of your health. 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-campus at University Pharmacy in Nordenberg Hall or by phone Monday through Friday between the hours of 9:00 a.m. and 6:00 p.m. To schedule an appointment with a pharmacist, call 412-383-MEDS(6337) or email mymeds@pitt.edu.

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 its website at www.uc.pitt.edu.

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

BE FIT PITT

The University's Health and Physical Activity Department provides wellness education, exercise, and dietary programs that promote physiological benefits for all faculty and staff. Additional information is available on its website at www.befitpitt.pitt.edu.



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.
- **No appointment necessary**, with walk-in hours on Monday through Friday from 7 a.m.–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.

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 MyHealth@Work by visiting www.hr.pitt.edu/wellness.

Wellness for Life Health Incentives

Faculty and staff can participate in the Wellness Incentives program by earning reward dollars in a Health Incentive Account (HIA) for completing healthy activities. Your HIA 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 HIA dollars can be used.

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

Plan	Rewards Maximum	
	Individual	Employee and spouse/domestic partner
Panther Advocate	\$200	\$400
Panther Gold/Plus	\$125	\$250
Panther Basic*	\$125	\$250

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

*Any earned reward dollars will be applied to your September 2020 paycheck.

Dental Plans and Monthly Premiums

United Concordia: 1-877-215-3616 or www.unitedconcordia.com

Summary of Key Provisions

	Managed Care	Standard Care Plans	
	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
How the Plan Works	Requires selection of a primary dental office (PDO) in the Western PA DHMO network.* All services <u>must</u> 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.*	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.	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.
Annual Deductible	None	\$50/individual, \$100/individual plus one adult or child, \$150/family. Deductible applies for all services.	Same—Waived for preventive, diagnostic, and orthodontics
Exam/Cleaning Frequency	One in any consecutive six months**	One in any consecutive six months	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 80% of MAC
Major Services (e.g., crowns)	Covered based on specific member copayment schedule amounts ¹	Insurance pays 50% of MAC	Insurance pays 50% of MAC
Orthodontics (Eligible dependents to age 19)	Covered based on specific member copayment schedule amounts ¹	Not covered	Insurance pays approximately 50% up to scheduled allowance; \$1,500 lifetime maximum
Annual Plan Year Maximum (Note: Orthodontics maximum is separate.)	None	\$500/covered person	\$1,000/covered person

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

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



Monthly Dental Plan Premiums

Coverage Level	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
Individual	\$20.82	\$18.18	\$26.89
Individual Plus One Dependent	\$42.25	\$34.37	\$52.71
Family	\$68.92	\$56.14	\$102.45

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

1. Go to www.unitedconcordia.com
2. Select "Find a Dentist"
3. Enter location or dentist name
4. For the Concordia PLUS plan, select "DHMO Concordia Plus General Dentist" in the "Select Network" search box
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

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

Vision Plans and Monthly Premiums

Davis Vision

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

Non-participants: 1-877-923-2847

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

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 network.*

Out-of-Network: May utilize providers outside the Davis Vision 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 Covered in Full Fashion Frame 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 Covered in Full Fashion Frame Davis Vision Designer Frame\$0 copay Davis Vision Premier Frame.....\$25 copay	Plan pays up to \$30
Contacts (in lieu of eyeglasses)	Evaluation..... Covered in Full Plan pays up to \$75 for provider supplied contacts Medically Covered in Full necessary	Daily wearUp to \$20 Extended wearUp to \$30 Elective.....Up to \$48 Disposable.....Up to \$75 Medically necessaryUp to \$225	Evaluation..... Covered in Full Plan pays up to \$130 plus 15% off for provider supplied contacts Medically Covered in Full necessary	Daily wearUp to \$20 Extended wearUp to \$30 Elective.....Up to \$48 Disposable.....Up to \$75 Medically necessaryUp to \$225



Monthly Vision Plan Premiums

Coverage Level	FASHION EXCELLENCE PLAN	DESIGNER GOLD PLAN
Individual	\$6.93	\$10.25
Individual Plus One Dependent	\$12.45	\$18.42
Family	\$16.95	\$25.07

***To locate participating providers in the Davis Vision network:**

1. Go to www.davisvision.com
2. Click Member, then click Open Enrollment
3. In the Client Code box, enter 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan, and hit enter
4. Select Find a Provider

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

Additional discounts are not available at Walmart locations.

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

Flexible Spending Accounts

UPMC Benefit Management Services (BMS):

1-888-499-6885 or www.upmchealthplan.com/members/learn/consumer-advantage/

A flexible spending account (FSA) program provides an opportunity to reduce your federal and Social Security taxable income through funding an account on a pre-tax basis. You may obtain reimbursement through the submission of qualified out-of-pocket expenses relating to that particular account.

Flexible spending accounts are intended to be used for predictable expenses only. Please review the plan details of each flexible spending account prior to enrollment to determine if a flexible spending account is right for you.

Learn more about the flexible spending accounts in greater detail, including eligible expenses, claim submission deadlines, and claim submission procedures, by using the phone number or website listed above.

Note: Individuals enrolled in Panther Basic that desire to make a pre-tax contribution for health-related expenses must elect to participate in the Health Savings Account (HSA) associated with the Panther Basic plan.

Flexible spending account participants may enjoy the following benefits of the UPMC BMS Consumer *Advantage* flexible spending administration:

- The UPMC Consumer *Advantage* Visa Card for health care, mass transportation, and parking FSA members provides the benefit of swiping your card to pay for expenses such as qualified medical, dental, vision, parking, and mass transportation expenses.
- Subscribers can submit claims for reimbursement to UPMC BMS in three ways. Subscribers have the option to complete a reimbursement request form and submit it to UPMC Benefit Management Services. Claims can be submitted online through the UPMC Consumer *Advantage* portal. To access the portal, use the **my.pitt.edu** single sign on for UPMC *MyHealth* Online, access “My Resources,” “UPMC Health Plan,” then “My Health Access.” Claims can also be submitted by using the Consumer *Advantage* mobile app. Download the UPMC Consumer *Advantage* mobile app from the iTunes App Store or Google Play and follow the instructions to access your account.
- Participants are able to obtain their flexible spending account balances over the phone by calling 1-888-499-6885 and following a series of prompts.

Flexible Spending Accounts Offered

Account Type	Examples of Eligible Expenses	Monthly Minimum*	Monthly Maximum*	Annual Maximum
Health Care	Deductible(s), copayments, prescription drugs, prescription glasses, and orthodontics for you and/or your dependents.	\$10	\$225.00	\$2,700
Dependent Care	Day care providers, after school care or extended day care, au pair, nanny, elder care, and summer day camp expenses incurred due to working, looking for work, or attending school full-time, for eligible dependents up to age 13.	\$10	\$416.67	\$5,000
Parking	The cost of parking in a non-University lot (leases or pay by the day) that is located near your place of employment or cost of parking in a University lot if you pay by the day.	\$25	\$265.00	\$3,180
Mass Transportation	Vanpooling expenses or cost of a transit pass to travel to your place of employment from outside of Allegheny County.	\$25	\$265.00	\$3,180

*These amounts are based on a 12-month pay schedule. Individuals on another schedule should adjust accordingly.

**If you terminate the plan earlier than June 30, the filing deadline will be six months from your termination date.

“Use It or Lose It” Rule for Plan Year: July 1, 2019–June 30, 2020

The “Use It or Lose It” rule applies to dependent day care, parking, and mass transportation. Other than the exception listed below for dependent care, all claims must be incurred prior to July 1, 2020. Participants must submit those expenses for reimbursement by December 31, 2020. If your coverage ends prior to June 30, 2020, claims must be incurred prior to your last day of coverage. If your coverage ends prior to the end of the plan year, you have six months to submit expenses after the last day of coverage. Any remaining funds in your account at the end of the plan year will be forfeited and used to offset the general plan expenses.

2½ Month Dependent Care Flexible Spending Account Extension

The U.S. Treasury Department granted a 2½ month extension for dependent day care flexible spending accounts. Participants have until September 15 to incur an expense and use any contributions remaining in their dependent care flexible spending accounts. During this grace period, transactions will automatically pull from the previous plan year to exhaust funds before it pulls from the current plan year funds. Expenses incurred during this period still must be submitted to UPMC BMS, the University’s flexible spending account administrator, for reimbursement no later than December 31, 2020.

Health Care Flexible Spending Account Rollover

The IRS has modified the “Use It or Lose It” rule for health care flexible spending accounts to allow a \$500 annual rollover of unused contributions. The rollover does not count against the \$2,650 contribution maximum per year and the rollover may be used to pay for expenses in the year in which it is carried over.

Incomplete Participation in Plan Year

Unused funds will be forfeited if not claimed within six months of the following status changes for the dependent care, parking, and mass transportation accounts:

- End of the plan year
- Termination
- Change in status which makes you ineligible for the plan

Unused funds will be forfeited if not claimed within six months for terminations and general ineligibility for the health care account.

In case of termination or ineligibility during the plan year, claims can be submitted for expenses incurred prior to the termination/ineligibility date. Expenses and services incurred after the termination/ineligibility date are not eligible for reimbursement.

Claims Incurred	Incurring Extension Available?	Filing Deadline**	Does the “Use It or Lose It” rule apply?	Eligible to use the UPMC Consumer <i>Advantage</i> card to cover expenses?
July 1, 2019–June 30, 2020	No	December 31, 2020	No - up to \$500 may be carried over annually	Yes
	Yes - through September 15, 2020	December 31, 2020	Yes	No
	No	Claims must be submitted within six months of the date of the claim		Yes
		December 31, 2020		

Life Insurance and AD&D

Aetna: 1-800-523-5065 or www.aetnalifeanddisability.com

To report a death or to check on a claim, call 1-800-523-5065; reference policy number 877187.

Life insurance and accidental death and dismemberment (AD&D) insurance help provide financial protection in the event of your death or that of a spouse/domestic partner or dependent child. To elect or change a beneficiary, contact Aetna at www.aetnalifeanddisability.com.

Basic Group Life and AD&D Coverage

The University provides group term life insurance coverage to faculty and staff in the amount of one times your annual salary, rounded up to the next thousand capped at the plan maximum of \$50,000. AD&D coverage also is provided in the amount of one times your annual salary, rounded up to the next thousand capped at the plan maximum of \$50,000. There is no cost to you.

Optional Coverage and Monthly Rates

<div>Group Life</div>	<div><p>Optional group term coverage is available to you at your choice of one to six times your annual salary, rounded up to the next thousand capped at the plan maximum of \$2 million. This is a fully employee-paid, after-tax benefit that does not reduce federal and state taxes. The monthly premium will be based on your age as of July 1 annually. New hires may elect the lesser of two times annual salary or \$500,000 in optional life insurance without Evidence of Insurability (EOI).</p><p>The cost is a calculation of the age-graded rate times each \$1,000 of coverage.</p><table><tr><td>Less than 30 years</td><td>\$.043</td></tr><tr><td>30–34 years</td><td>\$.058</td></tr><tr><td>35–39 years</td><td>\$.065</td></tr><tr><td>40–44 years</td><td>\$.072</td></tr><tr><td>45–49 years</td><td>\$.128</td></tr><tr><td>50–54 years</td><td>\$.182</td></tr><tr><td>55–59 years</td><td>\$.312</td></tr><tr><td>60–64 years</td><td>\$.501</td></tr><tr><td>65–69 years</td><td>\$.921</td></tr><tr><td>70 plus</td><td>\$1.493</td></tr></table><div><div><div>TO CALCULATE YOUR LIFE INSURANCE COST:</div><div>annual salary × additional coverage value (1–6) = total coverage</div><div>Employees age 42 with \$45,000 annual salary electing to have coverage of three times their salary will have a total coverage of \$135,000.</div><div>Total coverage ÷ 1,000 × age rate = cost per month</div><div>\$135,000 ÷ 1,000 × .072 = \$9.72</div><div>Employee cost per month = \$9.72</div></div></div></div>	Less than 30 years	\$.043	30–34 years	\$.058	35–39 years	\$.065	40–44 years	\$.072	45–49 years	\$.128	50–54 years	\$.182	55–59 years	\$.312	60–64 years	\$.501	65–69 years	\$.921	70 plus	\$1.493				
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55–59 years	\$.312																								
60–64 years	\$.501																								
65–69 years	\$.921																								
70 plus	\$1.493																								
<div>AD&D</div>	<div><p>Coverage is available at your choice of one to six times your annual salary, rounded up to the next thousand capped at the maximum of \$2 million.</p><p>Cost is not age-graded and is a constant rate times each \$1,000 of coverage (\$.015/\$1,000).</p></div>																								
<div>Dependent Life</div>	<div><p>Optional dependent life insurance is available to the spouse/domestic partner and children (up to age 26) of faculty and staff members.* Six options are available to choose from for a spouse or domestic partner and two options are available for a dependent child or children. The faculty and staff member would be the automatic beneficiary of any elected benefit. Coverage is subject to Evidence of Insurability (EOI) for spouse/domestic partner. EOI is not required for dependent child coverage. Cost is not age-graded and is constant regardless of the number of dependent children covered.</p><div><div>COVERAGE FOR SPOUSE/DOMESTIC PARTNER</div><table><tr><td>Option 1</td><td>\$1.18</td><td>\$10,000</td></tr><tr><td>Option 2</td><td>\$2.32</td><td>\$15,000</td></tr><tr><td>Option 3</td><td>\$2.63</td><td>\$20,000</td></tr><tr><td>Option 4</td><td>\$7.74</td><td>\$50,000</td></tr><tr><td>Option 5</td><td>\$10.77</td><td>\$75,000</td></tr><tr><td>Option 6</td><td>\$14.61</td><td>\$100,000</td></tr></table><div><div>COVERAGE FOR DEPENDENT CHILD(REN)</div><table><tr><td>Option 1</td><td>\$.40</td><td>\$5,000</td></tr><tr><td>Option 2</td><td>\$.80</td><td>\$10,000</td></tr></table></div></div></div>	Option 1	\$1.18	\$10,000	Option 2	\$2.32	\$15,000	Option 3	\$2.63	\$20,000	Option 4	\$7.74	\$50,000	Option 5	\$10.77	\$75,000	Option 6	\$14.61	\$100,000	Option 1	\$.40	\$5,000	Option 2	\$.80	\$10,000
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Option 6	\$14.61	\$100,000																							
Option 1	\$.40	\$5,000																							
Option 2	\$.80	\$10,000																							

*Proof of good health, also called Evidence of Insurability (EOI), is required for some types of coverage. EOI is an application process in which you provide information on the condition of your health or your dependent's health in order to be approved for coverage. Aetna Life Insurance provides 90 days to submit the EOI application for approval or denial of coverage.



In late 2019, Aetna's name will change to The Hartford. During this transition, your policy will remain in effect, and there will be no changes to your coverage or premiums. Like Aetna, The Hartford is widely recognized for its service excellence, sustainability practices, trust, and integrity.



Retirement Income Plans

Eligible faculty and staff are offered a Defined Contribution plan. Details may be found on the Benefits Department website at www.hr.pitt.edu/defined-contribution.

The plan operates on a calendar year basis and is not subject to an annual open enrollment. Elections or changes may be made online throughout the year. Changes must be made by the end of the month prior to when the change is to take effect. Instructions on how to enroll or make changes can be found at www.hr.pitt.edu/make-changes.

Defined Contribution Plan

Within the Defined Contribution Plan, employees are permitted to contribute to a 403(b) plan. Contributions to this plan may be made on a pre-tax, Roth after-tax, or after-tax basis. Eligible employees contributing to the 403(b) plan will receive University matching funds into a 401(a) account. The University contributions will be made on a pre-tax basis. Eligible employees also have the opportunity to contribute to a 457(b) plan on a pre-tax or Roth after-tax basis. Contributions to the 457(b) plan are not considered for matching contributions.

Eligible faculty, staff, and research associates become vested in the 401(a) plan after having completed 1,000 hours of participation in the plan in three separate calendar years. Once vested, the participant has ownership of the contributions given by the University. You are always 100% vested in your contributions into the 403(b) and 457(b) plans.

Between the ages of 52 and 65, once vested, you have the option of joining the Accelerated Option. You must contribute 8% to participate in this option and the University match is 14.5%. Participation lasts for up to 120 months or to age 65, whichever occurs first. The University match ceases once participation in the Accelerated Option ends.

As needed upon retirement, income streams may be established among the options available. For more information, please call TIAA at 1-800-682-9139, Monday–Friday, 8:00 a.m.–10:00 p.m. or Saturday, 9:00 a.m.–6:00 p.m.

New hires will automatically be enrolled at a 3% contribution rate in the 403(b) plan, but will have 60 days to opt out of the plan.

One important term referred to frequently in the plan is vesting. Under the Defined Contribution Plan, once you have fulfilled the three-year vesting schedule, you have a non-forfeitable right to the University match when you retire or resign from the University. Under the Defined Contribution Plan, you always have the right to your contributions and earnings upon retirement or resignation.

Grandfathered Employees

If you are grandfathered into the Noncontributory Defined Benefit Pension Plan and have never been enrolled in the Defined Contribution plan, you may be eligible to take advantage of the **Once in a Career Change** option, which will allow you to change from the Noncontributory Defined Benefit to the Defined Contribution plan. Reenrollment in the Noncontributory Defined Benefit plan is not permitted. Additional information on the Noncontributory Defined Benefit plan can be found at www.hr.pitt.edu/noncontributory.

- Contact the Benefits Department for the Once in Career Change form.
- Once the Benefits Department notifies you of your eligibility to participate, you may enroll.

Employee-Only Contributions

Eligible faculty, staff, and research associates may elect to make supplemental tax-deferred or pre- or post-Roth contributions without a University matching contribution, but within the limits permitted by tax regulations.

Universal Availability

All employees who are not eligible for the University matching contribution may make elective tax-deferred contributions within the limits permitted by tax regulations. More information on universal availability can be found on the Benefits website at www.hr.pitt.edu/universal-availability.

Defined Contribution Plan Schedule

	FACULTY, STAFF, AND RESEARCH ASSOCIATES 403(b)			UNIVERSITY 401(a)	
	Minimum Contribution	Maximum Contribution	Dollar Contribution	Maximum Contribution	Match in Dollars
Non-vested	3%	8%	\$1.00	8%	\$1.00
Vested	3%	8%	\$1.00	12%	\$1.50
Accelerated Option	8%	8%	\$1.00	14.5%	\$1.81

Write Your Own Financial Story

Prepare for the future you imagine.

The University's Retirement Savings Plan offers a streamlined investment menu, a self-directed brokerage account, and a 457(b) plan. Whether you are just getting started with retirement savings or have been contributing for some time, you can take advantage of your ability to create a tailored investment strategy based on your comfort level with investing.

The University is committed to helping you write your financial story. No matter what chapter you find yourself in life, you can always begin, change, or improve your story. The Office of Human Resources website offers resources to help you better understand the updates that were made to the Retirement Savings Plan, as well as guides to help you write your own financial story.

Learn about the updates, schedule a one-on-one advice session with TIAA, and read how others have written their financial story online at www.hr.pitt.edu/your-financial-story.

Account Information

View your account, make a transaction, and more with your online account. Access your account by logging in with your Pitt username and password at my.pitt.edu (My Resources > Human Resources > Retirement Savings Plan Access).

Schedule an Advice Session

Schedule a one-on-one advice session online at www.TIAA.org/schedulenow-pitt.

Call 1-800-732-8353, Monday–Friday, from 8:00 a.m.–8:00 p.m.

Connect with TIAA

Online – Visit TIAA.org/pitt to find plan, enrollment, and contact information

Call – Call TIAA at 1-800-682-9139, Monday–Friday, from 8:00 a.m.–10:00 p.m., Saturday, from 9:00 a.m.–6:00 p.m.

Mobile – Download the TIAA app on Apple or Android devices to manage account transactions on the go



Kyoungah's story

Millennial,

International Programming Coordinator & Advisor

Kyoungah's passion is to help students achieve their goals by empowering them to live meaningful lives and to make positive contributions to society. To help Kyoungah achieve her own goals, she wants to build a good habit of saving and investing, so that she can continue to empower the next generation, even in her retirement.

Read more about Kyoungah's story at www.hr.pitt.edu/your-financial-story.



**SAVING AND INVESTING:
WHAT'S THE DIFFERENCE?**

Travel Assistance and Global Emergency Services

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 MyHealth online member portal from my.pitt.edu. Follow these steps:

1. Use your Pitt username and password to log in to the Pitt Portal at my.pitt.edu
2. Select the My Resources tab and then click Human Resources
3. Select *MyHealth Access*
4. Select Self-Service Tools and then choose "I want to print"
5. Select the option "An Assist America card for an upcoming trip"

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 risks services company. In an emergency—or for routine advice—the International SOS team is available to serve your travel-related needs. For more information about International SOS and the benefits available, visit www.internationalsos.com.

To register your trip with International SOS follow these steps:

1. Use your Pitt username and password to log in to the Pitt Portal at my.pitt.edu
 2. Select the My Resources tab and then click Travel Registration
 3. Select International SOS Membership Portal
 4. You will see detailed instructions and tutorials, as well as links to both register your trip and download the app
- * Please note that registration of 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 at hr-benque@pitt.edu or 412-624-8160.

Additional Benefits

Additional benefits are available to eligible faculty and staff. All of the additional benefit offerings that are outlined on this page **do not operate on an annual open enrollment schedule or the same plan year**. For benefits requiring an enrollment, the guidelines for enrollment are stated below.

Education

The University offers tuition remission to faculty and staff, as well as their spouse/domestic partner and dependent children. Education benefits are administered by the Office of Human Resources Benefits Department.

For more information on faculty education benefits, refer to the online *Faculty Handbook* at www.provost.pitt.edu/faculty-handbook (Section V: Faculty Compensation and Benefits).

For more information on staff education benefits, please visit www.hr.pitt.edu/staffeducation.

Paid Time Off from Work

The University provides faculty and staff with 10 paid holidays per calendar year.

Additionally, full-time faculty members with an annual contract are entitled to a one-month vacation each year. For more information on paid time off for faculty, refer to the online *Faculty Handbook* at www.provost.pitt.edu/faculty-handbook (Section II: Faculty Policies).

Staff members accrue vacation and sick days each month. They also receive personal day(s) and may receive winter recess (December 24 through the first working day of the year) off. For more information on paid time off for staff, please visit www.hr.pitt.edu/benefits/time. Union members should refer to their collective bargaining agreements.

Income Protection/Leaves of Absence

For information on faculty leaves of absence, refer to the online *Faculty Handbook* at www.provost.pitt.edu/faculty-handbook (Section II: Faculty Policies and Section V: Faculty Compensation and Benefits).

For information about staff leaves of absence, please visit www.hr.pitt.edu/benefits/leaves.

Long Term Care Insurance

Long Term Care insurance provides benefits to help pay for care of those who need assistance with activities of daily living because of an accident, illness, or advancing age.

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. This plan is not subject to an annual open enrollment. You may apply any time, but existing employees will be required to complete a medical questionnaire.

Retiree Benefits Program

The University provides a substantial retiree benefits package to its eligible retirees and their eligible spouse/domestic partner on record at the time of retirement. Eligibility for the retiree benefits package is contingent upon the job type and status held while actively employed at the University, along with other criteria such as date of hire, age, and years of service.

The University also offers a Defined Dollar Benefit (DDB) program for eligible retirees. The DDB program provides eligible retiring faculty and staff with monthly credits that can be used for purchasing retiree health care coverage. The credits are also provided to the eligible spouse or domestic partner.

For additional information regarding the retiree benefits program, including eligibility for the program, along with the benefits offered upon retirement, please visit www.hr.pitt.edu/retirees.

PittPerks

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 www.pittperks.com 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 customer care at 888-689-9696 or pittperks@corestream.com.

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 participant'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 those two events occur, the employee must request coverage from the University within 60 days of the event.

Women's Health and Cancer Rights Act (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 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 mastectomy, including lymphedema

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-65 retirees, and post-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 visit 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 at www.hr.pitt.edu/benefits or by calling the 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.

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 Account (HIA) – An employer-sponsored account to reward you for taking steps to improve you 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 Co-Payment – 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 Co-Payment – 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

Play 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

Vendor Contact Information

Vendor	Benefits Plan	Phone Number	Website
UPMC Health Plan	Medical	1-888-499-6885	www.upmchealthplan.com
	Prescription drug program: retail	1-888-499-6885	www.upmchealthplan.com/pharmacy
	Prescription drug program: mail order	1-877-787-6279	www.expressscripts.com
	Assist America	1-800-872-1414	www.assistamerica.com
	MyHealth Advice Line	1-866-918-1591	
	Flexible spending accounts	1-888-499-6885	www.upmchealthplan.com/members/learn/consumer-advantage/
	UPMC MyHealth@Work Health and Wellness Center	412-647-4949	www.hr.pitt.edu/wellness
United Concordia	Dental	1-877-215-3616	www.ucci.com
Davis Vision	Vision: prior to enrollment	1-877-923-2847	www.davisvision.com
	Vision: current participants	1-800-999-5431	www.davisvision.com
Aetna Life Insurance Company	Life, AD&D, and dependent life	1-800-523-5065	www.aetnalifeanddisability.com
UNUM	Long term care insurance	1-800-227-4165	www.unuminfo.com/upitt
TIAA	Defined Contribution plan	1-800-682-9139	www.tiaa.org/pitt
Pension Administration Center	Non-contributory defined benefit pension plan	1-866-283-0208	
Life Solutions	Faculty and Staff Assistance Program	1-866-647-3432	www.hr.pitt.edu/lifesolutions
MetLife	FMLA, STD, LTD	1-888-777-7418	www.hr.pitt.edu/benefits/leaves

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Visit <http://pi.tt/BenefitsSurvey>
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