

Medical Plans Comparative Summary of Key Provisions

www.hr.pitt.edu/medical

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

PANTHER GOLD with Advantage Network (HMO)

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

UPMC ADVANTAGE NETWORK
Higher Benefit-UPMC Owned Facilities^a

UPMC HEALTH PLAN NETWORK
Lower Benefit^b

PANTHER ADVOCATE (PPO)

May select any doctor^c
Provides coverage to any doctor or hospital

FULL UPMC IN-NETWORK

OUT-OF-NETWORK

Basic Plan Features and Explanations

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 as stated above.

Adult and Pediatric Wellness & Preventive Services e.g., adult physical, 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%		90% (after in-network deductible)	90% (after in-network deductible)
AnywhereCare Visits^d e.g., virtual visits with UPMC physicians	100% after \$10 copayment			
Urgent Care Services^c Same services as Convenient Care plus x-rays, setting broken bones, stitches	100% after \$60 copayment			
Emergency Room Services Refer to Global Emergency Services for assistance while traveling	\$100 copayment (children through age 18) / \$150 (adult 19+) (copayment waived if admitted)		90%	70%
Inpatient Hospital Services Max of 2 copayments per plan year	100% after \$500 copayment	80%		
Outpatient Facility Services & Observations e.g., same day surgery; max of 4 copayments per plan year	100% after \$250 copayment			
Diagnostic Services: Basic (e.g., x-ray, sonograms; max of 4 copayments per plan year)	100% after \$25 copayment			
High-Tech (e.g., MRI, CT, PET; max of 4 copayments per plan year)	100% after \$100 copayment			
Medical Therapy Services e.g., dialysis, radiation, chemo	100%			
Physical, Speech, & Occupational Therapy Limit 60 visits per plan year for all therapies combined	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 / \$10,000 ¹	\$10,000 / \$20,000
n/a	n/a
HSA Option ⁺² Individual \$3,650; Family \$7,300; Age 55+ add \$1,000	

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:

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

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

^dTo utilize an AnywhereCare visit:

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

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

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

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

Medical Plans Monthly Premiums

www.hr.pitt.edu/medical

Premiums Summary

Plans	Total Monthly Premium	Monthly University Contribution*	Monthly Employee Contribution
PANTHER GOLD with Advantage Network (HMO)			
Individual	\$604	\$518	\$86
Parent/Child(ren)	\$1,341	\$1,122	\$219
Two Adults	\$1,515	\$1,205	\$310
Family	\$1,674	\$1,251	\$423
PANTHER ADVOCATE (PPO)			
Individual	\$596	\$518	\$78
Parent/Child(ren)	\$1,322	\$1,122	\$200
Two Adults	\$1,488	\$1,205	\$283
Family	\$1,642	\$1,251	\$391
PANTHER PLUS (PPO)			
Individual	\$545	\$518	\$27
Parent/Child(ren)	\$1,188	\$1,122	\$66
Two Adults	\$1,346	\$1,205	\$141
Family	\$1,491	\$1,251	\$240
PANTHER BASIC (PPO) QHDHP with HSA Option			
Individual	\$518	\$518	\$0
Parent/Child(ren)	\$1,127	\$1,122	\$5
Two Adults	\$1,245	\$1,205	\$40
Family	\$1,308	\$1,251	\$57

*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.



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