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 ..................................................................................................................................... 9
UPMC AnywhereCare ....................................................................................................................... 9
Comprehensive Medication Management ..................................................................................... 9
Amplifon ........................................................................................................................................... 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 Savings Plan .................................................................................................................. 20
Travel Assistance & Global Emergency Services ........................................................................ 22
PittPerks ........................................................................................................................................ 22
Additional Benefits ......................................................................................................................... 23
Policies and Notices .......................................................................................................................... 24
Benefits Glossary ............................................................................................................................. 25
Contact Information .......................................................................................................................... 26

Contact the Benefits Department

Call: 833-852-2210
Submit an inquiry: www.hr.pitt.edu/contact-ohr

Disclosure

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

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

Participation is open to:

» Full-time regular faculty, librarians, research associates, and postdoctoral 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; for additional information, visit www.hr.pitt.edu/benefits.

Life Events (Qualified Status Changes)

www.hr.pitt.edu/benefits/qualified

A Qualified Status Change may include:

» Marriage or divorce

» Birth, adoption, or custody of a child or stepchild

» Spouse/domestic partner’s gain or loss of employment, or obtaining or losing coverage

» Death of a spouse/domestic partner or child

» Loss of Medicaid or CHIP coverage or becoming eligible for a premium assistance subsidy

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

Enroll in or Make Changes to Benefits

1. Visit login.pittworx.pitt.edu, and log in via Pitt Passport with your Pitt username and password (if not logged in)

2. In Pitt Worx, select Benefits from the Me page

3. Select the Make Changes button

4. Follow the on-screen instructions for enrolling in or making changes to your benefits.

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

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

Accessing Current Benefits Elections

After logging in to Pitt Worx, select Benefits from the Me page, then select Your Benefits. On the My Benefits page, select Active Program.
## Medical Plans
### Comparative Summary of Key Provisions

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

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### 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

<table>
<thead>
<tr>
<th>UPMC ADVANTAGE NETWORK</th>
<th>UPMC HEALTH PLAN NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Benefit-UPMC Owned Facilities*</td>
<td>Lower Benefitb</td>
</tr>
<tr>
<td>Deductible*</td>
<td>$300 / $600</td>
</tr>
<tr>
<td>Coinurance</td>
<td>20%</td>
</tr>
<tr>
<td>Plan Responsibility</td>
<td>100%</td>
</tr>
</tbody>
</table>

### PANTHER ADVOCATE (PPO)
- May select any doctorc
- Provides coverage to any doctor or hospital

<table>
<thead>
<tr>
<th>FULL UPMC IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 / $1,000</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>90%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Max
(Includes Deductible and Coinurance/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
- n/a
- n/a

### Plan Responsibility
Amount insurance pays for services after member pays deductible and before out-of-pocket max is reached

<table>
<thead>
<tr>
<th>FULL UPMC IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>50%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Copayment
Member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance

Copayments for various services are listed below

- HIA/HSA Option*  
  - HIA $125 / $250
  - HIA $200 / $400
  - HIA $125 / $250
  - HSA Option  
    - Individual $3,600; Family $7,200; Age 55+ add $1,000

---

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

### Basic Plan Features and Explanations

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PANTHER GOLD</th>
<th>PANTHER ADVOCATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Pediatric Wellness &amp; Preventive Services</td>
<td>100%</td>
<td>100% (deductible does not apply)</td>
</tr>
<tr>
<td>Doctor Office or Convenient Care Clinic Visit</td>
<td>100% after $25 copayment</td>
<td>90%</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>100% after $40 copayment</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient Behavioral Health</td>
<td>100% after $25 copayment</td>
<td>60%</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>100% after copayment per visit: initial $40 / others $25</td>
<td>50%</td>
</tr>
<tr>
<td>Prenatal Doctor Office Visits</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>AnywhereCare Visitsd</td>
<td>100% after $10 copayment</td>
<td>30%</td>
</tr>
<tr>
<td>Urgent Care Servicese</td>
<td>100% after $60 copayment</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>$100 copayment (children through age 18) / $150 (adult 19+) (copayment waived if admitted)</td>
<td>10%</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% after $500 copayment</td>
<td>90% (after in-network deductible)</td>
</tr>
<tr>
<td>Outpatient Facility Services &amp; Observations</td>
<td>100% after $250 copayment</td>
<td>90% (after in-network deductible)</td>
</tr>
<tr>
<td>Diagnostic Services: Basic</td>
<td>100% after $25 copayment</td>
<td>90%</td>
</tr>
<tr>
<td>Diagnostic Services: High-Tech</td>
<td>100% after $100 copayment</td>
<td>70%</td>
</tr>
<tr>
<td>Medical Therapy Services</td>
<td>100%</td>
<td>70%</td>
</tr>
<tr>
<td>Physical, Speech, &amp; Occupational Therapy</td>
<td>100% after $25 copayment</td>
<td>60%</td>
</tr>
</tbody>
</table>

---

*deductible does not apply to pediatric immunizations and preventive mammograms*  
*e.g., dialysis, radiation, chemo*  
*f.e., virtual visits with UPMC physicians*  
*g.e., same day surgery; max of 4 copayments per plan year*  
*h.e., annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations*  
*i.e., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations*  

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*Notes:
- *d* refers to AnywhereCare Visits, which include virtual visits with UPMC physicians.
- *e* refers to Urgent Care Services, which include same services as Convenient Care plus x-rays, setting broken bones, stitches.
- *f* refers to Emergency Room Services, which include Global Emergency Services for assistance while traveling.
- *g* refers to Inpatient Hospital Services, which include max of 2 copayments per plan year.
- *h* refers to Outpatient Facility Services & Observations, which include max of 4 copayments per plan year.
- *i* refers to Diagnostic Services, which include basic (e.g., x-ray, sonograms; max of 4 copayments per plan year) and high-tech (e.g., MRI, CT, PET; max of 4 copayments per plan year).
- *j* refers to Medical Therapy Services, which include dialysis, radiation, and chemotherapy.
- *k* refers to Physical, Speech, & Occupational Therapy, which include physical, speech, and occupational therapy services for adults and children.*
Limit 60 visits per plan year for all therapies combined. For example, dialysis, radiation, and chemotherapy are 100% covered.

Medical Therapy Services:
- Diagnostic Services: e.g., same day surgery; max of 4 copayments per plan year.
- Max of 2 copayments per plan year.

Refer to Global Emergency Services for assistance while traveling.

Urgent Care Services:
- e.g., virtual visits with UPMC physicians 100% after $10 copayment.
- Limit of 25 visits per plan year.

Chiropractic Services:
- e.g., therapist 100% after $25 copayment.

Specialist Office Visit:
- Doctor Office or Convenient Care Clinic Visit: e.g., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits.

Preventive Services:
- Adult and Pediatric Wellness & Health plan payments for services are noted. Copayments for the HMO, and deductibles and coinsurance for the PPO plans, apply as stated above.

HIA/HSA Option:
- Deductibles or coinsurance, copayment amounts, including Pharmacy copayments.

Plan Responsibility:
- Coinsurance
- Deductible

Higher Benefit - UPMC Advantage:
- IN-NETWORK: FULL UPMC hospital provides coverage to any doctor or hospital. May select any doctor.
- OUT-OF-NETWORK: Provides coverage to any doctor or hospital. Requires selection of a network doctor, primary care physician (PCP).

UPMC Hamot
UPMC Presbyterian
UPMC Shadyside
Western Psychiatric Institute and Clinic

UPMC Montefiore
UPMC Northwest
UPMC Passavant
UPMC Presbyterian
UPMC Shady Side

PANTHER ADVOCATE:
- IN-NETWORK: FULL UPMC hospital provides coverage to any doctor or hospital. May select any doctor.
- OUT-OF-NETWORK: Provides coverage to any doctor or hospital. Requires selection of a network doctor, primary care physician (PCP).

UPMC East
UPMC McKeepseort

Other 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

To locate participating physicians and facilities in the UPMC Network:
1. Visit www.upmchealthplan.com
2. Select “Find Care” (top of page)
3. Choose either the “I’m A Member” or “I’m Just Browsing” tab (If you choose “I’m A Member,” it will ask you to enter your member ID number to verify your plan)
4. Select the type of care (medical or behavioral health)
5. Choose to search either by name or by specialty
6. Enter zip code

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

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

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

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

UPMC Advantage Network

To confirm all participating Advantage Network facilities: Visit www.upmchealthplan.com/find

- Children’s Hospital of Pittsburgh of UPMC
- Magee-Women’s Hospital
- UPMC Altoona
- UPMC East
- UPMC Hamot
- UPMC McKeepseort

UPMC Advantage Network

IN-NETWORK:
- Children’s Hospital of Pittsburgh of UPMC
- Magee-Women’s Hospital
- UPMC Altoona
- UPMC East
- UPMC Hamot
- UPMC McKeepseort

OUT-OF-NETWORK:
- IN-NETWORK: FULL UPMC hospital provides coverage to any doctor or hospital. May select any doctor.
- OUT-OF-NETWORK: Provides coverage to any doctor or hospital. Requires selection of a network doctor, primary care physician (PCP).

UPMC Hamot
UPMC Presbyterian
UPMC Shadyside
Western Psychiatric Institute and Clinic

UPMC Montefiore
UPMC Northwest
UPMC Passavant
UPMC Presbyterian
UPMC Shady Side

OTHER UPMC HEALTH PLAN NETWORK FACILITIES:
- Butler Memorial Hospital
- Heritage Valley
- Latrobe/Westmoreland/Frick
- St. Clair Memorial Hospital
- The Washington Hospital

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

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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 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.

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### Medical Plans Monthly Premiums

**www.hr.pitt.edu/medical**

#### Premiums Summary

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

*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.
Prescription Drug Program
www.hr.pitt.edu/prescription-drug

This program applies to all medical plans.*

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

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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16 Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>$45 Preferred Brand</td>
</tr>
<tr>
<td>3</td>
<td>$90 Non-Preferred Medications</td>
</tr>
<tr>
<td>4</td>
<td>$100 Specialty Medications</td>
</tr>
<tr>
<td>5</td>
<td>$0 Preventive Medications</td>
</tr>
</tbody>
</table>

### 90-day discounted supply available through:

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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$32 Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>$90 Preferred Brand</td>
</tr>
<tr>
<td>3</td>
<td>$180 Non-Preferred Medications</td>
</tr>
<tr>
<td>5</td>
<td>$0 Preventive Medications</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, or the University Pharmacy. For example, at the University Pharmacy members pay $32 for a 90-day supply of a preferred generic medication, while the cost is $48 at a retail pharmacy ($16 x 3). Specialty medication is not available at the discounted price.

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

* Applies to Panther Basic (QHDHP) only after the deductible has been met.
Life Solutions: Faculty & 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 and treatment plan, if necessary, all for less than or comparable to what you would pay to see your primary care physician.

Learn more about UPMC AnywhereCare at www.hr.pitt.edu/anywherecare.

Comprehensive Medication Management
www.hr.pitt.edu/cmm

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

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

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

Amplifon
www.amplifonusa.com/pitt

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

Learn more about the hearing aid benefit through Amplifon online at www.amplifonusa.com/pitt.
Wellness for Life
www.hr.pitt.edu/wellness-for-life

The University’s Wellness for Life program focuses on proactive health care management by offering services to you and your family members to promote healthy lifestyle activities and choices. The benefit coverage and activities sponsored by the University help support each member in the development of a healthy lifestyle.

Benefits Coverage and Wellness-Related Programs

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

- Wellness visits with your primary care physician and related blood panels
- Mammograms, prostrate 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.

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

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

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

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

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

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

Regional campus information is available through the campus’ Human Resources office.
UPMC MyHealth@Work

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

» **Available at no cost** to all full- and part-time regular faculty and staff, regardless of insurance coverage.

» **Convenient hours, by appointment only,** Monday through Friday, from 7:00 a.m. to 3:30 p.m.

» **Staffed by a group of highly trained UPMC providers.**

» **Located conveniently** on the Pittsburgh campus on the 5th floor of the Medical Arts Building with adjacent parking available.

Schedule an appointment online: [www.hr.pitt.edu/wellness](http://www.hr.pitt.edu/wellness)

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

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

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

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

Learn more about MyHealth@Work by visiting [www.hr.pitt.edu/wellness](http://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.

Effective July 1, 2022, HIA dollars can be used to purchase over-the-counter products and to pay for dental and vision expenses, just like you would use an FSA.

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Rewards Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>Panther Advocate</td>
<td>$200</td>
</tr>
<tr>
<td>Panther Gold/Plus</td>
<td>$125</td>
</tr>
<tr>
<td>Panther Basic**</td>
<td>$125</td>
</tr>
</tbody>
</table>

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

**Any earned reward dollars will be applied to your September 2023 paycheck.**
# Summary of Key Provisions

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Standard Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Concordia Plus</td>
<td>Concordia Flex I</td>
</tr>
<tr>
<td></td>
<td>Concordia Flex II</td>
<td>Concordia Flex II</td>
</tr>
<tr>
<td><strong>How the Plan Works</strong></td>
<td>Requires selection of a primary</td>
<td>May select any dentist*</td>
</tr>
<tr>
<td></td>
<td>dental office (PDO) in the Western</td>
<td>Plan payment accepted, or for certain</td>
</tr>
<tr>
<td></td>
<td>PA DHMO network.*</td>
<td>services patient responsible for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>coinsurance as percent of maximum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>allowable charge (MAC).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MAC accepted as payment in full by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participating provider (Concordia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advantage dentist); non-participating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>provider may issue a balance bill.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan payment accepted by PDO, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for certain services, patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>responsible for fixed-dollar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>copayment. Claims will be denied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for services provided by anyone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other than the designated PDO. If a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PDO is not elected at enrollment,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>one will be assigned. Each</td>
<td></td>
</tr>
<tr>
<td></td>
<td>participant can have their own</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PDO.*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May select any dentist*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan payment accepted, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for certain services patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>responsible for coinsurance as</td>
<td></td>
</tr>
<tr>
<td></td>
<td>percent of maximum allowable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>charge (MAC).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MAC accepted as payment in full by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>participating provider (Concordia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advantage dentist); non-participating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>provider may issue a balance bill.</td>
<td></td>
</tr>
<tr>
<td><strong>Network Name</strong></td>
<td>DHMO Concordia Plus General Dentists</td>
<td>Advantage Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advantage Plus</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$500/individual; $150/family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maximum deductible to be applied to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALL services, including preventive,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>diagnostic, and orthodontics and to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>be paid one time per plan year.</td>
</tr>
<tr>
<td><strong>Exam/Cleaning Frequency</strong></td>
<td>One in any consecutive six months**</td>
<td>One in any consecutive six months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services (e.g., x-rays)</strong></td>
<td>Insurance pays 100%**</td>
<td>Insurance pays 100% of Maximum Allowable Charge^</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insurance pays 100% of Maximum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allowable Charge^</td>
</tr>
<tr>
<td><strong>Basic Services (e.g., cavity fillings)</strong></td>
<td>Insurance pays 100%</td>
<td>Insurance pays 50% of Maximum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allowable Charge^</td>
</tr>
<tr>
<td><strong>Major Services (e.g., crowns)</strong></td>
<td>Covered based on specific member</td>
<td>Insurance pays 50% of Maximum</td>
</tr>
<tr>
<td></td>
<td>copayment schedule amounts^</td>
<td>Allowable Charge^</td>
</tr>
<tr>
<td><strong>Orthodontics (Eligible dependents to age 19)</strong></td>
<td>Covered based on specific member</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>copayment schedule amounts^</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Plan Year Maximum</strong></td>
<td>None</td>
<td>$500/covered person</td>
</tr>
<tr>
<td>Note: Orthodontics maximum is separate</td>
<td></td>
<td>$1,000/covered person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

1 To determine your copayment responsibility for the current plan year, visit [www.hr.pitt.edu/dental](http://www.hr.pitt.edu/dental) and select “Schedule of Benefits.”
Monthly Dental Plan Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Concordia Plus Managed Care (PA Only) DHMO</th>
<th>Concordia Flex I</th>
<th>Concordia Flex II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$21.58</td>
<td>$18.20</td>
<td>$27.30</td>
</tr>
<tr>
<td>Individual Plus One Dependent</td>
<td>$43.68</td>
<td>$34.58</td>
<td>$52.78</td>
</tr>
<tr>
<td>Family</td>
<td>$71.24</td>
<td>$55.90</td>
<td>$101.92</td>
</tr>
</tbody>
</table>

*Same plan, new name!*  
"Concordia Plus DHMO" is now "Concordia Plus Managed Care (PA Only)"

**Locate Participating Providers in the United Concordia network:**

1. Visit [www.unitedconcordia.com](http://www.unitedconcordia.com)
2. Select “Find a Dentist”
3. Enter a location or dentist name
4. For the Pennsylvania DHMO plan Primary Dental Office selection, select “DHMO Concordia Plus General Dentist” in the “Select Network” search box located in Western PA only
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.

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

* Locate participating providers in the Davis Vision network with instructions on next page.

<table>
<thead>
<tr>
<th></th>
<th><strong>Fashion Excellence</strong></th>
<th><strong>Designer Gold</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examination</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $32</td>
<td>Plan pays up to $32</td>
</tr>
<tr>
<td><strong>Eyeglass Lenses</strong></td>
<td>Covered in full</td>
<td>Single Vision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bifocal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trifocal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lenticular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single Vision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bifocal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trifocal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lenticular</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>Plan pays up to $60</td>
<td>Plan pays up to $130 plus 20% off</td>
</tr>
<tr>
<td></td>
<td>Davis Vision Fashion Frame: Covered in full</td>
<td>Davis Vision Fashion Frame: Covered in full</td>
</tr>
<tr>
<td></td>
<td>Davis Vision Designer Frame: $20 copay</td>
<td>Davis Vision Designer Frame: $0 copay</td>
</tr>
<tr>
<td></td>
<td>Davis Vision Premier Frame: $40 copay</td>
<td>Davis Vision Premier Frame: $25 copay</td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $30</td>
<td>Plan pays up to $30</td>
</tr>
<tr>
<td><strong>Contacts (in lieu of eyeglasses)</strong></td>
<td>Evaluation and fitting: Covered in full</td>
<td>Evaluation and fitting: Covered in full</td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $75 for provider supplied contacts</td>
<td>Plan pays up to $130 plus 15% off for provider supplied contacts</td>
</tr>
<tr>
<td></td>
<td>Medically necessary: Covered in full</td>
<td>Medically necessary: Covered in full</td>
</tr>
<tr>
<td></td>
<td>Daily wear: up to $20</td>
<td>Daily wear: up to $20</td>
</tr>
<tr>
<td></td>
<td>Extended wear: up to $30</td>
<td>Extended wear: up to $30</td>
</tr>
<tr>
<td></td>
<td>Elective: up to $48</td>
<td>Elective: up to $48</td>
</tr>
<tr>
<td></td>
<td>Disposable: up to $75</td>
<td>Disposable: up to $75</td>
</tr>
<tr>
<td></td>
<td>Medically necessary: up to $225</td>
<td>Medically necessary: up to $225</td>
</tr>
</tbody>
</table>
**Monthly Vision Plan Premiums**

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Fashion Excellence</th>
<th>Designer Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6.93</td>
<td>$10.25</td>
</tr>
<tr>
<td>Individual Plus One Dependent</td>
<td>$12.45</td>
<td>$18.42</td>
</tr>
<tr>
<td>Family</td>
<td>$16.95</td>
<td>$25.07</td>
</tr>
</tbody>
</table>

*Locate Participating Providers in the Davis Vision network:*

1. Visit [www.davisvision.com](http://www.davisvision.com)
2. Select “Members,” then select “Member Log In”
3. In the Client Code box, enter 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan, and then submit
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.
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, visit https://my.pitt.edu/task/all/hr-myhealth-upmc and select the “Start” button on the right side, then log in via Pitt Passport. 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 can obtain their flexible spending account balances over the phone by calling 1-888-499-6885 and following the prompts, as well as through their MyHealth Online account.

### Flexible Spending Accounts Offered

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Examples of Eligible Expenses</th>
<th>Monthly Minimum</th>
<th>Monthly Maximum</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>Deductible(s), copayments, prescription drugs, prescription glasses, and orthodontics for you and/or your dependents.</td>
<td>$10</td>
<td>$237.50</td>
<td>$2,850</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>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.</td>
<td>$10</td>
<td>$416.67</td>
<td>$5,000</td>
</tr>
<tr>
<td>Parking</td>
<td>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.</td>
<td>$25</td>
<td>$280.00</td>
<td>$3,360</td>
</tr>
<tr>
<td>Mass Transportation</td>
<td>Vanpooling expenses or cost of a transit pass to travel to your place of employment from outside of Allegheny County.</td>
<td>$25</td>
<td>$280.00</td>
<td>$3,360</td>
</tr>
</tbody>
</table>

* 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, 2022 - June 30, 2023

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, 2023. Participants must submit those expenses for reimbursement by December 31, 2023. If your coverage ends prior to June 30, 2023, 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.

Health Care Flexible Spending Account Rollover

The IRS allows a rollover of unused health care flexible spending account contributions up to $570. The rollover does not count against the $2,850 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

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

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

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

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

<table>
<thead>
<tr>
<th>Claims Incurred</th>
<th>Incurring Extension Available?</th>
<th>Filing Deadline**</th>
<th>Does the “Use It or Lose It” rule apply?</th>
<th>Eligible to use the UPMC Consumer Advantage card to cover expenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2022 - June 30, 2023</td>
<td>No</td>
<td>December 31, 2023</td>
<td>No; a rollover up to a certain amount may be carried over annually</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes; through September 15, 2023</td>
<td>December 31, 2023</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Claims must be submitted within 6 months of the date of the claim</td>
<td>Claims must be submitted within 6 months of the date of the claim</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Purchasing OTC Products

Individuals can purchase over-the-counter (OTC) products with their health care flexible spending account. Participants must submit their purchase receipts for reimbursement as the UPMC Consumer Advantage Visa card cannot be used at this time to complete purchases.

Effective July 1, 2022, Health Incentive Account (HIA) dollars can be used to purchase over-the-counter products and to pay for dental and vision expenses, just like one would use an FSA.

2 ½ 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 must still be submitted to UPMC BMS, the University’s flexible spending account administrator, for reimbursement no later than December 31, 2023.
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 The Hartford at enroll.thehartfordatwork.com/upittbene.

To report a death or to check on a claim, call 1-800-563-1124 and reference policy number 877187.

### 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 is also 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

#### Group Life

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 their annual salary or $500,000 in optional life insurance without Evidence of Insurability (EOI).

The cost is a calculation of the age-graded rate times each $1,000 of coverage.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30</td>
<td>$0.040</td>
</tr>
<tr>
<td>30–34 years</td>
<td>$0.054</td>
</tr>
<tr>
<td>35–39 years</td>
<td>$0.060</td>
</tr>
<tr>
<td>40–44 years</td>
<td>$0.067</td>
</tr>
<tr>
<td>45–49 years</td>
<td>$0.118</td>
</tr>
<tr>
<td>50–54 years</td>
<td>$0.168</td>
</tr>
<tr>
<td>55–59 years</td>
<td>$0.289</td>
</tr>
<tr>
<td>60–64 years</td>
<td>$0.463</td>
</tr>
<tr>
<td>65–69 years</td>
<td>$0.852</td>
</tr>
<tr>
<td>70 plus</td>
<td>$1.381</td>
</tr>
</tbody>
</table>

#### AD&D

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.

Cost is not age-graded and is a constant rate times each $1,000 of coverage ($0.015/$1,000).

#### Dependent Life

Optional dependent life insurance is available to the spouse/domestic partner and children (up to age 26) of faculty and staff members.* Eight options are available to choose from for a spouse or domestic partner and three 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.

<table>
<thead>
<tr>
<th>Coverage for Spouse/Domestic Partner</th>
<th>Coverage for Dependent Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1  $1.18</td>
<td>Option 1  $.80</td>
</tr>
<tr>
<td>Option 2  $2.32</td>
<td>Option 2  $1.20</td>
</tr>
<tr>
<td>Option 3  $2.63</td>
<td>Option 3  $1.60</td>
</tr>
<tr>
<td>Option 4  $7.74</td>
<td>Option 5  $8.00</td>
</tr>
<tr>
<td>Option 5  $10.77</td>
<td>Option 6  $10.00</td>
</tr>
<tr>
<td>Option 6  $14.61</td>
<td>Option 7  $15.00</td>
</tr>
<tr>
<td>Option 7  $19.33</td>
<td>Option 8  $20.00</td>
</tr>
<tr>
<td>Option 8  $23.20</td>
<td></td>
</tr>
</tbody>
</table>

To calculate your life insurance cost:

\[
\text{annual salary} \times \text{additional coverage value (1-6)} = \text{total coverage}
\]

Employees age 42 with $45,000 annual salary electing to have coverage of three (3) times their salary will have a total coverage of $135,000.

\[
\frac{\text{total coverage}}{1,000} \times \text{age rate} = \text{cost per month}
\]

\[
\frac{135,000}{1,000} \times .067 = 9.05
\]

Employee cost per month = $9.05

*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. The Hartford provides 90 days to submit the EOI application for approval or denial of coverage.
Retirement Savings Plan
www.hr.pitt.edu/retirement

Eligible faculty and staff are offered a Defined Contribution Plan. Details can be found online at www.hr.pitt.edu/retirement.

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. This can be done monthly and as often as you prefer. If you select the effective date to be the first available paycheck, please refer to the University payroll schedule for timing details by visiting www.hr.pitt.edu/payroll-schedule. If you select a future effective date, you are selecting a future date to make a salary deferral agreement and the payroll schedule still applies.

Instructions on how to enroll or make changes can be found at www.hr.pitt.edu/make-changes. Note: Changes to your retirement contributions can only be made through TIAA; changes cannot be made in Pitt Worx.

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.

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, however the participant can continue contributing to their retirement on an unmatched basis, but must re-enroll in the plan. 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.

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

Defined Contribution Plan Schedule

<table>
<thead>
<tr>
<th>Faculty, Staff, and Research Associates 403(b)</th>
<th>University 401(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-vested</strong></td>
<td></td>
</tr>
<tr>
<td>Minimum Contribution</td>
<td>Maximum Contribution</td>
</tr>
<tr>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Vested</strong></td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Accelerated Option</strong></td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Noncontributory Defined Benefit Plan

If you are in the Noncontributory Defined Benefit Plan, which has been phased out and no longer offered to new employees, 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. Contact the Benefits Department at www.hr.pitt.edu/contact-ohr for the Once in a Career Change form. You may enroll when the Benefits Department notifies you of your eligibility to participate.

Re-enrollment 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.

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. Learn more about universal availability online at www.hr.pitt.edu/universal-availability.

Write Your Own Financial Story

www.hr.pitt.edu/your-financial-story

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 visiting https://my.pitt.edu/task/all/tiaa. Select the “Start” button (right side) and log in via Pitt Passport.

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, 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.

Mobile – Download the TIAA app on Apple or Android devices to manage account transactions on the go
Travel Assistance & Global Emergency Services
www.hr.pitt.edu/travel-coverage

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

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

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

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

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

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

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

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

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

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

PittPerks
www.pittperks.com

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

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

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

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

Note: Enrollment is passive and will continue year-to-year; you can only opt-out of coverage during the Open Enrollment period.
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.facultyhandbook.pitt.edu (Faculty Compensation/Benefits section).

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 11 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.facultyhandbook.pitt.edu (Faculty Policies section).

Staff members accrue vacation and sick days each month. They also receive personal day(s) and may receive winter recess off. For more information on paid time off for staff, please visit www.hr.pitt.edu/staffeducation.

Leaves of Absence

For information on faculty leaves of absence, refer to the online Faculty Handbook at www.facultyhandbook.pitt.edu (Faculty Policies and Faculty Compensation Benefits sections).

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 www.unuminfo.com/upitt002. 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.

Legal Services

Provided through PittPerks by MetLife, eligible faculty and staff can enroll in legal plan coverage services for a variety of legal matters, such as real estate matters, family law, document preparation, and more at an affordable monthly rate.

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

Note: Enrollment is passive and will continue year-to-year; you can only opt-out of coverage during the Open Enrollment period.
Children’s Health Insurance Program Reauthorization Act (CHIPRA)

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

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

Summaries of Benefits and Coverage

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

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

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

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

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

Women’s Health and Cancer Rights Act

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

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

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

Additional Notices

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

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

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

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

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

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

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

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

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

**Health Incentive 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, coordinates, or helps a patient access a range of health care services

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Vendor/Servicer</th>
<th>Benefits Plan/Information</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPMC Health Plan</td>
<td>Medical</td>
<td><a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a></td>
<td>1-888-499-6885</td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: retail</td>
<td><a href="http://www.upmchealthplan.com/pharmacy">www.upmchealthplan.com/pharmacy</a></td>
<td>1-888-499-6885</td>
</tr>
<tr>
<td></td>
<td>Prescription drug program: mail order</td>
<td><a href="http://www.expressscripts.com">www.expressscripts.com</a></td>
<td>1-877-787-6279</td>
</tr>
<tr>
<td></td>
<td>Assist America</td>
<td><a href="http://www.assistamerica.com">www.assistamerica.com</a></td>
<td>1-800-872-1414</td>
</tr>
<tr>
<td></td>
<td>MyHealth Advice Line</td>
<td></td>
<td>1-866-918-1591</td>
</tr>
<tr>
<td></td>
<td>Flexible Spending Accounts</td>
<td><a href="http://www.upmchealthplan.com/members/learn/consumer-advantage">www.upmchealthplan.com/members/learn/consumer-advantage</a></td>
<td>1-888-499-6885</td>
</tr>
<tr>
<td></td>
<td>UPMC MyHealth@Work Health and Wellness Center</td>
<td><a href="http://www.hr.pitt.edu/wellness">www.hr.pitt.edu/wellness</a></td>
<td>412-647-4949</td>
</tr>
<tr>
<td></td>
<td>Amplifon</td>
<td><a href="http://www.amplifonusa.com/pitt">www.amplifonusa.com/pitt</a></td>
<td>1-866-978-9379</td>
</tr>
<tr>
<td>Davis Vision</td>
<td>Vision: prior to enrollment</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a></td>
<td>1-877-923-2847</td>
</tr>
<tr>
<td></td>
<td>Vision: current participants</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a></td>
<td>1-800-999-5431</td>
</tr>
<tr>
<td>United Concordia</td>
<td>Dental</td>
<td><a href="http://www.ucci.com">www.ucci.com</a></td>
<td>1-877-215-3616</td>
</tr>
<tr>
<td>The Hartford Life Insurance</td>
<td>Life, AD&amp;D, and dependent life</td>
<td>enroll.thehartfordatwork.com/upitbene</td>
<td>1-855-396-7655</td>
</tr>
<tr>
<td>Unum</td>
<td>Long term care insurance</td>
<td><a href="http://www.unuminfo.com/upitt002">www.unuminfo.com/upitt002</a></td>
<td>1-800-227-4165</td>
</tr>
<tr>
<td>TIAA</td>
<td>Defined Contribution Plan</td>
<td><a href="http://www.tiaa.org/pitt">www.tiaa.org/pitt</a></td>
<td>1-800-682-9139</td>
</tr>
<tr>
<td>Pension Administration Center</td>
<td>Noncontributory Defined Benefit Pension Plan</td>
<td><a href="http://www.hr.pitt.edu/noncontributory">www.hr.pitt.edu/noncontributory</a></td>
<td>1-866-283-0208</td>
</tr>
<tr>
<td>Life Solutions</td>
<td>Faculty and Staff Assistance Program</td>
<td><a href="http://www.hr.pitt.edu/lifesolutions">www.hr.pitt.edu/lifesolutions</a></td>
<td>1-866-647-3432</td>
</tr>
<tr>
<td>MetLife</td>
<td>FMLA, STD, LTD</td>
<td><a href="http://www.hr.pitt.edu/benefits/leaves">www.hr.pitt.edu/benefits/leaves</a></td>
<td>1-888-777-7418</td>
</tr>
<tr>
<td>PittPerks (Corestream)</td>
<td>PittPerks voluntary benefits</td>
<td><a href="http://www.pittperks.com">www.pittperks.com</a></td>
<td>1-888-689-9696</td>
</tr>
<tr>
<td>Care.com</td>
<td>Child and dependent backup care</td>
<td><a href="http://www.pitt.care.com">www.pitt.care.com</a></td>
<td>1-855-781-1303</td>
</tr>
</tbody>
</table>

### Contact the Benefits Department

www.hr.pitt.edu/contact-ohr
833-852-2210

### How are we doing?

Visit [http://pi.tt/BenefitsSurvey](http://pi.tt/BenefitsSurvey) and let us know.