

Post-65 Retiree Health Care Plans

January 1, 2022 - December 31, 2022



University of
Pittsburgh



Post-65 Retiree Health Care Plans

Plan Year 2022
January 1 – December 31, 2022

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Disclosure

The information presented in this Post-65 Retiree Health Care Plans 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/retirees. The rights and obligations of retirees, 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 Post-65 Retiree Health Care Plans 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. 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 or any modifications control in all instances.

Overview of Changes for Calendar Year 2022

The program offerings for Calendar Year 2022 remain the same as in 2021. However, the Centers for Medicare and Medicaid Services (CMS) annually announce required changes to plan coverage and communications. The carriers for the University of Pittsburgh sponsored plans mail documents such as the Annual Notice of Change and Evidence of Coverage to retiree members.

The cost of the medical plans for Calendar Year 2022 are located on page 7 of this summary guide. DDB credits remain the same at \$401 per month in 2022.

Enrollment Options

For retirements prior to July 1, 2004, participation in retiree benefit plans is contingent upon the retiree and spouse/domestic partner having been enrolled in active coverage at the time of retirement. If you were not enrolled in a medical plan prior to your retirement, you are not eligible to enroll in medical coverage as a retiree.

However, election of the Defined Dollar Benefit (DDB) Credit Program is available for retirements on or after July 1, 2004, regardless of whether or not the eligible retiree and spouse/domestic partner were enrolled in any medical coverage prior to retirement. Additional information about the DDB program can be found on page 12.

You may elect to participate in Post-65 dental and/or vision at annual open enrollment, even if you did not carry the coverage at the time of your retirement.

During open enrollment, you are able to change from the “old plan” to the DDB plan, add/delete/change your medical plan, add/delete your dental plan, and/or add/delete your vision plan.

A retiree can do this by making the appropriate election on the enrollment form.

Eligibility requirements for University of Pittsburgh retiree benefits can be found at www.hr.pitt.edu/retirees/eligibility.

Qualified Status Change

During the year, if you have a qualified status change, you may be able to make changes to your benefits. Examples include:

- » Removing a spouse/domestic partner due to divorce or death
- » Addition of a spouse/domestic partner due to loss of employer coverage

Status change requests must be submitted to Benefit Management Services (BMS) within 60 days of the event. A qualified status change is required if you are adding, terminating, or changing the coverage level of your benefits outside of the open enrollment period.

Retiree Benefits Service Center

Services offered by UPMC Benefit Management Services (BMS) extend to individuals who are retired and who are eligible to be participants in the University of Pittsburgh health care insurance programs. This service also extends to eligible family members.

While the University remains responsible for the overall management of the plans, BMS handles the general program administration and day-to-day operations, such as:

- » Sending out annual benefit enrollment packets to both pre-65 and post-65 retirees
- » Sending out retiree benefit enrollment packets to newly retired faculty and staff members
- » Collecting benefit election forms and enrolling retirees in their elected programs
- » Assuring proper enrollment in retiree medical, dental, vision, and University-sponsored life insurance plans, as well as the Defined Dollar Benefit (DDB) program
- » Preparing and mailing invoices to collect premiums when necessary
- » Answering retirees' general questions
- » Administering the DDB program for participating retirees and their spouses/partners
- » Requesting supplemental information such as: medical insurance carrier applications and information, dental and vision information, DDB Reimbursement forms, Automatic Premium Payment Authorization (APPA) forms, and Reimbursement Account Direct Deposit Authorizations
- » Changing your address: BMS will update their records as well as forward your new contact information to the insurance carriers for University-sponsored health care and life insurance plans

You have access to member services representatives Monday through Friday, 7:00 a.m. to 7:00 p.m. and Saturday, 8:00 a.m. to 3:00 p.m.

Contact BMS

UPMC Benefit Management Services (BMS)

339 Sixth Avenue
Heinz 57 Center
9th floor – HFS 010901
Pittsburgh, PA 15222

Email: BenefitManagementServices@upmc.edu

Telephone: 1-888-499-6885 (select "retiree" option)

Fax: 1-877-851-5591



Post-65 Medical Plan Designs

Plan Offered	Medical Plan Type/ Residency Requirements*	Includes Prescription Drug Plan	Summary
UPMC for Life HMO	Advantage Plan Western Pennsylvania only	Yes	Features include no deductible and a broad range of coverage in the UPMC network only. Individuals are covered for emergency care, urgent care, and out-of-area dialysis when they are out of the service area.
UPMC for Life PPO - Standard	Advantage Plan Western Pennsylvania only	Yes	Offers a broad range of UPMC in-network benefits, generally at 100% coverage utilizing the UPMC network after copays are applied. This plan also provides 80% coverage for all out-of-network eligible expenses after meeting the \$500 deductible. This plan has a \$5,100 combined in- and out-of-network out-of-pocket limit.
UPMC for Life PPO - Basic	Advantage Plan Western Pennsylvania only	Yes	Provides 90% coverage for eligible UPMC in-network expenses after a \$250 deductible, with a \$1,000 out-of-pocket maximum. Provides 80% coverage for all out-of-network eligible expenses after meeting a \$500 out-of-network deductible. This plan has a \$3,400 combined in- and out-of-network out-of-pocket limit.
UPMC Health Plan National Complementary Plan (with Prescription Drug Plan)	Supplemental Plan Pennsylvania or National	Yes	Provides coverage for any physician and any service when the provider of service accepts Medicare.
Highmark Freedom Blue PPO - Standard	Advantage Plan Pennsylvania or National	Yes	Provides 100% coverage in- and out-of-network after applicable copays and coinsurance. There is no deductible in this plan, and it has a combined in- and out-of-network \$3,400 out-of-pocket maximum.
Highmark Freedom Blue PPO - Basic	Advantage Plan Pennsylvania or National	Yes	Provides 90% coverage for eligible Highmark in-network expenses in- and out-of-network after applicable copays and coinsurance. The annual in-network out-of-pocket maximum is \$1,000. The combined in-network and out-of-network maximum is \$3,400.
Highmark Signature 65 with Blue Rx Prescription Drug Plan	Supplemental Plan Pennsylvania or National	Yes	Provides coverage for any physician and any service that accepts Medicare.

Medicare Advantage Plans (HMO and PPO Plans)

These plans are known by many names, including: Medicare Advantage Programs, Medicare Replacement Programs, and Medicare Part C Programs. These programs replace traditional Medicare. However, you remain responsible for the Part B Medical Premium that is deducted from your Social Security check. For more information, visit: www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/medicare-advantage-plans

Medicare Supplemental Plans (Complementary Plans)

Retirees who live outside of Western Pennsylvania or travel frequently typically enroll in one of the complementary plans. Medicare provides significant coverage, but it also has many gaps. Complementary plans fill in many of these gaps and coordinate coverage with Medicare. For more information, visit: www.medicare.gov/supplements-other-insurance/whats-medicare-supplement-insurance-medigap

Prescription Drug Coverage

All of the University-provided Post-65 plans have prescription drug coverage built in, so you do not need to purchase Medicare Part D coverage separately.

* Service maps are available from both UPMC and Highmark. Note: the carrier is the primary payee. Brief medical plan explanations are provided on this page; refer to the summary grids and other information for full details online at www.hr.pitt.edu/retirees.

Medical Plans Monthly Cost Schedule

University Premium and Retiree and/or Participant Premium (if applicable) Calendar Year 2022

The total premium rate applies to each individual who is eligible and chooses to participate in a University-sponsored retiree medical plan. The University contribution is indicated for both the eligible retiree and eligible spouse/domestic partner as designated by the retiree on University records at the time of retirement. The total premium rate applies to an eligible surviving spouse/partner after a transition period from the date of death.

University Sponsored Retiree Medical Plan	Total Premium for each person covered	DDB Plan*			"Old Plan"	
		University-Provided DDB Credit	Retiree Responsibility	Unused Balance/Accrual	University Contribution	Retiree Responsibility
UPMC for Life HMO	\$241.00	\$401.00	\$0.00	\$160.00	\$241.00	\$0.00
UPMC for Life PPO - Standard	\$297.00	\$401.00	\$0.00	\$104.00	\$297.00	\$0.00
UPMC for Life PPO - Basic	\$254.00	\$401.00	\$0.00	\$147.00	\$254.00	\$0.00
UPMC Health Plan National Complementary Plan	\$360.00	\$401.00	\$0.00	\$41.00	\$234.00	\$126.00
Highmark Freedom Blue PPO - Standard	\$289.00	\$401.00	\$0.00	\$112.00	\$289.00	\$0.00
Highmark Freedom Blue PPO - Basic	\$228.00	\$401.00	\$0.00	\$173.00	\$228.00	\$0.00
Highmark Signature 65	\$376.00	\$401.00	\$0.00	\$25.00	\$244.40	\$131.60

* The difference between the Total Premium and the DDB credits accrues in an account for each of the eligible retiree and the eligible spouse/domestic partner, month to month and year to year. The unused, accrued DDB credits can be accessed in the event the premium cost in a particular month exceeds the University-provided DDB credits.

Under the "Old Plan," contributions to the National Complementary and Signature 65 plans are split on a 65/35 basis.

Prescription Drug Plans and Cost Schedules

Calendar Year 2022

The following charts are based on a one-month supply* of a retail prescription, and outlines the retiree's and/or participant's responsibility.

Each of the University-sponsored retiree medical plans includes prescription drug coverage. The 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. Therefore, a retiree should not separately purchase prescription drug coverage.

Standard Network

Plan	Tier 1: Preferred Generic	Tier 2: Generic	Tier 3: Preferred Brand	Tier 4: Non- Preferred Brand	Tier 5: Specialty	90-Day Supply (Tier 1)
UPMC <i>for Life</i> HMO	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC <i>for Life</i> PPO - Standard	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC <i>for Life</i> PPO - Basic	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
UPMC Health Plan National Complementary Plan	\$15.00	\$20.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Mail Order Only
Highmark Freedom Blue PPO - Standard	\$15.00	\$15.00	\$35.00	\$70.00	\$70.00	\$20.00 Mail Order Only
Highmark Freedom Blue PPO - Basic	\$15.00	\$15.00	\$35.00	\$70.00	33% Coinsurance	\$20.00 Mail Order Only
Highmark Signature 65	\$15.00	\$15.00	\$35.00	\$70.00	\$70.00	\$20.00 Mail Order Only

* The prescription, if purchased from a retail pharmacy, is generally filled for a one-month supply, however, the exact number of days varies according to each plan's filing with the applicable state regulatory department.

Standard and Preferred Networks

All available medical plans include both a Preferred Network (associated with a lower copay) and a Standard Network (provides a broader retail network with higher copays).

For more information about prescription benefits, please visit www.hr.pitt.edu/retirees.

Preferred Network

Plan	Tier 1: Preferred Generic	Tier 2: Generic	Tier 3: Preferred Brand	Tier 4: Non- Preferred Brand	Tier 5: Specialty	90-Day Supply (Tier 1)
UPMC <i>for Life</i> HMO	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC <i>for Life</i> PPO - Standard	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC <i>for Life</i> PPO - Basic	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
UPMC Health Plan National Complementary Plan	\$0.00	\$10.00	\$47.00	\$100.00	33% Coinsurance	\$0.00 Retail Only
Highmark Freedom Blue PPO - Standard	\$10.00	\$10.00	\$30.00	\$65.00	\$70.00	\$20.00 Mail Order Only
Highmark Freedom Blue PPO - Basic	\$10.00	\$10.00	\$30.00	\$65.00	33% Coinsurance	\$20.00 Mail Order Only
Highmark Signature 65	\$10.00	\$10.00	\$30.00	\$65.00	\$70.00	\$20.00 Mail Order Only



Dental and Vision Plans and Cost Schedules

Calendar Year 2022

University-sponsored plans for post-65 dental and vision coverage are available separately. When assessing your needs for dental and vision services, keep in mind that the Medicare Advantage HMOs and PPOs may provide limited benefits for dental and vision care services. DDB credits cannot be used to cover the cost of the dental plan or vision plan.

Dental Plan

United Concordia Dental

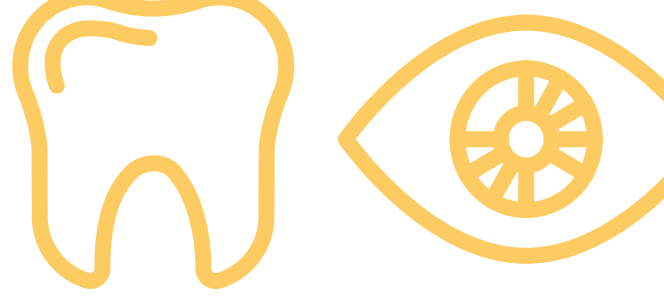
Retiree Cost: **\$19.82 per month** for Individual Coverage

Benefit Category	In-Network	Out-of-Network
Diagnostic/Preventive Services	100%	100%
Basic Services	70%	70%
Major Services	Non-surgical Periodontics: 40% Member pays reduced discounted fee for other Class III Major Services*	Non-surgical Periodontics: 40% Member pays dentist's full charge for all other Class III Major Services
Annual Deductible (per person)	\$25 Applies to Class I and Class II Services	\$75 Applies to Class I and Class II Services
Maximum the insurance will cover per year (per person)	\$750 Class I Services do not apply	\$750 Class I Services do not apply

* To find a participating provider in the Advantage Plus national dental provider network, use the Find a Dentist tool on www.unitedconcordia.com.

The same network can be utilized for the discount services (Major and Orthodontic) listed above. Select the Advantage Plus network when entering your search preferences, then look for the dentists who have a solid square symbol (■) next to their name. You may also contact United Concordia at 1-877-215-3616.





Vision Plan

Davis Vision Fashion Plan
 Retiree Cost: **\$7.98 per month** for Individual Coverage

Benefit Category	In-Network	Out-of-Network
Eye Examination	Covered in full annually	Up to \$30
Eyeglass Lenses	Covered in full every 12 months	Single Vision: \$25 Bifocal: \$35 Trifocal: \$45 Lenticular: \$60
Frame	Plan pays up to \$80 every 12 months Fashion Frame: Covered in full up to \$100 Designer Frame: \$15 copayment Premier Frame: \$35 copayment A \$130 allowance plus 20% off any balance is available for frames purchased at Visionworks' locations	Up to \$30
Contacts (in lieu of eyeglasses)	Evaluation and fitting: Covered in full Plan pays up to \$75 for provider-supplied contacts Medically necessary: Covered in full	Daily wear: up to \$30 Standard daily wear: up to \$48 Elective: up to \$75 Medically necessary: up to \$225

For more details, contact Davis Vision at 1-800-999-5431. The client control reference number is 7623.



Defined Dollar Benefit (DDB) Program Overview

The Defined Dollar Benefit (DDB) program was first introduced to faculty and staff retiring on or after July 1, 2004. The program is now offered to all eligible retirees.

General Information

On the first business day of each month, a fixed amount of credits is applied to an account that may be used toward the reimbursement of retiree medical coverage. The credits cannot be used toward the cost of dental or vision coverage, or toward the cost of Medicare premiums.

The amount of credits per month is reviewed annually with an effective date of January 1, and increased as necessary in accordance with the medical component of the consumer price index up to five percent. **In 2022, DDB credits remain the same at \$401 per month.**

DDB Credit Usage

Credits do not accrue while retirees and their spouses/domestic partners are covered under the University's pre-65 medical plans. However, credits will accrue if there is no enrollment in a University-sponsored medical plan; for example, if active coverage is obtained through a spouse/domestic partner through another employer.

All post-65 retirees and their eligible spouses/domestic partners who are entitled to participate in the DDB program can choose to use their credits three different ways:

1. Apply credits toward the cost of a University-sponsored post-65 retiree medical plan.
2. Apply credits toward the cost of retiree medical coverage obtained independently of the University. Reimbursements may be obtained on a monthly basis from BMS. A Defined Dollar Benefit Reimbursement request form (claim form) is required each calendar year by both the eligible retiree and eligible spouse/domestic partner.
3. Accrue credits in your account for use at a later date if you have comparable retiree type medical coverage from another insurance carrier, employer, or spouse/domestic partner. DDB credits cannot be used to pay for active group coverage through an employer.

DDB credit balance statements will be sent to each eligible participant on an annual basis.



Application of DDB Credits

- » Your credit balance will accrue from month to month and year to year if the cost of the retiree medical coverage does not exceed the amount of credits in your account. As such, the accrued credits may be applied to retiree medical coverage at a later date.
- » Credits are applied separately to the retiree's account and to the account of the eligible spouse/domestic partner.
- » If you choose to participate in the University-sponsored retiree medical plan, your credits will be applied automatically each month toward the total premium of the plan you elect. If the cost of coverage is more than the credit allowance, the remaining amount will be deducted from a designated checking account.
- » If you choose to participate in a non-University-sponsored plan, you must pay the full cost of coverage up front.
 - » DDB claim forms (downloadable from www.hr.pitt.edu/helpful-tools under Retiree Forms) must then be completed and submitted with proof of payment to Benefit Management Services (BMS). This form is required annually. Claim forms must be submitted within six (6) months from the end of the prior plan year.
 - » Once approved, BMS will reimburse you for the payment up to the current DDB credit allowance in the account you designate. A reimbursement plan can be set up on an automatic recurring plan. Contact BMS for specific instructions and eligibility.
- » To the extent that the retiree medical plan costs more than the amount of the credits in your account, you will be reimbursed up to the DDB credit balance.
- » In the event that both a retiree and his or her spouse/domestic partner participate in the DDB program, two separate applications of credits will occur for two separate DDB accounts. However, withdrawals and/or reimbursements may be made to and/or from the same checking account.

Surviving Spouses/Domestic Partners

The eligible spouse/domestic partner of a deceased retiree will have continuation of coverage for three months following the end of the month in which the employee/retiree passes away.

Continuation of coverage means payment of the cost share (if applicable) or continuation of the DDB credits. The credits for the deceased retiree are dissolved. However, in addition to the three months of continuation of coverage, the spouse/domestic partner may use the remaining credits in their own account until they are depleted. After three months, or exhaustion of credits, the surviving spouse/domestic partner may elect to continue group coverage through the University, but they are responsible for paying the full cost of the premium.

A surviving spouse becomes ineligible when they remarry. A domestic partner becomes ineligible when they establish a new domestic partnership. Coverage will end if the spouse/domestic partner fails to pay the monthly premium.

Contact Information

Pre-65 Health Care Insurance

Carrier	Website	Phone Number
UPMC Health Plan	www.upmchealthplan.com	1-888-499-6885
Davis Vision	www.davisvision.com	1-800-999-5431, client code 4228
United Concordia	www.ucci.com	1-877-215-3616

Post-65 Health Care Insurance and other Benefits Contacts

Carrier	Website	Phone Number
UPMC <i>for Life</i> HMO	www.upmchealthplan.com	1-877-381-3765
UPMC <i>for Life</i> PPO	www.upmchealthplan.com	1-877-381-3765
UPMC National Complementary Plan	www.upmchealthplan.com	1-877-381-3765
Highmark Signature 65 Blue Rx	www.highmarkbcbs.com	1-800-367-6565
Highmark Freedom Blue PPO	www.highmarkbcbs.com	1-866-456-7739, reference code 20FB178453
Davis Vision	www.davisvision.com	1-800-999-5431, client code 7623
United Concordia	www.ucci.com	1-877-215-3616
The Hartford Life Insurance Portability and Conversion	enroll.thehartfordatwork.com/upittbene	1-855-396-7655 1-877-320-0484
Social Security Administration	www.socialsecurity.gov	1-800-772-1213
Medicare	www.medicare.gov	1-800-633-4227

Retirement Investment Companies	Website	Phone Number
TIAA	www.tiaa.org/pitt	1-800-682-9139
Pension Administration Center – Defined Benefit Plan		1-866-283-0208

Retiree Benefits Service Center Benefit Management Services (BMS)

Mailing Address:

339 Sixth Avenue
Heinz 57 Center
9th floor - HFS 010901
Pittsburgh, PA 15222

Email: BenefitManagementServices@upmc.edu

Telephone: 1-888-499-6885 (select “retiree” option)

Fax: 1-877-851-5591





University of
Pittsburgh

Office of
Human Resources

Benefits Department

320 Craig Hall
200 S. Craig Street
Pittsburgh, PA 15260

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

Call: 833-852-2210

Website: hr.pitt.edu/retirees