Eligibility, Enrollment, and Status Changes Outside of Open Enrollment

Eligibility for Health and Welfare Plans

Participation is open to:
- Full-time regular faculty, librarians, research associates, and postdoctoral associates
- Part-time regular tenure/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.

Enrollment

Health and welfare plans for faculty and staff generally operate on a plan year, which runs from July 1 through June 30 (a 12-month period). These health and welfare plans include medical, dental, vision, flexible spending accounts, life, accidental death and dismemberment (AD&D), and dependent life insurances. If applicable, short-term and/or long-term disability, retirement, and long term care (LTC) benefits may be included in your benefits package, but are not subject to the plan year.

The effective date of coverage is dependent upon your date of hire. If you are hired on the first business day of the month, coverage becomes effective the first day of the same month. If you are hired after the first business day of the month, coverage becomes effective the first day of the next month. An initial benefit enrollment period for newly hired employees is 31 days from the date of hire.

For those who are subject to the plan year rules (outside of the initial benefit enrollment period), new enrollments, cancellations, and changes to coverage may only be made during future open enrollment periods or due to a qualified status change when the request for a change is made within 60 days of the life event. The effective date for a status change is the first of the month following the date of the qualifying event.

Accessing Current Benefits Elections

After logging into 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

www.hr.pitt.edu/medical

**UPMC Health Plan Member Services:** 1-888-459-6885  
www.upmchealthplan.com/pitt

### Basic Plan Features and Explanations

<table>
<thead>
<tr>
<th>Service Type</th>
<th>HMO</th>
<th>PPO</th>
<th>Advantage Network HMO</th>
<th>Advantage Network PPO</th>
<th>Out-Of-Network</th>
<th>Network Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Max</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td>Copayment</td>
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<tr>
<td>Deductible</td>
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<td>$300</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
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<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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

### UPMC Advantage Network

- **UPMCADVANTAGENETWORK**
  - Higher Benefit: UPMC-owned facilities
  - Full UPMC-in-network: $750 / $1,500
  - Out-of-network: $1,500 / $3,000

- **UPMC HEALTH PLAN NETWORK**
  - Lower Benefit
  - Full UPMC-in-network: $2,000 / $4,000
  - Out-of-network: $3,000 / $6,000

### UPMC Basic (PPO) QHDP with HSA Option

- Full UPMC-in-network: $2,000 / $4,000
- Out-of-network: $3,000 / $6,000

### 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:
  - Butter 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
4. If you choose the “I’m a Member” tab, you will be asked to enter your member ID number to verify your plan
5. If you choose to search either by name or by specialty
6. Click search

### To utilize an AnywhereCare visit:

1. Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care
2. Select the “find UPMC AnywhereCare” (access 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

---

**New for 2023-24**

Panther PPO

The Panther Plus and Panther Advocate plans are merging into one new plan - Panther PPO. Any current members of these plans who do not make benefits selections during open enrollment will be automatically placed into the new Panther PPO plan for the 2023-24 term.

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

1. The “1” in the doctor’s National Provider Identifier (NPI) number means the provider is enrolled with Medicare. This NPI number is different from the NPI number of the practice or group of practices in the same medical specialty.
2. You must be an eligible employee of UPMC who is enrolled in the UPMC Advantage Network plan to receive any of the discounts provided.
3. Benefits are subject to change for future plan years, and without prior notice. The information provided here should be used for reference purposes only. 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 (ACA), are available online at www.upmchealthplan.com.
4. The SBC and uniform glossary of terms are available in multiple languages.
5. www.upmchealthplan.com for additional risk and other information.
6. The terms “UPMC” and “UPMC Health Plan” refer to UPMC Health Plan, Inc. and its affiliates. UPMC Health Plan, Inc., UPMC Health Plan, Inc. of Pittsburgh, and the UPMC Advantage Network are considered to have the same I.D. Number.
7. The Patient Protection Notice is an important document that summarizes your rights and responsibilities under the Affordable Care Act (ACA). It describes how you can change your coverage, how you can enroll in and cancel coverage, and your rights for receiving nondiscrimination protection under the ACA. It also describes how you can appeal an adverse benefit determination. You can obtain a copy from your health plan at www.upmchealthplan.com. The Patient Protection Notice is written in clear and easily understandable language. It is available in multiple languages and formats, including accessible formats for persons with disabilities. You also can request a statement of the Medicare Supplementary Coverage Benefit under the Affordable Care Act. If you receive the Summary of Benefits and Coverage (SBC), you also receive a Patient Protection Notice. You can also request a copy of the Patient Protection Notice by contacting your health plan at 1-888-459-6885 (TTY: 711). If you are an eligible employee of UPMC, your eligibility to receive any of the discounts provided is based on your enrollment in the UPMC Advantage Network plan. If you have any questions about the information contained in this document, please contact your UPMC Advantage Network representative at 1-888-459-6885 (TTY: 711).
# Medical Plans Monthly Premiums

[www.hr.pitt.edu/medical](http://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</strong> with Advantage Network (HMO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$644</td>
<td>$553</td>
<td>$91</td>
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<tr>
<td>Parent/Child(ren)</td>
<td>$1,430</td>
<td>$1,194</td>
<td>$236</td>
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<tr>
<td>Two Adults</td>
<td>$1,616</td>
<td>$1,285</td>
<td>$331</td>
</tr>
<tr>
<td>Family</td>
<td>$1,777</td>
<td>$1,326</td>
<td>$451</td>
</tr>
</tbody>
</table>

| **PANTHER PPO (PPO)** | | | |
| Individual | $613 | $553 | $60 |
| Parent/Child(ren) | $1,361 | $1,194 | $167 |
| Two Adults | $1,539 | $1,285 | $254 |
| Family | $1,692 | $1,326 | $366 |

| **PANTHER BASIC (PPO) QHDHP with HSA Option** | | | |
| Individual | $553 | $553 | $0 |
| Parent/Child(ren) | $1,200 | $1,194 | $6 |
| Two Adults | $1,333 | $1,285 | $48 |
| Family | $1,394 | $1,326 | $68 |

*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.
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.

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.

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

The Prescription Drug Program applies to all plans, but Panther Basic only receives this benefit once their deductible has been met.

### Short-term, 30-, 60-, and 90-day supply available through:
- Retail and independent pharmacies
- UPMC Health Plan: 1-888-499-6885

### 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>$16 Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>$45 Preferred Brand and Generics</td>
</tr>
<tr>
<td>3</td>
<td>$90 Non-Preferred Medications (brand and generic)</td>
</tr>
<tr>
<td>4</td>
<td>$100 Specialty Medications (brand and generic)</td>
</tr>
<tr>
<td>5</td>
<td>$0 Preventive Medications</td>
</tr>
</tbody>
</table>

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.

* Applies to Panther Basic (QHDHP) only after the deductible has been met.
^ Criteria must be met in accordance with the Patient Protection and Affordable Care Act (PPACA) of 2010 in order to receive preventive medications at no cost share.

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.

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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 consultatations, 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.

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

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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
- Biometric Screenings (Blood Pressure, BMI, and a
- Nausea and vomiting
- Flu, pneumonia, and shingles vaccinations
- Rashes
- Convenient hours, by appointment only,
- Adult and pediatric immunizations
- Available at no cost
- Located conveniently
- Vaccinations for Flu, COVID-19, Shingles, and more
- Pre-travel health consultations and vaccines
- Coughs, colds, and fever
- Headaches
- Insect bites and stings
- Laryngitis
- Comprehensive medication management
- Vaccinations
- Allergies
- Staffed by a group of highly trained UPMC
- Suture removal
- Sinusitis
- Staffed by a group of highly trained UPMC
- Minor cuts
- Nausea and vomiting
- Rash
- Sinusitis
- Strains and sprains
- Suture removal
- Urinary tract infections
- Vaccinations
- **Wellness for Life Health Incentive Reward Dollars**
- My Health@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.**

Wellness for Life Health Incentive Reward Dollars
Faculty and staff can participate in the Wellness Incentives program to earn reward dollars for completing healthy activities. Your reward dollars 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 reward dollars can be used.

Effective July 1, 2022, reward 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.

Incentivize Your Health
Now, everyone can earn up to $200 in reward dollars no matter what plan they choose. This means you can get more money for investing in you!

UPMC MyHealth@Work
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### Summary of Key Provisions

<table>
<thead>
<tr>
<th>How the Plan Works</th>
<th>Concorida Plus Managed Care (PA only) DHMO</th>
<th>Standard Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Concorida Flex I</td>
<td>Concorida Flex II</td>
</tr>
<tr>
<td>Network Name</td>
<td>D6M0 Concordia Plus General Dentists</td>
<td>Advantage Plus</td>
</tr>
<tr>
<td></td>
<td>Advantage Plus</td>
<td>Advantage Plus</td>
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<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$50(individual); $150/family maximum deductible to be applied to ALL services, including preventive, diagnostic, and orthodontics and to be paid one time per plan year.</td>
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<tr>
<td></td>
<td></td>
<td>$50(individual); $150/family maximum deductible to be applied and paid one time per plan year and waived for preventive, diagnostic, and orthodontics.</td>
</tr>
<tr>
<td>Exams/Cleaning Frequency</td>
<td>One in any consecutive six months</td>
<td>One in any consecutive six months</td>
</tr>
<tr>
<td>Preventive Services (e.g., x-rays)</td>
<td>Insurance pays 100%**</td>
<td>Insurance pays 100% of Maximum Allowable Charge*</td>
</tr>
<tr>
<td>Basic Services (e.g., cavity fillings)</td>
<td>Insurance pays 100%</td>
<td>Insurance pays 100% of Maximum Allowable Charge*</td>
</tr>
<tr>
<td>Major Services (e.g., crowns)</td>
<td>Covered based on specific member copayment schedule amounts†</td>
<td>Covered based on specific member copayment schedule amounts†</td>
</tr>
<tr>
<td>Orthodontics (eligible dependents to age 19)</td>
<td>Covered based on specific member copayment schedule amounts†</td>
<td>Not covered</td>
</tr>
<tr>
<td>Annual Plan Year Maximum</td>
<td>None</td>
<td>$500/covered person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000/covered person</td>
</tr>
</tbody>
</table>

**Note:** Orthodontics maximum is separate

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

### 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>$27.58</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>

| *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

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 by MetLife network.*

Out-of-Network: May utilize providers outside the Davis Vision by MetLife 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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Fashion Excellence</th>
<th>Designer Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Eye Examination</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Eyeglass Lenses</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>Plan pays up to $60</td>
<td>Plan pays up to $60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan pays up to $30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan pays up to $30</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>(in lieu of eyeglasses)</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 $325</td>
<td>Medically necessary: up to $325</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

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

Additional discounts are now available at Walmart locations.

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

NOTE: Due to the transition to Davis Vision by MetLife, this contact information will not be active until your plan starts on July 1. Please continue to use the previous Davis Vision contact information until then.

New Name, Same Plan

Davis Vision is now Davis Vision by MetLife. All that will change for you is your group number and customer service contact information.
Flexible Spending Accounts
www.hr.pitt.edu/fsa
UPMC Benefit Management Services (BMS)
1-888-499-6885
www.upmchealthplan.com/members/learn/consumer-advantage/

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, 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.

* There is a $5,000 maximum for non-taxable dependent care benefits. Money used towards Care.com Backup Care and/or your Dependent Care FSA aggregates toward the $5,000 cumulative total. Anything over this $5,000 may be taxed accordingly upon filing.

Flexible Spending Accounts Offered
Higher Maximums, Less Taxes
Annual Maximums have increased for Health Care, Parking, and Mass Transportation FSAs to help you spend less on taxes and more on you.

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 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.

“Use It or Lose It” Rule for Plan Year
July 1, 2023 - June 30, 2024
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, 2024. Participants must submit those expenses for reimbursement by December 31, 2024. If your coverage ends prior to June 30, 2024 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 $610. The rollover does not count against the $3,050 contribution maximum per year, and the rollover may be used to pay for expenses in the year in which it is carried over. Waiving the account during Open Enrollment for a July 1 effective date allows for the rollover into the next plan year’s account for use during that plan year up to the annual rollover amount.

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 time to complete purchases. Effective July 1, 2022, Health Incentive Reward 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.

Higher Maximums, Less Taxes
Annual Maximums have increased for Health Care, Parking, and Mass Transportation FSAs to help you spend less on taxes and more on you.

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>
<th>Claims Incurred</th>
<th>Incurring Extension Allowed</th>
<th>Filing Deadline**</th>
<th>Does the “Use It or Lose It” rule apply?</th>
<th>Eligible to use the UPMC Consumer Advantage Visa card to cover expenses?</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>$254.17</td>
<td>$3,050^</td>
<td>No</td>
<td>December 31, 2024</td>
<td>No; a rollover up to a certain amount may be carried over annually</td>
<td>Yes</td>
<td></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>
<td>No</td>
<td>Yes, through September 15, 2024</td>
<td>December 31, 2024</td>
<td>No</td>
<td></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>$300.00</td>
<td>$3,600^</td>
<td>No</td>
<td>Claims must be submitted within 6 months of the date of the claim</td>
<td>Yes</td>
<td></td>
<td></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>$300.00</td>
<td>$3,600^</td>
<td>No</td>
<td>Claims must be submitted within 6 months of the date of the claim</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* These amounts are based on a 12-month pay schedule. Individuals on other schedules should adjust accordingly.
** If you terminate the plan earlier than June 15, the filing deadline for Health Care and Dependent Care accounts is six months from your termination date. To receive Parking and Mass Transit account reimbursement, receipts must be submitted within 180 days of the receipt date.
*^ The annual IRS maximum is not the same as a household maximum. For example, both Spouse A and Spouse B can elect the annual maximum for a household total of the maximum times two.
* The annual IRS maximum is equal to a household maximum. For example, both Spouse A and Spouse B can hold a dependent care account, but their combined total must be at or under the annual IRS maximum.
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 $1,500,000. 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 three times their annual salary or $500,000 in optional life insurance without Evidence of Insurability (EOI), if enrolled within 31 days from the date of hire. The cost is a calculation of the age-graded rate times each $1,000 of coverage.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 years</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>$0.071</td>
</tr>
<tr>
<td>50–54 years</td>
<td>$0.068</td>
</tr>
<tr>
<td>55–59 years</td>
<td>$0.089</td>
</tr>
<tr>
<td>60–64 years</td>
<td>$0.063</td>
</tr>
<tr>
<td>65–69 years</td>
<td>$0.085</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 $1,500,000.

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/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 and dependent child coverage. Cost is not age-graded and is constant regardless of the number of dependent children covered.

**Coverage for Spouse/Domestic Partner**

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$118</td>
<td>$10,000</td>
</tr>
<tr>
<td>2</td>
<td>$222</td>
<td>$15,000</td>
</tr>
<tr>
<td>3</td>
<td>$327</td>
<td>$20,000</td>
</tr>
<tr>
<td>4</td>
<td>$432</td>
<td>$25,000</td>
</tr>
<tr>
<td>5</td>
<td>$537</td>
<td>$30,000</td>
</tr>
<tr>
<td>6</td>
<td>$642</td>
<td>$35,000</td>
</tr>
<tr>
<td>7</td>
<td>$747</td>
<td>$40,000</td>
</tr>
<tr>
<td>8</td>
<td>$852</td>
<td>$45,000</td>
</tr>
</tbody>
</table>

**Coverage for Dependent Child(ren)**

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage</th>
<th>Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$80</td>
<td>$10,000</td>
</tr>
<tr>
<td>2</td>
<td>$120</td>
<td>$15,000</td>
</tr>
<tr>
<td>3</td>
<td>$160</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

* 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.

**To calculate your life insurance cost:**

annual salary x additional coverage value (1-6) = 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.

$135,000 / 1,000 x 0.067 = $9.05

Employee cost per month = $9.05
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>Minimum Contribution</strong></td>
<td><strong>Maximum Contribution</strong></td>
</tr>
<tr>
<td>Non-vested</td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Vested</td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Accelerated Option</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 one out by accessing the UPMC MyHealthOnline 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 for medical treatment 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

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.

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/benefits/time. Union members should refer to their collective bargaining agreements.

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.
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.

Benefits Glossary

Coinurance – 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 Reward Dollars – An employer-sponsored program to reward you for taking steps to improve your health 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 for health care services
Plan Details – This tells the employee more information about the plans including, but not limited to, participation period, option, dependents, beneficiaries, and cost
Play Type – The category of the plan enrolled in or offered to the employee and their dependents, including, but not limited to, medical, dental, and life plans
Preferred Provider Organization (PPO) – A provider who has a contract with your health insurer or plan to provide services to you at a discount
Premium – The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly
Prescription Drug Coverage – Health insurance or plan that helps pay for prescription drugs and medications
Preventive Care – Medical care that focuses on health maintenance, such as annual physicals, certain screening tests, and child immunization programs
Primary Care Physician – A physician who directly provides or coordinates a range of health care services for a patient
Primary Care Provider – A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient manage 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>
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<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>
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<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>
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<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>
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<td></td>
<td>Assist America</td>
<td><a href="http://www.assistamerica.com">www.assistamerica.com</a></td>
<td>1-800-872-1414</td>
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<td>MyHealth Advice Line</td>
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<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>
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<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>
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<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>
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<tr>
<td>Davis Vision by MetLife</td>
<td>Vision</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
<td>1-888-777-7418</td>
</tr>
<tr>
<td>United Concordia</td>
<td>Dental</td>
<td><a href="http://www.ucc.com">www.ucc.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/upittbene</td>
<td>1-855-396-7655</td>
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<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>
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<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>
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<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>
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<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>
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<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>
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<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>
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</tbody>
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Contact the Benefits Department
www.hr.pitt.edu/contact-ohr
833-852-2210

How are we doing?
Visit http://pi.tt/BenefitsSurvey and let us know.