Enrollment and Status Changes Outside of Open 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.

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.

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.

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.
## Basic Plan Features and Explanations

**UPMC ADVANTAGE NETWORK**
- Higher Benefit-UPMC Owned Facilities

**UPMC HEALTH PLAN Network**
- Lower Benefit

### Deductible
- n/a
- $300 / $600

### Coinsurance
- n/a
- 20%

### Plan Responsibility
- 100%
- 80%

### Out-of-Pocket Max
- $1,800 / $3,600
- $2,000 / $4,000

### Copayment
- n/a
- n/a

### HI/HSAs Option
- n/a
- n/a

### Plan Network Facilities
- UPMC Health Plan Member Services:
  - HIA/HSA Option
  - PANTHER GOLD
  - PANTHER ADVOCATE
  - PANTHER PLUS
  - PANTHER BASIC
  - UPMC Advantage Network
  - Other UPMC Health Plan Network Facilities

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

### Adult and Pediatric Wellness & Preventive Services
- 100%

### Doctor Office or Convenient Care Clinic Visit (by specialty)
- 100% after $25 copayment

### Specialist Office Visit
- 100% after $40 copayment

### Outpatient Behavioral Health (e.g., therapist)
- 100% after $25 copayment

### Prenatal Doctor Office Visits
- 100%

### Emergency Room Services (e.g., evaluation & treatment)
- $100 copayment (children through age 18/ $150 adult)

### Inpatient Hospital Services (e.g., hospitalization for major medical service)
- 100% after $250 copayment

### Outpatient Facility Services & Observations (e.g., hospitalization for minor medical service)
- 100% after $250 copayment

### Diagnostic Services:
- Basic (e.g., x-ray, mammogram, test, etc.)
- 100% after $25 copayment

### High-Tech (e.g., MRI, CT, PET, etc.)
- 100% after $100 copayment

### Medical Therapy Services (e.g., physical, occupational, speech therapy)
- 100%

### Physical, Speech, & Occupational Therapy (e.g., physical, occupational, and speech/therapy)
- 100% after $25 copayment

### Diagnostic Services:
- Basic
- 100% after $25 copayment
- 90% after in-network deductible
- 70% after in-network deductible
- 100% after $250 copayment

### High-Tech (e.g., MRI, CT, PET, etc.)
- 100% after $100 copayment

### Medical Therapy Services (e.g., physical, occupational, speech therapy)
- 100%

### Physical, Speech, & Occupational Therapy (e.g., physical, occupational, and speech/therapy)
- 100% after $25 copayment

### Other UPMC Health Plan Network Facilities

- Listed is a sampling of the participating UPMC Health Plan network facilities. www.upmchealthplan.com
- To confirm all participating Advantage Network facilities:
  - Visit www.upmchealthplan.com/find
- To confirm all participating Non-Advantage facilities:
  - Visit www.upmchealthplan.com/nan
- To confirm all other facilities that participate with UPMC Health Plan:
  - Visit www.upmchealthplan.com/anywhere-care
- To utilize an AnywhereCare visit:
  - Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care
  - 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.

## Comparative Summary of Key Provisions

**UPMC Health Plan Member Services:** 1-888-499-6885

**UPMC Health Plan Member Services:**
- HIA/HSA Option
- PANTHER GOLD
- PANTHER ADVOCATE
- PANTHER PLUS
- PANTHER BASIC
- UPMC Advantage Network
- Other UPMC Health Plan Network Facilities

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

**www.hr.pitt.edu/anywhere-care**

**www.hr.pitt.edu/patient-notice**
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.

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

This program applies to all medical plans.*

<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 (ACA)*</td>
</tr>
</tbody>
</table>

90-day discounted 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>$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>

90-day, 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>
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<tr>
<td>1</td>
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<td>$100 Specialty Medications (brand and generic)</td>
</tr>
<tr>
<td>5</td>
<td>$0 Preventive Medications (ACA)*</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.

* 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.
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 each member in the development of a healthy lifestyle.

Benefits Coverage and Wellness-Related Programs

Preventive Care Coverage
Preventive-related benefits are covered at 100% for those who participate in the University’s medical plans without the need to make a copayment or meet a deductible, including but not limited to:
- Wellness visits with your primary care physician and related blood panels
- Mammograms, prostate screenings, and colonoscopies
- Flu, pneumonia, and shingles vaccinations
- Adult and pediatric immunizations

Health Coaching
The University, through UPMC Health Plan, provides health coaching to members with University-sponsored health insurance.

Lifestyle health coaches can provide needed support in a variety of areas such as physical activity, nutrition, stress management, weight management, and tobacco cessation.

Condition Management health coaches can help you manage chronic conditions such as diabetes, asthma, lower back pain, high blood pressure, and more.

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

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.

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
- Lanyards

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

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

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

Wellness@Work Visit
If you complete a Wellness@Work visit, they can be electronically shared with Health@Work by visiting www.hr.pitt.edu/wellness.

My Health@Work

Wellness for Life for you, for your family, and for your financial future.

Effective July 1, 2022, HIA dollars can be used for preventative care expenses subject to change.

**Any earned reward dollars will be applied to your September 2023 paycheck.

Plan
Rewards Maximum

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Employee and spouse/domestic partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panther Advocate</td>
<td>$200</td>
<td>$400</td>
</tr>
<tr>
<td>Panther Gold/Plus</td>
<td>$125</td>
<td>$250</td>
</tr>
<tr>
<td>Panther Basic**</td>
<td>$125</td>
<td>$250</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.

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.
Dental Plans and Monthly Premiums
www.hr.pitt.edu/dental

Summary of Key Provisions

<table>
<thead>
<tr>
<th>Managed Care</th>
<th>Standard Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concordia Plus Managed Care (PA only) DHMO</td>
<td>Concordia Flex I</td>
</tr>
</tbody>
</table>

**How the Plan Works**

**Network Name**
- DHMO Concordia Plus General Dentists
- Advantage Plus
- Advantage Plus

**Annual Deductible**
- None
- $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.

**Exam/Cleaning Frequency**
- One in any consecutive six months**
- One in any consecutive six months
- One in any consecutive six months

**Preventive Services (e.g., x-rays)**
- Insurance pays 100%**
- Insurance pays 100% of Maximum Allowable Charge
- Insurance pays 100% of Maximum Allowable Charge

**Basic Services (e.g., cavity fillings)**
- Insurance pays 100%
- Insurance pays 50% of Maximum Allowable Charge
- Insurance pays 80% of Maximum Allowable Charge

**Major Services (e.g., crowns)**
- Covered based on specific member copayment schedule amounts*
- Insurance pays 50% of Maximum Allowable Charge
- Insurance pays 50% of Maximum Allowable Charge

**Orthodontics ( Eligible dependents to age 19)**
- Covered based on specific member copayment schedule amounts*
- Not covered
- Insurance pays approximately 50% up to scheduled allowance; $1,500 lifetime maximum

**Annual Plan Year Maximum**
- Note: Orthodontics maximum is separate
- None
- $500/covered person
- $1,000/covered person

**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>

* Locate Participating Providers in the United Concordia network:
  1. Visit 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.

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

** Electing the DHMO means having a limited network and would require a change in dentists/dental facilities if the currently selected dentist leaves the DHMO network.

** 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.

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

* To determine your copayment responsibility for the current plan year, visit www.hr.pitt.edu/dental and select “Schedule of Benefits.”
**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></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examination</strong></td>
<td>Covered in full</td>
<td>Plan pays up to $32</td>
</tr>
<tr>
<td></td>
<td>Covered in full</td>
<td>Plan pays up to $32</td>
</tr>
<tr>
<td><strong>Eyeglass Lenses</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Single Vision</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$36</td>
<td>$36</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$46</td>
<td>$46</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$72</td>
<td>$72</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>Plan pays up to $60</td>
<td>Plan pays up to $30</td>
</tr>
<tr>
<td>Davis Vision Fashion</td>
<td></td>
<td>Davis Vision Fashion</td>
</tr>
<tr>
<td>Frame</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Davis Vision Designer</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Frame</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Davis Vision Premier</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Frame</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Contacts</strong> (in lieu of eyeglasses)</td>
<td>Daily wear: up to $20</td>
<td>Daily wear: up to $20</td>
</tr>
<tr>
<td>Evaluation and fitting:</td>
<td>Plan pays up to $30</td>
<td>Plan pays up to $30</td>
</tr>
<tr>
<td>Covered in full</td>
<td>Elective: up to $48</td>
<td>Elective: up to $30</td>
</tr>
<tr>
<td>Plan pays up to $75 for</td>
<td>Disposable: up to $75</td>
<td>Disposable: up to $48</td>
</tr>
<tr>
<td>provider supplied contacts</td>
<td>Medically necessary: up to $125</td>
<td>Medically necessary: up to $125</td>
</tr>
</tbody>
</table>

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

**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>$70.25</td>
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<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 by MetLife network:

2. Step 2: Scroll to “How can we help you” and select “Find a vision provider.”
4. Step 4: Complete the demographics section (location, mile radius, etc.).
5. Step 5: Click “Search Now” to obtain a provider list based on your inputs in step 4.

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.
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.

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.

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.

Retirement Savings Plan 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.

For more information about universal availability, visit www.hr.pitt.edu/universal-availability.
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 price
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 – 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, cancer screening tests, and child immunization programs
Primary Care Physician – A physician who directly provides or coordinates a range of health care services for a patient
Primary Care Provider – A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services
Provider – A physician, health care professional, or health care facility licensed, certified, or accredited as required by state law
Qualified Life Status Change – A change to benefits eligibility that is recognized by the IRS and allows an employee to make a change to certain benefits during the calendar year
Specialist – A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions
Summary Plan Description – A document that explains the fundamental features of an employer’s employee benefits plan, including eligibility requirements and the schedule of benefits
Urgent Care – Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away but not so severe as to require emergency room care
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<thead>
<tr>
<th>Vendor/Servicer</th>
<th>Benefits Plan/Information</th>
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<th>Phone Number</th>
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<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>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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<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>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></td>
<td>MyHealth Advice Line</td>
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<td>1-866-918-1591</td>
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<td>Flexible Spending Accounts</td>
<td><a href="http://www.upmchealthplan.com/members/learn/">www.upmchealthplan.com/members/learn/</a></td>
<td>1-888-499-6885</td>
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<td>consumer-advantage</td>
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<td>UPMC MyHealth@Work Health and Wellness</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>Center</td>
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<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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<td>Davis Vision by MetLife</td>
<td>Vision: prior to enrollment</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
<td>1-877-923-2847</td>
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<td>Vision: current participants</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
<td>1-800-999-5431</td>
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<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>
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<tr>
<td>The Hartford Life</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>Insurance</td>
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<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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<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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<td>Pension Administration</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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<td>Center</td>
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<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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<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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<td>PitPerks (Corestream)</td>
<td>PitPerks voluntary benefits</td>
<td><a href="http://www.pittperks.com">www.pittperks.com</a></td>
<td>1-888-689-9696</td>
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<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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**Contact the Benefits Department**
www.hr.pitt.edu/contact-ohr
833-852-2210