

Medical Plans

Comparative Summary of Key Provisions

www.hr.pitt.edu/medical

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

Basic Plan Features and Explanations

| | PANTHER GOLD with Advantage Network (HMO) | | PANTHER PPO | |
|--|---|---|--|-----------------------|
| | <i>Requires selection of a network doctor, primary care physician (PCP)^c</i> <i>No coverage provided outside the UPMC Health Plan network, except in the case of an emergency</i> | | <i>May select any doctor^c</i> <i>Provides coverage to any doctor or hospital</i> | |
| | UPMC ADVANTAGE NETWORK Higher Benefit-UPMC Owned Facilities ^a | UPMC HEALTH PLAN NETWORK Lower Benefit ^b | FULL UPMC IN-NETWORK | OUT-OF-NETWORK |
| Deductible* <small>Member responsibility before insurance pays for services</small> | \$150/\$300 for non-copay services | | \$750 / \$1,500 | \$1,500 / \$3,000 |
| Coinsurance <small>Member responsibility for services after deductible has been paid</small> | n/a | | 15% | 35% |
| Plan Responsibility <small>Amount insurance pays for services after member pays deductible and before out-of-pocket max is reached</small> | 100% | | 85% | 65% |
| Out-of-Pocket Max <small>(includes Deductible and Coinsurance/Copayment Amounts, including Pharmacy copayments) Total member responsibility before insurance pays for services at 100%</small> | \$2,000 / \$4,000 | | \$3,000 / \$6,000 | \$6,000 / \$12,000 |
| Copayment <small>Member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance</small> | Copayments for various services are listed below | | n/a | n/a |
| Health Care FSA/HSA Option* | Eligible for Health Care FSA; More info on page 16 | | Eligible for Health Care FSA; More info on page 16 | |

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 <i>e.g., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations</i> | 100% | | 100% <i>(deductible does not apply)</i> | 65% <i>(deductible does not apply to pediatric immunizations and preventive mammograms)</i> |
| Doctor Office or Convenient Care Clinic Visit <i>For illness or injury</i> | 100% after \$25 copayment | | 85% | 65% |
| Specialist Office Visit <i>e.g., cardiologist, dermatologist</i> | 100% after \$50 copayment | | | |
| Outpatient Behavioral Health <i>e.g., therapist</i> | 100% after \$25 copayment | | | |
| Chiropractic Services <i>Limit of 25 visits per plan year</i> | 100% after copayment per visit: initial \$40 / others \$25 | | | |
| Prenatal Doctor Office Visits | 100% | | | |
| AnywhereCare Visits^d <i>e.g., virtual visits with UPMC physicians</i> | 100% after \$5 copayment | | | |
| Urgent Care Services^c <i>Same services as Convenient Care plus x-rays, setting broken bones, stitches</i> | 100% after \$60 copayment | | 85% (after in-network deductible) | |
| Emergency Room Services <i>Refer to Global Emergency Services for assistance while traveling</i> | \$100 copayment (children through age 18) / \$150 (adult 19+) (copayment waived if admitted) | | 85% (after in-network deductible) | |
| Inpatient Hospital Services <i>Max of 2 copayments per plan year</i> | 100% after \$500 copayment | 80% | 85% | 65% |
| Outpatient Facility Services & Observations <i>e.g., same day surgery; max of 4 copayments per plan year</i> | 100% after \$250 copayment | | | |
| Diagnostic Services: | | | | |
| Basic (e.g., x-ray, sonograms; max of 4 copayments per plan year) | 100% after \$25 copayment | | | |
| High-Tech (e.g., MRI, CT, PET; max of 4 copayments per plan year) | 100% after \$100 copayment | | | |
| Medical Therapy Services <i>e.g., dialysis, radiation, chemo</i> | 100% | | | |
| Physical, Speech, & Occupational Therapy <i>Limit 60 visits per plan year for all therapies combined</i> | 100% after \$25 copayment | | | |



PANTHER BASIC (PPO) QHDHP with HSA Option

May select any doctor^c

Provides coverage to any doctor or hospital

FULL UPMC IN-NETWORK

OUT-OF- NETWORK

\$2,000 / \$4,000

\$4,000 / \$8,000

30%

50%

70%

50%

\$5,000 / \$10,000¹

\$10,000 / \$20,000

n/a

n/a

HSA Option²

Individual \$3,850; Family
\$7,750; Age 55+ add \$1,000

^aUPMC Advantage Network

Listed is a sampling of the Advantage Network hospitals. Visit www.upmchealthplan.com/find to confirm all participating Advantage Network facilities:

- » Children's Hospital of Pittsburgh of UPMC
- » Magee-Women's Hospital
- » UPMC Altoona
- » UPMC East
- » UPMC Hamot
- » UPMC McKeesport
- » UPMC Montefiore
- » UPMC Northwest
- » UPMC Passavant
- » UPMC Presbyterian
- » UPMC Shadyside
- » Western Psychiatric Institute and Clinic

^bOther UPMC Health Plan Network Facilities

Listed is a sampling of the participating UPMC Health Plan network facilities. Visit www.upmchealthplan.com/find to confirm all other facilities that participate with UPMC Health Plan:

- » Butler Memorial Hospital
- » Heritage Valley
- » Latrobe/Westmoreland/Frick
- » St. Clair Memorial Hospital
- » The Washington Hospital

^cTo locate participating physicians and facilities in the UPMC Network:

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

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

^dTo utilize an AnywhereCare visit:

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

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

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

* One or more covered family members may satisfy these amounts.

The Summary of Benefits and Coverage (SBC) and uniform glossary of terms, developed by UPMC Health Plan, as mandated by the Patient Protection and Affordable Care Act (PPACA), are available online at www.hr.pitt.edu/benefits.

+ Visit www.upmchealthplan.com/pitt for additional HIA and HSA information.

¹ This plan has an embedded out-of-pocket maximum (OOP max) for in- and out-of-network benefits, which means when an individual within a family reaches his or her individual OOP max, only that person on the plan is considered to have met the OOP max; or when a combination of family members' expenses reach the family OOP max all covered members are considered to have met the OOP max.

² Monthly statements are generated and posted to your UPMC Consumer Advantage member portal. If you prefer to also receive a paper statement, select Update Notification Preferences under the Statements & Notifications tab on the member portal. Please note that there will be a \$1.50 monthly fee to receive your paper HSA statement.

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. Since that means your coverage will be changing, please familiarize yourself with the information provided here. If you feel that another plan would better suit your needs, you must make this selection during open enrollment.



100%
(deductible does not apply)

50%
(deductible does not apply to
pediatric immunizations and
preventive mammograms)

70%

50%

70% (after in-network deductible)

70% (after in-network deductible)

70%

50%

Medical Plans Monthly Premiums

www.hr.pitt.edu/medical

Premiums Summary

| Plans | Total Monthly Premium | Monthly University Contribution* | Monthly Employee Contribution |
|---|-----------------------|----------------------------------|-------------------------------|
| PANTHER GOLD <i>with Advantage Network (HMO)</i> | | | |
| Individual | \$644 | \$553 | \$91 |
| Parent/Child(ren) | \$1,430 | \$1,194 | \$236 |
| Two Adults | \$1,616 | \$1,285 | \$331 |
| Family | \$1,777 | \$1,326 | \$451 |
| PANTHER PPO <i>(PPO)</i> | | | |
| 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 <i>(PPO) QHDHP with HSA Option</i> | | | |
| 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.