Medical Plans

hr.pitt.edu/medical

Comparative Summary of Key Provisions

Staff Represented by USW 2026-27 Plan Year

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

PANTHER HMO with Advantage Network
Requires selection of a network doctor, primary care physician (PCP) No coverage provide outside the UPMC Health Plan network, except in the case of an emergency [3]

PANTHER PPO
May select any doctor
Provides coverage to any doctor or hospital [3]

Basic Plan Features and Explanations	UPMC Advantage Network/ Participating Providers Level 1 (Higher Benefit-UPMC Owned Facilities [1])	Other Participating UPMC Facilities Level 2 (Lower Benefit [2])	Full UPMC In-Network	Out-of-Network
Deductible* *Member responsibility before insurance pays for services*	$150/$300 for non-copay services	$300/$600	$750/$1,500	$1,500/$3,000
Coinsurance *Member responsibility for services after deductible has been paid*	n/a	20%	15%*	35%*
Plan Responsibility *Amount insurance pays for services after member pays deductible and before out-of-pocket max is reached*	100%	80%	85%*	65%*
Out-of-Pocket Max *(includes Deductible and Coinsurance/Copayment Amounts, including Pharmacy copayments) Total member responsibility before insurance pays for services at 100%*	$2,000/$4,000		$3,000/$6,000	$6,000/$12,000
Copayment *Member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance*	Copayments for various services are listed below		n/a	n/a
FSA/HSA Option+	Health Care FSA Option		Health Care FSA Option	

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 *e.g., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations*	100%		100% (deductible does not apply)	65% (deductible does not apply to pediatric immunizations and preventive mammograms)
Doctor Office or Convenient Care Clinic Visit *For illness or injury*	$25 copayment per visit		85%*	65%*
Specialist Office Visit *e.g., cardiologist, dermatologist*	$50 copayment per visit			
Outpatient Behavioral Health *e.g., therapist*	$25 copayment per visit			
Chiropractic Services *Limit of 25 visits per plan year*	copayment per visit: initial $40/others $25			
Maternity	$500 copayment (2 copayments per plan year, $0 after)			
24/7 Video Visits[4] *e.g., virtual visits with UPMC physicians*	$5 copayment per visit			
Urgent Care Services [3] *Same services as Convenient Care plus x-rays, setting broken bones, stitches*	$60 copayment per visit		85% (after in-network deductible)*	
Emergency Room Services *Refer to Global Emergency Services for assistance while traveling*	$100 copayment (children through age 18) / $150 (adult 19+ (copayment waived if admitted)		85% (after in-network deductible)*	
Inpatient Hospital Services *Max of 2 copayments per plan year*	$500 copayment per visit	80%	85%*	65%*
Outpatient Facility Services & Observations *e.g., same day surgery; max of 4 copayments per plan year*	$250 copayment per visit			
Other (or Basic) Imaging *(e.g., x-ray, sonograms; max of 4 copayments per plan year)*	$25 copayment per visit			
Advanced Imaging *(e.g., MRI, CT, PET; max of 4 copayments per plan year)*	$100 copayment per visit			
Medical Therapy Services *e.g., dialysis, radiation, chemo*	pay $0 after deductible			
Physical, Speech, & Occupational Therapy *Limit 60 visits per plan year for all therapies combined*	$25 copayment per visit			

PANTHER HDHP with HSA Option (PPO)

May select any doctor
Provides coverage to any doctor or hospital [3]

Full UPMC In-Network	Out-of-Network
$2,000/$4,000	$4,000/$8,000
30%*	50%*
70%*	50%*
$5,000/$10,000	$10,000/$20,000
n/a	n/a
HSA Option[+2]	Individual $4,150; Family $8,300; Age 55+ add $1,000

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%*

[1] UPMC Advantage Network

Listed are the Advantage Network hospitals applicable to employees based at all campuses. Visit **upmchealthplan.com/find** to confirm all participating Advantage Network facilities:

- **UPMC Children's Hospital of Pittsburgh**
- **UPMC Magee-Women's Hospital**
- **UPMC Altoona**
- **UPMC East**
- **UPMC Hamot**
- **UPMC McKeesport**
- **UPMC Montefiore**
- **UPMC Northwest**
- **UPMC Passavant**
- **UPMC Presbyterian**
- **UPMC Shadyside**
- **UPMC Washington**
- **UPMC Western Psychiatric Hospital**

[2] Other UPMC Health Plan Network Facilities

Listed are the participating UPMC Health Plan network facilities only applicable to employees at the Pittsburgh and Titusville Campuses. Visit **upmchealthplan.com/find** to confirm all other facilities that particpate with UPMC Health Plan:

- **Butler Memorial Hospital**
- **Heritage Valley**
- **Latrobe/Westmoreland/Frick**
- **St. Clair Memorial Hospital**

[3] To locate participating physicians and facilities in the UPMC Network:

1. Visit **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

[4] To utilize UPMC 24/7 video visits:

1. You can access 24/7 video visits by going to **upmchealthplan.com/members/digital-tools/video-visit**
2. Select the "Start a visit" 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

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

***** One or more family memebers may satisfy the deductible amount. Members will pay their deductible share first before their coinsurance is applied.

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 **hr.pitt.edu/benefits**.

+ Visit **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.

Prescription Drug Program

hr.pitt.edu/prescription-drug

The Prescription Drug Program applies to all three plans, but Panther HDHP only receives this benefit once their deductible has been met, excluding certain preventative prescriptions that are covered at the copay.

Effective 7/1/26, the pharmacy administrator will transition to CVS Caremark. Those enrolled in a University-sponsored medical plan through UPMC Health Plan will continue to have prescription drug coverage included in their medical election and premium. Questions on prescription drugs will need to be directed to CVS Caremark.

Note: All individuals enrolled in a University-sponsored medical plan will receive a new UPMC medical insurance ID card in late June with the CVS Caremark information listed. Please ensure that you and any covered dependents use the new ID cards beginning July 1, 2026.

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

- Retail and independent pharmacies
- CVS Caremark: 1-833-296-1891

Tier	Copayment
1	$16 Preferred Generics
2	$45 Preferred Brand Medications and Generic Medications (brand and generic)
3	$90 Non-Preferred Medications (brand and generic)
4	$100 Specialty Medications (brand and generic)
5	$0 Select Generic and Preventive Medications (ACA)^

90-day discounted supply available through:

- Mail order through CVS: 1-833-296-1891
- Falk Clinic Pharmacy: 412-623-6222
Pittsburgh campus office delivery available
- University Pharmacy: 412-383-1850

Tier	Copayment
1	$32 Preferred Generics
2	$90 Preferred Brand Medications and Generic Medications (brand and generic)
3	$180 Non-Preferred Medications
5	$0 Select Generic and Preventive Medications (ACA)^

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 formulary change decisions at CVS Caremark are made by the **CVS Caremark National Pharmacy & Therapeutics (P&T) Committee**, which is an independent, external body of experts. 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 **hr.pitt.edu/prescription-drug**.*

* Applies to Panther HDHP 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.

Caremark Cost Saver - CVS Caremark and GoodRx Partnership

Cost Saver helps you get lower costs when available on your prescription medications. All you have to do is present your medical ID card when you pick up your prescriptions. They will manage the rest for you. The program automatically compares prices across several drug discount platforms, including GoodRx, ensuring that you benefit from the lowest available price and automatically applies your out-of-pocket costs to your deductible and out-of-pocket thresholds. No other action is required.

Medical Plans Monthly Premiums

hr.pitt.edu/medical

Staff Represented by USW
2026-27 Plan Year

Premiums Summary

PLANS	TOTAL MONTHLY PREMIUM	MONTHLY UNIVERSITY CONTRIBUTION*	MONTHLY EMPLOYEE CONTRIBUTION
PANTHER HMO			
Individual	$822	$729	$93
Parent/Child(ren)	$1,826	$1,578	$248
Two Adults	$2,063	$1,717	$346
Family	$2,268	$1,794	$474
PANTHER PPO			
Individual	$784	$722	$62
Parent/Child(ren)	$1,739	$1,562	$177
Two Adults	$1,965	$1,699	$266
Family	$2,161	$1,775	$386
PANTHER HDHP			
Individual	$708	$708	$0
Parent/Child(ren)	$1,532	$1,524	$8
Two Adults	$1,702	$1,651	$51
Family	$1,780	$1,706	$74

*Eligible 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 Western Pennsylvania, you may want to carefully evaluate the suitability of the Panther HMO Medical Plan, as there are regional coverage limitations that could affect access to care.

Medical Benefits
for Staff Represented by USW
July 1, 2026 - June 30, 2027

University of Pittsburgh

Updated May 2026

Disclosure

The information presented in this summary guide 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 **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 this summary guide 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.

Employees 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.

Contact the Benefits Department

Call: 833-852-2210

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

Individuals are responsible for reviewing the benefit deductions and retirement plan contributions on their pay statement for each benefit plan every pay period. Contact the Benefits Department immediately if there are any discrepancies.