Summary Guide to Benefits for Eligible Faculty and Staff
July 1, 2024 - June 30, 2025

University of Pittsburgh
Updated 5/1/2024
Eligibility, Enrollment, and Status Changes Outside of Open Enrollment

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.

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
- 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.

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.

Accessing Current Benefits Elections

After logging in to Pitt Worx, select Benefits from the Me page, then select Your Benefits. On the My Benefits page, select Active Program.

Pre-65 retirees, surviving spouses/domestic partners, long-term disability participants, prolonged worker’s compensation participants, and COBRA participants will not enroll via Pitt Worx.

Participants will receive their associated enrollment forms through Benefit Management Services (BMS).

Participants who receive forms from BMS should return their forms to BMS if making changes or electing benefits.
### Medical Plans

**Comparative Summary of Key Provisions**

Visit [www.hr.pitt.edu/medical](http://www.hr.pitt.edu/medical) for the most current information on plan details.

#### Basic Plan Features and Explanations

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
<th>Higher Benefit (UPMC Owned Facilities)</th>
<th>FSA/HSA Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care FSA Option</strong></td>
<td>$150/$300 for non-copy services</td>
<td>n/a</td>
<td>80%</td>
<td>n/a</td>
<td>Health Care FSA Option</td>
</tr>
<tr>
<td><strong>UPMC Advantage Network</strong></td>
<td>$3,000/$6,000</td>
<td>100%</td>
<td>65%</td>
<td>n/a</td>
<td>Health Care FSA Option</td>
</tr>
<tr>
<td><strong>HSA Option</strong></td>
<td>$5,000/$10,000</td>
<td>100%</td>
<td>65%</td>
<td>n/a</td>
<td>Health Care FSA Option</td>
</tr>
</tbody>
</table>

**FSA/HSA Option**

- Health Care FSA Option
- Health Care FSA Option

**Health Care FSA Option**

- $750/$1,500
- $1,500/$3,000

**HSA Option**

- $2,000/$4,000
- $4,000/$8,000

#### Plan Descriptions

1. **UPMC Advantage Network**
   - UPMC Children’s Hospital Pittsburgh
   - UPMC Mage-Women’s Hospital
   - UPMC Altoona
   - UPMC East
   - UPMC Hamot
   - UPMC Shadyside
   - UPMC Western Psychiatric Hospital

2. **UPMC Health Plan Network Facilities**
   - Butler Memorial Hospital
   - Heritage Valley
   - Latrobe/Westmoreland/Frick
   - St. Clair Memorial Hospital
   - St. Joseph's Hospital

#### Access to Participating Physicians and Facilities via UPMC Health Plan:

- Visit [www.upmchealthplan.com/find](http://www.upmchealthplan.com/find)

#### Accessing Care with AnywhereCare:

1. Select “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.
2. Choose to search either by name or by specialty.
3. Enter zip code

### Outpatient Facility Services & Observations

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Plan Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>$100</td>
<td>100%</td>
<td>65%</td>
</tr>
<tr>
<td>Other (for Basic Imaging)</td>
<td>$500</td>
<td>100%</td>
<td>65%</td>
</tr>
<tr>
<td>Other (for Advanced Imaging)</td>
<td>$150</td>
<td>100%</td>
<td>65%</td>
</tr>
<tr>
<td>Medical Therapy Services</td>
<td>$100</td>
<td>100%</td>
<td>65%</td>
</tr>
</tbody>
</table>

- Adult and Pediatric Wellness & Prevention Services
- Doctor Office or Convenient Care Clinic Visit (for teens or adults)
- Urgent Care Services
- Outpatient Behavioral Health
- Chiropractic Services
- Prenatal Doctor Office Visits
- AnywhereCare Visits
- Emergency Room Services
- Inpatient Hospital Services
- Outpatient Facility Services & Observations
- Medical Therapy Services

### Deductibles

- $2,000/$4,000
- $3,000/$6,000
- $5,000/$10,000
- $6,000/$12,000
- $750/$1,500
- $1,500/$3,000
- $2,000/$4,000

### Total Member Responsibility

- Before insurance pays for services
- Includes Deductible and Coinsurance
- Has been paid

### Out-of-Pocket Max

- Individual $4,150; Family $8,300; Age 55+ and $11,000
- $4,000/$8,000
- $10,000/$20,000

### Copayments for Various Services Listed Below

- Health Care FSA Option
- Health Care FSA Option
- HSA Option

**Notices**

- [Medical Therapy Services](http://medicaltherapy.pitt.edu)
- [UPMC Health Plan Member Services](http://www.upmchealthplan.com/)
- [UPMC Health Plan Network Facilities](http://www.upmchealthplan.com/find)
- [UPMC AnywhereCare](http://www.upmchealthplan.com/anywhere-care)
- [UPMC Health Plan Network Facilities](http://www.upmchealthplan.com/find)
- [UPMC Western Psychiatric Hospital](http://www.upmchealthplan.com/)

**Notifications**

- [www.hr.pitt.edu/patient-notice](http://www.hr.pitt.edu/patient-notice)

**The Patient Protection Notice**

- [www.upmchealthplan.com](http://www.upmchealthplan.com) for additional HSA and HSA information.

**To locate participating physicians and facilities in the UPMC Network:**

1. Visit [www.upmchealthplan.com](http://www.upmchealthplan.com)
2. Select “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. Choose to search either by name or by specialty.
4. Select the type of care (medical or behavioral health).
5. Choose to search either by name or by specialty.
6. Enter zip code

**To utilize an AnywhereCare visit:**

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](http://www.hr.pitt.edu/anywherecare)
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

<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 Medications and Generic Medications (brand and generic)</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>$32 Preferred Generics</td>
</tr>
</tbody>
</table>

90-day discounted supply available through:
- Mail order through Express Scripts: 1-877-787-6279
- Falk Clinic Pharmacy: 412-623-6222
- University Pharmacy: 412-383-1850

<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 Medications and Generic Medications (brand and generic)</td>
</tr>
<tr>
<td>3</td>
<td>$180 Non-Preferred Medications</td>
</tr>
<tr>
<td>5</td>
<td>$32 Preferred Generics</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.

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.
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, prostate screenings, and colonoscopies
- Flu, pneumonia, and shingles vaccinations
- Adult and pediatric immunizations

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.
Pitt employees also have access to the Ignite Fitness center in Trees Hall. Open gym and class information can be found at pittignitefitness.com.

Regional campus information is available through the campus' Human Resources office.

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 LifeSolutions and the Comprehensive Medication Management program.

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 Incentive Reward Dollars
Faculty and staff with UPMC Health coverage 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.

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.

Even More Incentives
You and your covered spouse or domestic partner, if applicable, are each eligible to earn up to $200 in Health Incentive Reward Dollars. Please refer to www.hr.pitt.edu/wellness for more information on how to use and access these rewards.

Please note that activities and associated reward dollars are subject to change.

*For Panther Basic members, any earned reward dollars will be applied to your September 2025 paycheck.

Vaccination and Health Hub
The Vaccination and Health Hub on our Pittsburgh campus provides a variety of services to the Pitt community. These services include:
- Vaccinations for Flu, COVID-19, Shingles, and more
- Biometric Screenings (Blood Pressure, BMI, and a blood panel) to help you earn Wellness Incentives
- Pre-travel health consultations and vaccines
- Comprehensive medication management

Walk-ins are welcome, but appointments are preferred. Visit www.healthhub.pitt.edu to learn more.
Vision Plans and Monthly Premiums

www.hr.pitt.edu/vision

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.

* 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.”
3. Step 3: Select “MetLife Vision - Davis”
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.

**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.

Important Notice

The name of the University’s vision insurance changed from Davis Vision, to Davis Vision by MetLife, effective 7/1/23. While the coverage itself did not change, the name of the insurance company changed. When seeking vision services through a provider, please ensure that you are providing the full name of “Davis Vision by MetLife” on any forms and/or to the provider’s office upon checking in for your appointment.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Fashion Excellence</th>
<th>Designer Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Examination</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td>Single Vision:</td>
<td>Single Vision:</td>
</tr>
<tr>
<td></td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Bifocal:</td>
<td>Bifocal:</td>
</tr>
<tr>
<td></td>
<td>$36</td>
<td>$36</td>
</tr>
<tr>
<td></td>
<td>Trifocal:</td>
<td>Trifocal:</td>
</tr>
<tr>
<td></td>
<td>$46</td>
<td>$46</td>
</tr>
<tr>
<td></td>
<td>Lenticular:</td>
<td>Lenticular:</td>
</tr>
<tr>
<td></td>
<td>$72</td>
<td>$72</td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $60</td>
<td>Plan pays up to $130</td>
</tr>
<tr>
<td></td>
<td>Davis Vision Fashion Frame:</td>
<td>or 20% off***</td>
</tr>
<tr>
<td></td>
<td>$20 copay</td>
<td>Davis Vision Fashion Frame:</td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $30</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td>Davis Vision Premier Frame:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation and fitting:</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan pays up to $75</td>
<td>Plan pays up to $130</td>
</tr>
<tr>
<td></td>
<td>for provider supplied contacts</td>
<td>plus 15% off for provider supplied contacts</td>
</tr>
<tr>
<td></td>
<td>Medically necessary:</td>
<td>Medically necessary:</td>
</tr>
<tr>
<td></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

| In-Network              |                    |                        |
| Monthly Vision Plan Premiums |
|-------------------------|--------------------|------------------------|
| Individual              | Fashion Excellence | Designer Gold          |
| $6.93                   |                     | $10.25                 |
| Individual Plus One Dependent | $12.45             | $18.42                 |
| Family                  | $16.95              | $25.07                 |

FASHION EXCELLENCE

In-Network: Covered in full
Out-of-Network: Plan pays up to $32

DESIGNER GOLD

In-Network: Covered in full
Out-of-Network: Plan pays up to $32

Eye Exam:
In-Network: Covered in full

Eyeglass Lenses:
In-Network: Covered in full

Frame:
In-Network: Covered in full
Out-of-Network: Plan pays up to $130 plus 20% off***

Contacts:
In-Network: Covered in full
Out-of-Network: Plan pays up to $130 plus 15% off for provider supplied contacts

Important Notice

The name of the University’s vision insurance changed from Davis Vision, to Davis Vision by MetLife, effective 7/1/23. While the coverage itself did not change, the name of the insurance company changed. When seeking vision services through a provider, please ensure that you are providing the full name of “Davis Vision by MetLife” on any forms and/or to the provider’s office upon checking in for your appointment.

**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.
Summary of Key Provisions

### MANAGED CARE

<table>
<thead>
<tr>
<th>How the Plan Works</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>Requires selection of a primary dental office (PDO) in the Western PA DHMO network.</td>
<td>Requires selection of a primary dental office (PDO) in the Western PA DHMO network.</td>
<td>Requires selection of a primary dental office (PDO) in the Western PA DHMO network.</td>
<td>Requires selection of a primary dental office (PDO) in the Western PA DHMO network.</td>
</tr>
<tr>
<td>Requires coordination of all services with the elected dentist listed on the insurance card at the time of service.</td>
<td>Requires coordination of all services with the elected dentist listed on the insurance card at the time of service.</td>
<td>Requires coordination of all services with the elected dentist listed on the insurance card at the time of service.</td>
<td>Requires coordination of all services with the elected dentist listed on the insurance card at the time of service.</td>
</tr>
<tr>
<td>PDO referrals required for specialty and pediatric care.</td>
<td>PDO referrals required for specialty and pediatric care.</td>
<td>PDO referrals required for specialty and pediatric care.</td>
<td>PDO referrals required for specialty and pediatric care.</td>
</tr>
<tr>
<td>Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.</td>
<td>Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.</td>
<td>Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.</td>
<td>Plan payment accepted by PDO, or for certain services, patient responsible for fixed-dollar copayment. Claims will be denied for services provided by anyone other than the designated PDO. If a PDO is not elected at enrollment, one will be assigned. Each participant can have their own PDO.</td>
</tr>
</tbody>
</table>

### Network Name

- DHMO Concordia Plus General Dentists
- Concordia Flex I: Advantage Plus
- Concordia Flex II: Advantage Plus

### Annual Deductible

- None
- None
- $50 individual, $150 family

### Preventive Services (e.g., x-rays)

<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>

### Insurance pays 100%**

<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>Preventive Services (e.g., x-rays)</td>
<td>Insurance pays 100%**</td>
<td>Insurance pays 100% of Maximum Allowable Charge*</td>
<td>Insurance pays 100% of Maximum Allowable Charge*</td>
</tr>
</tbody>
</table>

### Insurance pays 80%**

<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>Preventive Services (e.g., x-rays)</td>
<td>Insurance pays 80% of Maximum Allowable Charge**</td>
<td>Insurance pays 80% of Maximum Allowable Charge*</td>
<td>Insurance pays 80% of Maximum Allowable Charge*</td>
</tr>
</tbody>
</table>

### Annual Plan Year Maximum

<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>Preventive Services (e.g., x-rays)</td>
<td>Covered based on specific member copayment schedule amounts</td>
<td>Covered based on specific member copayment schedule amounts</td>
<td>Covered based on specific member copayment schedule amounts</td>
</tr>
</tbody>
</table>

### 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>

### 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/office 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.

^ To determine your copayment responsibility for the current plan year, visit [www.hr.pitt.edu/dental](http://www.hr.pitt.edu/dental) and select “Schedule of Benefits.”

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

---

** 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 Dentists” in the “Select Network” search box located in Western PA only
5. Use the Provider ID to designate the PDO(s) when enrolling
6. For the Concordia Flex I and II plans, select “Advantage Plus” in the “Select Network” search box
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.

PittPerks
www.pittperks.com

PittPerks is a value-added benefit for the University of Pittsburgh’s faculty and staff. It provides special pricing on a variety of voluntary benefits including auto, home, and pet health insurance, as well as identity theft protection, all through a convenient payroll deduction. Faculty and staff can also obtain University, local, and national discounts on various products and services. These discounts have been negotiated especially for the University of Pittsburgh.

Visit the PittPerks website for more information. If you have any questions about the available programs on this site, would like to suggest new program offerings, or refer discount shopping vendors, please contact PittPerks
pittperks@corestream.com

Note: Enrollment is passive and will continue year-to-year; you can only opt-out of coverage during the Open Enrollment period.

Supplemental Medical Coverage

Available through PittPerks, eligible employees can enroll in employee-paid supplemental medical coverage with accident, critical illness, and hospital indemnity insurance through MetLife. This coverage would be in addition to the UPMC medical coverage already provided by the University.

Enrollment for this voluntary coverage only takes place during Open Enrollment or new hire enrollment on the PittPerks website: www.pittperks.com.

Legal Services

Provided through PittPerks by MetLife, eligible faculty and staff can enroll in legal plan coverage for a variety of legal matters, such as real estate, family law, document preparation, and more at an affordable monthly rate. For non-covered matters that are not otherwise included, your plan will now provide four additional hours of network attorney time and services a year.

Enrollment for legal plan coverage takes place during Open Enrollment or new hire enrollment on the PittPerks website: www.pittperks.com.
Children’s Health Insurance Program Reauthorization Act (CHIPRA)
CHIPRA requires employers offering group health plans to notify employees of their potential rights to receive premium assistance under a state’s Medicaid or CHIP program. CHIPRA has two different rules that could benefit certain employees of the University. First, CHIPRA offers a premium assistance program for participants who are eligible for a Medicaid or a state CHIP program. If you or someone in your household is already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. Second, CHIPRA includes two Qualified Status Change events. The Qualified Status Change events occur either when an eligible participant’s enrollment ends in Medicaid or a state’s CHIP program, or when an employee becomes eligible for the premium subsidy and can then enroll in the University’s coverage. If either of those two events occurs, the employee must request coverage from the University within 60 days of the event.

Summaries of Benefits and Coverage
Summaries of Benefits and Coverage (SBC) provide applicants, enrollees, and policyholders with government mandated comparable information about health plan benefits and coverage options to help you evaluate choices when comparing the University’s plan and other plans. For the most cost-accurate information to compare between the University of Pittsburgh’s group of plans, and for customized information on your medical options, please visit www.hr.pitt.edu/benefits.

In addition to accessing/printing copies of the electronic SBCs or Certificates of Coverage (COC), you also have the right to request and receive paper copies of these documents for free. Request a printed health and welfare SBC/COC by contacting the Benefits Department by completing an online request at www.hr.pitt.edu/contact-ohr or by calling 833-852-2210.

Prescription Drug Notice of Creditable Coverage (Medicare Part D Notice)
Group medical plans with prescription drug coverage sponsored by the University for active faculty and staff, pre-65 retirees, and post-65 retirees meet the standards for creditable coverage required by federal regulations and guidelines.

Benefits Glossary
Insurance - 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 don’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 dependents’ 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 Copayment - 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
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 Copayment - 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 your 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
Plan 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 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 to make a person seek care right away, but not so severe as to require emergency room care

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.

Additional Notices
The following policies and notices, including all of those mentioned on this page, are available online at www.hr.pitt.edu/benefits/notices.

- Assisted Fertilization
- Behavioral Health Care
- Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Claims Review and Appeal Procedures
- Emergency Services
- Genetic Information Non-Discrimination Act Compliance
- Health Insurance Marketplace Notice
- Initial COBRA Notification
- Life Insurance Conversion and Portability
- Loss of Coverage/Termination of Employment (COBRA)
- Military Leave under USERRA and NDAA
- Newborns’ and Mothers’ Health Protection Act
- Notice of Rescission of Coverage
- Patient Protection Notice
- Protected Personal Health Information
- Qualified Medical Child Support Orders
- Summary of Benefits Coverage
- Wellness Program Notice
- Women’s Health and Cancer Rights Act
- Women’s Health Care

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 don’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 dependents’ 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 Copayment - 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
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 Copayment - 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 your 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
Plan 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 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 to make a person 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPMC Health Plan</strong></td>
<td>Medical</td>
<td><a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a></td>
<td>1-888-499-6885</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Assist America</td>
<td><a href="http://www.assistamerica.com">www.assistamerica.com</a></td>
<td>1-800-872-1414</td>
</tr>
<tr>
<td></td>
<td>MyHealth Advice Line</td>
<td></td>
<td>1-866-918-1591</td>
</tr>
<tr>
<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>1-412-647-4949</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td><strong>Davis Vision by MetLife</strong></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><strong>United Concordia</strong></td>
<td>Dental</td>
<td><a href="http://www.ucci.com">www.ucci.com</a></td>
<td>1-877-215-3616</td>
</tr>
<tr>
<td><strong>The Hartford Life Insurance</strong></td>
<td>Life, AD&amp;D, and Dependent Life</td>
<td><a href="http://enroll.thehartfordatwork.com/upittbene">enroll.thehartfordatwork.com/upittbene</a></td>
<td>1-855-396-7655</td>
</tr>
<tr>
<td><strong>Unum</strong></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>
</tr>
<tr>
<td><strong>TIAA</strong></td>
<td>Defined Contribution Plan</td>
<td><a href="http://hr.pitt.edu/defined-contribution">hr.pitt.edu/defined-contribution</a></td>
<td>1-800-682-9139</td>
</tr>
<tr>
<td><strong>Pension Administration Center</strong></td>
<td>Noncontributory Defined Benefit Pension Plan</td>
<td><a href="http://hr.pitt.edu/noncontributory">hr.pitt.edu/noncontributory</a></td>
<td>1-866-283-0208</td>
</tr>
<tr>
<td><strong>LifeSolutions</strong></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>
</tr>
<tr>
<td><strong>MetLife</strong></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>
</tr>
<tr>
<td><strong>PittPerks (Corestream)</strong></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><strong>Care.com</strong></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>
</tr>
</tbody>
</table>

**Support:** [hr.pitt.edu/contact-ohr](http://hr.pitt.edu/contact-ohr)  
**Website:** [hr.pitt.edu/benefits](http://hr.pitt.edu/benefits)  
**Contact the Benefits Department:**  
[www.hr.pitt.edu/contact-ohr](http://www.hr.pitt.edu/contact-ohr)  
1-833-852-2210  
**How are we doing?**  
Visit [http://pi.tt/BenefitsSurvey](http://pi.tt/BenefitsSurvey) and let us know.