

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

**PANTHER GOLD**  
with Advantage Network (HMO)

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<sup>3</sup>

**PANTHER PPO**

May select any doctor  
Provides coverage to any doctor or hospital<sup>3</sup>

**Basic Plan Features and Explanations**

	UPMC Advantage Network/ Participating Providers Level 1 Higher Benefit-UPMC Owned Facilities <sup>1</sup>	Other Participating UPMC Facilities Level 2 Lower Benefit <sup>2</sup>	Full UPMC In-Network	Out-of-Network
<b>Deductible*</b> <i>Member responsibility before insurance pays for services</i>	<b>\$300/\$600</b> for non-copay services	<b>\$600/\$1,200</b>	<b>\$750/\$1,500</b>	<b>\$1,500/\$3,000</b>
<b>Coinsurance</b> <i>Member responsibility for services after deductible has been paid</i>	<b>n/a</b>	<b>20%</b>	<b>15%*</b>	<b>35%*</b>
<b>Plan Responsibility</b> <i>Amount insurance pays for services after member pays deductible and before out-of-pocket max is reached</i>	<b>100%</b>	<b>80%</b>	<b>85%*</b>	<b>65%*</b>
<b>Out-of-Pocket Max</b> <i>(includes Deductible and Coinsurance/Copayment Amounts, including Pharmacy copayments) Total member responsibility before insurance pays for services at 100%</i>	<b>\$2,500/\$5,000</b>		<b>\$4,500/\$9,000</b>	<b>\$6,000/\$12,000</b>
<b>Copayment</b> <i>Member responsibility at time of service; amounts do not apply towards any deductibles or coinsurance</i>	<b>Copayments for various services are listed below</b>		<b>n/a</b>	<b>n/a</b>
<b>FSA/HSA Option*</b>	<b>Health Care FSA Option</b>		<b>Health Care FSA Option</b>	

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

		100% (deductible does not apply)	65% (deductible does not apply to pediatric immunizations and preventive mammograms)
<b>Adult and Pediatric Wellness &amp; Preventive Services</b> <i>e.g., adult physical, annual OB/GYN visit, pneumonia vaccine, well-baby visits, pediatric immunizations</i>	<b>100%</b>		
<b>Doctor Office or Convenient Care Clinic Visit</b> <i>For illness or injury</i>	<b>100% after \$30 copayment</b>		
<b>Specialist Office Visit</b> <i>e.g., cardiologist, dermatologist</i>	<b>100% after \$60 copayment</b>		
<b>Outpatient Behavioral Health</b> <i>e.g., therapist</i>	<b>100% after \$25 copayment</b>		
<b>Chiropractic Services</b> <i>Limit of 25 visits per plan year</i>	<b>100% after copayment per visit: initial \$40/others \$25</b>	<b>85%*</b>	<b>65%*</b>
<b>Prenatal Doctor Office Visits</b>	<b>100%</b>		
<b>AnywhereCare Visits<sup>4</sup></b> <i>e.g., virtual visits with UPMC physicians</i>	<b>100% after \$5 copayment</b>		
<b>Urgent Care Services<sup>3</sup></b> <i>Same services as Convenient Care plus x-rays, setting broken bones, stitches</i>	<b>100% after \$60 copayment</b>	<b>85% (after in-network deductible)*</b>	
<b>Emergency Room Services</b> <i>Refer to Global Emergency Services for assistance while traveling</i>	<b>\$100 copayment (children through age 18) / \$200 (adult 19+ (copayment waived if admitted))</b>	<b>85% (after in-network deductible)*</b>	
<b>Inpatient Hospital Services</b> <i>Max of 2 copayments per plan year</i>	<b>100% after \$500 copayment</b>		
<b>Outpatient Facility Services &amp; Observations</b> <i>e.g., same day surgery; max of 4 copayments per plan year</i>	<b>100% after \$250 copayment</b>		
<b>Other (or Basic) Imaging</b> <i>(e.g., x-ray, sonograms; max of 4 copayments per plan year)</i>	<b>100% after \$25 copayment</b>		
<b>Advanced Imaging</b> <i>(e.g., MRI, CT, PET; max of 4 copayments per plan year)</i>	<b>100% after \$100 copayment</b>	<b>85%*</b>	<b>65%*</b>
<b>Medical Therapy Services</b> <i>e.g., dialysis, radiation, chemo</i>	<b>100%</b>		
<b>Physical, Speech, &amp; Occupational Therapy</b> <i>Limit 60 visits per plan year for all therapies combined</i>	<b>100% after \$25 copayment</b>		

# Pre-65 Retirees 2025-26 Plan Year

**PANTHER BASIC**  
(PPO) QHDHP with HSA Option

*May select any doctor  
Provides coverage to any doctor or hospital<sup>3</sup>*

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 <sup>+2</sup>	Individual \$4,300; Family \$8,550; 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%*

## <sup>1</sup>UPMC Advantage Network

Listed are the Advantage Network hospitals applicable to employees based at all campuses. Visit [www.upmchealthplan.com/find](http://www.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 Western Psychiatric Hospital

## <sup>2</sup>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 [www.upmchealthplan.com/find](http://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

## <sup>3</sup>To locate participating physicians and facilities in the UPMC Network:

1. Visit [www.upmchealthplan.com](http://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

## <sup>4</sup>To utilize an AnywhereCare visit:

1. Access UPMC AnywhereCare by visiting [www.upmchealthplan.com/anywhere-care](http://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](http://www.hr.pitt.edu/anywherecare)

The Patient Protection Notice can be found at [www.hr.pitt.edu/patient-notice](http://www.hr.pitt.edu/patient-notice).

\* One or more family members 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 [www.hr.pitt.edu/benefits](http://www.hr.pitt.edu/benefits).

+ Visit [www.upmchealthplan.com/pitt](http://www.upmchealthplan.com/pitt) for additional HIA and HSA information.

<sup>+1</sup> 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.

<sup>+2</sup> 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.

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

Tier	Copayment
1	\$20 Preferred Generics
2	\$50 Preferred Brand Medications and Generic Medications (brand and generic)
3	\$100 Non-Preferred Medications (brand and generic)
4	\$120 Specialty Medications (brand and generic)
5	\$0 Select Generic and Preventive Medications (ACA)^

## 90-day discounted supply available through:

- Mail order through Express Scripts: 1-877-787-6279
- Falk Clinic Pharmacy: 412-623-6222  
Pittsburgh campus office delivery available
- University Pharmacy: 412-383-1850

Tier	Copayment
1	\$40 Preferred Generics
2	\$100 Preferred Brand Medications and Generic Medications (brand and generic)
3	\$200 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 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](http://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.

## Price Assure - Express Scripts and GoodRx Partnership

UPMC Health Plan includes Price Assure, a pharmacy savings program aimed at lowering out-of-pocket costs for non-specialty generic medications among members with UPMC Health Plan coverage through Pitt. Price Assure provides significant cost savings, ensuring access to the best prices and potentially reducing out-of-pocket expenses for members filling prescriptions at in-network pharmacies. Furthermore, it offers convenience by automatically applying savings at the point of sale, eliminating the need for coupons or apps. Price Assure seamlessly integrates with applicable deductibles and out-of-pocket accumulators, ensuring members' financial records are kept up to date. The importance of privacy is also understood, and while some information may be shared with Price Assure to facilitate this program, rest assured that your personal health data remains secure. Opting out is a straightforward process; simply reach out to UPMC Member Services at 1-888-499-6885.

# Medical Plans Monthly Premiums

[www.hr.pitt.edu/medical](http://www.hr.pitt.edu/medical)

Pre-65 Retirees  
2025-26 Plan Year

## Premiums Summary

PLANS	TOTAL MONTHLY PREMIUM	MONTHLY UNIVERSITY CONTRIBUTION*	MONTHLY EMPLOYEE CONTRIBUTION
<b>PANTHER GOLD with Advantage Network (HMO)</b>			
Individual	\$726	\$626	\$100
Parent/Child(ren)	\$1,611	\$1,343	\$268
Two Adults	\$1,821	\$1,447	\$374
Family	\$2,002	\$1,490	\$512
<b>PANTHER PPO</b>			
Individual	\$693	\$626	\$67
Parent/Child(ren)	\$1,534	\$1,343	\$191
Two Adults	\$1,734	\$1,447	\$287
Family	\$1,907	\$1,490	\$417
<b>PANTHER BASIC</b>			
Individual	\$626	\$626	\$0
Parent/Child(ren)	\$1,352	\$1,343	\$9
Two Adults	\$1,502	\$1,447	\$55
Family	\$1,570	\$1,490	\$80

\*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 Gold HMO Medical Plan, as there are regional coverage limitations that could affect access to care.