



University of Pittsburgh
Summary Guide
to Benefits

JULY 1, 2017 – JUNE 30, 2018

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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.

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 here 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 from time to time 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.

Eligibility, Enrollment, and Status Changes Outside of Open Enrollment



Enrollment

Health and welfare plans for staff and faculty generally operate on a plan year which runs from July 1 through June 30 (a 12-month period). These health and welfare plans may include medical, dental, vision, life, accidental death and dismemberment (AD&D), and dependent life insurances. If applicable, 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 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 plans that are subject to the plan year, 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.

Qualified Status Changes

- 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. 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.

Medical Plans Comparative Summary of Key Provisions

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)^c
No coverage provided outside the UPMC Health
Plan network, except in the case of an emergency

**UPMC ADVANTAGE
NETWORK:**
Higher Benefit—UPMC
Owned Facilities^a

**UPMC Health Plan
Network**
Lower Benefit^b

PANTHER ADVOCATE (PPO) with HIA

May select any doctor^c
Provides coverage to any
doctor or hospital

**FULL UPMC
IN-NETWORK**

**OUT-OF-
NETWORK**

Basic Plan Features and Explanations

Deductible* (member responsibility before insurance pays for services)	n/a	\$300 / \$600	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance (member responsibility for services after deductible has been paid)	n/a	20%	10%	30%
Plan Responsibility (amount insurance pays for services after member pays deductible and before out-of-pocket max is reached)	100%	80%	90%	70%
Out-of-Pocket Max—INCLUDES Deductible and Coinsurance/ Copayment Amounts, Including Pharmacy Copayments (total member responsibility before insurance pays for services at 100%)	\$1,800 / \$3,600		\$2,000 / \$4,000	\$4,000 / \$8,000
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
HIA/HSA Option+	n/a		HIA+ \$200 / \$400	

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

Adult and Pediatric Wellness and Preventive Services (e.g., adult physical and annual ob/gyn visit, pneumonia vaccine, well-baby visits, pediatric immunizations)	100%	100% (deductible does not apply)	70% (deductible does not apply to pediatric immunizations and preventive mammograms)	
Doctor Office or Convenient Care Clinic Visit (for illness or injury)	100% after \$25 copayment	90%	70%	
Specialist Office Visit (e.g., cardiologist, dermatologist)	100% after \$40 copayment			
Outpatient Behavioral Health (e.g., therapist)	100% after \$25 copayment			
Chiropractic Services (limit of 25 visits per plan year)	100% after copayment per visit: initial \$40 / others \$25			
Prenatal Services	100%			
AnywhereCare Visits^d (e.g., virtual visits with UPMC physicians)	100% after \$10 copayment			
Urgent Care Services^c (same services as Convenient Care plus x-rays, setting broken bones, stitches)	100% after \$60 copayment	90% (after in-network deductible)		
Emergency Room Services (refer to page 12 for Global Emergency Services)	\$75 copayment (children through age 18) /\$125 (adult 19+) (copayment waived if admitted)	90% (after in-network deductible)		
Inpatient Hospital Services <i>max. of 2 copayments per plan year</i>	100% after \$500 copayment	90%	70%	
Outpatient Facility Services and Observations <i>(e.g., same day surgery) max. of 4 copayments per plan year</i>	100% after \$200 copayment			
Diagnostic Services: Basic (e.g., x-ray, sonograms) <i>max. of 4 copayments per plan year</i>	100% after \$20 copayment			80%
High-tech (e.g., MRI, CT, PET) <i>max. of 4 copayments per plan year</i>	100% after \$80 copayment			
Medical Therapy Services (e.g., dialysis, radiation, chemo)	100%			
Physical, Speech, and Occupational Therapy <i>(Limit 60 visits/plan year all therapies combined)</i>	100% after \$25 copayment			

PANTHER PLUS (PPO)		PANTHER BASIC (PPO) QHDHP with HSA Option	
May select any doctor ^c Provides coverage to any doctor or hospital		May select any doctor ^c Provides coverage to any doctor or hospital	
FULL UPMC IN-NETWORK	OUT-OF-NETWORK	FULL UPMC IN-NETWORK	OUT-OF-NETWORK
\$750 / \$1,500	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
20%	40%	30%	50%
80%	60%	70%	50%
\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000 ¹	\$10,000 / \$20,000
n/a	n/a	n/a	n/a
HSA Option ^{* 2}			

stated above.

100% (deductible does not apply)	60% (deductible does not apply to pediatric immunizations and preventive mammograms)	100% (deductible does not apply)	50% (deductible does not apply to pediatric immunizations and preventive mammograms)
80%	60%	70%	50%
80% (after in-network deductible)		70% (after in-network deductible)	
80% (after in-network deductible)		70% (after in-network deductible)	
80%	60%	70%	50%

^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 of UPMC
- 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
- Jefferson Regional Medical Center
- St. Clair Memorial Hospital
- The Washington Hospital

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

1. Go to www.upmchealthplan.com/find.
2. Select your type of care: Medical.
3. Type your current provider's last name, or search by ZIP code.
 - Select Coverage Type: Coverage through your employer
 - Select Plan Name:
 - HMO Plan: Panther Gold Advantage HMO (For Pitt Employees)
 - PPO Plans(s): Premium Network Plans-PPO and EPO plans
 - Outside of Western PA: Out of Area PPO
4. Click the Find Providers Now button.
5. Expand desired results to see what plans are accepted.

^dTo utilize an AnywhereCare visit:

1. Access UPMC AnywhereCare by visiting www.upmchealthplan.com/anywhere-care.
2. Click 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 within minutes to discuss your symptoms.
4. Receive a response with a diagnosis and treatment plan. Prescriptions are sent right to your pharmacy.

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

* 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. Hard copies are available by contacting the Benefits Department at 412-624-8160.

+ 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, click Update Notification Preferences under the Statements & Notification 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- Your Choice Formulary

(applies to all medical plans)*



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

Retail and Independent Pharmacies
UPMC Health Plan 1-888-499-6885

- \$16 copayment generic
- \$40 copayment preferred brand
- \$80 copayment nonpreferred brand
- \$90 copayment speciality medication

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

- \$32 copayment generic
- \$80 copayment preferred brand
- \$160 copayment nonpreferred brand

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 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.

* Applies to Panther Basic (QHDHP) only after the deductible has been met.

LifeSolutions- Faculty and Staff Assistance Program

1-866-647-3432 or www.hr.pitt.edu/lifesolutions

LifeSolutions, 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.

LifeSolutions services include:

- Personalized WorkLife Referrals (services include: elder care, child care, legal and financial consultation)
- Online WorkLife Resources
- Six sessions per issue of confidential coaching and counseling, and 24/7 crisis support
- Disability and Family Medical Leave Outreach



Wellness for Life

www.hr.pitt.edu/wellness

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 and awareness of the benefits of reducing healthcare cost escalation.

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 (Zostavax) vaccinations
- Adult and pediatric immunizations

The age appropriate adult and pediatric preventative guidelines are posted at: www.hr.pitt.edu/wellness. Select "Prevention Guidelines."

Health Coaching

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

Health coaches can provide needed support in a variety of lifestyle areas such as physical activity, nutrition, stress management, weight management, and tobacco cessation. They can also help you manage many chronic conditions such as diabetes, asthma, low back pain, high blood pressure, and many more.

To set up an appointment, contact UPMC Health Plan at 1-866-778-6073.

Smoking Cessation

The University dedicates resources to members 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*.



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 Health and Physical Activity Department website at www.physicalactivity.pitt.edu/healthandfitness.aspx or by calling 412-648-8320.

The University Club is also open to faculty and staff. Membership and general information are available on its Web site at www.uc.pitt.edu.

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

BE FIT PITT

The University's Health and Physical Activity Department provides wellness education, exercise, and dietary programs that promote physiological benefits for all faculty and staff. Additional information is available on its Web site at www.befitpitt.pitt.edu.



UPMC MyHealth@Work

UPMC MyHealth@Work is an onsite Health and Wellness Center that treats a variety of health issues. Health care professionals can help you get back to feeling your best and can provide additional services and referrals.

- Exclusively for University of Pittsburgh faculty and staff classified in a full-time or part-time regular status, regardless of insurance coverage.
- Offered at no cost. You will not have a copayment or coinsurance when you receive care for acute conditions at MyHealth@Work.
- Does not require an appointment. You may walk in Monday through Friday during the regular business hours of 7 a.m.–3:30 p.m.
- Staffed by a group of highly trained UPMC providers, including a certified registered nurse practitioner, registered nurse, medical assistant, and health coach with oversight from a practicing physician.
- Located on the Pittsburgh campus in the Medical Arts Building on the 5th floor—just a short walk from most buildings on campus.
- Parking for the Center is available at a cost on the street and within the Medical Arts building.

Listed are examples of the types of conditions that UPMC MyHealth@Work can help with:

- Acute bronchitis
- Allergies
- Blood pressure screenings
- Coughs and colds
- Dermatitis
- Fever
- Headaches
- Impetigo
- Influenza
- Insect and spider bites and stings
- Laryngitis
- Minor cuts
- Nausea and vomiting
- Pharyngitis
- Pink eye
- Rashes
- Sinusitis
- Strains and sprains
- Sunburn
- Superficial, limited skin infections
- Suture removal
- Urinary tract infections
- Vaccinations

UPMC MyHealth@Work health care professionals can support the treatment you already have in place with your doctor. This might include consultations, educational materials, and /or referrals to other health services. In addition, any 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.

MyHealth@Work in collaboration with the University is developing an array of services to support wellness, including pharmacy, nutrition, and physical activity.

If you would like more information about the services, call 412-647-4949.

Learn more about these benefits at www.hr.pitt.edu/wellness.

Dental Plans and Monthly Premiums

United Concordia: 1-877-215-3616 or www.ucci.com

Summary of Key Provisions

	Managed Care	Standard Care Plans	
	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
How the Plan Works	Requires selection of a primary dental office (PDO) in the Western PA DHMO network.* All services <u>must</u> be coordinated through the designated dentist listed on the insurance card presented at the time of service.+ PDO referrals required for specialty and pediatric care.* 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.*	May select any dentist* Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC). MAC accepted as payment in full by participating provider (Concordia Advantage dentist); nonparticipating provider may issue a balance bill.	May select any dentist* Plan payment accepted, or for certain services patient responsible for coinsurance as percent of maximum allowable charge (MAC). MAC accepted as payment in full by participating provider (Concordia Advantage dentist); nonparticipating provider may issue a balance bill.
Annual Deductible	None	\$50/individual, \$100/individual plus one adult or child, \$150/family. Deductible applies for all services.	Same—Waived for preventive, diagnostic, and orthodontics
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 MAC	Insurance pays 100% of MAC
Basic Services (e.g., cavity fillings)	Insurance pays 100%	Insurance pays 50% of MAC	Insurance pays 80% of MAC
Major Services (e.g., crowns)	Covered based on specific member copayment schedule amounts ¹	Insurance pays 50% of MAC	Insurance pays 50% of MAC
Orthodontics (Eligible dependents to age 19)	Covered based on specific member copayment schedule amounts ¹	Not covered	Insurance pays approximately 50% up to scheduled allowance; \$1,500 lifetime maximum
Annual Plan Year Maximum	None	\$500/covered person	\$1,000/covered person

**A \$5 office visit copayment applies for these services only at University Dental Health Services Inc.

¹ To determine your copayment responsibility for the current plan year, refer to www.hr.pitt.edu/benefits/health-and-welfare/dental-plans and select “Schedule of Benefits.”

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

Monthly Dental Plan Premiums

Coverage Level	Concordia PLUS DHMO	Concordia FLEX I	Concordia FLEX II
Individual	\$19.83	\$18.18	\$26.89
Individual Plus One Dependent	\$40.24	\$34.37	\$52.71
Family	\$65.64	\$56.14	\$102.45

*To locate participating providers in the United Concordia network:

1. Go to www.ucci.com
2. Select "Find a Dentist"
3. For the Concordia PLUS plan, select "DHMO Concordia Plus General Dentist" from the "My Network Is" drop down menu
Use all 9 digits of the Provider ID to designate the PDO(s) when enrolling.+
4. For the Concordia FLEX I and II plans, select "Advantage Plus" from the "My Network Is" drop down menu

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



Vision Plans and Monthly Premiums

Davis Vision

Current participants: 1-800-999-5431 or www.davisvision.com

Non-participants: 1-877-923-2847

(client code 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan)

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, along with an allowance for contact lenses, once every 12 months from the last date of service.

In-Network: requires utilization of providers in the Davis Vision network.*

Out-of-Network: may utilize providers outside the Davis Vision 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.

	FASHION EXCELLENCE		DESIGNER GOLD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Eye Examination	Covered in Full	Up to \$32	Covered in Full	Up to \$32
Eyeglass Lenses	Covered in Full	Single Vision \$25 Bifocal \$36 Trifocal \$46 Lenticular \$72	Covered in Full	Single Vision \$25 Bifocal \$36 Trifocal \$46 Lenticular \$72
Frame	Plan pays up to \$60 Davis Vision Covered in Full Fashion Frame Davis Vision Designer Frame\$20 copay Davis Vision Premier Frame\$25 copay	Up to \$30	Plan pays up to \$130 plus 20% off Davis Vision Covered in Full Fashion Frame Davis Vision Designer Frame\$20 copay Davis Vision Premier Frame\$25 copay	Up to \$30
Contacts (in lieu of eyeglasses)	Evaluation Covered in Full Plan pays up to \$75 for provider supplied contacts Medically Covered in Full necessary	Daily wearUp to \$20 Extended wearUp to \$30 Standard daily wearUp to \$48 ElectiveUp to \$75 Medically necessaryUp to \$225	Evaluation Covered in Full Plan pays up to \$130 plus 15% off for provider supplied contacts Medically Covered in Full necessary	Daily wearUp to \$20 Extended wearUp to \$30 Standard daily wearUp to \$48 ElectiveUp to \$75 Medically necessaryUp to \$225



Monthly Vision Plan Premiums

Coverage Level	FASHION EXCELLENCE PLAN	DESIGNER GOLD PLAN
Individual	\$6.93	\$9.69
Individual Plus One Dependent	\$12.45	\$17.41
Family	\$16.95	\$23.70

***To locate participating providers in the Davis Vision network:**

1. Go to www.davisvision.com
2. Click on "Members"
3. Under the box "Open enrollment" enter the client code 4228 for the Fashion Excellence Plan and 4583 for the Designer Gold Plan and click submit
4. Select "Find a Provider"

For more information on the Davis Vision Collection, call Davis Vision.

Additional discounts are not available at Walmart locations.

An additional \$50 allowance is available for Non-Collection frames purchased at Visionworks' locations.

Travel Assistance and Global Emergency Services

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/benefits/health-and-wellness/coverage-while-away-home.



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 MyHealth online member portal from my.pitt.edu. Follow these steps:

1. After logging in, select the "My Resources" tab
2. Select "Human Resources"
3. On the next page, select "MyHealth Access". It will take approximately 20 seconds for authentication. The next screen that appears is the MyHealth Online member portal
4. Select "Self Service Tools"
5. Select "I want to print"
6. Select "An Assist America card for an upcoming trip"

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 risks services company. In an emergency—or for routine advice—the International SOS team is available to serve your travel-related needs. For more information about International SOS and the benefits available visit www.internationalsos.com.

To register your trip with International SOS follow these steps:

1. Log on to my.pitt.edu
2. Select the "My Resources" tab
3. Select "Travel Registration"
4. Select "International SOS Membership Portal"
5. You will see detailed instructions and tutorials, as well as links to both register your trip and download the app

* Please note that registration of 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 at hr-benque@pitt.edu or 412-624-8160.

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 unuminfo.com/upitt. 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.

PittPerks

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 www.pittperks.com 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* customer care at 888-689-9696 or pittperks@corestream.com.

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. More information on universal availability can be found on the Benefits website at www.hr.pitt.edu/benefits.



Policies and Notices

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 added two different rules that could benefit certain employees of the University. First, CHIPRA added a new premium assistance program for participants who are eligible for a Medicaid or a state CHIP program. If you are such an individual and you are eligible for health coverage from the University but are unable to afford the premiums, the state CHIP program may help you pay for coverage under the University health plans. If you or your dependents are 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 has added two new 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 eligible employee becomes eligible for the premium subsidy and can then enroll in the University's coverage. If either of those two events occur, the employee must request coverage from the University within 60 days of the event.

Women's Health and Cancer Rights Act (HR4328, Public Law 105-277)

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 mastectomy, including lymphomas

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.

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.

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 of Pittsburgh's plans to other plans. For the most cost-accurate information to compare between the University of Pittsburgh's group of plans, and customized information about your medical options, please visit www.hr.pitt.edu/benefits.

In addition to accessing and/or printing copies of the electronic COCs and SBCs, you also have the right to request and receive, free of charge, paper copies of these documents.

Request a printed Health and Welfare COC and/or Summary of Benefits and Coverage (SBC) on the Benefits Web site at www.hr.pitt.edu/benefits or by calling the Benefits Department at 412-624-8160.

Additional Notices

The following policies and notices are available, in most instances, in more detail on the Benefits Department Web site at www.hr.pitt.edu/benefits/health-and-wellness/notices.

We encourage you, your spouse/domestic partner, and dependents to access the notices online and review them in conjunction with open enrollment and any time after. The notice of the availability of this information online and your ability to access the information is deemed to be delivery of those notices. You have the right to request any notice in paper copy by contacting the Plan Administrator.

- Assisted Fertilization
- Behavioral Health Care
- Children's Health Insurance Program Reauthorization Act (CHIPRA)
- Claims Review and Appeal Procedures
- Emergency Services
- Genetic Information Nondiscrimination 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

Vendor Contact Information

Vendor	Benefits Plan	Phone Number	Web Site
UPMC Health Plan	Medical	1-888-499-6885	www.upmchealthplan.com
	Prescription drug program: retail	1-888-499-6885	www.upmchealthplan.com/pharmacy
	Prescription drug program: mail order	1-877-787-6279	www.expressscripts.com
	Assist America	1-800-872-1414	www.assistamerica.com
	<i>MyHealth</i> Advice Line	1-866-918-1591	
	Flexible spending accounts	1-888-499-6885	www.upmchealthplan.com/consumeradvantage
	UPMC <i>MyHealth@Work</i> Health and Wellness Center	412-647-4949	www.hr.pitt.edu/wellness
United Concordia	Dental	1-877-215-3616	www.ucci.com
Davis Vision	Vision: prior to enrollment	1-877-923-2847	www.davisvision.com (refer to page 10 for more details)
	Vision: current participants	1-800-999-5431	www.davisvision.com (refer to page 10 for more details)
Aetna Life Insurance Company	Life, AD&D, and dependent life	1-800-523-5065	www.aetnalifeanddisability.com
UNUM	Long term care insurance	1-800-227-4165	www.unuminfo.com/upitt
TIAA	Defined Contribution plan	1-800-682-9139	www.tiaa.org/pitt
Pension Administration Center	Noncontributory defined benefit pension plan	1-866-283-0208	
LifeSolutions	Faculty and Staff Assistance Program	1-866-647-3432	www.hr.pitt.edu/lifesolutions
MetLife	FMLA, STD, LTD	1-888-777-7418	www.hr.pitt.edu/benefits/medical_leave

How are we doing?
Visit <http://pi.tt/BenefitsSurvey>
and let us know.





Medical Plans

Monthly Rates: July 1, 2017–June 30, 2018



Office of Human Resources
Benefits Department

320 Craig Hall
200 South Craig Street
Pittsburgh, PA 15260

Tel: 412-624-8160
Fax: 412-624-3485
E-mail: hr-benque@pitt.edu

hr.pitt.edu/benefits