

# Medical Plan Monthly Premiums

PREMIUM SUMMARY			
Plans	Total Monthly Premium	Monthly University Contribution Including \$50 Benefit Credit	Monthly Employee Contribution
<b>PANTHER GOLD with Advantage Network (HMO)</b>			
Individual	\$ 508	\$ 434	\$ 74
Parent/Child(ren)	\$ 1,125	\$ 946	\$ 179
Two Adults	\$ 1,271	\$ 1,012	\$ 259
Family	\$ 1,403	\$ 1,051	\$ 352
<b>PANTHER ADVOCATE (PPO) with HIA</b>			
Individual	\$ 500	\$ 434	\$ 66
Parent/Child(ren)	\$ 1,108	\$ 946	\$ 162
Two Adults	\$ 1,248	\$ 1,012	\$ 236
Family	\$ 1,376	\$ 1,051	\$ 325
<b>PANTHER PLUS (PPO)</b>			
Individual	\$ 457	\$ 434	\$ 23
Parent/Child(ren)	\$ 997	\$ 946	\$ 51
Two Adults	\$ 1,128	\$ 1,012	\$ 116
Family	\$ 1,250	\$ 1,051	\$ 199
<b>PANTHER BASIC (PPO) QHDHP with HSA Option</b>			
Individual	\$ 434	\$ 434	\$ 0
Parent/Child(ren)	\$ 946	\$ 946	\$ 0
Two Adults	\$ 1,044	\$ 1,012	\$ 32
Family	\$ 1,097	\$ 1,051	\$ 46

## Prescription Drug Program- *Your Choice* Formulary

(applies to all medical plans)\*

Short-term 30-, 60- and 90-day supply available through:	90-day discounted supply available through:
<b>Retail and Independent Pharmacies</b> UPMC Pharmacy Services 1-800-396-4139	<b>Mail Order through Express Scripts 1-877-787-6279:</b> Falk Clinic Pharmacy 412-623-6222 (Oakland campus office delivery available) University Pharmacy 412-383-1850
» \$16 copayment generic » \$40 copayment preferred brand » \$80 copayment nonpreferred brand » \$90 copayment speciality medication	» \$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. As an 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 discount 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.