

Benefit Plan Summaries

For groups with 51+ employees

UPMC HEALTH PLAN





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UPMC Health Plan's commercial client base includes accounts of all sizes—from two members to more than 100,000. Our growth in the highly competitive commercial sales market reflects the quality of our network, services, and range of plans.

We offer a full suite of insurance products, including fully insured and administrative services only options, plus exclusive provider organization and preferred provider organization plans.

We also offer:

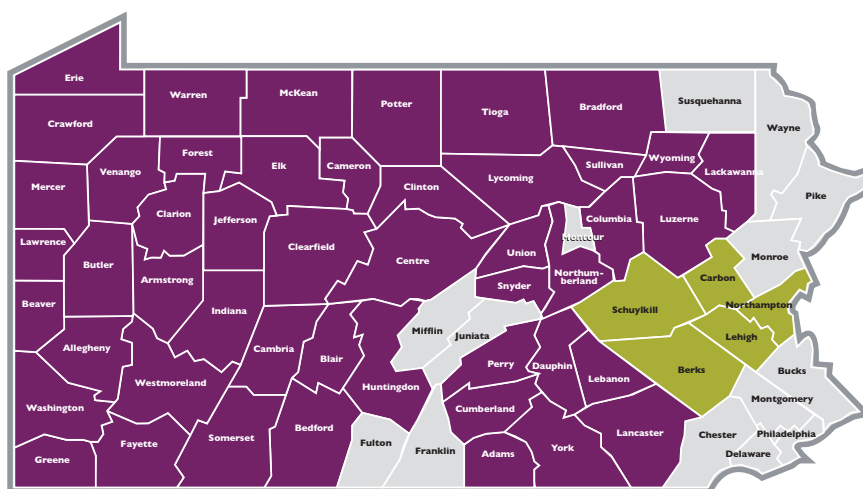
- Dental, vision, and hearing coverage.
- Workers' compensation, leave, disability management, and employee assistance programs through our affiliate, Workpartners®.
- A full suite of health care flexible spending accounts, plus transportation and dependent care accounts.
- COBRA administration.

2021 51+ standard m

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP
UPMC Business Advantage	Premium	EPO/PPO	\$500/\$1,000	\$8,150/\$16,300	0%	\$15
			\$1,500/\$3,000		0%	\$20
			\$2,500/\$5,000		0%	\$20
			\$3,000/\$6,000		0%	\$30
			\$3,500/\$7,000		0%	\$30
			\$4,000/\$8,000		0%	\$30
			\$5,000/\$10,000		0%	\$30
			\$1,500/\$1,500	\$8,150/\$16,300	0%	\$20
			\$2,500/\$2,500		0%	\$20
			\$3,500/\$3,500		0%	\$30
			\$5,000/\$5,000		0%	\$30
					0%	\$30

UPMC Business Advantage

UPMC Business Advantage (EPO/PPO) is a diverse portfolio of medical plan options. Several value-added services and benefits may be applied to these plans to further support the health and well-being of your employees.



Products offered to employer groups located in these counties

Tower Health-UPMC Health Plan products offered to employer groups located in these counties

Medical plan portfolio

Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$30	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95 Commercial Preferred Value Network
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		

Exclusive provider organization (EPO)

With UPMC Health Plan's EPO health benefit plan, members must receive care from network physicians and facilities (except in the case of emergency services). Preventive care is always covered at 100 percent when seeing an in-network provider, and members do not need a referral to see a specialist.

Preferred provider organization (PPO)

UPMC Health Plan's PPO health benefit plan allows members to go out of our network to receive care. However, their out-of-pocket expenses may be lower if they receive care from an in-network physician or facility. Preventive care is always covered at 100 percent when seeing an in-network provider, and members do not need a referral to see a specialist.

¹All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.

²All coinsurance cost shares apply after deductible.

³Emergency department copayment is waived if the member is admitted to the hospital.

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²
UPMC MyCare Advantage	Premium	EPO/PPO—Level 1	\$500/\$1,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$2,000/\$4,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$1,000/\$2,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$2,000/\$4,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$1,500/\$3,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$3,000/\$6,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$2,000/\$4,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$6,000/\$12,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$8,000/\$16,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$2,500/\$5,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$5,000/\$10,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$3,000/\$6,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$6,000/\$12,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$3,500/\$7,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$7,000/\$14,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO - Level 1	\$4,000/\$8,000	\$8,150/\$16,300	0%
		EPO/PPO - Level 2	\$8,000/\$16,000	Levels 1 and 2 combined	35%
		PPO - Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$5,000/\$10,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$7,000/\$14,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%

Advantage

PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$30	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95 Commercial Preferred Value Network
\$30	\$60		\$100	\$60	\$60		
50%	50%	50%	50%	50%	50%		
\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$30		
\$30	\$60		\$100	\$60	\$60		
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$40	\$80		\$100	\$80	\$80		
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$40	\$80		\$100	\$80	\$80		
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$40	\$80		\$100	\$80	\$80		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$90		\$100	\$90	\$90		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$90		\$100	\$90	\$90		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$90		\$100	\$90	\$90		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$60	\$90		\$100	\$90	\$90		
50%	50%	50%	50%	50%	50%		

Effective January 1, 2021

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²
UPMC MyCare Advantage	Premium	EPO HSA/PPO HSA—Level 1	\$1,500/\$3,000 (AGG)	\$3,575/ \$7,150 (AGG)	0%
		EPO HSA/PPO HSA—Level 2	Levels 1 and 2 combined	Levels 1 and 2 combined	35%
		PPO HSA—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO HSA/PPO HSA—Level 1	\$2,000/\$4,000 (AGG)	\$3,575/ \$7,150 (AGG)	0%
		EPO HSA/PPO HSA—Level 2	Levels 1 and 2 combined	Levels 1 and 2 combined	35%
		PPO HSA—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO HSA/PPO HSA—Level 1	\$3,000/\$6,000	\$7,000/\$14,000	0%
		EPO HSA/PPO HSA—Level 2	Levels 1 and 2 combined	Levels 1 and 2 combined	35%
		PPO HSA—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO HSA/PPO HSA—Level 1	\$4,000/\$8,000	\$7,000/\$14,000	0%
		EPO HSA/PPO HSA—Level 2	Levels 1 and 2 combined	Levels 1 and 2 combined	35%
		PPO HSA—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO HSA/PPO HSA—Level 1	\$5,000/\$10,000	\$7,000/\$14,000	0%
		EPO HSA/PPO HSA—Level 2	Levels 1 and 2 combined	Levels 1 and 2 combined	35%
		PPO HSA—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%

UPMC MyCare Advantage

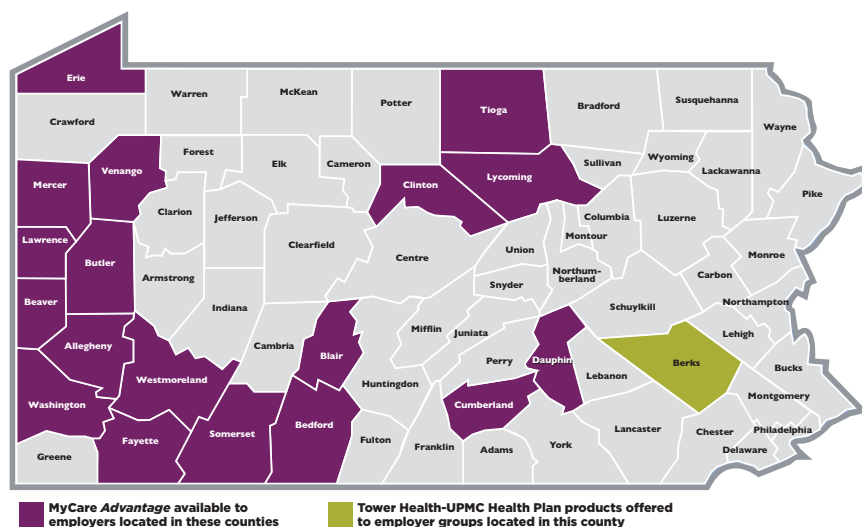
UPMC MyCare Advantage is a tiered benefit plan that focuses on patient-centered care to improve the health outcomes of its members. It offers the same type of coverage as other UPMC Health Plan products, but it maximizes in-network savings with lower cost sharing when members receive care from Level 1 hospitals and facilities. These include all UPMC-owned physician practices and hospitals, along with many community-owned providers. Level 2 gives members access to more than 15,000 additional providers within the UPMC Premium Network, but there is a higher cost share for Level 2 providers. Level 3 (PPO only) provides covered access to providers outside of our network at a greater cost share, offering members the greatest flexibility in provider choice. EPO participants do not have access to nonparticipating providers.

UPMC MyCare Advantage is available to companies in Allegheny, Beaver, Bedford, Berks, Blair, Butler, Clinton, Cumberland, Dauphin, Erie, Fayette, Lawrence, Lycoming, Mercer, Somerset, Tioga, Venango, Washington, and Westmoreland counties.

Advantage (cont.)

PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
HSA							
0%	0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ⁴ Commercial Preferred Value Network
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		
0%	0%	0%	0%	0%	0%		
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		
0%	0%	0%	0%	0%	0%		
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		
0%	0%	0%	0%	0%	0%		
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		
0%	0%	0%	0%	0%	0%		
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		
0%	0%	0%	0%	0%	0%		
35%	35%		35%	35%	35%		
50%	50%	50%	50%	50%	50%		

Effective January 1, 2021



¹All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.

²All coinsurance cost shares apply after deductible.

³Emergency department copayment is waived if the member is admitted to the hospital.

⁴After deductible.

Portfolio	Network	Plan type	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²
UPMC Total Advantage	Total Advantage	PPO	\$500/\$1,000	\$8,150/\$16,300	0%
			\$1,500/\$3,000	\$8,150/\$16,300	0%
			\$2,500/\$5,000	\$8,150/\$16,300	0%
			\$3,000/\$6,000	\$8,150/\$16,300	0%
			\$3,500/\$7,000	\$8,150/\$16,300	0%
			\$4,000/\$8,000	\$8,150/\$16,300	0%
			\$5,000/\$10,000	\$8,150/\$16,300	0%
		PPO HSA	\$1,500/\$3,000 (AGG)	\$3,575/\$7,150 (AGG)	0%
			\$2,000/\$4,000 (AGG)	\$3,575/\$7,150 (AGG)	0%
			\$3,000/\$6,000	\$7,000/\$14,000	0%
			\$4,000/\$8,000	\$7,000/\$14,000	0%
			\$5,000/\$10,000	\$7,000/\$14,000	0%
			\$7,000/\$14,000	\$7,000/\$14,000	0%

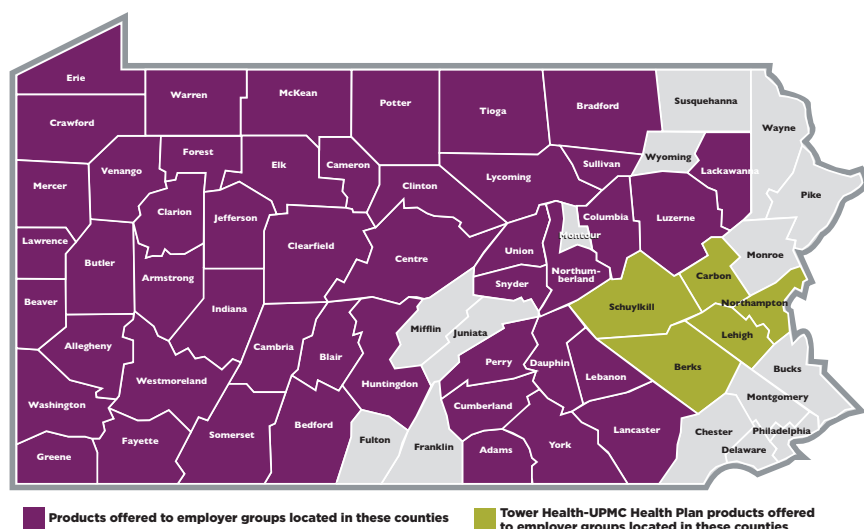
UPMC Total Advantage

UPMC Total Advantage is a new health care plan that will give your employees access to a high-value, high-performance network. High-performance networks are composed of health care providers who will closely monitor your employees' health outcomes while providing value-based services. The result will be a better value for your business, your employees, and their covered dependents. This plan will be available to fully insured and administrative services only groups with 51 or more employees across UPMC Health Plan's Pennsylvania service area.

UPMC Total Advantage will also allow you to cover employees across the state with one plan. This may reduce your health care benefit costs. Employees who live in an area where UPMC Health Plan has value-based contracting will use high-value health care providers. Those who live in other areas will access quality care through our broader network.

Advantage

PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/perferred brand/nonpreferred brand/ specialty)
\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$30	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95 Commercial Preferred Value Network
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
0%	0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ⁴ Commercial Preferred Value Network
0%	0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	0%	0%/0%/0%/0% ⁴



¹All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.

²All coinsurance cost shares apply after deductible.

³Emergency department copayment is waived if the member is admitted to the hospital.

⁴After deductible.

Effective January 1, 2021

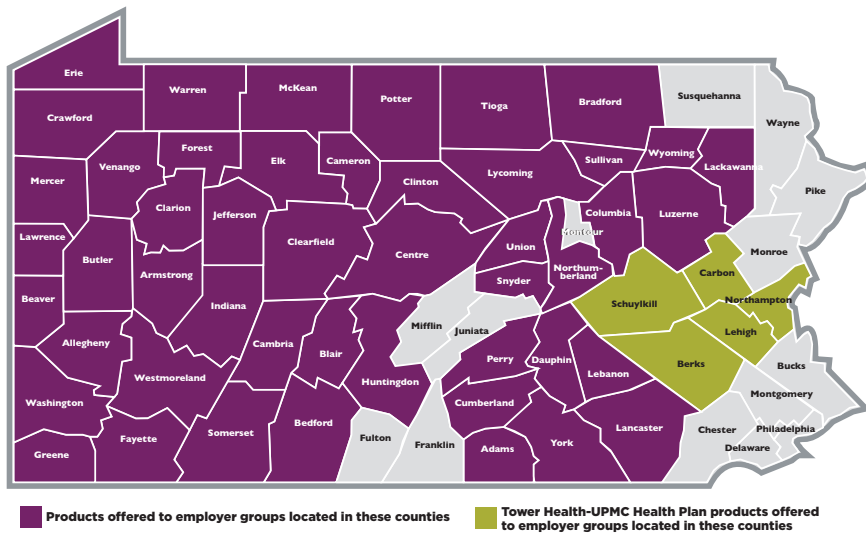
Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP
UPMC Consumer Advantage	Premium	EPO HSA/ PPO HSA	\$1,500/\$3,000 (AGG)	\$3,575/\$7,150 (AGG)	0%	0%
			\$2,000/\$4,000 (AGG)		0%	0%
			\$3,000/\$6,000	\$7,000/\$14,000	0%	0%
			\$4,000/\$8,000		0%	0%
			\$5,000/\$10,000		0%	0%
			\$7,000/\$14,000		0%	0%

UPMC Consumer Advantage

UPMC Consumer Advantage® (EPO/PPO) offers many plan options for groups looking to add a qualified high-deductible health plan (QHDHP) to their medical plan offerings. A QHDHP qualifies members for a health savings account (HSA) and/or a limited-purpose flexible spending account (FSA). These accounts can help members pay for current and future health care expenses. Depending on the account that’s selected, the employer and employee may contribute to the account, and the employee may be able to take the funds along if they change employers or retire.

ner Advantage

Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent Care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ³ Commercial Preferred Value Network
0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	0%/0%/0%/0% ³



Effective January 1, 2021

¹All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.

²All coinsurance cost shares apply after deductible.

³After deductible.

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²
UPMC Inside Advantage	Premium	EPO/PPO—Level 1	\$500/\$1,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$2,000/\$4,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$1,500/\$3,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$3,000/\$6,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$2,500/\$5,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$5,000/\$10,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$5,000/\$10,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$7,000/\$14,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%

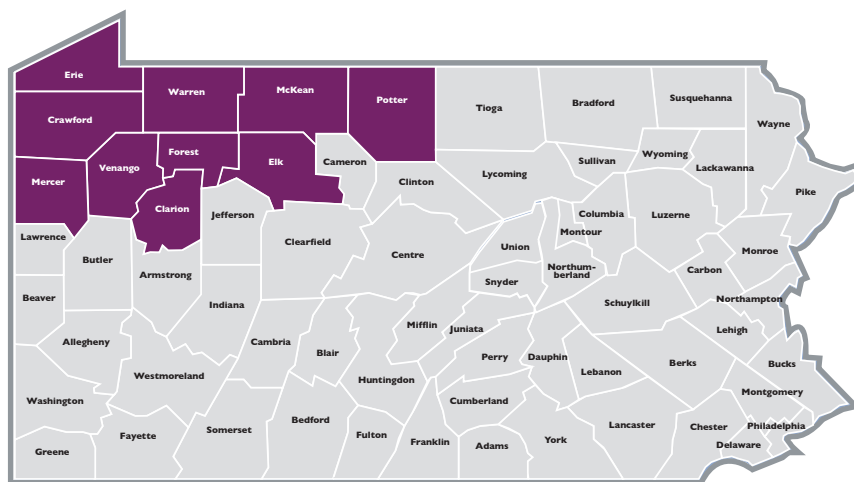
UPMC Inside Advantage

UPMC Inside Advantage is a tiered benefit plan that provides lower out-of-pocket costs when members receive care at Level 1 facilities. Level 1 includes all UPMC-owned physician practices and facilities, along with many community-owned providers. Level 2 includes many UPMC-contracted facilities and the services affiliated with them, such as lab testing, x-ray services, MRI therapy, and more.

Employers in these counties are eligible to select this plan: Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, and Warren.

Advantage

PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95 Commercial Preferred Value Network
				35%			
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
				35%			
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
				35%			
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
				35%			
50%	50%	50%	50%	50%	50%		



Inside Advantage available to employers located in these counties

¹All deductible and out-of-pocket maximum costs are embedded.

²All coinsurance cost shares apply after deductible.

³Emergency department copayment is waived if the member is admitted to the hospital.

Effective January 1, 2021

UPMC Inside Advantage

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²
UPMC Inside Advantage with HIA ⁴	Premium	EPO/PPO—Level 1	\$1,500/\$3,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$3,000/\$6,000	L1 and L2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$10,000/\$20,000	50%
		EPO/PPO—Level 1	\$2,500/\$5,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$5,000/\$10,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%
		EPO/PPO—Level 1	\$5,000/\$10,000	\$8,150/\$16,300	0%
		EPO/PPO—Level 2	\$7,000/\$14,000	Levels 1 and 2 combined	35%
		PPO—Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000	50%

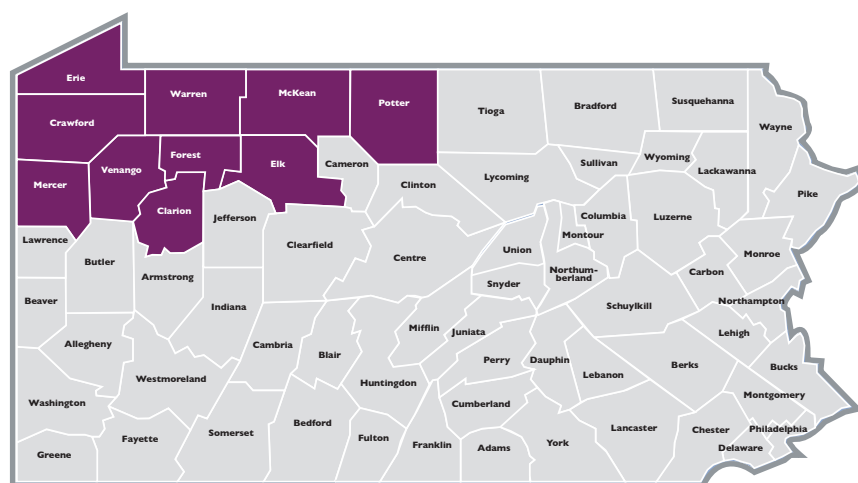
UPMC Inside Advantage

UPMC Inside Advantage is a tiered benefit plan that provides lower out-of-pocket costs when employees receive care at Level 1 facilities. Level 1 includes all UPMC providers and UPMC-owned facilities, along with many community-owned providers. Level 2 includes many UPMC-contracted facilities and the services affiliated with them, such as lab testing, x-ray services, MRI therapy, and more.

Employers in these counties are eligible to select this plan: Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, and Warren.

Advantage (cont.)

PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40 35%	\$40	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95 Commercial Preferred Value Network
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40 35%	\$40		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60 35%	\$60		
50%	50%	50%	50%	50%	50%		
\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40 35%	\$40		
50%	50%	50%	50%	50%	50%		
\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60 35%	\$60		
50%	50%	50%	50%	50%	50%		



Inside Advantage available to employers located in these counties

¹All deductible and out-of-pocket maximum costs are embedded.

²All coinsurance cost shares apply after deductible.

³Emergency department copayment is waived if the member is admitted to the hospital.

⁴UPMC Inside Advantage with HIA products are sold with \$500/\$1,000 HIA options only.

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP
UPMC HealthyU HIA ³	Premium	EPO/PPO	\$1,500/\$3,000	\$4,500/\$9,000	0%	0%
			\$2,000/\$4,000	\$4,500/\$9,000	0%	0%
			\$5,000/\$10,000	\$8,150/\$16,300	0%	0%

Portfolio	Network	Plan type	Deductible ¹ (individual/ family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP
UPMC HealthyU with Debit Card ³	Premium	EPO/PPO	\$1,500/\$3,000	\$4,500/\$9,000	0%	\$20
			\$2,000/\$4,000	\$4,500/\$9,000	0%	\$20
			\$5,000/\$10,000	\$8,150/\$16,300	0%	\$30

UPMC HealthyU

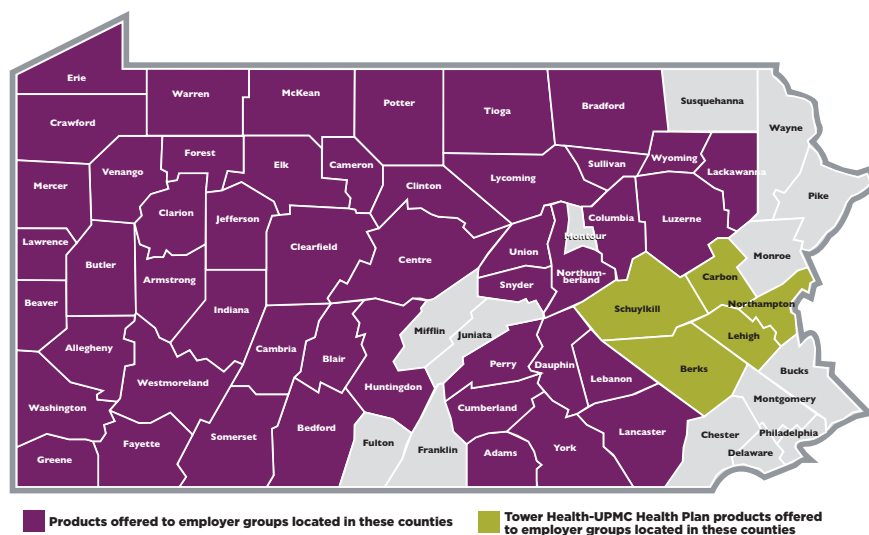
UPMC HealthyU (EPO/PPO) is an innovative plan that rewards members for making healthy choices. By completing healthy activities, subscribers and their covered spouse or domestic partner (if applicable) can earn reward dollars in a health incentive account (HIA) that can help pay for their health care expenses. Dependent children (including adult children) are not eligible to earn reward dollars, but they can use the HIA reward dollars that are earned.

UPMC HealthyU recommends healthy activities that are customized to the individual, each with a reward dollar value to encourage members to focus on understanding and improving their health. UPMC Health Plan will deposit reward dollars into the member's HIA every time they complete a recommended activity. The reward dollars can be used to pay for out-of-pocket medical expenses, such as the deductible, coinsurance, and pharmacy copayments.

Employers may choose to offer this plan with claims-based reimbursement (automatic payout of available funds) or a debit card.

Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/chiro	Emergency department	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
0%	0%	0%	0%	0%	0%	\$12/\$38/\$76/\$76 \$15/\$40/\$80/\$95
0%	0%	0%	0%	0%	0%	
0%	0%	0%	0%	0%	0%	

Specialist	Virtual Visit (urgent care/ PCP/ specialist/ behavioral health)	Urgent care	PT/OT/ST	Acu/chiro	Emergency department ⁴	Pharmacy options (generic/preferred brand/nonpreferred brand/specialty)
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40	\$150	\$12/\$38/\$76/\$76 \$15/\$40/\$80/\$95
\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		



¹All deductible and out-of-pocket maximum costs are embedded.

²All coinsurance cost shares apply after deductible.

³UPMC HealthyU products are sold with \$250/\$500 and/or \$500/\$1,000 HIA options.

⁴Copayment waived if admitted to hospital.

Pharmacy

When you choose UPMC Health Plan, your employees will have access to a broad network of national pharmacies, including Rite Aid and Walmart; regional chain pharmacies, such as Giant Eagle, GIANT Food Stores, MARTIN'S Food Markets, Weiss Markets, and Wegmans; and hundreds of independent pharmacies. Employers can choose either our National or Commercial Preferred Value Network.

UPMC Health Plan produces multiple formularies, depending on your group plan. We detail our formularies at upmchp.us/pharmacybenefits.

UPMC Health Plan contracts with Express Scripts Inc. to provide convenient home delivery of certain maintenance medications. With home delivery, members can:

- Receive up to a 90-day supply of most drugs, plus refills.
- Enjoy strict quality and safety controls on all prescriptions.

Members can receive a personal review of their medications

A member's new prescription coverage with UPMC Health Plan may be different from their previous coverage. A pharmacy staff member can let the member know:

- If they need to try a different medication before the one they are taking will be approved.
- What tier their medication is in or if their medication is not covered.
- If there is a recommended generic form of the member's medication.

Members can request a review of their medications by visiting www.upmchealthplan.com/pharmacyreview.

New tiered pharmacy network

Commercial Preferred Value Network with standard and preferred copay tiers*

Preferred pharmacies

- A preferred pharmacy is one that offers the lowest possible copay options for members' medications.
- Members enjoy the most savings when they use a preferred network pharmacy.
- Pharmacies in the preferred tier include, but are not limited to, Giant Eagle, Rite Aid, Weis Pharmacy, Walgreens, and Walmart.

Standard pharmacies

- Members have access to standard pharmacies, but they may pay a higher copay.
- Members have access to a nationwide network of pharmacies.
- Independent pharmacies and several regional chain pharmacies are included in the network as standard pharmacies. They include Kmart and Costco.

**Not all services are covered by all plans. Before seeking services, members should check their plan documents or call Member Services to learn what is covered by their plan.*

Introducing a hearing health benefit

Hearing aids can improve your employees' ability to communicate with the people around them, but cost can be an obstacle. UPMC Health Plan has a solution: **Our hearing health benefit.** This benefit—provided in partnership with Amplifon Hearing Health Care—allows you to offer hearing aid coverage, which can be a valuable addition to your company's benefits package.

Being able to hear well is critical to your employees' overall health. Studies have shown that:¹

- Hearing loss is the third most common chronic physical health condition among U.S. adults (after hypertension and arthritis).
- About 12 percent of the nation's working population has trouble hearing.
- About 24 percent of that hearing difficulty is caused by occupational exposures.

Our hearing health benefit can be purchased with your UPMC Health Plan medical coverage. (You can also integrate vision and dental benefits into your medical coverage or purchase these benefits as standalone offerings. Please contact your account manager for details.)

How the hearing health benefit works

We offer six plans with benefit allowances ranging from \$1,000 to \$6,000. Covered employees can have a hearing exam each year and receive a hearing aid(s) every 36 months.

Amplifon Hearing Health Care's nationwide network has been accredited by the National Committee for Quality Assurance, and it offers significant savings.

Employees with our hearing health benefit will have access to:

- More than 1,700 hearing aid products from top manufacturers.
- More than 5,500 provider clinic locations.
- A patient advocate who will coordinate all clinic appointments and provide assistance throughout the process of getting fitted for a hearing aid.
- One year of free follow-up care.
- Two years of free batteries.
- Three-year warranties for manufacturer defects, loss, and/or damage (deductible applies).²
- A 60-day return policy for a full refund if they are not completely satisfied.

Employees can use their health savings account (HSA) or flexible spending account (FSA) to cover applicable out-of-pocket expenses.

We offer both FSAs and HSAs as part of our UPMC Consumer *Advantage* portfolio. Your account manager can provide details on how to best pair these options with this benefit.

¹Occupational Hearing Loss (OHL) Surveillance. National Institute for Occupational Safety and Health. Accessed March 10, 2020.

²Deductible applies to limited, one-time claim for loss or damage.

Approval of the hearing health benefit for fully insured groups is pending with the Pennsylvania Insurance Department.



UPMC Vision Care

By offering UPMC Vision Care to your employees, you will allow them to receive more integrated services from UPMC Health Plan.

Here is an overview of the six UPMC Vision Care plans.

Exam Only Plus Two options: No copay (\$0) and copay (\$15) <ul style="list-style-type: none"> One exam every 24 months 	Includes only a vision exam from an in-network provider. Discounts/Fixed pricing available for additional exams (one every 12 months), materials, and lens add-ons.
Classic Plus Plan Two options: No copay (\$0) and copay (\$15) <ul style="list-style-type: none"> One exam and new frame allowance every 24 months 	Includes an in-network vision exam, lenses, tint, UV coating, and a \$75 allowance for frames or contact lenses every 24 months (fitting fee covered at 100 percent when contact lenses are purchased). Some services received out-of-network may be eligible for reimbursement.
Deluxe Plus Plan Two options: No copay (\$0) and copay (\$15) <ul style="list-style-type: none"> One exam every 24 months (adults) One exam every 12 months (children through age 18) except for frames (once every 24 months) 	Includes an in-network vision exam, lenses, tint, UV coating, scratch coating, standard progressives (Tier 1), and a \$100 allowance for frames or contact lenses every 24 months (fitting fee covered at 100 percent when contact lenses are purchased). Some services received out-of-network may be eligible for reimbursement.
Prime Plus Plan <ul style="list-style-type: none"> Two options: No copay (\$0) and copay (\$15) One exam every 12 months 	Includes an in-network vision exam, lenses, tint, UV coating, scratch coating, standard progressives (Tier 1), and a \$100 allowance for frames or contact lenses every 12 months (fitting fee covered at 100 percent when contact lenses are purchased). Some services received out-of-network may be eligible for reimbursement.
Premier Plus Plan <ul style="list-style-type: none"> Two options: No copay (\$0) and copay (\$15) One exam every 12 months 	Includes an in-network vision exam, tint, UV coating, scratch coating, standard (Tier 1) or premium progressives (Tier 2 or 3), standard A/R coating (Tier 1), and a \$150 allowance for frames or contact lenses every 12 months (fitting fee covered at 100 percent when contact lenses are purchased). Some services received out-of-network may be eligible for reimbursement.
Elite Plus Plan <ul style="list-style-type: none"> Two options: No copay (\$0) and copay (\$15) One exam every 12 months 	Includes an in-network vision exam, lenses, tint, UV coating, scratch coating, standard (Tier 1) or premium progressives (Tier 2 or 3), standard A/R coating (Tier 1), and a \$150 allowance for frames AND contact lenses every 12 months (fitting fee covered at 100 percent when contact lenses are purchased). Some services received out-of-network may be eligible for reimbursement. Members can select glasses and contact lenses in the same benefit period.

UPMC Dental *Advantage*

UPMC Dental *Advantage* offers Basic, Standard, and Premium plan models, plus a vast network of dentists.

UPMC Dental *Advantage* plans encourage regular preventive care and foster open communication between members and dentists regarding treatment plans.

Features:

- Prior authorization not required for major services.
 - No waiting periods.
- Enhanced benefits:
 - One additional cleaning for pregnant members.
 - Increased coverage for nonsurgical periodontal treatment, including topical application of fluoride for adults with a history of surgical periodontal treatment.
 - Coverage for microbial tests and brush biopsies.

Product	Deductible	Orthodontics	Annual maximum
Basic			
Basic 1a (100/0/0) ¹	\$0	None	Unlimited
Basic 1b (100/0/0) ¹	\$50	None	Unlimited
Basic 1c (100/0/0) ¹	\$75	None	Unlimited
Standard			
Standard 2a (100/50/50)	\$0	None	\$1,500
Standard 2b (100/50/50)	\$50	Yes—\$1,500 max	\$1,500
Standard 2c (100/50/50)	\$75	None	\$2,000
Standard 2d (100/50/50)	\$75	Yes—\$1,500 max	\$2,000
Standard 2e (100/50/50)	\$50	Yes—\$2,000 max	\$2,000
Standard 2f (100/80/50)	\$0	Yes—\$1,000 max	\$1,000
Premium			
Premium (100/80/50)	\$0	Yes—\$1,500 max	\$1,500
Premium (100/80/50)	\$50	Yes—\$1,000 max	\$1,000
Premium (100/80/50)	\$50	None	\$1,000
Premium (100/80/50)	\$50	Yes—\$1,500 max	\$1,500
Premium (100/80/50)	\$50	None	\$1,500
Premium 3a (100/80/50)	\$0	None	\$1,500
Premium 3b (100/80/50)	\$75	None	\$2,000
Premium 3c (100/80/50)	\$75	Yes—\$2,000 max	\$2,000
Premium 3d (100/80/50)	\$50	Yes—\$1,500 max	\$2,000

¹ All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.

Value-added benefits and services

Value-added services*

UPMC Health Plan offers this robust package of value-added benefits and services at no additional cost to fully insured employer groups with 100 to 499 employees. The value-added benefits rider includes the following:

Workpartners' employee assistance program

Workpartners is an innovative health, wellness, and productivity company that helps its clients transform the well-being of their workforce. Through Workpartners' employee assistance program (EAP), employees can access a host of resources that can help them feel better and stay focused. The program can also help managers with workplace issues.

EAP services are available to employees who have UPMC Health Plan medical coverage and members of their household.

UPMC Vision Care Exam Only Plus with copayment

Members can receive a vision exam from a participating vision provider for a \$15 copayment. They also have access to a mail-order contact lens program and lens options at a fixed copayment.



The UPMC Dental Advantage Discount Plan

UPMC Dental Advantage offers a discount plan to all new and current employers, either as a standalone plan option or as an added benefit to the existing Basic plan offerings.

Members who choose to enroll in the standalone Dental Discount Plan will receive a 20 percent discount on all eligible Class I, II, and III services when visiting a participating dental provider. Members who are enrolled in a UPMC Dental Advantage Basic plan may receive a 20 percent discount on eligible Class II and III services received from a participating provider.

Members should review their plan documents for additional information.

Features:

- A 20 percent discount is applied to providers' usual and customary charges.
- Claims do not need to be submitted for the discount plan.
- ID cards are not required.

The Dental Discount Plan may not be used in conjunction with other insurance, including other UPMC Dental Advantage plans.

The discount does not apply to orthodontic or cosmetic services.

Digital ID cards are available on the MyHealth OnLine member website.

**These value-added services cannot be combined with other insurances, including UPMC Dental Advantage, UPMC Vision Care, or UPMC Vision Advantage insurance. Discounts do not apply to services received out-of-network or outside of Pennsylvania.*

Incentivized wellness platform

Take a Healthy Step

UPMC Health Plan is offering the standard edition of its award-winning wellness incentive management platform with all medical plan designs at no cost.*

The Take a Healthy Step (TAHS) platform provides an incentive framework to engage members in programs and activities that can decrease their health risk factors, promote healthier lifestyles, reduce absenteeism, and increase their productivity.

- Improving employees' health is a priority for all employers.
- Engaging employees in incentivized healthy activities can help them live healthier lifestyles.

Employee wellness programs can be incredibly helpful in raising employees' awareness about their health status and risks.

The standard TAHS program requires employees and their covered spouses/domestic partners (if applicable) to complete two steps to earn an employer-sponsored wellness incentive:

- **Complete the MyHealth Questionnaire.** This 20-minute online health risk assessment gathers information about members' health and wellness goals.
- **Earn 200 TAHS points.** Members typically earn points by completing preventive exams and screenings or taking part in health coaching or other relevant activities.

Employees will receive communications at designated times throughout the TAHS campaign.

The TAHS program can help improve the health of your workforce and your bottom line. Contact your producer or account manager to get started!

**We include the standard TAHS program at no additional cost with full-replacement fully insured and ASO UPMC Health Plan coverage. Additional fees may apply if you want to change the program requirements or create custom communications with co-branded materials.*

Spending accounts and other services

UPMC Consumer *Advantage* spending accounts

Flexible spending account (FSA)

With UPMC Consumer *Advantage* FSAs, members can use pretax dollars to pay for eligible out-of-pocket expenses during the current plan year. We offer health care, dependent care, and limited-purpose FSAs.

Health savings account (HSA)

Members can use a UPMC Consumer *Advantage* HSA to pay for their current or future health care expenses. HSAs must be paired with a qualified high-deductible health plan. Both the employer and the employee can contribute. The balance can be carried over from year to year. The employee owns the account and can take it if he or she changes employers or retires.

Health reimbursement arrangement (HRA)*

HRAs from UPMC Consumer *Advantage* are employer-funded member spending accounts. Employees can use their HRAs to pay for deductible health care expenses. Funds that the employer contributes to the HRA are not considered wages and are not subject to income taxes, FICA (Social Security and Medicare), or workers' compensation.

Qualified transportation account (QTA)

UPMC Consumer *Advantage* QTAs are spending accounts that employees fund with pretax contributions. Funds can be used to pay for eligible transit and parking expenses related to the employee's commute to and from work.

**HRAs are owned by the employer and are retained if the employee is terminated or leaves the company.*

Ancillary services

UPMC COBRA *Advantage*

We administer monthly premium collection from COBRA participants and retirees. This includes remitting premiums collected back to our clients or insurance carriers. We also handle Open Enrollment mailings and carrier updates, and we have the ability to accept participant online bill payment and provide account information 24/7.



UPMC Health Plan self-funding options

Traditional self-funding

Administrative services only (ASO)

UPMC Health Plan offers ASO to groups with 51 or more employees. Under the ASO arrangement, the employer pays all claims incurred by their members on a weekly basis, in addition to monthly ASO and administrative fees.

Stop loss

Specific stop loss

Specific stop loss coverage kicks in once an employee's medical bills exceed a certain level. Employers can choose the stop loss deductible, starting at \$50,000.

Aggregate stop loss

Aggregate stop loss coverage protects employers if their group's total claims exceed a certain level, such as 125 percent of the cost of projected claims.

You can purchase aggregate and specific stop loss together for combined coverage. Please contact your Sales team to talk about options.

UPMC Self Assure

UPMC Self Assure is a self-funded option for groups with 10 to 199 enrolled employees. It provides many advantages for employers, including administration of the self-funded benefit plan and leveraging of UPMC's procedures to keep costs low.

Employers who choose this product receive protection from high-cost claimants, and they receive monthly reports that show them exactly where their dollars are being spent.

Because UPMC Self Assure is a level-funding arrangement, employers pay a fixed amount on a monthly basis. The amount is based on the aggregate corridor, the year's expected claims (which are determined at the time of sale), and fixed costs. The only time employers see fluctuation throughout the year is if they add or drop employees.

All administrative costs, stop loss insurance premiums, and claim costs are included in the payment—there are no hidden charges or carryover to the next year. Employers can receive a claim refund if their claims are lower than expected.

Self Assure Level Funding employer cost calculator

What you pay each month

Fixed Costs (Administrative Service Fees + Stop Loss Premium + Producer Commissions)	+	Variable Costs (Claims Contribution = Projected Claims x Aggregate Corridor)	=	Total Monthly Amount Invoiced
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Reconciliation after run-out

Total Claims Contribution for Policy Year	-	Claims Incurred in 12 and Paid in 24*	=	Excess Claims Contribution or Deficit Amount
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Claims contribution refund (if applicable)

Surplus Amount (if applicable)	x	2/3 or 50% Return Based on Employer's Choice at Time of Sale	=	Money Returned to Group
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*Excludes any claims paid by UPMC Health Plan under the specific stop loss coverage.

Features included with all plans

UPMC AnywhereCare

UPMC AnywhereCare is a custom telemedicine platform that allows members to have a Virtual Urgent Care visit with a UPMC provider from anywhere in the United States using a computer, tablet, or smartphone. Nonemergency conditions—such as a sinus infections, allergies, or pink eye—can be treated 24/7.

UPMC Health Plan members located in Pennsylvania at the time of virtual visit may select a UPMC-employed provider or a provider from Online Care Network II P.C. (OCN), subject to availability and discretion of the provider. Members located outside of Pennsylvania will receive service from OCN. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans that have opted out of coverage.

UPMC MyHealth 24/7 Nurse Line

Members can speak to a registered nurse day or night—at no charge—when they have a medical question or concern.

UPMC nurses who answer calls are licensed to assist members located in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be located in one of those states when calling the UPMC MyHealth 24/7 Nurse Line.

Active&Fit

The Active&Fit® program allows members to receive a partially subsidized membership at more than 9,000 fitness facilities nationwide, plus access to home fitness kits.

Health coaching

We offer lifestyle improvement and condition management programs at no cost to our members.

Members work one-on-one with a UPMC Health Plan health coach over the phone. Programs include nutrition, weight loss, physical activity, tobacco cessation, and stress reduction.

MyHealth OnLine

MyHealth OnLine is a secure website where members can personalize their goals and needs. There, they can take the MyHealth Questionnaire to learn their health risks. They will then receive a list of recommended activities aimed at reducing their risk for chronic diseases and helping them meet their goals. They can also use the site to research health conditions, access a treatment cost tool, see their claims and coverage information, and more.

Health Care Concierge

Members receive fast, personal service from our Health Care Concierge team. The team strives to resolve questions and concerns in one phone call or digital chat session.

Extended network

UPMC Health Plan members have access to an extended network.

- **Commercial group members who live outside our service area:** Commercial groups can have up to 25 percent of their employee population covered through the extended network. (For full details, see our 2020 underwriting guidelines).*
- **Members who need medical care while traveling:** If a member is traveling and an urgent health issue arises, they can receive care through the extended network. It includes urgent care centers, thousands of hospitals, and nearly 900,000 providers. When members use a participating urgent care facility or other provider, they will receive the highest level of coverage. Members can find a participating provider by calling Member Services at the number on their member ID card or searching our online provider directory.
- **Dependents (up to age 26) who live, work, or study outside our service area:** Dependents who live outside our service area have coverage through the extended network. If they are attending college, they can receive in-network care at an on-campus student health center.**

Global emergency travel assistance

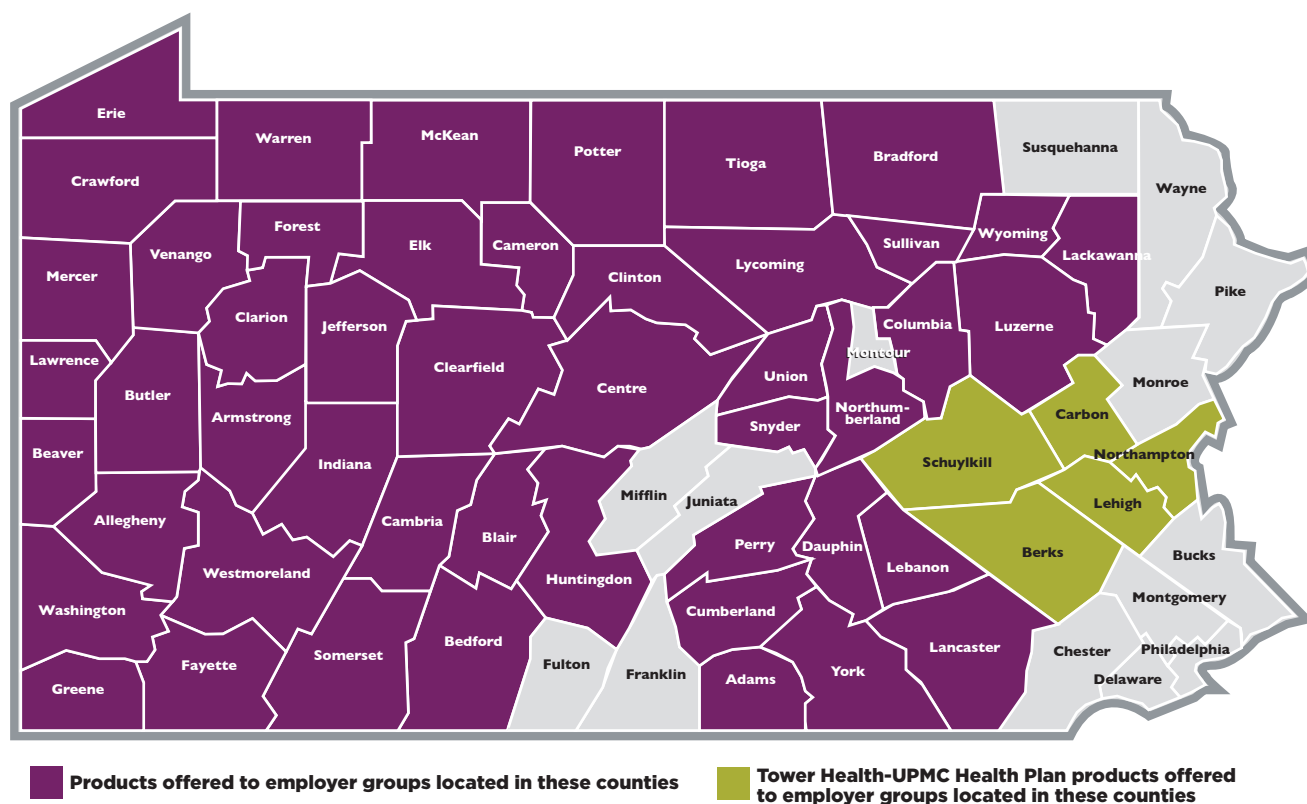
Assist America provides global emergency travel assistance services. It can be used when members experience a medical emergency while traveling more than 100 miles from home—including to another country—for less than 90 days. Assist America is not travel or medical insurance; it is a provider of global emergency services. Assist America's services will not replace medical insurance. All services must be arranged and provided by Assist America.

**Out-of-area plans must be equivalent to or of lesser benefit than in-area plans. Requests for blended rates for in-area and out-of-area plan offerings will be considered on a case-by-case basis.*

***Coverage at student health centers may not apply to all plans. Check your plan documents to verify your extended network coverage.*

UPMC Premium Network

The UPMC Premium Network is our broadest network. It consists of UPMC-owned hospitals, physician practices, and medical facilities, as well as community-based doctors, hospitals, and other medical providers in our service area. Members can obtain services as outlined in their plan documents when they seek care from participating providers within the Premium Network.



Exclusive provider organization (EPO)

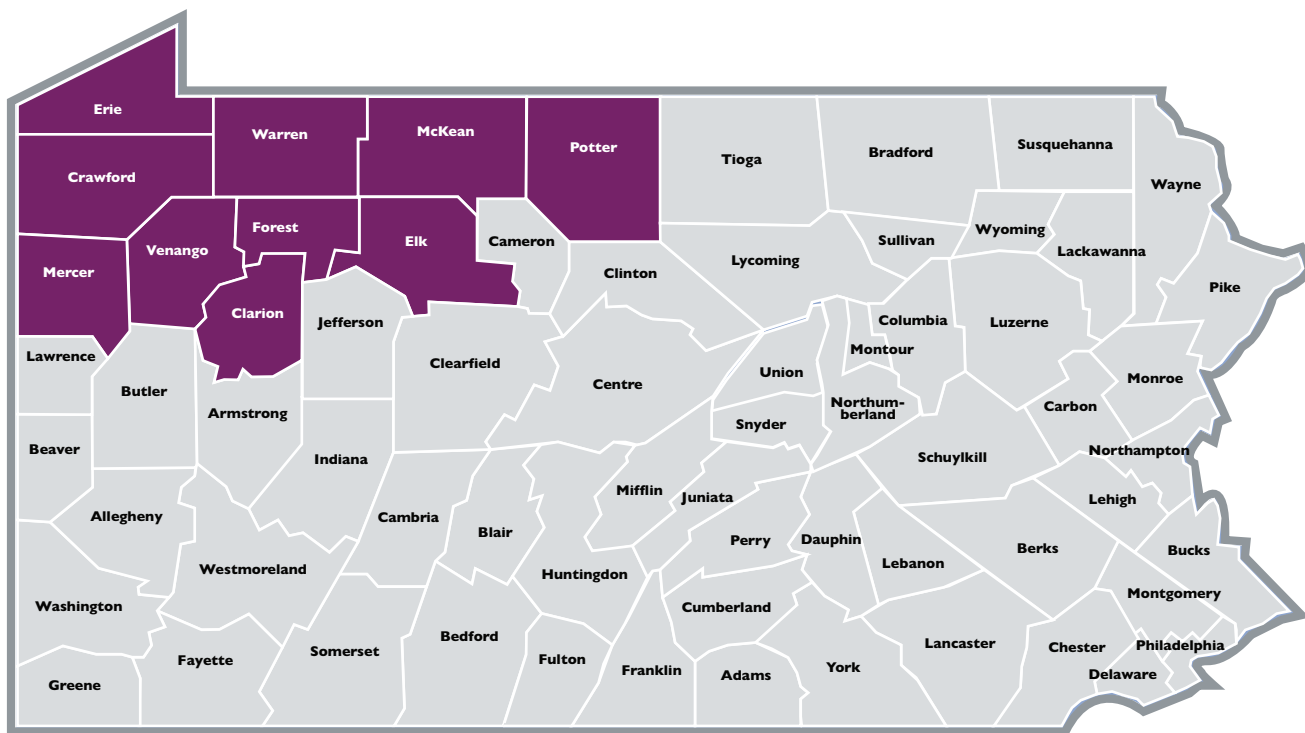
With UPMC Health Plan's EPO health benefit plan, members must receive care from network physicians and facilities (except in the case of emergency services). Preventive care is always covered at 100 percent, and members do not need a referral to see a specialist.

Preferred provider organization (PPO)

UPMC Health Plan's PPO health benefit plan allows members to go out of their network to receive care. However, members' out-of-pocket expenses may be lower if they receive care from an in-network physician or facility. Preventive care is always covered at 100 percent, and members do not need a referral to see a specialist.

UPMC Inside *Advantage*

UPMC Inside *Advantage* (PPO) uses the UPMC Premium Network. It consists of UPMC-owned hospitals, physician practices, and medical facilities, as well as community-based doctors, hospitals, and other medical providers in our service area. Members can obtain services as outlined in their plan documents when they seek care from participating providers within the Premium Network.



Inside *Advantage* available to employers located in these counties

Effective January 1, 2021

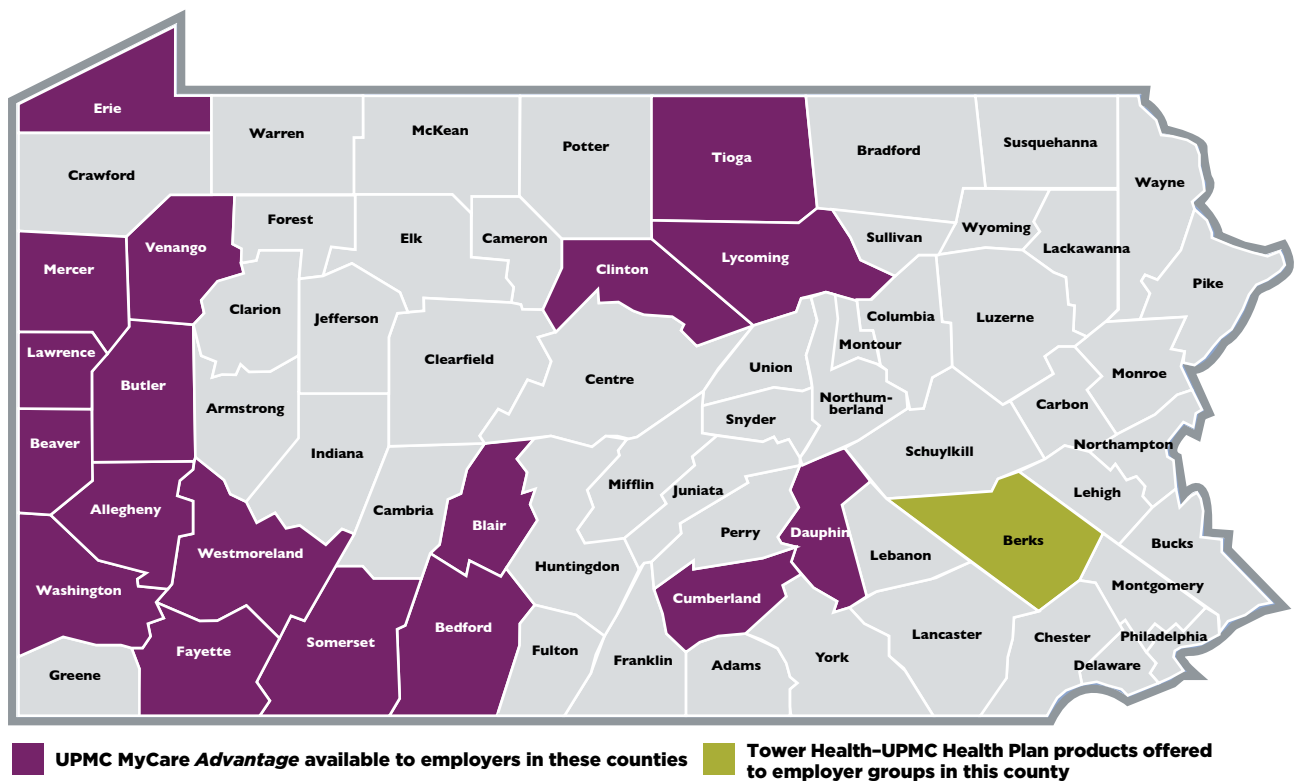
UPMC Inside *Advantage*

UPMC Inside *Advantage* is a tiered benefit plan. Members have lower out-of-pocket costs when they receive care at Level 1 facilities. These include all UPMC providers and UPMC-owned facilities, along with many community-owned providers and facilities. Level 2 includes many UPMC-contracted facilities and the services affiliated with them, such as lab testing, x-ray services, MRI therapy, and more.

Employers in the following counties are eligible to select this plan: Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, and Warren.

UPMC MyCare *Advantage* PPO/EPO

UPMC MyCare *Advantage* (PPO/EPO) uses the UPMC Premium Network. It consists of UPMC-owned hospitals, physician practices, and medical facilities, as well as community-based doctors, hospitals, and other medical providers in our service area. Members can obtain services as outlined in their plan documents when they seek care from participating providers within the Premium Network.



UPMC MyCare *Advantage*

UPMC MyCare *Advantage* is a tiered benefit plan that focuses on patient-centered care to improve the health outcomes of its members. It offers the same type of coverage as other UPMC Health Plan products, but it maximizes in-network savings with lower cost sharing when members receive care from Level 1 hospitals and facilities. These include all UPMC-owned physician practices, hospitals, and facilities. Level 2 gives members access to more than 15,000 additional providers within the UPMC Premium Network, but there is a higher cost share for Level 2 providers. Level 3 (nonparticipating providers; PPO only) provides covered access to providers who are outside our network at a greater cost share, offering members the greatest flexibility in provider choice. EPO participants do not have access to nonparticipating providers.

UPMC MyCare *Advantage* is available to companies in the following counties: Allegheny, Beaver, Bedford, Berks, Blair, Butler, Clinton, Cumberland, Dauphin, Erie, Fayette, Lawrence, Lycoming, Mercer, Somerset, Tioga, Venango, Washington, and Westmoreland.



Notes

[illegible]

Notes

[illegible]

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

