



Effective January 1, 2021

Benefit Plan Summaries

For groups with 2-50 employees

UPMC HEALTH PLAN

Benefit plan summaries for groups with 2-50 employees





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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 self-funded options, plus exclusive provider organization (EPO), preferred provider organization (PPO), and health maintenance organization (HMO) plans.

We also offer:

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

Plan name	Deductible (individual/family)	Out-of-pocket maximum (individual/family)	Network	Coinsurance after deductible (when applicable)	PCP
UPMC Small Business Advantage Platinum HMO \$10/\$25	\$0/\$0	\$2,000/\$4,000	Standard	0%	\$10
UPMC Small Business Advantage Platinum HMO \$500 \$20/\$40	\$500/\$1,000	\$1,250/\$2,500	Standard	0%	\$20
UPMC Small Business Advantage Gold HMO \$1,000 \$35/\$50	\$1,000/\$2,000	\$7,000/\$14,000	Standard	0%	\$35
UPMC Small Business Advantage Gold HMO \$1,500 \$35/\$50	\$1,500/\$3,000	\$6,500/\$13,000	Standard	0%	\$35
UPMC Small Business Advantage Silver HMO \$3,000 \$40/\$60	\$3,000/\$6,000	\$8,400/\$16,800	Standard	0%	\$40
UPMC Small Business Advantage Bronze HMO \$8,000	\$8,000/\$16,000	\$8,550/\$17,100	Standard	0%	\$0 ¹

UPMC Small Business Advantage

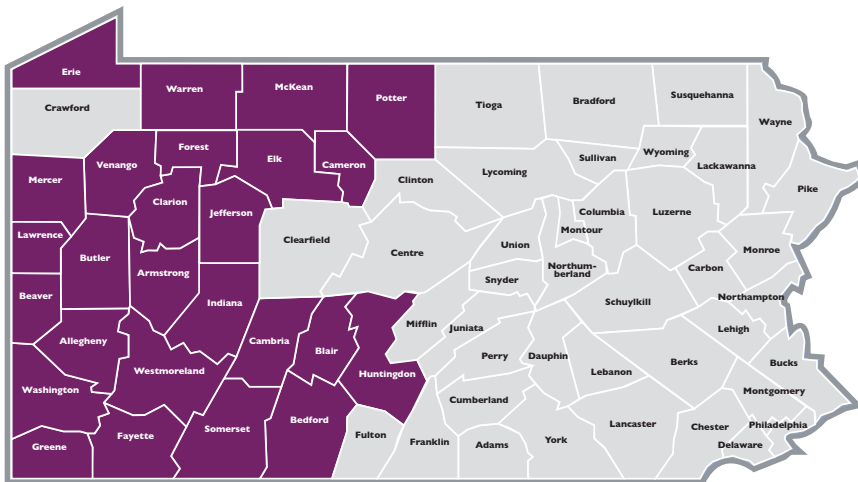
UPMC Small Business Advantage (EPO/HMO/PPO) is a diverse portfolio of medical plan options. Several value-added services and benefits may be applied to these plans to further support the health and well-being of your employees.

Health maintenance organization (HMO)

With UPMC Health Plan's HMO health benefit plan, members must receive care from network physicians and facilities (except in the case of emergency services). Members must select a primary care provider (PCP) to help coordinate their care. A PCP referral is required for chiropractic care; pain management; physical, occupational, and speech therapy; and other services. A referral is not required to see a participating pediatric specialist, ob-gyn, mental health or substance use professional, or eDermatologist. Members younger than 21 do not need a referral for any provider. Preventive care is always covered at 100 percent when seeing an in-network provider.

Mass Advantage HMO

Specialist	Virtual visits (on demand/PCP/specialist)	Urgent care	Emergency department (copayment waived if member is admitted to hospital)	Inpatient hospital care	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.); lab and other services	Pharmacy
\$25	\$5/\$10/\$25/\$25	\$25	\$175	\$0	\$150	\$25	\$15/\$40/\$75/\$95
\$40	\$5/\$20/\$40/\$40	\$40	\$100	\$0 ¹	\$0 ¹	\$20	\$15/\$40/\$75/\$95
\$50	\$5/\$35/\$50/\$50	\$50	\$300	\$750	\$200 ¹	\$50	\$15/\$40/\$75/\$95
\$50	\$5/\$35/\$50/\$50	\$50	\$200	\$0 ¹	\$0 ¹	\$50	\$15/\$40/\$75/\$95
\$60	\$5/\$40/\$60/\$60	\$60	\$750	\$600 ^{1&2}	\$300 ¹	\$60 ¹	\$15/\$40/\$75/\$95
\$0 ¹	\$5/\$0 ¹ /\$0 ¹ /\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$15 ¹ /\$40 ¹ /\$75 ¹ /\$95 ¹



Products offered to employer groups located in these counties

¹ After deductible.

² Copayment per day for a maximum of five days.

UPMC Small Business

Plan type	Plan name	Deductible (individual/family)	Out-of-pocket maximum (individual/family)	Network	Coinsurance after deductible	PCP
EPO/PPO	UPMC Small Business Advantage Gold \$1,000 \$35/\$50	\$1,000/\$2,000	\$7,000/\$14,000	Premium	0%	\$35
EPO/PPO	UPMC Small Business Advantage Gold \$1,500 \$35/\$50	\$1,500/\$3,000	\$6,500/\$13,000	Premium	0%	\$35
EPO/PPO	UPMC Small Business Advantage Gold \$2,000 \$35/\$50	\$2,000/\$4,000	\$6,500/\$13,000	Premium	0%	\$35
EPO/PPO	UPMC Small Business Advantage Gold \$2,500 \$30/\$40	\$2,500/\$5,000	\$7,000/\$13,000	Premium	0%	\$30
EPO/PPO	UPMC Small Business Advantage Silver \$3,000 \$40/\$60	\$3,000/\$6,000	\$8,400/\$16,800	Premium	0%	\$40
EPO/PPO	UPMC Small Business Advantage Silver \$5,000 \$35/\$60	\$5,000/\$10,000	\$8,400/\$16,800	Premium	0%	\$35
EPO/PPO	UPMC Small Business Advantage Bronze \$8,000	\$8,000/\$16,000	\$8,550/\$17,100	Premium	0%	\$0 ¹

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)

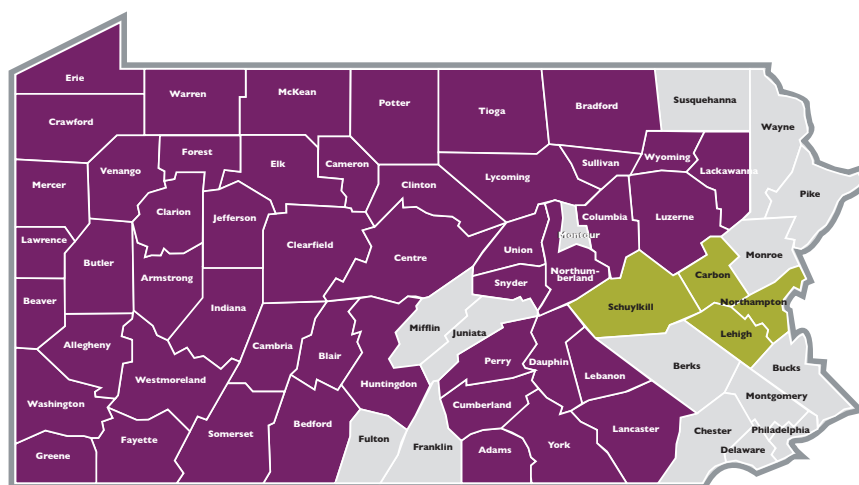
UPMC Health Plan's PPO health benefit plan allows members to go out of their network to receive care. However, their out-of-pocket expenses may be lower if they receive care from a network physician or facility. Preventive care is always covered at 100 percent when seeing an in-network provider, and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

¹ After deductible.

² Copayment per day for a maximum of five days.

Advantage EPO/PPO

Specialist	Virtual visits (on demand/PCP/specialist)	Urgent care	Emergency department (copayment waived if member is admitted to hospital)	Inpatient hospital care	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.); lab and other services	Pharmacy
\$50	\$5/\$35/\$50/\$50	\$50	\$300	\$750	\$200 ¹	\$50	\$15/\$40/\$75/\$95
\$50	\$5/\$35/\$50/\$50	\$50	\$200	\$0 ¹	\$0 ¹	\$50	\$15/\$40/\$75/\$95
\$50	\$5/\$35/\$50/\$50	\$50	\$200	\$0 ¹	\$0 ¹	\$40	\$15/\$40/\$75/\$95
\$40	\$5/\$30/\$40/\$40	\$40	\$100	\$0 ¹	\$0 ¹	\$40	\$15/\$40/\$75/\$95
\$60	\$5/\$40/\$60/\$60	\$60	\$750	\$600 ^{1&2}	\$300 ¹	\$60 ¹	\$15/\$40/\$75/\$95
\$60	\$5/\$35/\$60/\$60	\$60	\$550	\$350 ^{1&2}	\$150 ¹	\$60 ¹	\$15/\$40/\$75/\$95
\$0 ¹	\$5 ¹ /\$0 ¹ /\$0 ¹ /\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$15 ¹ /\$40 ¹ /\$75 ¹ /\$95 ¹



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

Effective January 1, 2021

Plan type	Plan name	Level	Deductible (individual/family)	Out-of-pocket maximum (individual/family)	Network	Coinsurance after deductible	PCP	Specialty
EPO/PPO	UPMC MyCare Advantage Gold \$1,000/10% \$25/\$50	Level 1	\$1,000/\$2,000	\$6,000/\$12,000	Premium	10%	\$25	\$50
		Level 2	\$2,000/\$4,000	Combined with benefit Level 1 out-of-pocket		35%	\$50	\$100
		Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Gold \$1,250 \$35/\$50	Level 1	\$1,250/\$2,500	\$7,000/\$14,000	Premium	0%	\$35	\$50
		Level 2	\$2,500/\$5,000	Combined with benefit Level 1 out-of-pocket		35%	\$70	\$100
		Level 3 (nonparticipating provider)	\$5,000/\$10,000	\$15,000/\$30,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Gold \$1,750 \$35/\$50	Level 1	\$1,750/\$3,500	\$6,000/\$12,000	Premium	0%	\$35	\$50
		Level 2	\$3,500/\$7,000	Combined with benefit Level 1 out-of-pocket		35%	\$70	\$100
		Level 3 (nonparticipating provider)	\$7,000/\$14,000	\$15,000/\$30,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Gold \$2,500/10% \$25/\$50	Level 1	\$2,500/\$5,000	\$6,000/\$12,000	Premium	10%	\$25	\$50
		Level 2	\$5,000/\$10,000	Combined with benefit Level 1 out-of-pocket		35%	\$50	\$100
		Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000		40% ¹	40% ¹	40%

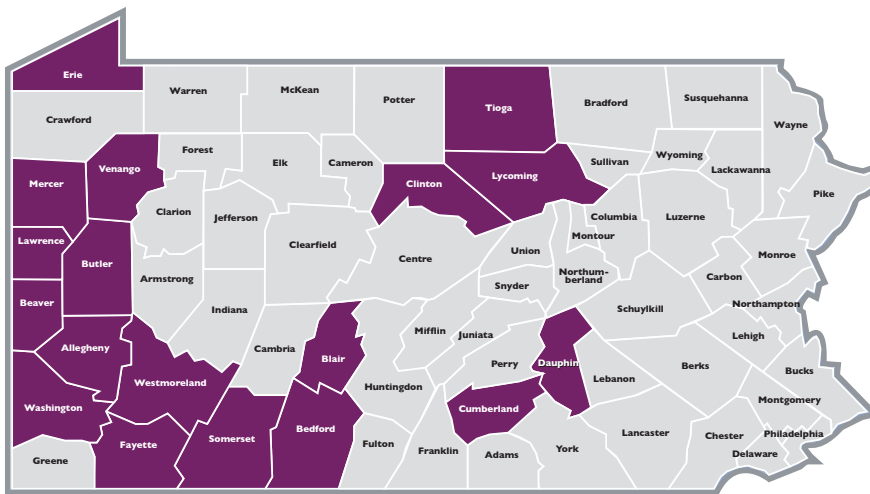
UPMC MyCare Advantage

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 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, Blair, Butler, Clinton, Cumberland, Dauphin, Erie, Fayette, Lawrence, Lycoming, Mercer, Somerset, Tioga, Venango, Washington, and Westmoreland counties.

MyCare Advantage

Plan	Virtual visits (on demand/PCP/specialist)	Urgent care	Emergency department (copayment waived if member is admitted to hospital)	Inpatient hospital care	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.); lab and other services	Pharmacy
MyCare Advantage	\$5/\$25/\$50/\$50	\$50	\$150	\$500 ²	10% ¹	\$50 ¹	\$15/\$40/\$75/\$95
MyCare Advantage	\$5/\$25/\$50/\$50	\$100		\$500 ²	35% ¹	35% ¹	
MyCare Advantage	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
MyCare Advantage	\$5/\$35/\$50/\$50	\$50	\$200	\$0 ¹	\$0 ¹	\$50	\$15/\$40/\$75/\$95
MyCare Advantage	\$5/\$35/\$50/\$50	\$100		35% ¹	35% ¹	35% ¹	
MyCare Advantage	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
MyCare Advantage	\$5/\$35/\$50/\$50	\$50	\$175 ¹	\$0 ¹	\$0 ¹	\$35	\$15/\$40/\$75/\$95
MyCare Advantage	\$5/\$35/\$50/\$50	\$100		35% ¹	35% ¹	35% ¹	
MyCare Advantage	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
MyCare Advantage	\$5/\$25/\$50/\$50	\$50	\$175	10% ¹	10% ¹	\$50	\$15/\$40/\$75/\$95
MyCare Advantage	\$5/\$25/\$50/\$50	\$100		35% ¹	35% ¹	35% ¹	
MyCare Advantage	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	



MyCare Advantage available to employers located in these counties

¹After deductible.

²Copayment per inpatient stay after deductible.

Plan type	Plan name	Level	Deductible (individual/family)	Out-of-pocket maximum (individual/family)	Network	Coinsurance after deductible	PCP	Specialty
EPO/PPO	UPMC MyCare Advantage Silver HSA \$3,000/10%	Level 1	\$3,000/\$6,000	\$6,750/\$13,500	Premium	10%	10% ¹	10%
		Level 2	\$6,000/\$12,000	Combined with benefit Level 1 out-of-pocket		35%	35% ¹	35%
		Level 3 (nonparticipating provider)	\$12,000/\$24,000	\$15,000/\$30,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Silver \$3,750 \$40/\$60	Level 1	\$3,750/\$7,500	\$8,150/\$16,300	Premium	0%	\$40	\$60
		Level 2	\$7,500/\$15,000	Combined with benefit Level 1 out-of-pocket		35%	\$70	\$90
		Level 3 (nonparticipating provider)	\$15,000/\$20,000	\$20,000/\$40,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Silver \$4,750/10% \$50/\$65	Level 1	\$4,750/\$9,500	\$7,900/\$15,800	Premium	10%	\$50	\$65
		Level 2	\$7,000/\$14,000	Combined with benefit Level 1 out-of-pocket		35%	\$100	\$130
		Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000		40%	40% ¹	40%
EPO/PPO	UPMC MyCare Advantage Silver \$7,000/10% \$30/\$50	Level 1	\$7,000/\$14,000	\$8,400/\$16,800	Premium	10%	\$30	\$50
		Level 2	\$7,500/\$15,000	Combined with benefit Level 1 out-of-pocket		35%	\$60	\$100
		Level 3 (nonparticipating provider)	\$10,000/\$20,000	\$15,000/\$30,000		40%	40% ¹	40%

¹After deductible.

²Copayment per inpatient stay after deductible.

Advantage (cont.)

Plan	Virtual visits (on demand/PCP/ specialist)	Urgent care	Emergency department (copayment waived if member is admitted to hospital)	Inpatient hospital care	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.); lab and other services	Pharmacy
1	\$5/10%/10%/10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	\$15/\$40/\$75/\$95 ¹
1	\$5/10%/10%/10% ¹	35% ¹		35% ¹	35% ¹	35% ¹	
1	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
0	\$5/\$40/\$60/\$60	\$60	\$150 ¹	\$500 ²	\$60	\$60 ¹	\$15/\$40/\$75/\$95
0	\$5/\$40/\$60/\$60	\$90		\$500 ²	\$120	35% ¹	
1	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
1	\$5/\$50/\$65/\$65 ¹	\$65 ¹	10% ¹	10% ¹	10% ¹	\$0 ¹	\$15/\$40/\$75/\$95
1	\$5/\$50/\$65/\$65 ¹	\$130 ¹		35% ¹	35% ¹	35% ¹	
1	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	
0	\$5/\$30/\$50/\$50	\$50	\$250 ¹	10% ¹	10% ¹	\$45	\$15/\$40/\$75/\$95
0	\$5/\$30/\$50/\$50	\$100		35% ¹	35% ¹	35% ¹	
1	40% ¹	40% ¹		40% ¹	40% ¹	40% ¹	

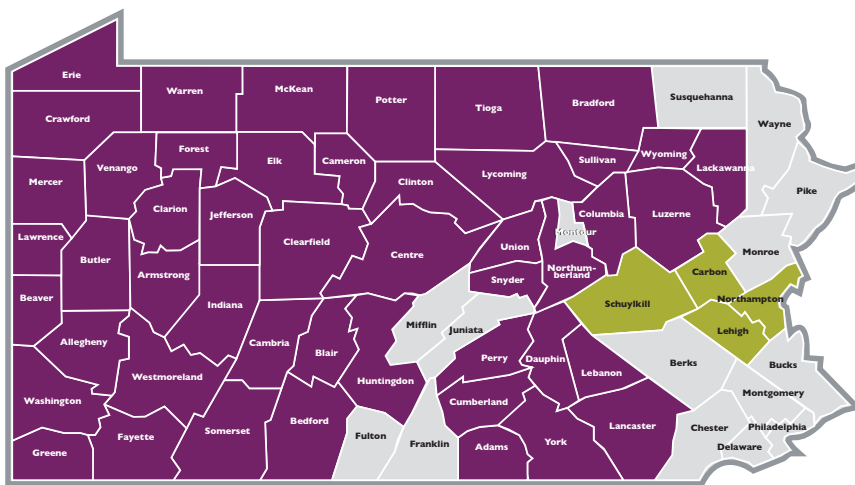
Plan name	Deductible (individual/family)	Out-of-pocket maximum (individual/family)	Network	Coinsurance after deductible (when applicable)	PCP
UPMC Consumer Advantage Gold HSA PPO \$1,750/10%	\$1,750/\$3,500 (aggregate)	\$4,425/\$8,150 (aggregate)	Premium	10% ¹	10% ¹
UPMC Consumer Advantage Gold HSA PPO \$2,100	\$2,100/\$4,200 (aggregate)	\$4,425/\$8,150 (aggregate)	Premium	\$0 ¹	\$0 ¹
UPMC Consumer Advantage Silver HSA PPO \$3,850	\$3,850/\$7,700	\$6,900/\$13,800	Premium	\$0 ¹	\$0 ¹

UPMC Consumer Advantage

UPMC Consumer Advantage® (PPO) offers many plan options for groups looking to add a qualified high-deductible health plan (QHDHP) to their medical plan offerings. A QHDHP permits members to have a health savings account (HSA) and/or a limited purpose flexible spending account (FSA). These accounts can help them 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 can take the funds along if they change employers or retire.

Member Advantage

Specialist	Virtual visits (on demand/PCP/specialist)	Urgent care	Emergency department (copayment waived if member is admitted to hospital)	Inpatient hospital care	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.); lab and other services	Pharmacy
10% ¹	\$5 ¹ /10% ¹ /10% ¹ /10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	10% ¹	\$15 ¹ /\$40 ¹ /\$75 ¹ /\$95 ¹
\$0 ¹	\$5 ¹ /0% ¹ /0% ¹ /0% ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$15 ¹ /\$40 ¹ /\$75 ¹ /\$95 ¹
\$0 ¹	\$5 ¹ /0% ¹ /0% ¹ /0% ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹	\$15 ¹ /\$40 ¹ /\$75 ¹ /\$95 ¹



¹After deductible.

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

Pharmacy

UPMC Health Plan members have access to a broad network of retail pharmacies nationwide, including CVS, Rite Aid, Costco, and Walmart; a number of regional chain pharmacies, including Giant Eagle, GIANT, MARTIN'S, and Wegmans; and hundreds of independent pharmacies.

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:

- Whether their medication will be covered.
- If they need to try a similar medication before the one they are currently taking will be approved.
- Which tier their medication is in.
- If there is a recommended generic form of the member's medication.

Members can request a personal review of their medications by visiting

www.upmchealthplan.com/pharmacyreview.

UPMC Vision Care

UPMC Vision Care offers PPO plan designs and a large network of providers to choose from.

UPMC Vision Care, administered by National Vision Administrators (NVA), offers Exam Only Plus, Classic Plus, Deluxe Plus, Prime Plus, Premier Plus, and Elite Plus plan models with both copay and no copay options, plus a national network of vision providers.

Features:

- Discounts through the NVA EYEESSENTIALS® Plan
- Mail-order contact lens service
- Fixed copayments for lens add-ons
- Discounts on LASIK procedures at UPMC Eye Center, QualSight LASIK, TLC Laser Eye Centers, and LASIK Centers of America

Product	Frequency	Copayment
Exam Only Plus	24 months	\$0
Exam Only Plus (with copay)	24 months	\$15
Class Plus	24 months	\$0
Classic Plus (with copay)	24 months	\$15
Deluxe Plus*	24 months	\$0
Deluxe Plus* (with copay)	24 months	\$15
Prime Plus	12 months	\$0
Prime Plus (with copay)	12 months	\$15
Premier Plus	12 months	\$0
Premier Plus (with copay)	12 months	\$15
Elite Plus	12 months	\$0
Elite Plus (with copay)	12 months	\$15

*For dependents through age 18, frequency for exams and lenses is 12 months.

For further lens selections, request the "Additional Lens Options" document from your account representative.

Out-of-network reimbursement is based on usual, customary, and reasonable rates as determined by UPMC Vision Care.

Pediatric vision services are covered as required under the Affordable Care Act (ACA) for members enrolled in ACA-compliant group plans. Members can find eligibility and benefit details in their pediatric vision Certificate of Insurance and pediatric vision Schedule of Benefits on MyHealth OnLine, or they can call Member Services once enrolled.

Pediatric vision Schedule of Benefits for members up to age 19

Benefit	In-Network ¹	Out-of-Network Reimbursement ²	Frequency ³
			Children up to Age 19
Examination	Covered at 100%	Up to \$30	12 months
Lenses (for glasses) ⁴			
Single vision	Covered at 100%	Up to \$25	12 months
Bifocal	Covered at 100%	Up to \$35	12 months
Trifocal	Covered at 100%	Up to \$45	12 months
Frames			
Collection Frames	Covered at 100%	Up to \$30	12 months
Non-Collection Frames ⁵	Covered		12 months
Contact Lenses (in lieu of glasses) — If deemed Medically Necessary, Prior Authorization is required. Contact lens fitting and follow-up reimbursement is separate from contact lens material.			
Contact Lens Fitting and Follow Up	Covered at 100%	Up to \$225	12 months
Contact lens material	Covered at 100%		12 months

¹In-network reimbursement is based on percentage of provider reimbursement. Participating vision providers are not permitted to bill the member the difference for any services unless otherwise stated. Participating vision providers may charge a member copayment for optional lenses and treatments listed below. Participating vision providers include in-network providers who choose to use an out-of-network laboratory.

²Out-of-network reimbursement is based on usual, customary, and reasonable rates as determined by UPMC Vision Care. Nonparticipating vision providers may bill the member the difference between the provider's billed charges and the plan allowance.

³Frequency is based on the member's last date of service.

⁴Lens coverage includes reimbursements for polycarbonate lenses when received in-network. Polycarbonate is included up to age 19.

⁵Participating vision provider may also make available noncollection frames. Noncollection frames are frames that are any amount over the retail allowance for collection frames. If noncollection frames are chosen, members are responsible for the difference in cost between the retail allowance amount for collection frames and the retail price of the frame, minus a 20 percent discount. Nonparticipating vision provider noncollection frames will be reimbursed up to \$30.

Optional lens and treatment	Fixed fee	Optional lens and treatment	Fixed fee
Plastic dyes—solid	\$8	Progressives (Tier 1)	\$60
Anti-reflective coating (Tier 1)	\$45	Progressives (Tier 2)	\$90
High-index plastic 1.53-1.60/Trivex	\$50	Polarized (Tier 1)	\$70
High-index plastic 1.66/1.67	\$71	Transitions VII	\$75
High-index plastic 1.70 and above	\$80		



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 (100/50/50)	\$0	Yes—\$1,000 max	\$1,500
Standard 2c (100/50/50)	\$75	None	\$2,000
Premium			
Premium 3a (100/80/50)	\$0	None	\$1,500
Premium (100/80/50)	\$0	Yes—\$1,000 max	\$1,500
Premium (100/70/50)	\$0	None	\$1,000
Premium (100/70/50)	\$50	None	\$1,000
Premium (100/70/50)	\$0	None	\$1,500
Premium (100/70/50)	\$50	None	\$1,500
Premium (100/80/50)	\$50	None	\$1,000
Premium (100/80/50)	\$50	None	\$1,500

UPMC Dental *Advantage* Discount Plan

UPMC Dental *Advantage* offers a Dental 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 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:

- The 20 percent discount is applied to the provider's usual and customary charges.

- Claims do not need to be submitted for the discount plan.
- ID cards are not required.

The Discount Dental Plan may not be used in conjunction with other insurance, including other UPMC Dental *Advantage* plans. If enrolled in other UPMC Dental *Advantage* coverage, this Discount Dental Plan may be used for additional dental services only after all benefits of your UPMC Dental *Advantage* plan have been exhausted.

The discount does not apply to orthodontic or cosmetic services.



Dental essential health benefits

Schedule of Benefits for members up to age 19

UPMC Dental *Advantage* will cover the services set forth below, which are related to the dental benefits provided with UPMC Dental *Advantage* policies and procedures. If the terms and conditions set forth in

other dental benefit materials your employees have been provided conflict with those set forth in this plan document, the terms and conditions of this plan document control.

	In-network	Out-of-network ¹
Plan year dental deductible: Class I (out-of-network only), Class II, and Class III services	\$50 individual/\$150 eligible dependents (2+ children)	\$75 individual/\$200 eligible dependents (2+ children)
Class I: Diagnostic/Preventive Plan pays:	100%	90% after deductible
Exams and prophylaxis	Payable for 2 services in a Benefit Period	
Bitewings	Payable for 2 services in a Benefit Period up to age 14; 1 service in a Benefit Period for 14+ years of age	
Complete series and panoramic films	Payable for 1 service in a 36 month period and is not covered for Members under the age of 5	
Topical fluoride	Payable to age 19 for 2 services in a Benefit Period	
Periodontal scaling and root planing	Payable for 1 service every 24 months	
Sealants	Payable to age 14 for 1 service per tooth (molar) every 36 months	
Space maintainers	Payable to age 19	
Class II: Basic services Plan pays:	70% after Deductible	60% after Deductible
Amalgam and composite fillings	Payable 1 tooth every 12 months	
Pulpal therapy/anterior and posterior	Payable 1 service per tooth per lifetime	
Endodontic therapy (including treatment plan, clinical procedures, and follow-up care)	Payable 1 service per tooth per lifetime	
Extractions and oral surgery	Payable 1 service per tooth per lifetime	
Class III: Major services Plan pays:	50% after Deductible	50% after Deductible
Crowns and bridges	Payable for 1 service per tooth in a 60-month period	
Inlay/onlay—metallic/porcelain/resin up to 4 surfaces	Payable for 1 service per tooth in a 60-month period	
Implants	Payable for 1 service per tooth per lifetime	
Dentures complete and partial	Payable for 1 service in a 60-month period	
Prefabricated stainless steel crown/primary tooth	Payable for 1 service per tooth in a 60-month period	
Orthodontics: Subject to medical deductible²	50% after Medical Deductible	Not covered

¹Out-of-network reimbursement is based on usual, customary, and reasonable rates as determined by UPMC Dental *Advantage*. The member is responsible for the difference between those charges and the provider's fee.

²Orthodontic coverage is subject to the medical deductible, which can be found in the medical Schedule of Benefits. Orthodontic services are payable only when deemed medically necessary by the Plan.

The services above are not all-inclusive. They include only the most common dental procedures in a class or service grouping. UPMC Dental *Advantage* encourages, but does not require, members to seek a predetermination for major services, such as crowns and bridges, to obtain the most accurate payment estimate. Coverage for members is administered in accordance with policies and procedures in effect on

the date of service. Additional plan information can be found in the pediatric dental Certificate of Insurance.

Copayments, coinsurance, and deductibles for dental benefits apply toward satisfaction of the combined out-of-pocket maximum specified in the member's medical Schedule of Benefits. Services are covered at 100 percent after the out-of-pocket maximum is satisfied.

A pediatric Schedule of Benefits may expand or restrict the benefits set forth in the member's UPMC Dental *Advantage* pediatric dental Certificate of Insurance. You may advise your employees to see the pediatric dental Certificate of Insurance for the details of the terms of coverage for their health benefit plan. In the event that the terms of the pediatric dental Certificate of Insurance conflict with this pediatric dental Schedule of Benefits, the terms of this pediatric dental Schedule of Benefits control.

Effective January 1, 2021

Value-added benefits and services

UPMC Small Business *Advantage* value added benefits

UPMC Health Plan offers this robust package of value-added benefits and services at no additional cost. The UPMC Small Business *Advantage* rider includes the following:

Healthwise Conversations—Computerized, interactive programs to help members set goals around important lifestyle topics:

- Healthwise Conversations are interactive, online tools that allow members to personalize their goals using the online technology.
- Topics include Get Active, Healthy Weight, Healthy Eating, Positive Thinking, and Sleep Well.
- Each conversation is about 10 to 15 minutes and produces a printed goal sheet that helps members set priorities to reach their goals in incremental steps.

MyHealth Print-Post-Promote™—Provides downloadable posters on timely health-related topics that help you communicate the value of health and wellness initiatives to employees.

MyHealth personal health review sessions

Members can call a health coach to discuss their MyHealth Questionnaire or biometric screening results and community resources that can help them improve their health.

Health and wellness discounts

Members have access to health and wellness related discounts nationwide through:

- ChooseHealthy. This program offers members up to 55 percent or more off popular health and fitness brands. Product categories include:
 - o Fitness and activity trackers.
 - o Exercise equipment.
 - o Shoes and apparel.
 - o Nutrition and healthy eating.
 - o Healthy living.

- The Active&Fit® Direct program. Through this program, members have access to more than 10,000 fitness centers. They also have the ability to change centers anytime.
 - o More than 1,500 digital workout videos so members can work out at home or on-the-go
 - o No long-term contracts

MyHealth lifestyle coaching services—Members can call a health coach to discuss any health topics of interest, ways to improve their health, how to access and use all of the Health Plan's online resources and other available tools, and next steps on their path to improving their health.

- **Lifestyle behavioral health programs**—We provide several lifestyle behavioral health programs for clients. These include several different modalities—from telephonic and on-site coaching to digital options. The curriculum for these programs is outlined below. The programs are offered employers and delivered by UPMC Health Plan in multiple ways to accommodate various learning styles.
 - o **UPMC MyHealth Weigh to Wellness®**—Weight management program
 - Single or multiple coaching sessions on member-chosen topics
 - Includes comprehensive lifestyle approach to reducing caloric intake and increasing physical activity
 - Strategies include controlling portions, measuring, tracking, reading food labels, planning meals, setting daily calorie and fat gram goals, planning for holidays and other special events, eating out, starting and maintaining a physically active lifestyle, etc.
 - Toolkit includes calorie and fat gram counter, measuring cups, pedometer, etc.



- o **UPMC MyHealth Step Up to Wellness®**—Physical activity program
 - Single or multiple coaching sessions on member-chosen topics. Geared to produce structured, progressive, incremental increases in moderate intensity physical activity over time, toward self-defined, long-term activity goals
 - Tracking options include minutes of activity or steps
 - Includes strengthening and flexibility exercises/guidelines
 - Toolkit includes trackers, pedometer, step conversion chart, etc.
- o **UPMC MyHealth Eating Well**—Nutrition program
 - Six sequential weekly sessions
 - Topics include reading nutrition fact labels, carbohydrates, fats, proteins, minerals, balancing nutrients with daily caloric needs, etc.
- o **UPMC MyHealth Ready to Quit®**—Tobacco cessation program
 - Single or multiple coaching sessions on member-chosen topics
 - Primary focus on guiding members through the quitting process and assisting them in staying tobacco-free
 - Toolkit includes a workbook and supporting resources to aid the member in quitting

- o **UPMC MyHealth Less Stress**—Stress management program
 - Single or multiple coaching sessions on member-chosen topics
 - Primary focus on acquiring relaxation/coping skills that reduce emotional and physiological reactivity to stress (i.e., deep breathing, humor, progressive muscle relaxation, guided imagery, meditation, and changing perceptions/positive self-talk).
 - Members set progressive, weekly goals aimed at reducing symptoms of stress and increasing stress resilience and productivity
 - Toolkit includes a DVD demonstrating proper deep breathing techniques, CD with guided relaxation exercise, etc.

Wellness campaigns

Employer-delivered campaigns—Templated kit that allows you to deliver a wellness campaign to your employees or members.

- Campaign lengths: One day, one week, or multiweek (maximum of eight weeks)
- Each toolkit includes promotional communication pieces and implementation guides to support a wellness campaign that's right for you.
- All campaigns are easily accessible to employers through Employer Online.

Employer OnLine—UPMC Health Plan’s secure website exclusively for employers. You can use it to complete these and other activities:

- Manage your health benefits program
- Pay your premium bill
- View helpful resources
 - o MyHealth Print-Post-Promote materials
 - o Employer-delivered wellness campaigns

LifeSolutions®—Employee assistance program of Workpartners. It provides UPMC Small Business *Advantage* employers with services that can enhance their organization’s productivity and employee health and well-being. Support is provided through a joint focus on both employer and employee goals, which distinguishes this employee assistance program from its competitors.

UPMC Small Business <i>Advantage</i> services package for employees	UPMC Small Business <i>Advantage</i> services package for employees and all household members
<ul style="list-style-type: none"> ▪ 24/7 leadership consultation for executives, managers, and supervisors ▪ Online education, training, and wellness support ▪ On-site training and trauma support (additional cost) 	<ul style="list-style-type: none"> ▪ 24/7 telephone access and support ▪ Telephonic coaching to address workplace, personal, and family issues; 1-3 sessions per issue ▪ Referral to any of the additional resources in our database ▪ Online resources, including training, self-assessments, financial calculators, and more ▪ All services confidential

Discount vision benefit

The following benefits are available to UPMC Small Business *Advantage* members at a select number of providers. To find the nearest available provider, members should go to <https://visionbenefits.envolvehealth.com/upmcdiscount>, or call UPMC Health Plan Member Services at 1-866-918-1597.

Plan	Benefit
Discount Plan	<ul style="list-style-type: none"> ▪ \$55 vision examination A savings of 24% to 50% off usual and customary examination fees (medical-related office visits not included) ▪ 25% discount off eyeglass frames and/or lenses All in-stock frames are included, no additional dispensing fees are required ▪ 25% off sunglasses Discount is applicable on most retail nonprescription sunglasses (unless prohibited by manufacturer) ▪ 20% discount off contact lenses (10% off disposables) ▪ 20% savings on contact lens fitting and follow-up visits
Guidelines	<ul style="list-style-type: none"> ▪ Members must present their UPMC Small Business <i>Advantage</i> membership ID card to receive vision benefits. ▪ Discounts may not be used in addition to other coupons, insurance, promotions, or special offers made available to the member. ▪ Discounts are extended to all family members covered under the member’s benefit plan.

This vision discount benefit is only available if the member does not have other vision coverage with UPMC Health Plan.

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 member can contribute. The balance can be carried over from year to year. The member owns the account and can take it if they change employers or retire.

Qualified transportation account (QTA)

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

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 Self Assure

UPMC Self Assure

UPMC Self Assure is a self-funded option for groups with 10 enrolled employees to 199 eligible 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 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 fees, 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.

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

UPMC Health Plan members located in Pennsylvania at the time of the 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 10,000 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. They can also use the site to research health conditions and see their coverage information.

Health Care Concierge

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

Extended network

UPMC Health Plan members have access to an extended network of providers.

- **Members who need medical care while traveling:** Member who are traveling and experience an urgent health issue can receive care through the extended network. It includes urgent care centers, thousands of hospitals, and nearly 900,000 health care professionals. 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 our Member Services team 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 may 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 an emergency while traveling more than 100 miles from home for less than 90 days.

**Coverage at student health centers may not apply to all plans.*

The Affordable Care Act

To remain in compliance with the Affordable Care Act, UPMC Health Plan has incorporated the following factors into our plan offerings for employer groups within our small market portfolio.

Actuarial value

The Affordable Care Act (ACA) requires that all new small market products meet specific actuarial values, which are the percentage of medical expenses, on average, paid by the insurer. The ACA uses metal levels of Platinum, Gold, Silver, and Bronze to correspond with actuarial values of 90, 80, 70, and 60 percent, respectively. Issuers must offer plans within -4/+2 for all metal types except Bronze. Certain Bronze plans allow -4/+5.

Community rating

Under community rating, premiums may vary based only on the following four factors:

1. Rating area—There are nine rating regions in the state. A list of these regions by county is available from the Centers for Medicare & Medicaid Services.
2. Single vs. family coverage—Premiums for family coverage will be based on premiums for each individual in a family. Under this approach, we will add the individual rate for each family member to arrive at a family premium. All family members age 21 and older will be added. However, only the three oldest covered children under age 21 will be counted.
3. Tobacco use—Premiums charged for tobacco users may be up to 1.5 times higher than premiums charged for non tobacco users.
4. Age—Premiums based on age will work like this: Adults (ages 21 to 63) may have different premiums based on age, but the difference may not be more than three to one. That is, the premium charged to the oldest adult may not be more than three times higher than the premium charged to the youngest adult (age 21 or older).

For children ages 0 to 14 and 15 to 20 years, the age-adjusted premiums must be the same for all individuals.

For adults 21-63 and 64 years of age or older, age-adjusted premiums must be the same for all individuals.

The premium charged at renewal or point of sale remains as sold until the next renewal date, when rates will be adjusted based on age bracket changes.

Essential health benefits

Essential health benefits are a specific set of health benefits, items, and services that must be covered by health plans in the individual and small group markets. These benefits include, among other things, pediatric dental and vision services.

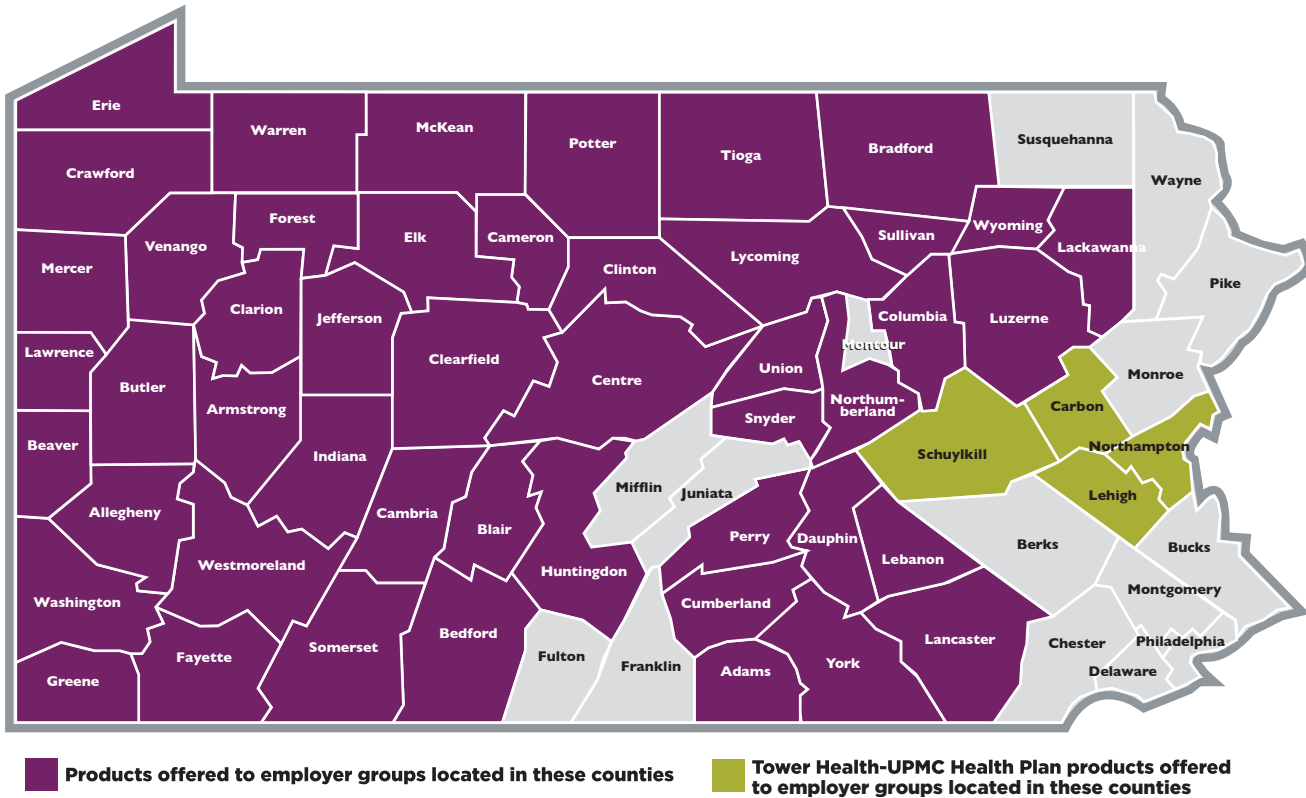
Our pediatric dental and vision services are administered by UPMC Dental *Advantage* and UPMC Vision Care. UPMC Health Plan has embedded these benefits into its medical plans, which makes it easy for employers to administer and comply with ACA mandates. Please refer to the Schedules of Benefits, which define the coverage for eligible dependents.

Please note that if a dependent turns 19 years old during a plan year, that dependent will continue to have essential health benefits coverage until the end of the plan year.



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.



Effective January 1, 2021

Exclusive provider organization (EPO)

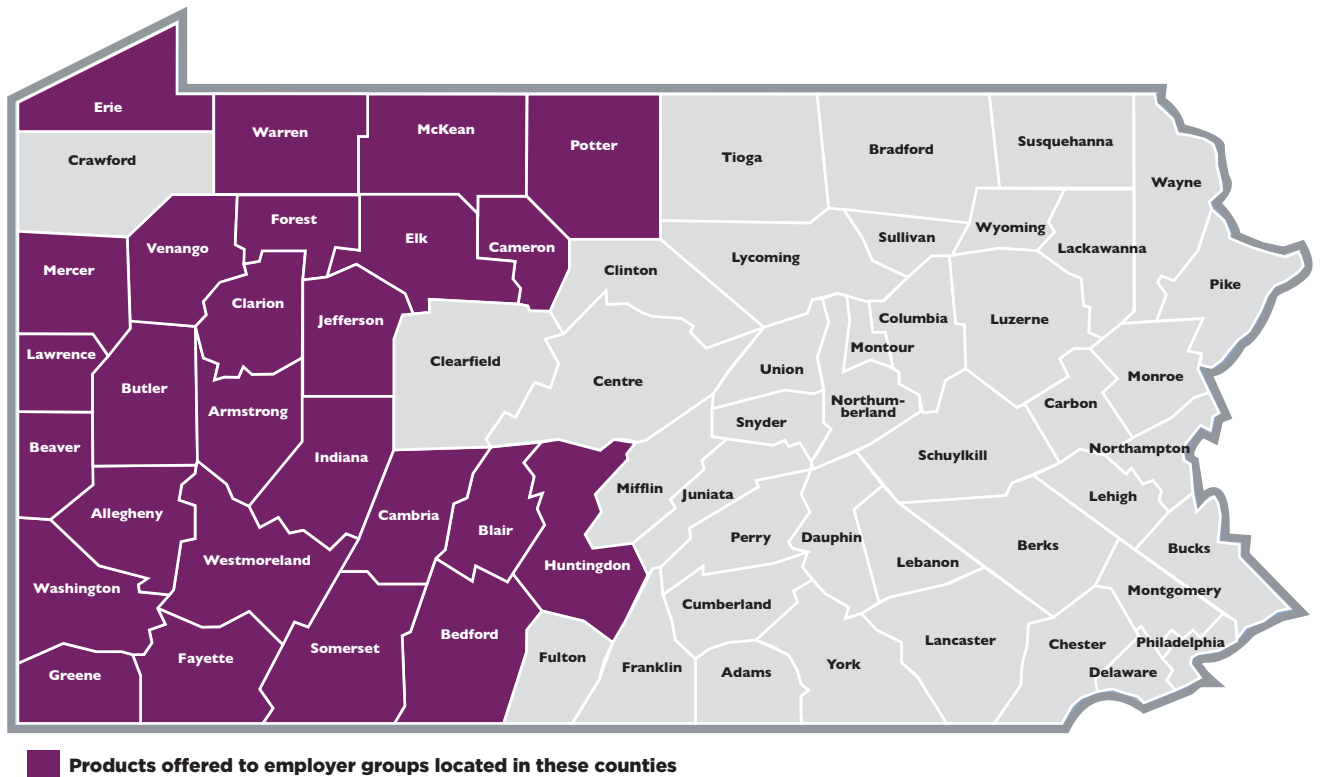
With UPMC Health Plan's EPO health benefit plan, members must receive care from network physicians and facilities (except in the case of emergency services). Preventive care is always covered at 100 percent, and members do not need a referral to see a specialist.

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 when seeing an in-network provider, and members do not need a referral to see a specialist.

UPMC Standard Network

The UPMC Standard Network 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 Standard Network.



Health maintenance organization (HMO)

With UPMC Health Plan’s HMO health benefit plan, members must receive care from network physicians and facilities (except in the case of emergency services). Members must select a primary care provider (PCP) to help coordinate their care. A PCP referral is required for chiropractic care; pain management; physical, occupational, and speech therapy; and other services. A referral is not required to see a participating pediatric specialist, ob-gyn, mental health or substance use professional, or eDermatologist. Members younger than 21 years do not need a referral for any provider. Preventive care is always covered at 100 percent when seeing an in-network provider.



UPMC HEALTH PLAN

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