



Effective Jan. 1, 2023

Benefit Plan Summaries For groups with 51+ employees

UPMC HEALTH PLAN



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Since our inception more than 25 years ago, UPMC Health Plan has focused on improving the health of the communities we serve. We offer in-network access to UPMC and thousands of community providers, plus clinical innovation and excellence that leverage our unique care delivery and finance structure.

We offer a diverse range of products, customizable plan designs, and solutions that allow organizations to manage their health care costs, save time, and help their employees stay healthy.

Plan Design Options

Exclusive provider organization (EPO)

UPMC Health Plan's EPO plans require members to receive care from in-network providers (except in the case of emergency services). Preventive care from in-network providers 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 plans allow members to seek care from in- or out-of-network providers. However, members' out-of-pocket expenses are typically lower when they use in-network providers. Preventive care from in-network providers is always covered at 100 percent, and members do not need a referral to see a specialist.



Network Options

UPMC Premium Network

The UPMC Premium Network is our broadest network. It includes all UPMC-owned hospitals, physician practices, and facilities, as well as community-based hospitals, doctors, and other providers.

The UPMC Premium Network can be aligned with tiered benefit plans, and out-of-pocket costs will vary depending on where members receive care.

UPMC Partner Network

The UPMC Partner Network is a high-value, high-performance network. High-performance networks are composed of providers with value-based contracts who closely monitor members' health. This network includes UPMC-owned hospitals, physician practices, and facilities, as well as other providers.

UPMC Total Advantage Network

The UPMC Total Advantage Network provides a comprehensive solution for employees across Pennsylvania. This network includes providers with value-based contracts who closely monitor employees' health, as well as other high-quality providers across the state.

Extended network

UPMC Health Plan members have access to an extended network. The network is composed of the SuperMed PPO Network for members in Ohio and the Cigna PPO Network¹ for members who are outside the UPMC Health Plan service area and not in Ohio.² The Cigna PPO Network has more than 1 million health care providers and 6,100 hospitals.³

- Members who live outside our service area:** Groups can cover up to 40 percent of their employee population through the extended network. (For details, see our 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 and thousands of 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. Dependents who are attending college can receive in-network care at an on-campus student health center.
- In an emergency:** Members can visit any emergency department and receive the highest level of coverage.

¹The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and is not affiliated with UPMC Health Plan and its affiliates. Access to the Cigna PPO Network is available through Cigna's contractual relationship with UPMC Health Plan. All Cigna products are provided exclusively by or through operating subsidiaries of Cigna Corp., including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property Inc.

²UPMC Health Plan commercial members and their dependents who reside in Ohio do not have access to the Cigna PPO Network and will access the SuperMed PPO Network. Ohio residents/members, while traveling outside of the state of Ohio, can utilize the Cigna PPO Network.

³Cigna analysis of actual providers contracted as part of the Cigna PPO for Shared Administration as of December 2020. Data is subject to change.

UPMC Business Advantage

Benefit plan summaries for groups with 51+ employees

Portfolio	Network	Plan design	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST/Acu/Chiro	Emergency department ³	Pharmacy copay options (generic/preferred brand/nonpreferred brand/specialty)
UPMC Business Advantage	Premium/Partner ⁴	EPO/PPO	\$500/\$1,000	\$8,150/\$16,300	0%	\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95
			\$1,000/\$2,000									
			\$1,500/\$3,000									
			\$2,000/\$4,000									
			\$2,500/\$5,000									
			\$3,000/\$6,000									
			\$3,500/\$7,000									
			\$4,000/\$8,000									
			\$5,000/\$10,000									
			\$6,000/\$12,000									
			\$8,150/\$16,300									
			\$1,500/\$1,500	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40		
			\$2,500/\$2,500									
			\$3,500/\$3,500									
\$5,000/\$5,000												
\$1,500/\$3,000 (AGG)	Premium/Partner ⁴	EPO HSA/PPO HSA	\$2,000/\$4,000 (AGG)	\$3,575/\$7,150 (AGG)	0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ⁵	
\$3,000/\$6,000			\$7,000/\$14,000									
\$4,000/\$8,000												
\$5,000/\$10,000												
\$6,000/\$12,000												
\$7,000/\$14,000												
												0%/0%/0%/0% ⁵

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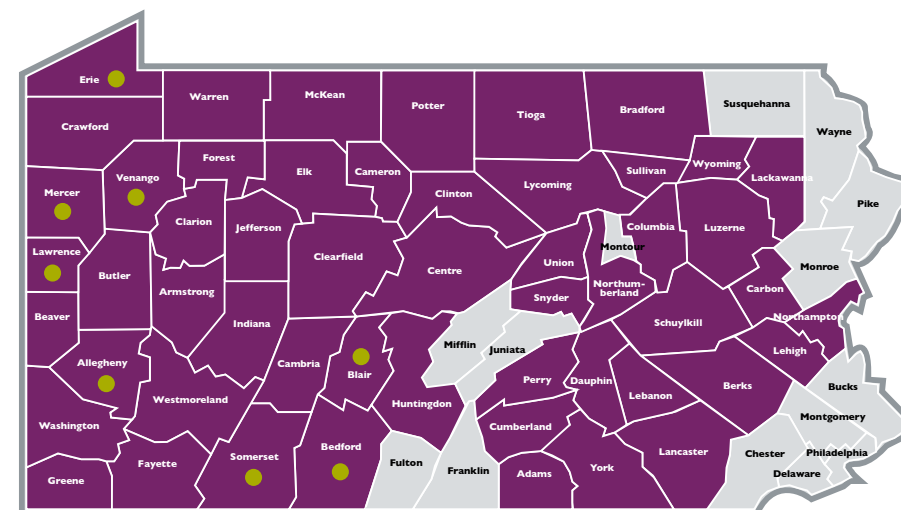
UPMC Business Advantage

UPMC Business Advantage plans can help you manage costs and provide the benefits your employees want. When you offer a UPMC Business Advantage plan, UPMC Health Plan will help you assess the needs of your employees and implement programs that can improve their health. Having a healthier workforce can help you control your health care costs and boost your employees' productivity. This can improve your bottom line.

Through UPMC Business Advantage, UPMC Health Plan is advancing the accessibility, affordability, and quality of health care in our communities.

UPMC Consumer Advantage

UPMC Consumer Advantage[®] offers many plan options and spending account choices, including qualified high-deductible health plans (QHDHPs). QHDHP options include the provisions required by the IRS and allow members to fund a health savings account (HSA). These accounts can help members pay for their current and future health care expenses. See Spending Accounts and Other Services on page 22 for more information



UPMC Business Advantage plans are offered to employer groups located in these counties.

UPMC Business Advantage plans using the UPMC Partner Network are offered to employer groups located in these counties.

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

²Coinsurance applies after deductible.

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

⁴The UPMC Partner Network is available as EPO in Allegheny, Bedford, Blair, Erie, Lawrence, Mercer, Somerset, and Venango counties.

⁵After deductible.

UPMC MyCare Advantage

Benefit plan summaries for groups with 51+ employees

Portfolio	Network	Plan design	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP	Specialist	Virtual visit (urgent care/PCP/specialist/ behavioral health)	Urgent care	PT/OT/ST/ Acu/Chiro	Emergency department ³	Pharmacy copay options (generic/preferred brand/ nonpreferred brand/specialty)
UPMC MyCare Advantage	Premium	EPO/PPO—Level 1	\$500/\$1,000	\$8,150/\$16,300	0%	\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95
		EPO/PPO—Level 2	\$2,000/\$4,000		35%	\$30	\$60		\$100	\$60		
		PPO—Level 3 Nonparticipating provider	\$5,000/\$10,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$1,000/\$2,000	\$8,150/\$16,300	0%	\$15	\$30	\$5/\$8/\$15/\$8	\$75	\$30		
		EPO/PPO—Level 2	\$2,000/\$4,000		35%	\$30	\$60		\$100	\$60		
		PPO—Level 3 Nonparticipating provider	\$5,000/\$10,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$1,500/\$3,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40		
		EPO/PPO—Level 2	\$3,000/\$6,000		35%	\$40	\$80		\$100	\$80		
		PPO—Level 3 Nonparticipating provider	\$5,000/\$10,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$2,000/\$4,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40		
		EPO/PPO—Level 2	\$6,000/\$12,000		35%	\$40	\$80		\$100	\$80		
		PPO—Level 3 Nonparticipating provider	\$8,000/\$16,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$2,500/\$5,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40		
		EPO/PPO—Level 2	\$5,000/\$10,000		35%	\$40	\$80		\$100	\$80		
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$3,000/\$6,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60		
		EPO/PPO—Level 2	\$6,000/\$12,000		35%	\$60	\$90		\$100	\$90		
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$3,500/\$7,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60		
		EPO/PPO—Level 2	\$7,000/\$14,000		35%	\$60	\$90		\$100	\$90		
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$4,000/\$8,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60		
		EPO/PPO—Level 2	\$8,000/\$16,000		35%	\$60	\$90		\$100	\$90		
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%		
EPO/PPO—Level 1	\$5,000/\$10,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60				
EPO/PPO—Level 2	\$7,000/\$14,000		35%	\$60	\$90		\$100	\$90				
PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%				
EPO/PPO—Level 1	\$6,000/\$12,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60				
EPO/PPO—Level 2	\$7,000/\$14,000		35%	\$60	\$90		\$100	\$90				
PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%				

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UPMC Total Advantage

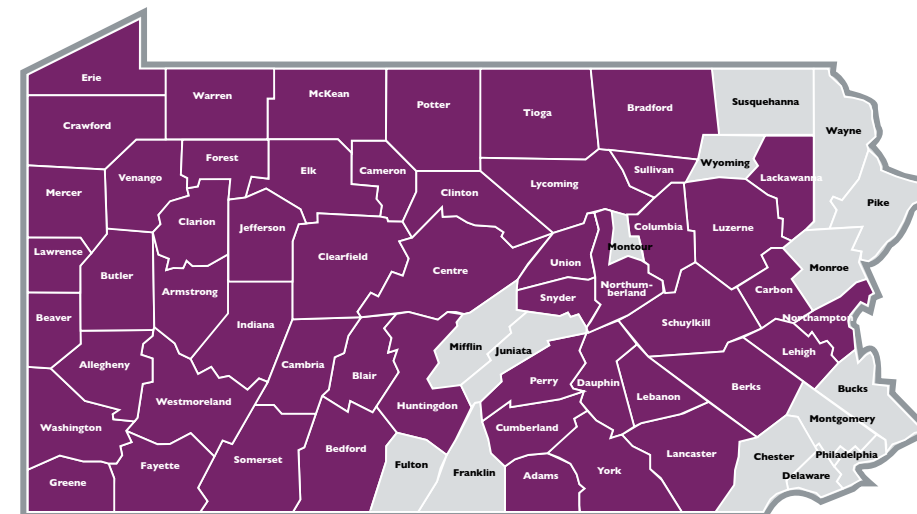
Benefit plan summaries for groups with 51+ employees

Portfolio	Network	Plan design	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST/Acu/Chiro	Emergency department ³	Pharmacy copay options (generic/preferred brand/nonpreferred brand/specialty)		
UPMC Total Advantage	Total Advantage	EPO/PPO	\$500/\$1,000	\$8,150/\$16,300	0%				\$75		\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95		
			\$1,000/\$2,000											
			\$1,500/\$3,000											
			\$2,000/\$4,000											
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			\$4,000/\$8,000											
			\$5,000/\$10,000											
			\$6,000/\$12,000											
		\$8,150/\$16,300												
		EPO/PPO HSA		\$1,500/\$3,000 (AGG)	\$3,575/\$7,150 (AGG)	0%	0%	0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ⁴
				\$2,000/\$4,000 (AGG)										
				\$3,000/\$6,000										
				\$4,000/\$8,000										
				\$5,000/\$10,000										
				\$6,000/\$12,000										
				\$7,000/\$14,000										
														0%/0%/0%/0% ⁴

Effective Jan. 1, 2023

UPMC Total Advantage

UPMC Total Advantage provides a comprehensive solution for employers that have employees across Pennsylvania. This network includes providers with value-based contracts who closely monitor employees' health, as well as other high-quality providers across the state.



UPMC Total Advantage plans are offered to employer groups located in these counties.

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

²Coinsurance applies after deductible.

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

⁴After deductible.

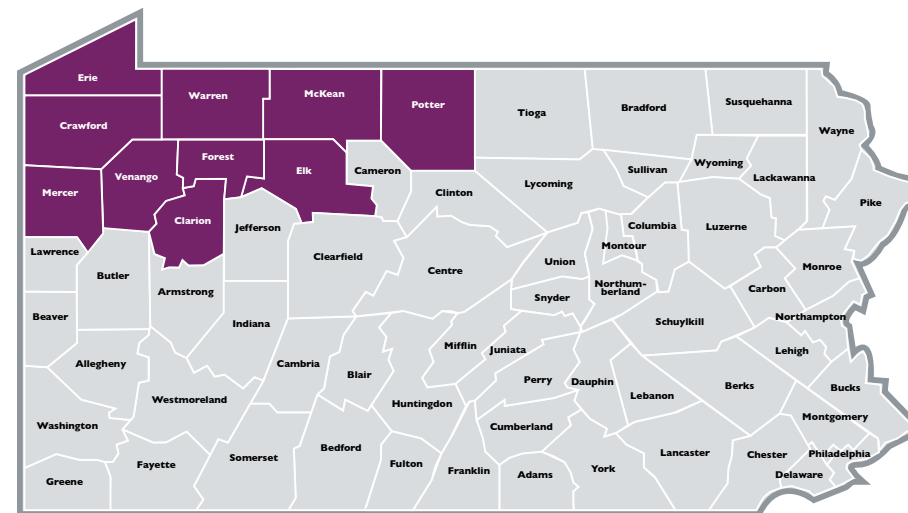
UPMC Inside Advantage

Portfolio	Network	Plan design	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP	Specialist	Virtual visit (urgent care/PCP/specialist/behavioral health)	Urgent care	PT/OT/ST	Acu/Chiro	Emergency department ³	Pharmacy copay options (generic/preferred brand/nonpreferred brand/specialty)
UPMC Inside Advantage	Premium	EPO/PPO—Level 1	\$500/\$1,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40	\$150	\$12/\$38/\$76/\$76 \$15/\$30/\$50/\$50 \$15/\$40/\$80/\$95
		EPO/PPO—Level 2	\$2,000/\$4,000		35%					35%			
		PPO—Level 3 Nonparticipating provider	\$5,000/\$10,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$1,500/\$3,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
		EPO/PPO—Level 2	\$3,000/\$6,000		35%					35%			
		PPO—Level 3 Nonparticipating provider	\$5,000/\$10,000	\$10,000/\$20,000	50%	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$2,500/\$5,000	\$8,150/\$16,300	0%	\$20	\$40	\$5/\$10/\$20/\$10	\$75	\$40	\$40		
		EPO/PPO—Level 2	\$5,000/\$10,000		35%					35%			
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%	50%		
		EPO/PPO—Level 1	\$5,000/\$10,000	\$8,150/\$16,300	0%	\$30	\$60	\$5/\$15/\$30/\$15	\$75	\$60	\$60		
		EPO/PPO—Level 2	\$7,000/\$14,000		35%					35%			
		PPO—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%	50%		

UPMC Inside Advantage

UPMC Inside Advantage is a tiered benefit plan with out-of-pocket costs that vary based on where members receive care. Level 1 includes physician practices, UPMC-owned hospitals, and more. Level 2 includes community-based hospitals and the services affiliated with them, such as lab services, x-rays, MRIs, and other diagnostic testing. Level 3 (PPO only) provides out-of-network access with the highest member cost share.

With UPMC Inside Advantage, employers in northwestern Pennsylvania can offer maximum flexibility and provider choice to their employees.



UPMC Inside Advantage plans are offered to employer groups located in these counties.

¹All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.
²Coinsurance applies after deductible.
³Emergency department copayment is waived if the member is admitted to the hospital.

UPMC Inside Advantage (cont'd)

Portfolio	Network	Plan design	Deductible ¹ (individual/family)	Out-of-pocket maximum ¹ (individual/family)	Coinsurance ²	PCP	Specialist	Virtual visit (urgent care/PCP/specialist/ behavioral health)	Urgent care	PT/OT/ ST	Acu/ Chiro	Emergency department ³	Pharmacy copay options (generic/preferred brand/ nonpreferred brand/ specialty)
UPMC Inside Advantage	Premium	EPO/PPO HSA—Level 1	\$1,500/\$3,000 (AGG)	\$3,575/\$7,150 (AGG)	0%	0%	0%	0%	0%	0%	0%	0%	\$15/\$30/\$50/\$50 ⁴
		EPO/PPO HSA—Level 2			35%					35%			
		PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%	50%		
		EPO/PPO HSA—Level 1	\$2,000/\$4,000 (AGG)	\$3,575/\$7,150 (AGG)	0%	0%	0%	0%	0%	0%	0%		
		EPO/PPO HSA—Level 2			35%						35%		
		PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%			
		EPO/PPO HSA—Level 1	\$3,000/\$6,000	\$7,000/\$14,000	0%	0%	0%	0%	0%	0%	0%		
		EPO/PPO HSA—Level 2			35%						35%		
		PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%			
		EPO/PPO HSA—Level 1	\$4,000/\$8,000	\$7,000/\$14,000	0%	0%	0%	0%	0%	0%	0%		
		EPO/PPO HSA—Level 2			35%						35%		
		PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%			
		EPO/PPO HSA—Level 1	\$5,000/\$10,000	\$7,000/\$14,000	0%	0%	0%	0%	0%	0%	0%		
		EPO/PPO HSA—Level 2			35%						35%		
		PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%			
		EPO/PPO HSA—Level 1	\$6,000/\$12,000	\$7,000/\$14,000	0%	0%	0%	0%	0%	0%	0%		
EPO/PPO HSA—Level 2	35%	35%											
PPO HSA—Level 3 Nonparticipating provider	\$10,000/\$20,000	\$15,000/\$30,000	50%	50%	50%	50%	50%	50%					

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

²Coinsurance applies after deductible.

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

⁴After deductible.

Pharmacy

When you choose UPMC Health Plan, your employees will have access to a broad network of national, regional chain, and independent pharmacies.

UPMC Health Plan produces multiple formularies (depending on your group plan) to help manage pharmacy costs. We contract 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.

Members can receive a personal review of their medication coverage.

Members want to know whether their medications will be covered before they go to a pharmacy. With UPMC Health Plan, they can request a medication review with a pharmacy staff member and learn:

- Whether their medication is covered and what tier it is in.
- If they need to try a different medication before the one they have been prescribed will be approved.
- If there is a recommended generic form of their medication.

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

Commercial Preferred Value Network

The Commercial Preferred Value Network offers standard and preferred copay tiers for choice and coverage options.

Preferred pharmacies

- Members enjoy the lowest copay 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 may pay a higher copay.
- Several regional chain pharmacies—including Costco—and various independent pharmacies are in the standard tier.

UPMC Vision Care

Vision care providers can often detect chronic and costly diseases, as well as other eye concerns. Offering your employees vision care coverage is a simple but important way to show that you care about their overall health and well-being. UPMC Vision Care, administered by National Vision Administrators (NVA®), gives members access to a national network of vision providers.

Plan name	Exam copay	Lenses ²	Frame Allowance	Contact Lens Material Allowance	Frequency
Exam Only Plus (I29)	\$0	Not covered	Not covered	Not covered	Once every two benefit periods
Exam Only Plus with Copay (I30)	\$15	Not covered	Not covered	Not covered	Once every two benefit periods
Classic Plus (I31)	\$0	Covered at 100%	\$75	\$75	Once every two benefit periods
Classic Plus with Copay (I32)	\$15	Covered at 100%	\$75	\$75	Once every two benefit periods
Deluxe Plus (I33)	\$0	Covered at 100%	\$100	\$100	Once every two benefit periods ¹
Deluxe Plus with Copay (I34)	\$15	Covered at 100%	\$100	\$100	Once every two benefit periods ¹
Prime Plus (I40)	\$0	Covered at 100%	\$100	\$100	Once every benefit period
Prime Plus with Copay (I41)	\$15	Covered at 100%	\$100	\$100	Once every benefit period
Premier Plus (I35)	\$0	Covered at 100%	\$150	\$150	Once every benefit period
Premier Plus with Copay (I36)	\$15	Covered at 100%	\$150	\$150	Once every benefit period
Elite Plus (I38)	\$0	Covered at 100%	\$150	\$150	Once every benefit period
Elite Plus with Copay (I39)	\$15	Covered at 100%	\$150	\$150	Once every benefit period

¹Dependents up to age 18 are eligible for an exam and lenses once every benefit period.

²Additional coverage for lenses and options is described in the plan documents.

UPMC Dental Advantage

UPMC Dental Advantage plans encourage regular preventive care and foster open communication between members and dentists regarding treatment plans. There are no waiting periods or prior authorization requirements for major services. The following enhanced benefits are included:

- One additional cleaning for pregnant members
- 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

Class I: Diagnostic/Preventive

Routine dental services, including oral exams, cleanings and x-rays

Class II: Basic Services

Moderately complex dental services, including fillings and simple extractions

Class III: Major Services

More complex dental services, including crowns, complex extractions, oral surgery, and periodontal and endodontic services

Class IV: Orthodontics

For eligible members

Portfolio	Network	Plan design	Product name	Deductible (individual/family)	Out-of-pocket maximum	Class I: Diagnostic/Preventive	Class II: Basic services	Class III: Major services	Orthodontics (child up to 19)/lifetime orthodontic maximum
UPMC Dental Advantage	UPMC Dental Advantage	PPO	Basic 1a	\$0/\$0	Unlimited	100%	20% discount	20% discount	Not covered
			Basic 1b	\$50/\$150	Unlimited	100% after deductible	20% discount	20% discount	Not covered
			Basic 1c	\$75/\$300	Unlimited	100% after deductible	20% discount	20% discount	Not covered
			Premium	\$0/\$0	\$1,500	100%	80%	50%	Covered/\$1,500
			Standard 2a	\$0/\$0	\$1,500	100%	50%	50%	Not covered
			Standard 2b	\$50/\$150 (waived for Class I services)	\$1,500	100%	50% after deductible	50% after deductible	Covered/\$1,500
			Standard 2c	\$75/\$300 (waived for Class I services)	\$2,000	100%	50% after deductible	50% after deductible	Not covered
			Standard 2d	\$75/\$300 (waived for Class I services)	\$2,000	100%	50% after deductible	50% after deductible	Covered/\$1,500
			Standard 2e	\$50/\$150 (waived for Class I services)	\$2,000	100%	50% after deductible	50% after deductible	Covered/\$2,000
			Standard 2f	\$0/\$0	\$1,000	100%	80%	50%	Covered/\$1,000
			Premium 3a	\$0/\$0	\$1,500	100%	80%	50%	Not covered
			Premium 3b	\$75/\$300 (waived for Class I services)	\$2,000	100%	80% after deductible	50% after deductible	Not covered
			Premium 3c	\$75/\$300 (waived for Class I services)	\$2,000	100%	80% after deductible	50% after deductible	Covered/\$2,000
			Premium 3d	\$50/\$150 (waived for Class I services)	\$2,000	100%	80% after deductible	50% after deductible	Covered/\$1,500
			Premium F4	\$50/\$150 (waived for Class I services)	\$1,000	100%	80% after deductible	50% after deductible	Covered/\$1,000
			Premium F5	\$50/\$150 (waived for Class I services)	\$1,000	100%	80% after deductible	50% after deductible	Not covered
Premium F6	\$50/\$150 (waived for Class I services)	\$1,500	100%	80% after deductible	50% after deductible	Covered/\$1,500			
Premium F7	\$50/\$150 (waived for Class I services)	\$1,500	100%	80% after deductible	50% after deductible	Not covered			

Coverage for out-of-network services is described in the plan documents.

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.

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.

Your employees with our hearing health benefit will have access to:

- More than 1,400 hearing aid products from leading manufacturers.
- Nearly 6,000 clinic locations.
- One year of free follow-up care.
- A three-year warranty covering loss, damage, or repairs.²
- A 60-day, risk-free trial with no restocking fee.

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

¹Occupational Hearing Loss (OHL) Surveillance. National Institute for Occupational Safety and Health. Accessed March 10, 2020. [cdc.gov/niosh/topics/ohl/default.html](https://www.cdc.gov/niosh/topics/ohl/default.html)

²Limited to one-time claim for loss and damage.



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. You can choose the stop loss deductible, starting at \$50,000. This option is available to groups with 100 or more employees.

Aggregate stop loss

Aggregate stop loss coverage protects employers with more than 100 employees 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 UPMC Health Plan representative to talk about options.

UPMC Self Assure

UPMC Self Assure is a level-funded arrangement for groups with 10 to 199 enrolled employees. Employers who choose this product have protection from high-cost claimants and can receive a refund if their claims are lower than expected. They pay a fixed monthly amount based on the year's expected claims plus fixed costs. There are no hidden charges or carryover to the next year. They receive protection from high-cost claimants and they 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 months and paid in 24 months*	=	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.

Spending Accounts and Other Services

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 you and your employees can contribute. The balance can be carried over from year to year. The employee owns the account and can keep it if they change employers or retire.

Health reimbursement arrangement (HRA)*

HRAs from UPMC Consumer *Advantage* are employer-funded member spending accounts. Employees can use their HRA to pay for deductible care expenses. Funds that your company contributes

to the HRA are not considered wages and are not subject to income taxes, FICA (Social Security and Medicare), or workers' compensation.

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

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.

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 payments and provide account information 24/7.



Features Included With All Plans

All of our health plan options come with important resources that can help your employees maximize and understand their plan, manage their benefits, stay healthy, and get customer service support.

UPMC AnywhereCare

UPMC AnywhereCare is a custom telemedicine platform that allows members to have a virtual visit with a UPMC provider using a computer, tablet, or smartphone. Nonemergency conditions—such as sinus infections, allergies, or pink eye—can be treated 24/7.¹ Children up to age 17 are seen by pediatric providers from UPMC Children's Hospital of Pittsburgh.²

UPMC MyHealth 24/7 Nurse Line³

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

Award-winning customer service⁴

UPMC Health Plan provides unmatched customer support through our award-winning Health Care Concierge team. The team is committed to making sure members feel valued, helping them understand their benefits, and providing preventive health reminders. Health Care Concierges also strive to resolve all concerns in one call or online chat session.

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—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. Its services will not replace medical insurance. All services must be arranged and provided by Assist America.

Digital Tools

MyHealth OnLine

MyHealth OnLine is a secure website where members can personalize their health and wellness 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.

Employer OnLine

Employer OnLine, available at upmchealthplan.com, is 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.
- Access MyHealth Print-Post-Promote™ materials and employer-delivered wellness campaigns.

UPMC Health Plan app

The free UPMC Health Plan app puts members' health insurance information in one place. And they can access that information instantly— anywhere, anytime.

- Access digital member ID cards for themselves and their covered dependents.
- Live chat with a Health Care Concierge or health coach.
- Track their progress toward their deductible and out-of-pocket maximum.
- View recent medical claims information.
- Search for in-network providers.
- View prescriptions, search the formulary, and compare drug prices.

¹UPMC Health Plan members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans that have opted out of coverage. Providers are not available to treat members who are in Puerto Rico.

²UPMC Children's AnywhereCare is available only to patients who are in Pennsylvania. In order for a child to have a UPMC Children's AnywhereCare visit, the child's parent or legal guardian must be with the child during the video portion of the visit, and the child and parent or legal guardian must be in Pennsylvania during the visit. Members who are located outside of Pennsylvania at the time of service, may select the standard UPMC AnywhereCare module and receive care from a provider employed or contracted by OCN, also known as Amwell Medical Group, at the discretion of the provider. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

³UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Maryland, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, members should call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Members should call the Member Services phone number on their ID card for questions regarding their plan benefits.

⁴UPMC Health Plan earned one of 10 coveted 2022 Grand Stevie® Awards for its exemplary customer service. Grand Stevie trophies are awarded to companies that submit an exceptional body of work for the Stevie Awards competition.



Taking Care of Employees' Minds and Bodies

Self-care means addressing both emotional and physical health needs. UPMC Health Plan offers services that can help your employees do just that.



BEHAVIORAL HEALTH SUPPORT WHEN EMPLOYEES NEED IT

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Whether your employees want to make small changes to improve their life or are in recovery from a significant behavioral health issue, we can help.

Our services include resources for these and other issues:

- Emotional difficulties
- Bereavement
- Marital or family concerns
- Mental health disorders
- Substance use or dependence

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.



HEALTH COACHES TO HELP EMPLOYEES ACHIEVE THEIR HEALTH GOALS

Members can work to achieve their health-related goals by working with a health coach. Our coaches can help members stay motivated and keep them accountable. This service is available to members at no cost.

Our lifestyle health coaching can help members:

- Lose weight.
- Eat healthier.
- Reduce their stress.
- Quit using tobacco.
- Become more physically active.
- Build healthier habits.
- Create a healthy family plan.

Our condition management health coaching programs can help members:

- Manage their diabetes or heart disease.
- Control their asthma or other chronic conditions.



RXWELL

Our RxWell app is designed to help members become emotionally and physically healthy. It combines health coaching support with provider-endorsed techniques. The app's programs focus on a variety of wellness topics—from stress, anxiety, and depression to nutrition, weight management, and tobacco cessation.



DISCOUNT VISION BENEFIT

Members with the UPMC Vision Care Value-Add Exam Only with Copay plan can receive a vision exam from a participating vision provider for a \$15 copayment and discounted pricing on glasses and contact lenses.¹



DISCOUNT DENTAL BENEFIT

UPMC Dental Advantage gives members a 20 percent discount on all eligible Class I, II, and III services when they visit a participating dental provider.¹



DISCOUNT HEARING BENEFIT

Amplifon Hearing Health Care has negotiated discounts with a nationwide network of contracted providers.



HEALTH AND WELLNESS DISCOUNTS

UPMC Health Plan members get exclusive discounts on gym memberships, activity trackers, and other health and wellness products through two great programs.

The ChooseHealthy® program empowers members to advance their health and well-being through a diverse range of products. They can use ChooseHealthy's online store to save up to 55 percent on popular health and fitness brands. These brand-name wellness products can help them live better every day.

With the Active&Fit Direct™ program, members have access to more than 11,000 fitness centers nationwide and over 4,000 on-demand fitness videos.



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 its 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.

Resources include:

- Expert help with financial or legal concerns.
- Referrals for child- or eldercare.
- Assistance with a work concern.
- Coaching and counseling.
- Self-guided online courses on personal and professional topics, wellness webinars, and more.

¹ Included with all fully insured groups with 51 to 499 employees.

UPMC HEALTH PLAN

upmchealthplan.com

