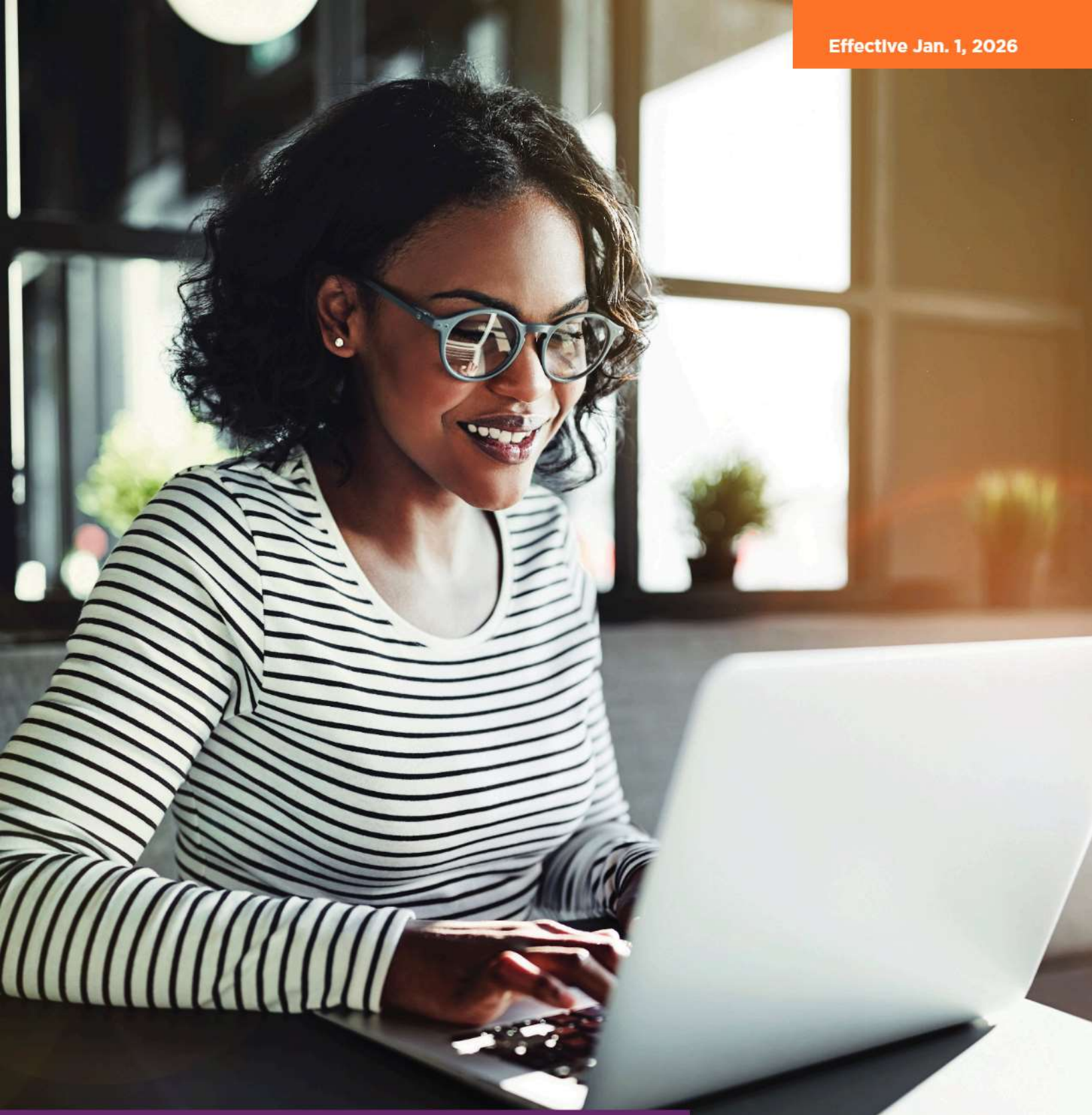
Effective Jan. 1, 2026



Benefit Plan Summaries

For groups with 2-50 employees

UPMC Health Plan

What's inside

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 doctors, hospitals, and facilities, plus clinical innovation and excellence that leverage our unique care delivery and finance structure.

We offer a diverse range of products, a variety of plans, 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.

Health maintenance organization (HMO)

With UPMC Health Plan's HMO plans, members must receive care from in-network providers (except in the case of emergency services). Members must also select a primary care provider (PCP) to help coordinate their care. In some cases, members who are 21 or older need a PCP referral to see an in-network specialist. Preventive care is always covered at 100 percent when members use an in-network provider.

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 Standard Network

The UPMC Standard Network includes UPMC-owned hospitals, physician practices, and facilities, as well as community-based hospitals, doctors, and other providers. The providers in this network efficiently coordinate care and manage referrals to maximize value and savings.

Extended network

UPMC Health Plan members have access to an extended network. It is composed of the Cigna Healthcare® PPO Network[1] for members who are outside the UPMC Health Plan service area and not in Ohio and the SuperMed PPO Network for members in Ohio.[2] The Cigna Healthcare PPO Network has nearly 1.5 million health care providers and 6,400 hospitals.[3]

- **Members who need medical care while traveling:** If members are traveling and an urgent health issue arises, they can receive care through the extended network. 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. Those who are attending college can receive in-network care at an on-campus student health center.
- **Members who are experiencing an emergency:** Members can visit any emergency department and receive the highest level of coverage.

[1]The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with UPMC Health Plan and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with UPMC Health Plan. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property Inc. Access to the Cigna Healthcare PPO Network outside of the UPMC Health Plan service area is applicable for members in Bucks, Chester, Delaware, Franklin, Fulton, Juniata, Mifflin, Montgomery, Montour, and Philadelphia counties in Pennsylvania; all other states except Ohio; Garrett and Allegany counties in Maryland; and Chautauqua, Cattaraugus, and Allegany counties in New York.

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

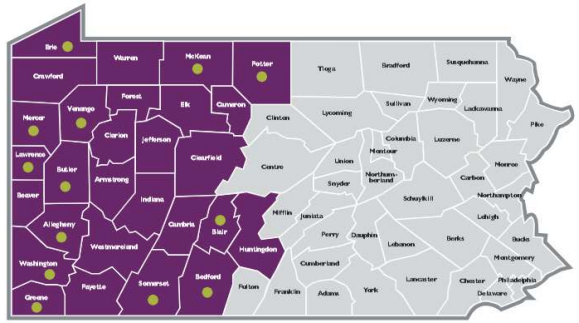
[3]Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration as of July 2024. Data is subject to change.

UPMC Small Business *Advantage* (EPO/PPO)

Portfolio	Network	Plan design	Deductible[1] (individual/family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	PCP/ Virtual PCP	Specialist/ Virtual specialist	Behavioral health office/virtual behavioral health office	Urgent care/ 24/7 video visits[8]	Emergency department[3]	Inpatient hospital care[6]	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.)	Lab	Pharmacy copay options (select/generic/preferred/ nonpreferred/specialty)
UPMC Small Business *Advantage*	Premium/Partner[4]	EPO/PPO	$0/$0[7]	$4,500/$9,000	0%	$10/$5	$25/$13	$10/$5	$25/$5	$300	0%	$300	$25	$25	$0/$15/$40/$75/30% with $500 max
			$250/$500[7]	$3,500/$7,000	0%	$20/$10	$40/$20	$20/$10	$40/$5	$150	0%	$150	$20	$20	
			$500/$1,000[7]	$8,500/$17,000	0%	$40/$20	$50/$25	$40/$20	$50/$5	$300	0%	$300	$150	$50	
			$1,000/$2,000	$7,500/$15,000	0%	$40/$20	$50/$25	$40/$20	$50/$5	$300	0%	$300	$150	$50	
			$1,500/$3,000	$7,500/$15,000	0%	$40/$20	$50/$25	$40/$20	$50/$5	$300	0%	$300	$150	$50	
	Premium	EPO/PPO	$2,000/$4,000[7]	$7,500/$15,000	0%	$35/$18	$50/$25	$35/$18	$50/$5	$300	0%	$300	$150	$40	$0/$15/$40/$75/30% with $500 max
			$3,100/$6,200[7]	$7,500/$15,000	0%	$30/$15	$40/$20	$30/$15	$40/$5	$300	0%	$300	$150	$40	
	Premium/Partner[4]	EPO/PPO	$4,400/$8,800	$10,600/$21,200	0%	$60/$30	$80/$40	$60/$30	$80/$5	$750[6]	$750[5]	$300[6]	$150[6]	$60	$0/$20/$60/$120/30% with $500 max
			$8,550/$17,100	$10,600/$21,200	0%	0%	0%	0%	$0/$5[6]	0%	0%	0%	0%	0%	$0/$15/$40/$75/$95[6]
	Premium	EPO HSA/ PPO HSA	$1,750/$3,500 (AGG)[7]	$7,500/$10,600 (AGG)	10%	10%	10%	10%	10%/$5[6]	10%	10%	10%	10%	10%	$0/$15/$40/$75/30% with $500 max after deductible
			$2,200/$4,400 (AGG)	$7,500/$10,600 (AGG)	10%	10%	10%	10%	10%/$5[6]	10%	10%	10%	10%	10%	
			$3,300/$6,600 (AGG)[7]	$7,500/$10,600 (AGG)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
			$4,700/$9,400	$8,300/$16,600	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	$0/$20/$60/$120/30% with $500 max after deductible

UPMC Small Business *Advantage*

UPMC Small Business *Advantage* gives you a trusted partner with the power to protect your biggest asset: your employees. UPMC Health Plan will work with you to implement programs that help you control health care costs and improve your bottom line. With UPMC Small Business *Advantage*, you can give your employees the peace of mind that comes with being a UPMC Health Plan member.



UPMC Small Business *Advantage* EPO/PPO plans using the UPMC Premium Network are offered to employer groups located in these counties

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

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

[2] *Coinsurance applies after deductible.*

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

[4] *The UPMC Partner Network is available as EPO in Allegheny, Bedford, Blair, Butler, Erie, Greene, Lawrence, McKean, Mercer, Potter, Somerset, Venango, and Washington counties.*

[5] *Copayment per day after deductible for a maximum of five days per benefit period.*

[6] *After deductible.*

[7] *Plans not available in Clearfield or Crawford counties.*

[8] *24/7 video visits are an in-network benefit only.*

UPMC Small Business *Advantage* (HMO)

Portfolio	Network	Plan design	Deductible[1] (individual/family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	PCP/ Virtual PCP	Specialist/ Virtual specialist	Behavioral health office/virtual behavioral health office	Urgent care/ 24/7 video visits[6]	Emergency department[3]	Inpatient hospital care[5]	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.)	Lab	Pharmacy copay options (select/generic/preferred/ nonpreferred/specialty)
UPMC Small Business *Advantage*	Standard	HMO	$0/$0	$4,500/$9,000	0%	$10/$5	$25/$13	$10/$5	$25/$5	$300	0%	$300	$25	$25	$0/$15/$40/$75/30% with $500 max
			$250/$500	$3,500/$7,000		$20/$10	$40/$20	$20/$10	$40/$5	$150	0%	$150	$20	$20	
			$1,000/$2,000	$7,500/$15,000		$40/$20	$50/$25	$40/$20	$50/$5	$300	0%	$300	$150	$50	
			$1,500/$3,000												
			$4,400/$8,800	$10,600/$21,200		$60/$30	$80/$40	$60/$30	$80/$5	$750[5]	$750[4]	$300[5]	$150[5]	$60	$0/$20/$60/$120/30% with $500 max
			$8,550/$17,100			0%	0%	0%	$0/$5[5]	0%	0%	0%	0%	0%	$0/$15/$40/$75/$95[5]

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

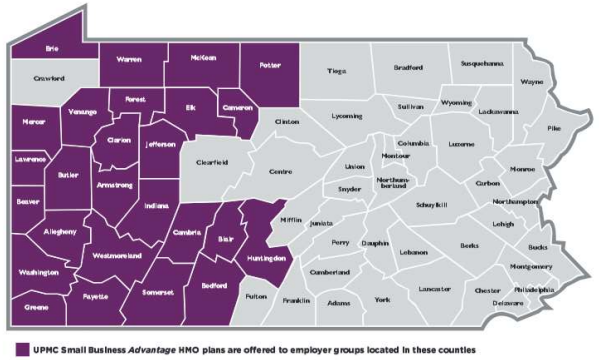
[2]*Coinsurance applies after deductible.*

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

[4]*Copayment per day after deductible for a maximum of five days per benefit period.*

[5]*After deductible.*

[6]*24/7 video visits are an in-network benefit only.*

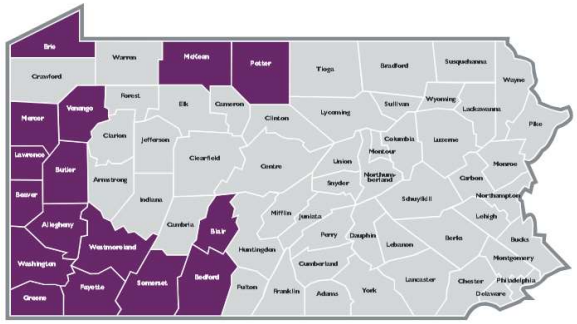


UPMC MyCare *Advantage*

Portfolio	Network	Plan design	Deductible[1] (individual/family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	PCP/ Virtual PCP	Specialist/ Virtual specialist	Behavioral health office/virtual behavioral health office	Urgent care/ 24/7 video visits[3]	Emergency department[4]	Inpatient hospital care[2]	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.)	Lab	Pharmacy copay options (select/generic/ preferred/nonpreferred/ specialty)
UPMC MyCare *Advantage*	Premium	EPO/PPO—Level 1	$1,000/$2,000	$7,500/$15,000	10%	$30/$15	$50/$25	$30/$15	$50/$5	$200	$500[5]	$200	$150	$50	$0/$15/$40/$75/30% with $500 max
		EPO/PPO—Level 2	$2,000/$4,000		35%	$50/$25	$100/$50	$30/$15	$100/$5			$400	35%	35%	
		PPO—Level 3 Nonparticipating provider	$4,000/$8,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	
		EPO/PPO—Level 1	$1,250/$2,500	$7,500/$15,000	0%	$35/$18	$50/$25	$35/$18	$50/$5	$200	0%	$200	$150	$50	
		EPO/PPO—Level 2	$2,500/$5,000		35%	$70/$35	$100/$50	$35/$18	$100/$5		35%	$400	35%	35%	
		PPO—Level 3 Nonparticipating provider	$5,000/$10,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	
		EPO/PPO—Level 1	$2,000/$4,000	$7,500/$15,000	0%	$35/$18	$50/$25	$35/$18	$50/$5	$175[5]	0%	$175	$150	$50	
		EPO/PPO—Level 2	$4,000/$8,000		35%	$70/$35	$100/$50	$35/$18	$100/$5		35%	$350	35%	35%	
		PPO—Level 3 Nonparticipating provider	$8,000/$16,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	
		EPO/PPO—Level 1	$2,500/$5,000	$7,500/$15,000	10%	$30/$15	$50/$25	$30/$15	$50/$5	$200	10%	$200	$150	$50	
		EPO/PPO—Level 2	$5,000/$10,000		35%	$60/$30	$100/$50	$30/$15	$100/$5		35%	$400	35%	35%	
		PPO—Level 3 Nonparticipating provider	$10,000/$20,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	

UPMC MyCare *Advantage*

UPMC MyCare *Advantage* offers tiered benefit plans with out-of-pocket costs that vary depending on where members receive care. Level 1 includes high-value, high-performing providers with value-based contracts. It includes all UPMC-owned physician practices and hospitals, plus many community-based providers. Level 2 provides access to care from more than 15,000 additional providers at a higher member cost share. Level 3 (PPO only) provides access to out-of-network providers at the highest member cost share. With UPMC MyCare *Advantage*, employees have maximum flexibility and provider choice.



UPMC MyCare *Advantage* plans are offered to employer groups located in these counties

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

[2] *Coinsurance applies after deductible.*

[3] *24/7 video visits are an in-network benefit only.*

[4] *Emergency department copayment is waived if the member is admitted to the hospital.*

[5] *After deductible.*

UPMC MyCare *Advantage (cont'd)*

Portfolio	Network	Plan design	Deductible[1] (individual/family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	PCP/ Virtual PCP	Specialist/ Virtual specialist	Behavioral health office/virtual behavioral health office	Urgent care/ 24/7 video visits[3]	Emergency department[4]	Inpatient hospital care[5]	Advanced imaging (PET, MRI, etc.)	Other imaging (x-ray, etc.)	Lab	Pharmacy copay options (select/generic/ preferred/nonpreferred/ specialty)
UPMC MyCare *Advantage*	Premium	EPO/PPO—Level 1	$4,400/$8,800	$10,600/$21,200	20%	$50/$25	$80/$40	$50/$25	$80/$5	$300[5]	20%	$300[5]	$150	$60	$0/$20/$60/$120/30% with $500 max
		EPO/PPO—Level 2	$8,800/$17,600		35%	$70/$35	$140/$70	$50/$25	$140/$5		35%	$600[5]	35%	35%	
		PPO—Level 3 Nonparticipating provider	$10,000/$20,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	
		EPO/PPO—Level 1	$5,000/$10,000	$10,600/$21,200	20%	$50/$25	$70/$35	$50/$25	$70/$5	20%	20%	20%	$150	$70	
		EPO/PPO—Level 2	$8,000/$16,000		35%	$100/$50	$140/$70	$50/$25	$140/$5		35%	35%	35%	35%	
		PPO—Level 3 Nonparticipating provider	$10,000/$20,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	
		EPO HSA/PPO HSA—Level 1	$3,800/$7,600	$8,300/$16,600	20%	20%	20%	20%	20%/$5[5]	20%	20%	20%	20%	20%	$0/$20/$60/$120/30% with $500 max[5]
		EPO HSA/PPO HSA—Level 2	$7,000/$14,000		35%	35%	35%	20%	35%/$5[5]		35%	35%	35%	35%	
		PPO HSA—Level 3 Nonparticipating provider	$10,000/$20,000	$15,000/$30,000	40%	40%	40%	40%	40%		40%	40%	40%	40%	

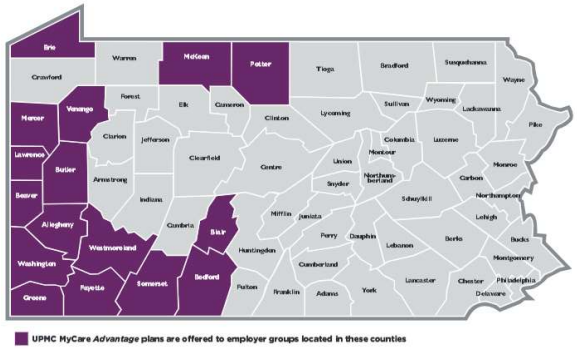
[1]*All deductible and out-of-pocket maximum costs are embedded unless otherwise noted.*

[2]*Coinsurance applies after deductible.*

[3]*24/7 video visits are an in-network benefit only.*

[4]*Emergency department copayment is waived if the member is admitted to the hospital.*

[5]*After deductible.*

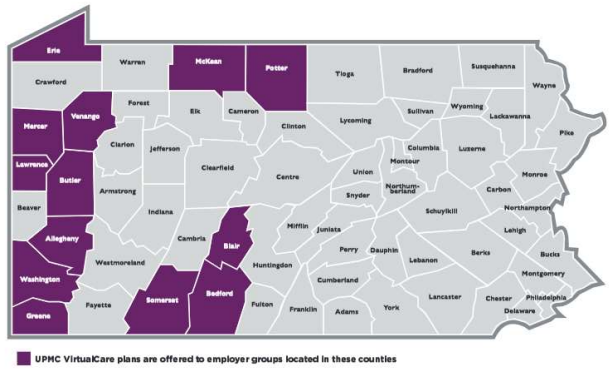


UPMC VirtualCare

Portfolio	Network	Plan design	Deductible[1] (individual/family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	Virtual PCP	Virtual specialist	Virtual behavioral health	24/7 video visits[6]	In-person PCP	In-person specialist	In-person urgent care	Emergency department[3]	Inpatient hospital care	Outpatient	Pharmacy (select/generic/ preferred/ nonpreferred/specialty)
UPMC VirtualCare	Partner	EPO	$1,500/$3,000	$7,500/$15,000	0%	$0	$25	$0	$0	$40	$50	$50	$300	0%	0%	$0/$15/$40/$75/30% with $500 max
			$4,400/$8,800	$10,600/$21,200	0%	$0	$40	$0	$0	$60	$80	$80	$750[5]	$750[4]	0%	$0/$20/$60/$120/30% with $500 max

UPMC VirtualCare

UPMC VirtualCare™ is an innovative health insurance plan that offers easy access to no- or low-cost virtual visits, care coordination, and in-person care when needed. In addition, members receive personalized digital communications and a suite of digital navigation tools to help them manage their plan and access important information.



UPMC VirtualCare plans are offered to employer groups located in these counties

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

[2] *Coinsurance applies after deductible.*

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

[4] *Copayment per day after deductible for a maximum of five days per benefit period.*

[5] *After deductible.*

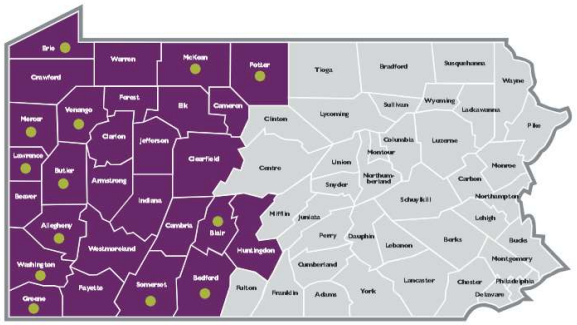
[6] *24/7 video visits are an in-network benefit only.*

UPMC First Care

Portfolio	Network	Plan design	Deductible[1] (individual/ family)	Out-of-pocket maximum[1] (individual/family)	Coinsurance[2]	PCP	Specialist	Behavioral health	Virtual PCP	Virtual specialist	Virtual behavioral health	24/7 video visits[7]	Urgent care	Emergency department[3]	Inpatient hospital care[6]	Outpatient	Pharmacy (select/ generic/preferred/ nonpreferred/specialty)
UPMC First Care	Premium/ Partner[4]	EPO/ PPO	$7,000/$14,000	$10,600/$21,200	0%	$0 for first visit, then $80	$0 for first visit, then $100	$0	$0 for first visit, then $40	$0 for first visit, then $50	$0	$0	$100	$550[6]	$350[5]	0%	$0/$20/$60/$120/30% with $500 max

UPMC First Care

UPMC Health Plan believes in providing access to comprehensive care and helping employers put their employees' health first. UPMC First Care™ helps employers do that. The plans have no copay for the first in-person and virtual primary care and specialist visits, all 24/7 video visits (see page 25 for more information), and all behavioral health visits.



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

[2]Coinsurance applies after deductible.

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

[4]The UPMC Partner Network is available as EPO in Allegheny, Bedford, Blair, Butler, Erie, Greene, Lawrence, McKean, Mercer, Potter, Somerset, Venango, and Washington counties.

[5]Copayment per day after deductible for a maximum of five days per benefit period.

[6]After deductible.

[7]24/7 video visits are an in-network benefit only.

Vision Essential Health Benefits for Members Up to Age 19

All medical plans provide coverage for pediatric vision services. When dependents up to age 19 are enrolled in medical coverage, they will automatically be enrolled in UPMC Vision Care. Their benefits will be administered by National Vision Administrators (NVA®).

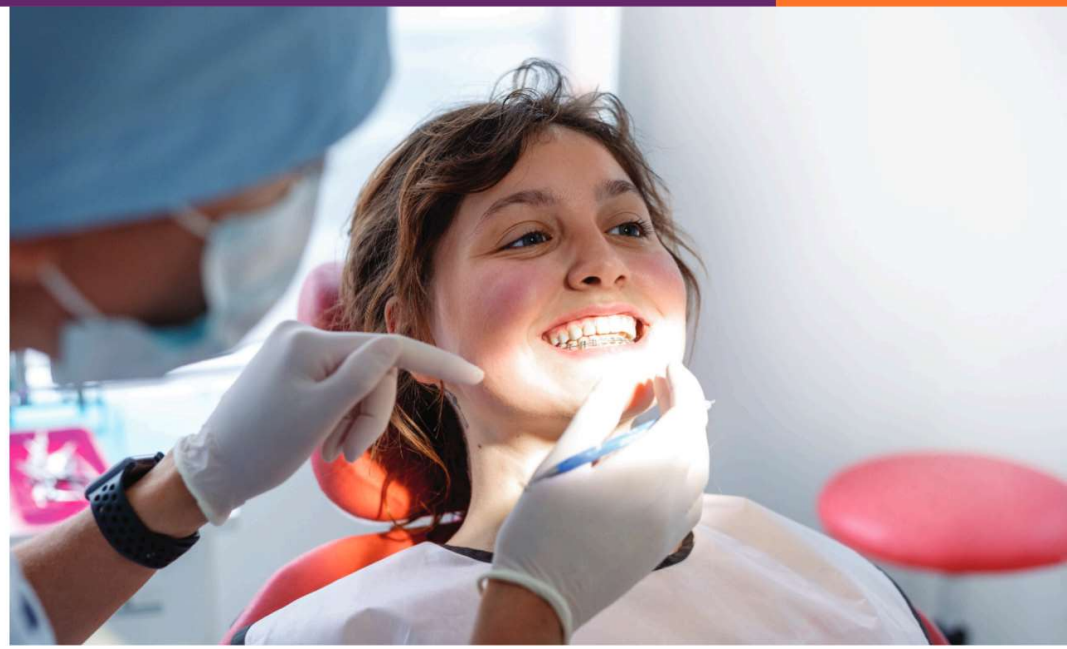
			Frequency
Benefit	**In-network[1]**	**Out-of-network reimbursement[2]**	**Children up to age 19**
Examination	Covered at 100%	Up to $30	Once every benefit period
Eyeglass lenses			
Single vision	Covered at 100%	Up to $25	Once every benefit period
Bifocal	Covered at 100%	Up to $35	Once every benefit period
Trifocal	Covered at 100%	Up to $45	Once every benefit period
Frames			
Collection frames	Covered at 100%	Up to $30	Once every benefit period
Noncollection frames[3]	Covered		Once every benefit period
Contact lenses (in lieu of glasses). Contact lens fitting and follow-up reimbursement are separate from contact lens material.			
Contact lens fitting and follow-up	Covered at 100%	Up to $225	Once every benefit period
Contact lens material	Covered at 100%		Once every benefit period

Optional lens and treatment	Fixed fee	Optional lens and treatment	Fixed fee
Polycarbonate	$0	Plastic dyes and single gradient	$10
Plastic dyes—solid	$8	Progressive lenses (Tier 1)	$50
Anti-reflective coating (Tier 1)	$40	Progressive lenses (Tier 2)	$80
High-index plastic (1.53-1.60/Trivex)	$40	Polarized (Tier 1)	$65
High-index plastic (1.66/1.67)	$71	Transitions VII	$70
High-index plastic (1.70 and above)	$80	Transitions VII MF	$85

[1]Participating vision providers include in-network providers who choose to use an out-of-network laboratory.

[2]Out-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.

[3]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.



Dental Essential Health Benefits for Members Up to Age 19

All medical plans provide coverage for pediatric dental services. When dependents up to age 19 are enrolled in a medical plan, they will automatically receive dental coverage.

	In-network	Out-of-network
Plan year deductible	$50 individual/$150 family (waived for Class I services)	$75 individual/ $200 family
Class I: Diagnostic/Preventive services (includes exams, cleanings, and bitewing x-rays)	Covered at 100%; member pays $0	Member pays 10% after deductible
Class II: Basic services (includes fillings, extractions, and endodontic therapy)	Member pays 30% after deductible	Member pays 40% after deductible
Class III: Major services (includes crowns, implants, and dentures)	Member pays 50% after deductible	Member pays 60% after deductible
Class IV: Orthodontics (subject to medical deductible)	Member pays 50% after deductible	Not covered

Pharmacy

When you choose UPMC Health Plan, your employees will have access to a comprehensive pharmacy benefits program.

Medication Management Programs

Medication Review

With UPMC Health Plan, employees 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.
- The process they can follow if they want to file a dispute.

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

Price Assure

Through Express Scripts Inc.'s partnership with GoodRx, all employees with UPMC Health Plan prescription coverage get Price Assure pricing, offering them potentially lower out-of-pocket costs for nonspecialty generic medications.

Sempre Health

Sempre Health is a copay discount program with the philosophy that small dollar incentives paired with text message engagement go far in impacting employees' medication adherence. The program works like a good-driver discount. Each time an eligible employee fills a prescription on time, they get a discount on their copay.

Formularies

UPMC Health Plan carefully designs and manages its formularies to help manage pharmacy costs.

UPMC Health Plan contracts with Express Scripts to provide convenient home delivery of certain maintenance medications. With home delivery, members can receive up to a 90-day supply of most medications, plus refills.

The Select Generic medication tier includes high-value generic drugs with no member cost share (deductible may still apply). Removing the cost share for these high-value generic drugs eliminates a barrier to medication adherence for members who have chronic conditions.

Network

The UPMC Essential Pharmacy Network™ is a retail pharmacy network for groups with 2 to 50 employees. It includes national chain, regional chain, and independent pharmacies.

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 NVA, gives members access to a national network of vision providers.

Plan names	Exam copay	Lenses[2]	Frame allowance	Contact lens material allowance	Frequency
Exam $0 I29/00	$0	Not covered	Not covered	Not covered	Once every two benefit periods
Exam $15 I30/10	$15	Not covered	Not covered	Not covered	Once every two benefit periods
Classic $0 I31/20	$0	Covered at 100%	$75	$75	Once every two benefit periods
Classic $15 I32/30	$15	Covered at 100%	$75	$75	Once every two benefit periods
Deluxe $0 I33/40	$0	Covered at 100%	$100	$100	Once every two benefit periods[1]
Deluxe $15 I34/50	$15	Covered at 100%	$100	$100	Once every two benefit periods[1]
Prime $0 I40/1P	$0	Covered at 100%	$100	$100	Once every benefit period
Prime $15 I41/2P	$15	Covered at 100%	$100	$100	Once every benefit period
Premier Plus $0 I35/60	$0	Covered at 100%	$150	$150	Once every benefit period
Premier $15 I36/70	$15	Covered at 100%	$150	$150	Once every benefit period
Elite[3] $0 I38/90	$0	Covered at 100%	$150	$150	Once every benefit period
Elite[3] $15 I39/0P	$15	Covered at 100%	$150	$150	Once every benefit period

[1]Children through age 18 are eligible for an exam and lenses once every benefit period, regardless of their medical plan enrollment.

[2]Additional information about coverage for lenses and options is provided in the plan documents.

[3]Members can select glasses and contact lenses in the same benefit period.

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	Plan names	Deductible (individual/family)	Plan year 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 DI1/FE	$0/$0	Unlimited	100%	20% discount	20% discount	Not covered
			Basic DI2/FF	$50/$150	Unlimited	100% after deductible	20% discount	20% discount	Not covered
			Basic DI3/FG	$75/$300	Unlimited	100% after deductible	20% discount	20% discount	Not covered
			Standard D13/10	$0/$0	$1,500	100%	50%	50%	Not covered
			NEW! Standard D14/11	$50/$150 (waived for Class I services)	$1,500	100%	50% after deductible	50% after deductible	Covered/$1,500
			Standard D15/12	$75/$300 (waived for Class I services)	$2,000	100%	50% after deductible	50% after deductible	Not covered
			NEW! Standard D42/43	$0/$0	$1,000	100%	80%	50%	Covered/$1,000
			NEW! Premium D06/03	$0/$0	$1,500	100%	80%	50%	Covered/$1,500
			Premium D18/15	$0/$0	$1,500	100%	80%	50%	Not covered
			NEW! Premium D19/16	$75/$300 (waived for Class I services)	$2,000	100%	80% after deductible	50% after deductible	Not covered
			NEW! Premium D20/17	$75/$300 (waived for Class I services)	$2,000	100%	80% after deductible	50% after deductible	Covered/$2,000
			NEW! Premium D21/18	$50/$150 (waived for Class I services)	$2,000	100%	80% after deductible	50% after deductible	Covered/$1,500
			NEW! Premium D84/F4	$50/$150 (waived for Class I services)	$1,000	100%	80% after deductible	50% after deductible	Covered/$1,000
			Premium D85/F5	$50/$150 (waived for Class I services)	$1,000	100%	80% after deductible	50% after deductible	Not covered
			NEW! Premium D86/F6	$50/$150 (waived for Class I services)	$1,500	100%	80% after deductible	50% after deductible	Covered/$1,500
			Premium D87/F7	$50/$150 (waived for Class I services)	$1,500	100%	80% after deductible	50% after deductible	Not covered
			Premium D68/DM	$0/$0	$1,500	100%	70%	50%	Not covered
			Premium D69/DN	$50/$150 (waived for Class I services)	$1,500	100%	70% after deductible	50% after deductible	Not covered
			Premium D78/DW	$0/$0	$1,500	100%	80%	50%	Covered/$1,000
			NEW! Premium DJ9/IX	$0/$0	$1,000	100%	100%	60%	Not covered
			NEW! Premium DK1/JE	$0/$0	$1,000	100%	100%	60%	Covered/$1,000

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

UPMC Consumer *Advantage* Spending Accounts

UPMC Consumer *Advantage*

UPMC Consumer *Advantage*® offers a range of savings accounts designed to help members manage both current and future health care costs, as well as other life expenses. These accounts also provide valuable benefits for employers. The specific tax savings and other advantages you may receive will depend on the type of plan you offer, the makeup of your workforce, and applicable tax laws in your region.

Health savings account (HSA)
Employees can use an HSA to pay for qualified health care expenses and save for future expenses. Employers can contribute to their employees' HSAs and allow employees to make payroll contributions. Employees can also make tax-free contributions outside of payroll. Interest earned and dollars spent on qualified health care expenses are tax-free, and employees can invest excess funds once they reach a certain threshold. In order to participate in an HSA, employees must be enrolled in a qualified high-deductible health plan.

Health care and limited-purpose flexible spending accounts (FSAs)

Health care FSA: Employees can use this account to pay for qualified health care expenses, including medical, dental, vision, and prescription drug costs. Employers don't pay payroll taxes on the savings that employees accumulate.

Limited-purpose FSA: This account works in conjunction with an HSA. It is designed to pay for expenses that are not eligible for HSA coverage, such as dental and vision care.

Qualified transportation account (QTA)
Employees who have a QTA can make pretax contributions to pay for qualified transit and parking expenses related to their commute to work. Employers that offer a QTA can allow funds to roll over from year to year.

Dependent care flexible spending account (DCFSA)
With a DCFSA, employees can set aside up to $5,000 annually to offset costs associated with the care of eligible children or older adult dependents. Eligible costs include daycare or babysitting expenses, before- and after-school programs for children younger than 13, and adult daycare centers. The contribution limit is $2,500 for those who are married but file taxes separately.

Lifestyle spending account (LSA)
An LSA is an employer-funded, post-tax benefit account that reimburses employees for certain nonmedical and lifestyle-related expenses (excludes 213(d) expenses). Eligible expenses could include classes, activity trackers, financial advisers, and life coaching.

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.

UPMC COBRA *Advantage* is available for federal and/or mini COBRA administration. Employer groups with medical, dental, and vision coverage through UPMC Health Plan can add UPMC COBRA *Advantage* at no additional cost.

Fertility Health and Family Planning Benefits Through Carrot Fertility

UPMC Health Plan works with Carrot Fertility to help employers offer comprehensive, accessible, and affordable fertility health and family planning benefits. Employees with access to this benefit receive:

- Personalized support for:
  - Understanding fertility health.
  - Assisted reproduction (such as in vitro fertilization).
  - Adoption.
  - Gestational carrier arrangements.
  - Egg, sperm, and embryo preservation.
  - Menopause/Low testosterone (low T).
- Unlimited, no-cost virtual visits with fertility health and family planning experts to navigate their options, learn treatment costs, and get answers to their questions.
- Employer-sponsored funds for fertility and family planning services.
- Access to exclusive partnerships; discounts; and expert-authored educational videos, articles, and more.

Self-Funding 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 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. Employers receive protection from high-cost claimants and can receive a claim refund if their claims are lower than expected.

UPMC Self Assure level funded 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

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

Claims contribution refund (if applicable)

Surplus Amount (if applicable)	×	2/3 or 50% Return Based on Employer's Choice at Time of Sale	=	Money Returned to Group

**Excludes any claims paid by UPMC Health Plan under the specific stop loss coverage.*

Features Included With All Plans

All of our health plan options come with important resources that can help employees maximize and understand their plan, manage and access their benefits, stay healthy, and get customer service support for their questions. In addition, employers receive dedicated support from our Account Management team.

UPMC Health Plan telehealth services

With 24/7 video visits, members can:

- Receive convenient, high-quality 24/7 video visits for nonemergency conditions using a computer, tablet, or smartphone anywhere in the United States.[1]
- Receive a treatment plan and prescription (if necessary) for cold and flu symptoms, sinus infections, allergies, pink eye, and more.

Members also have access to other telehealth services where they can:

- Chat with licensed pharmacists about their medication.
- Get personalized guidance from health navigators and schedule appointments with board-certified health coaches.

UPMC *My*Health 24/7 Nurse Line[2]

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

Award-winning customer service[3]

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.

[1]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 or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. It is at the discretion of OCN providers to choose whether to treat patients ages 0 to 2. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans who have opted out of coverage. Talk therapy of Psychiatry services through Health Plan telehealth services are not covered services for UPMC Community HealthChoices participants, UPMC for You members, or UPMC for Kids members. 24/7 video visits for children ages 0-17 are not available outside of Pennsylvania. If a member is under the age of 18, the member's parent or legal guardian must be with the member during the video portion of the visit, and the child and parent or legal guardian must be in Pennsylvania during the visit. Providers are not available to treat members who are in Puerto Rico.

[2]UPMC 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 their local ambulance service, go to the nearest emergency room, or call or text the Suicide and Crisis Lifeline at 988. Nurses cannot answer plan or benefit questions. For plan or benefit information, members should contact Member Services at the number on their member ID card or call at 1-844-220-4785 (TTY: 711) Monday through Friday from 8 a.m. to 6 p.m.

[3]Visit upmchealthplan.com/best for awards information.

Global emergency assistance[1]

Assist America provides global emergency assistance services. It can be used when members experience an emergency while traveling more than 100 miles from home for less than 90 days.

Digital tools

UPMC Health Plan member site
The UPMC Health Plan member site is a secure website where members can personalize their health and wellness goals and needs. There, they can take the *My*Health 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 is UPMC Health Plan's secure website for employers. You can use it to complete these and other activities:

- Manage your health benefits program
- Access and pay monthly invoices electronically
- View helpful resources
- Access *My*Health 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 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

[1]Assist America is not travel or medical insurance, and its services do not replace health coverage while members are away from home. All services must be arranged and provided by Assist America. Bills for any medical costs members incur should be submitted to UPMC Health Plan. They will be subject to the policy limits of the members' health coverage.

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

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

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:

- Enjoy discounts of up to 55 percent on popular health and fitness brands.
- Access online health classes and articles at no cost.
- **NEW!** Save 25 percent on specialty health care services, such as massage therapy and nutritional services.

With the Active&Fit Direct™ program, members can choose from more than 12,700 participating standard gyms for just $28 a month or enjoy up to 70 percent off the membership cost at over 8,800 exercise studios.[2] They can also access more than 13,000 on-demand fitness videos.

Condition support

UPMC Health Plan's condition management health coaching programs support more than just diabetes, heart disease, and asthma. Whether employees are newly diagnosed or managing a long-term condition, our health coaches can help employees by providing clinical education, developing personal goals, and directing them to community resources.

[2]Participants must be 18 or older, be located in the United States, and have a valid email address. Participants must pay by debit card, prepaid credit card, or credit card and are charged in advance on a monthly basis using a recurring payment subscription. Participants commit to three consecutive months of membership. If a participant chooses to cancel, they must provide a 30-day notice of cancellation. All payments are subject to tax, if applicable, based on the participant's location. Monthly fees are subject to applicable enrollment fees and taxes. Costs for premium exercise studios exceed $28 per month plus applicable enrollment fees and taxes. Fees vary based on premium exercise studios selected. Members may purchase multiple standard and premium gym memberships with a $5 discount off the monthly fee for each membership purchased after their first.

UPMC Health Plan Savers

NEW! The UPMC Health Plan Savers program, managed in partnership with Corestream, provides discounts on a variety of products and services. These discounts are wide ranging—covering everything from auto, home, and pet insurance to discounts from national retail brands and even event tickets.

Discount hearing benefit

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

Workpartners' employee assistance program

Through our affiliate, Workpartners®, members have access to an employee assistance program (EAP) where they 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.
- Up to six free coaching and counseling sessions per issue per year. Confidential, private coaching and counseling sessions are available for various issues, including family or marital problems, stress, depression, drug or alcohol use, work-related challenges, or grief and loss.
- Self-guided online courses on personal and professional topics, wellness webinars, and more.

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 **visionbenefits.envolvehealth.com/upmcdiscount,** or call UPMC Health Plan Member Services at **1-866-918-1597 (TTY: 711).**[1]

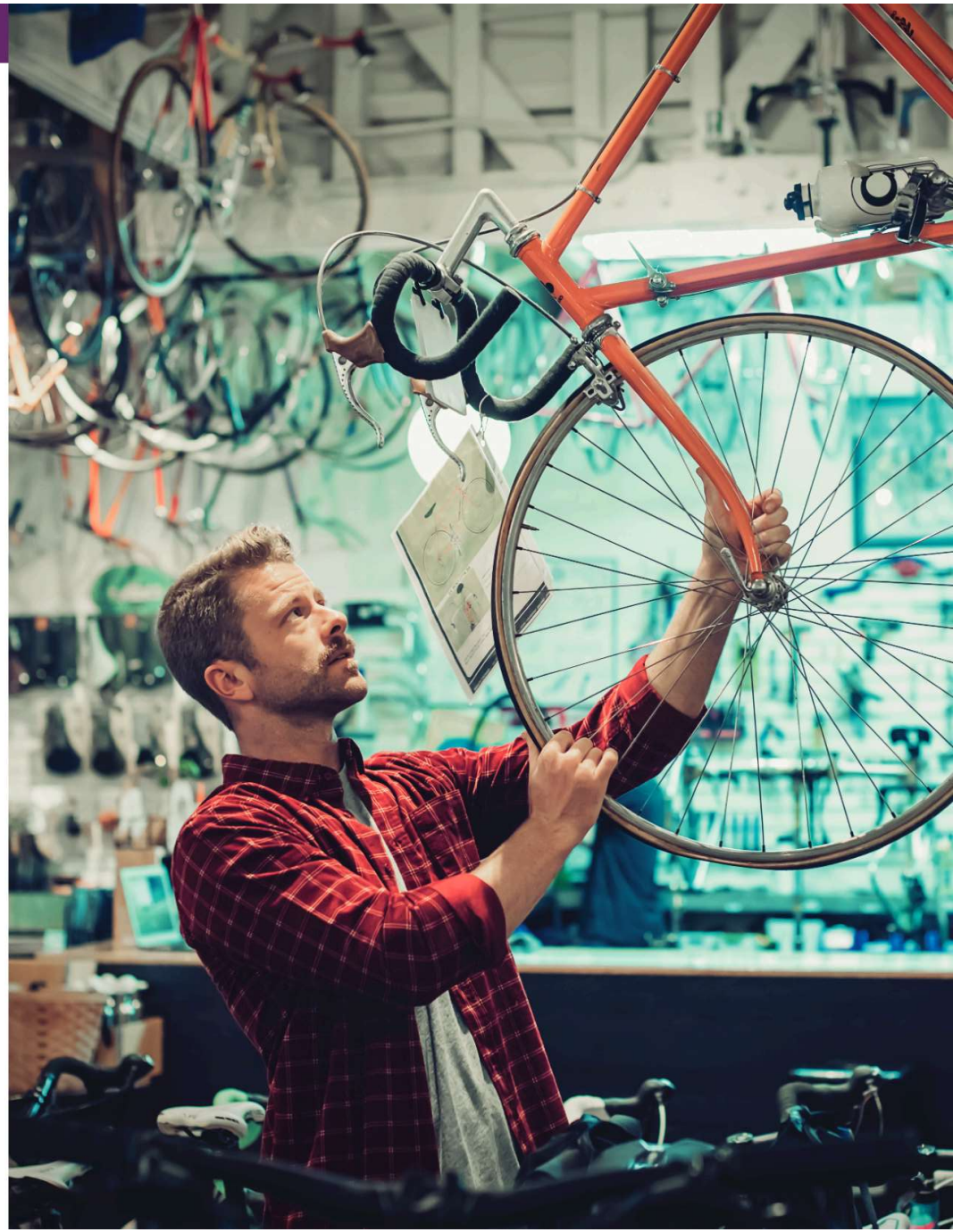
Plan	Benefit
Discount Plan	• **$55 vision examination** A savings of 24% to 50% off usual and customary examination fees (medical-related office visits not included) • **25% discount off eyeglass frames and/or lenses** All in-stock frames are included; no additional dispensing fees are required • **25% discount off sunglasses** Discount is applicable on most retail nonprescription sunglasses (unless prohibited by manufacturer) • **20% discount off contact lenses** (10% off disposables) • **20% discount off contact lens fitting and follow-up visits**
Guidelines	• Members must present their UPMC Small Business *Advantage* member 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.

Discount dental benefit

The UPMC Dental Discount Plan is available as a stand-alone plan option or an added benefit to the existing Basic plan offerings. Employees who choose to enroll in the stand-alone plan will receive a 20 percent discount on all eligible Class I, II, and III services when they visit a participating provider.

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

These plans may not cover all of your employees' health care expenses. Employees should read their plan documents carefully to determine which health care services are covered. For more information, contact your account manager.



UPMC HEALTH PLAN

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