

Welcome to UPMC Health Plan
For Individuals & Families



UPMC HEALTH PLAN

Marketplace

Welcome to the UPMC Health Plan Marketplace



It's important to make sure that you shop for health insurance each year. Why? Each year, monthly premiums, networks, and the amount you receive in financial assistance may change. You need to enroll in the plan that best meets your budget and your health needs for the next year.

UPMC Health Plan knows how important it is to understand and choose the most affordable coverage for yourself and your family. Through the UPMC Health Plan Marketplace, you can find out which insurance options best meet your and your family's needs.

UPMC Advantage plans for individuals and families offer:

- Full access to UPMC as well as other doctors and hospitals in your community.
- Some of the lowest prices in western Pennsylvania,* including low copayments and the ability to save toward future health care costs.
- Access to *MyHealth*, a nationally acclaimed health and wellness program that provides online programs, tools, and over-the-phone advice.
- Our team of award-winning Health Care Concierges ready to answer your questions.

Along with getting affordable, complete medical coverage, everyone will get the same 10 Essential Health Benefits. Essential Health Benefits include emergency services, mental health coverage, maternity care, pharmacy, and preventive services.

*Based on plans available in Allegheny, Beaver, Butler, Erie, Washington, and Westmoreland counties.

**Insurance choices can be confusing.
Let UPMC Health Plan help you navigate the new
system to make it simple and straightforward.**



It's easy to enroll.

Enroll online at www.upmchealthplan.com/coverage
or call a licensed sales representative at
1-855-401-8762 for assistance.

The Value of UPMC Health Plan

Access

You'll have access to the world-renowned hospitals of UPMC. Our networks also include outstanding community hospitals, behavioral health centers, and cancer centers.

And you'll even have global access to care.

When you travel more than 100 miles from home — even around the world — you continue to have easy access to care through our global emergency travel assistance partner, Assist America. This benefit provides immediate connection to necessary resources if you experience a medical emergency while away from home.

Assist America personnel can provide emergency medical evacuation, maintain medical monitoring between your attending physician and/or hospital, relay information to your family, and even help with replacing prescriptions.

Visit www.assistamerica.com for more information.

Service

Our Health Care Concierge team has won awards for their ability to listen and solve problems quickly. You can ask questions on the phone, over secure email, or through online chat. Our team members are all based in Pittsburgh.

Quality Care

All of our plan options cover preventive care at 100 percent. Preventive care includes services like mammograms, yearly physicals, and recommended vaccines.

Member Benefits and Services

MyHealth

With UPMC Health Plan, you get access to an award-winning healthy living program called *MyHealth*. It offers you tips, tools, advice, expert care, health coaching, and personalized programs. All with the goal of helping you live the healthiest life as possible.

MyHealth OnLine

A secure website where you can go every day for practical tips, tools, and programs for better health. You'll find programs, helpful videos, and other resources. You can also find a doctor, view your medical history, and get more information on your health plan benefits.

Health Coaching

You can sign up for free to work with a UPMC health coach. He or she will give you advice on how to get into a healthier routine, such as stopping smoking, losing weight, eating better, dealing with stress, and getting more exercise. And if you're living with a health condition, they can help you coordinate your care with your doctor.

MyHealth Community

Your member ID card opens the door to discounts at local gyms, spas, salons, and sporting goods stores. Discounts also include acupuncture and massages.

MyHealth Advice Line

Experienced registered nurses are available 24/7 to give you guidance on illness and injuries.

UPMC AnywhereCare

With UPMC Health Plan coverage, provider access becomes almost instantaneous. If you can't see your regular provider right away for such things as flu or cold symptoms, a sore throat, pink eye, or a bad sunburn, now you can e-visit a UPMC provider straight from your computer. Anytime, day or night. A UPMC AnywhereCare visit is available at an affordable cost, often for less than your copay for a primary care doctor visit.

UPMC Health Plan Mobile App

When you download the free app to your smartphone, you can access your UPMC Health Plan member ID card, contact your providers from a personalized list, and check the status of your claims.

LifeSolutions

LifeSolutions' services include 24/7 support and online access to articles, links, interactive content, and self-assessments that can help you with work-life balance. You can also search for attorneys, financial advisors, summer camps, pet sitters, and other important resources.



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Visit www.upmchealthplan.com/coverage and use our interactive tools to help you find the right plan for you and your budget.



Regardless of whether you are home or away, UPMC Health Plan will cover care for an emergency medical condition. If you are outside western Pennsylvania at the time you need emergency care, you should seek care immediately at the nearest emergency facility.



Premium Tax Credits and Cost-Share Reductions

Before you select your plan, it is important to determine if you are eligible for financial assistance. One of the key features of the Affordable Care Act (ACA) is that it makes the cost of health insurance manageable. Depending on your income and family size, along with other factors, you may be qualified to receive help paying your monthly bill or paying for the care you receive.

Premium Tax Credits help pay your monthly bill, if you qualify. You can choose to:

- Have the federal government pay the insurance company directly each month to lower your monthly bill (this means you pay less money each month), or
- Have these funds refunded to you when you file your tax return.

Persons in family/ household	Annual Income**
1	\$11,670 - \$46,680
2	\$15,730 - \$62,920
3	\$19,790 - \$79,160
4	\$23,850 - \$95,400
5	\$27,910 - \$111,640
6	\$31,590 - \$126,360
7	\$36,030 - \$144,120
8	\$40,090 - \$160,360

An individual earning up to \$46,680 a year and a family of four earning up to \$95,400 a year may be eligible for premium tax credits.

Cost-Share Reductions lower your expenses when you go to the doctor or hospital.*

- If your income is within the ranges below, you may qualify for a plan with reduced cost shares and expenses such as deductibles, coinsurance, and/or copayments. This means you pay less at the doctor or hospital.

Persons in family/ household	Annual Income**
1	\$11,670 - \$29,175
2	\$15,730 - \$39,325
3	\$19,790 - \$49,475
4	\$23,850 - \$59,625
5	\$27,910 - \$69,775
6	\$31,590 - \$79,925
7	\$36,030 - \$90,075
8	\$40,090 - \$100,225

An individual earning up to \$29,175 a year and a family of four earning up to \$59,625 a year may be eligible for cost-share reductions.

Some people will qualify for both types of help; other people with higher incomes may only qualify for help with the cost of premiums.

*American Indian/Alaska Native members eligible for cost-share reduction will not be charged for items or services provided by an Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization.

**Based on annual adjusted gross income. Annual income amounts are determined by the federal government. To determine eligibility for financial assistance, applicants must confirm on federal Marketplace website.

UPMC Advantage Plans

Once you've determined whether you're eligible for financial help, it's time to find your plan. We offer a variety of plans designed to fit your budget and meet your needs. When buying health insurance, keep these three things in mind:

1. Network
2. Pharmacy coverage
3. Costs (copayments, monthly premiums)

Our offerings include:

- High quality narrow networks where members pay lower premiums for select choices on where they can go to receive care.
- PPO plans where members have the flexibility to seek routine care outside the network. Members have lower cost shares to use in-network providers. This means lower costs when they seek care.

When it comes to pharmacy coverage, all of our plans offer a \$0 generic category. All plans have a robust formulary (a listing of covered medications) to ensure you can receive the most complete care possible. More details regarding the pharmacy benefits are included in the charts on pages 11 and 12. Listed are the specific cost shares and whether your pharmacy benefits are subject to the plan deductible.

Finding the Plan for You

In the following charts, you'll find a detailed breakdown of UPMC Advantage plan options, arranged first by **network** and second by **metallic**.

1. Choose Your Network

Start by selecting your preferred network from the following options:

UPMC Partner Network (EPO)

Plans with the UPMC Partner Network are offered to people who live in Allegheny or Erie county. All UPMC providers and facilities are included in the network. In Erie, some independent providers and facilities are included as well. Although members must live in one of these counties to buy the plan, they can receive care from any UPMC provider or UPMC-owned facility in the 28-county service area.

UPMC Select Network (EPO)

The UPMC Select Network is offered for the five-county region of Allegheny, Beaver, Butler, Washington and Westmoreland. This network includes all UPMC providers and UPMC-owned facilities, plus our community partners Butler Memorial Hospital, Excelsa Health System, Heritage Valley Health System, Monongahela Valley Hospital and Washington Health System.

UPMC Premium Network (PPO)

The UPMC Premium Network is the broadest network. Plans within the UPMC Premium Network are available in the 29-county service area. This network includes all UPMC providers and UPMC-owned facilities. Many independent providers and facilities are also included. Members have the option of using out-of-network providers for care, but pay a greater share of the cost if they do.

2. Choose Your Level of Coverage (metallic)

Next, you'll need to select your desired level of coverage — or metallic — of Bronze, Silver, Gold, or Platinum. These categories simply denote what your share of health care costs will be.

Your monthly payment depends on the level of coverage you choose. In general, plans with lower premiums have greater out-of-pocket costs at the time of service. But you can also choose to pay more up front in premiums and have lower out-of-pocket costs.

Here are what the metallic categories mean:

Bronze plans feature low premiums and higher out-of-pocket costs.

Silver plans feature low premiums and moderate out-of-pocket costs.

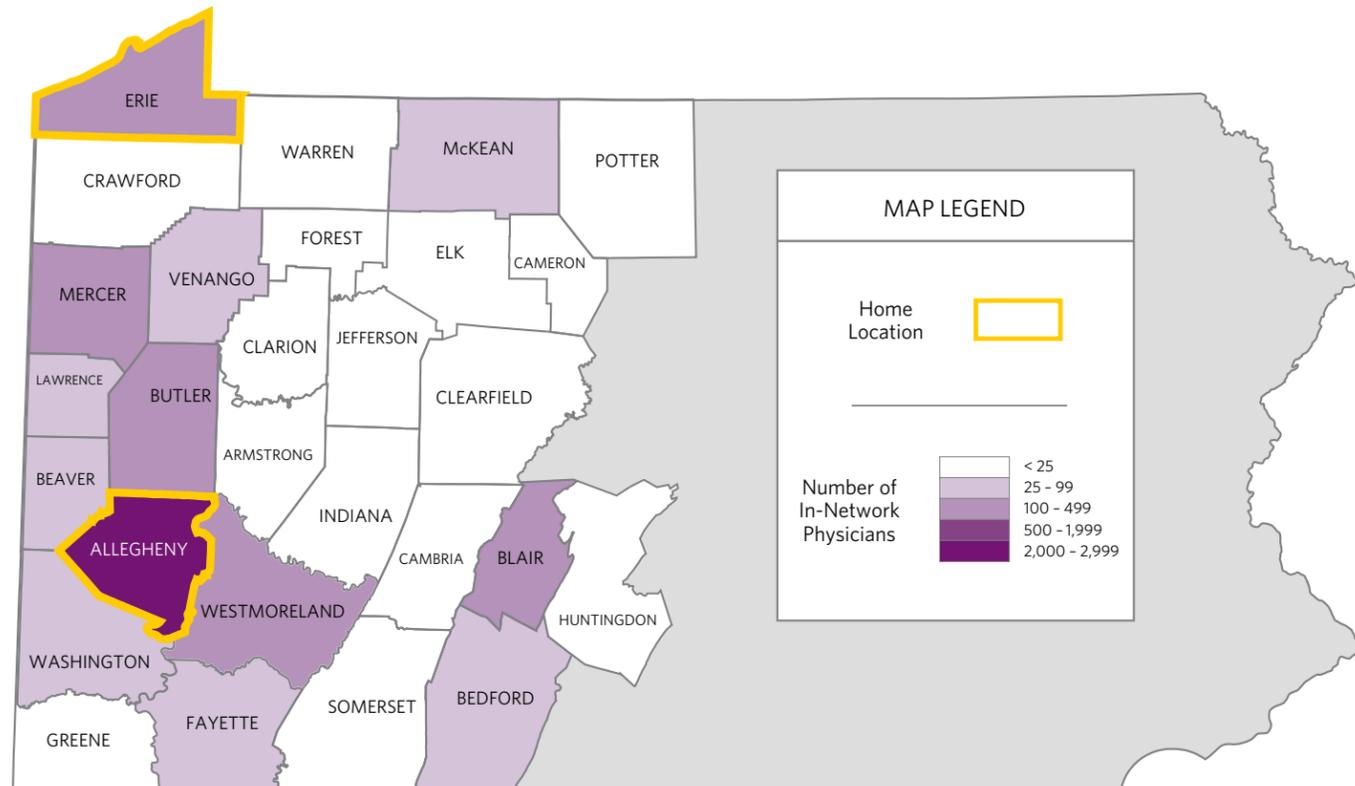
Gold plans feature higher premiums and lower out-of-pocket costs.

Platinum plans feature higher premiums and lower out-of-pocket costs.

UPMC Partner Network Map

Only residents of Allegheny or Erie county are able to purchase this plan.

You will have access to all UPMC-owned facilities and providers within the 28-county service area and other select facilities within Erie and Allegheny counties.



This information is subject to change. For the most up-to-date information, visit www.upmchealthplan.com/find.

In-Network Hospital Listing

Allegheny

Children's Hospital of Pittsburgh of UPMC
 Eye & Ear Institute
 Magee-Womens Hospital of UPMC
 UPMC East
 UPMC McKeesport
 UPMC Mercy
 UPMC Montefiore
 UPMC Passavant - McCandless
 UPMC Presbyterian
 UPMC St. Margaret
 UPMC Shadyside
 Western Psychiatric Institute and Clinic of UPMC

Bedford

UPMC Bedford Memorial

Blair

UPMC Altoona

Butler

UPMC Passavant - Cranberry

Erie

Corry Memorial Hospital
 UPMC Hamot

McKean

Kane Community Hospital

Mercer

UPMC Horizon - Greenville
 UPMC Horizon - Shenango

Venango

UPMC Northwest

Any emergency department is considered in-network for true emergencies when traveling.



Enroll Now

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Learn more about each plan and find out which one is right for you.

Shop and enroll online.

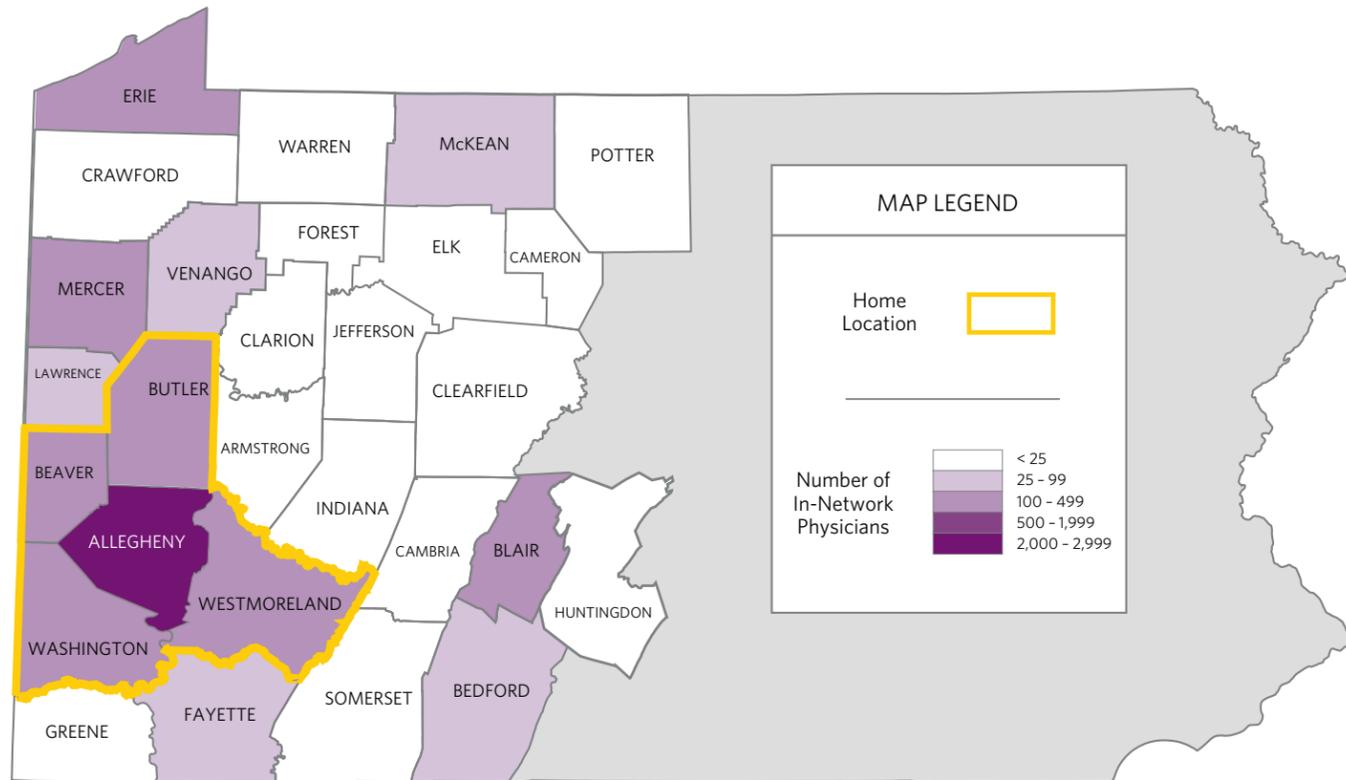
Visit www.upmchealthplan.com/coverage and use our interactive tools to help you find the right plan for you and your budget.



UPMC Select Network Map

Only residents of Allegheny, Beaver, Butler, Washington, or Westmoreland county are able to purchase this plan.

You will be covered for services when you seek care from participating providers within the UPMC Select Network. These include all UPMC-owned facilities and providers in addition to other select facilities.



This information is subject to change. For the most up-to-date information, visit www.upmchealthplan.com/find.

In-Network Hospital Listing

Allegheny

Children's Hospital of Pittsburgh of UPMC
 Eye & Ear Institute
 Heritage Valley Health System - Heritage Valley Sewickley
 Magee-Womens Hospital of UPMC
 UPMC East
 UPMC McKeesport
 UPMC Mercy
 UPMC Montefiore
 UPMC Passavant - McCandless Campus
 UPMC Presbyterian
 UPMC Shadyside
 UPMC St. Margaret
 Western Psychiatric Institute and Clinic of UPMC

Beaver

Heritage Valley Health System - Heritage Valley Beaver

Bedford

UPMC Bedford Memorial

Blair

UPMC Altoona

Butler

Butler Memorial Hospital
 UPMC Passavant - Cranberry Campus

Erie

UPMC Hamot

McKean

Kane Community Hospital

Mercer

UPMC Horizon - Greenville
 UPMC Horizon - Shenango

Venango

UPMC Northwest

Washington

Monongahela Valley Hospital
 Washington Hospital

Westmoreland

Excelsa Health Frick Hospital
 Excelsa Health Latrobe Hospital
 Excelsa Health Westmoreland Hospital

Any emergency department is considered in-network for true emergencies when traveling.



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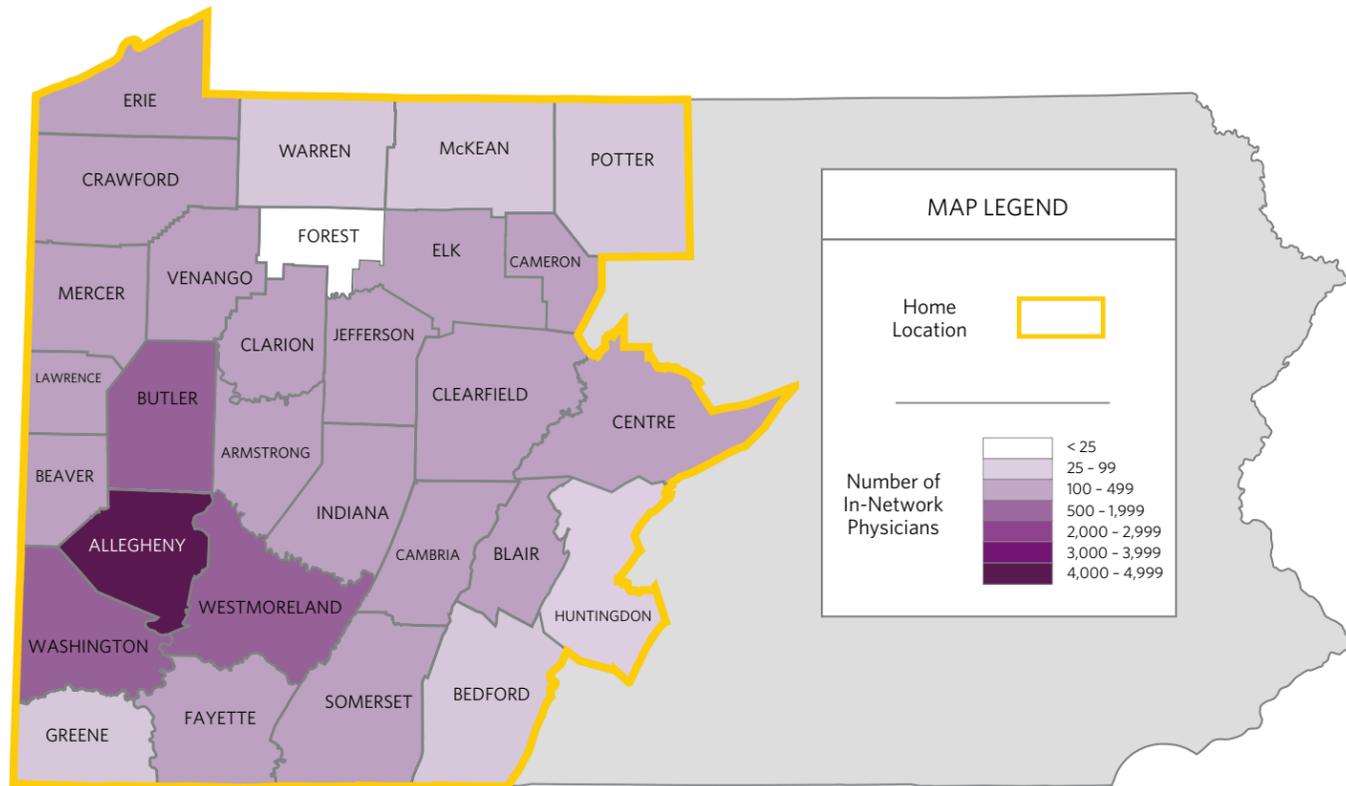
Visit www.upmchealthplan.com/coverage and use our interactive tools to help you find the right plan for you and your budget.



UPMC Premium Network Map

Only residents of the 29 counties in our service area are able to purchase this plan.

You will be covered for services when you seek care from participating providers within the UPMC Premium Network. These include all UPMC-owned facilities and providers in addition to other network facilities.



This information is subject to change. For the most up-to-date information, visit www.upmchealthplan.com/find.

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Visit www.upmchealthplan.com/coverage.

In-Network Hospital Listing

Allegheny

Children's Hospital of Pittsburgh of UPMC
 Eye & Ear Institute
 Heritage Valley Health System - Heritage Valley Sewickley
 Jefferson Regional Medical Center
 Kindred Hospital - Pittsburgh
 Kindred Hospital - Pittsburgh North Shore
 LifeCare Hospitals of Pittsburgh - Main
 LifeCare Hospitals of Pittsburgh - Suburban
 Magee-Womens Hospital of UPMC
 Ohio Valley General Hospital
 Select Specialty Hospital - McKeesport
 Select Specialty Hospital - Pittsburgh
 St. Clair Memorial Hospital
 The Children's Home of Pittsburgh
 The Children's Institute
 UPMC East
 UPMC McKeesport
 UPMC Mercy
 UPMC Montefiore
 UPMC Passavant - McCandless
 UPMC Presbyterian
 UPMC St. Margaret
 UPMC Shadyside
 Western Psychiatric Institute and Clinic of UPMC

Armstrong

Armstrong County Memorial Hospital

Beaver

Heritage Valley Health System - Heritage Valley Beaver

Bedford

UPMC Bedford Memorial

Blair

Nason Hospital
 Tyrone Hospital
 UPMC Altoona

Butler

Butler Memorial Hospital
 UPMC Passavant - Cranberry

Cambria

Conemaugh Lee Campus
 Conemaugh Memorial Medical Center
 Conemaugh Miners Medical Center
 Select Specialty Hospital - Johnstown

Centre

Mount Nittany Medical Center

Clarion

Clarion Hospital

Clearfield

Clearfield Hospital
 DuBois Regional Medical Center

Crawford

Meadville Medical Center
 Titusville Area Hospital

Elk

Elk Regional Health Center - St. Mary's Health Center Campus

Erie

Corry Memorial Hospital
 Millcreek Community Hospital
 Saint Vincent Health Center
 Select Specialty Hospital - Erie
 UPMC Hamot

Fayette

Highlands Hospital
 Uniontown Hospital

Greene

Southwest Regional Medical Center

Huntingdon

J.C. Blair Memorial Hospital

Indiana

Indiana Regional Medical Center

Jefferson

Brookville Hospital
 Punxsutawney Area Hospital

Lawrence

Ellwood City Hospital
 Jameson Health System - North Campus
 Jameson Health System - South Campus

McKean

Bradford Regional Medical Center
 Kane Community Hospital

Mercer

Grove City Medical Center
 UPMC Horizon - Greenville
 UPMC Horizon - Shenango

Potter

Charles Cole Memorial Hospital

Somerset

Conemaugh Meyersdale Medical Center
 Somerset Hospital
 Windber Medical Center

Venango

UPMC Northwest

Warren

Warren General Hospital

Washington

Monongahela Valley Hospital
 Washington Hospital

Westmoreland

Excelsa Health Frick Hospital
 Excelsa Health Latrobe Hospital
 Excelsa Health Westmoreland Hospital
 Select Specialty Hospital - Laurel Highlands

Metallic Levels

Metallic Deductible/ Copayment or Coinsurance	Catastrophic \$6,600/\$0	Bronze \$5,500/\$40	Bronze \$6,000/\$25	Silver \$0/\$50	Silver \$1,750/\$30	Silver \$3,250/\$10	Silver HSA \$2,000/20%	Gold \$500/\$15	Gold \$750/\$10	Platinum \$250/\$20
Network Available	UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network
Deductible In-Network	Individual: \$6,600 Family: \$13,200	Individual: \$5,500 Family: \$11,000	Individual: \$6,000 Family: \$12,000	Individual: \$0 Family: \$0	Individual: \$1,750 Family: \$3,500	Individual: \$3,250 Family: \$6,500	Individual: \$2,000 Family: \$4,000	Individual: \$500 Family: \$1,000	Individual: \$750 Family: \$1,500	Individual: \$250 Family: \$500
Out-of-Pocket Individual In-Network	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$3,500	\$3,000	\$3,000	\$1,500
Plan Payment Level	You pay \$0 after deductible	You pay 30% after deductible	You pay \$0 after deductible	Covered at 100%; you pay \$0	You pay 20% after deductible	You pay \$0 after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Primary Care Provider Office Visit	You pay \$0 after the deductible; First 3 PCP visits are \$30 per visit not subject to deductible	\$40 copayment	\$25 copayment	\$50 copayment	\$30 copayment	\$10 copayment	You pay 20% after deductible	\$15 copayment	\$10 copayment	\$20 copayment
Specialist Office Visit	You pay \$0 after deductible	You pay 30% after deductible	You pay \$0 after deductible	\$100 copayment	\$80 copayment	\$70 copayment	You pay 20% after deductible	\$50 copayment	\$45 copayment	You pay 10% after deductible
Emergency Care	You pay \$0 after deductible	You pay 30% after deductible	You pay \$0 after deductible	You pay \$600 copayment per visit; copayment waived if you are admitted to hospital	You pay 20% after deductible	You pay \$500 copayment per visit; copayment waived if you are admitted to hospital	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Urgent Care	You pay \$0 after deductible	You pay 30% after deductible	You pay \$0 after deductible	\$100 copayment	\$80 copayment	\$70 copayment	You pay 20% after deductible	\$50 copayment	\$45 copayment	You pay 10% after deductible
Inpatient Hospital (Semi-Private Room)	You pay \$0 after deductible	You pay 30% after deductible	You pay \$0 after deductible	You pay \$4,000 copayment per inpatient stay	You pay 20% after deductible	You pay \$0 after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$8/30%/50%/50%	\$15/30%/50%/50%	\$15/\$45/\$90/50%	\$8/\$45/\$90/50%	\$8/\$45/\$90/50%	\$8/\$45/\$90/50% after deductible	\$8/\$45/\$90/50%	\$8/\$45/\$90/50%	\$8/\$45/\$90/50%
Pharmacy Details	Subject to plan deductible	Generic tier NOT subject to plan deductible	Generic tier NOT subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Specialty tier IS subject to deductible

See pg. 16 for definitions of terms used in chart.

This document is meant to assist in comparing benefit plans. It is not a contract. If differences exist between this summary and a member's policy, the policy prevails.

Words to Know

Understanding these terms will make it easier to choose the right insurance plan.

Affordable Care Act (ACA): The health care reform law of 2010. The law has two parts. The law was passed on March 23, 2010. It was amended on March 30, 2010. The name “Affordable Care Act” is used to refer to the final version of the law.

Catastrophic plan: Reduced-cost benefit plan. This plan protects against high out-of-pocket costs. It does not provide full coverage for Essential Health Benefits. People under age 30 can get this coverage. Also, those who cannot afford to purchase Qualified Health Plan coverage are eligible.

Coinsurance: The percentage of the provider’s cost you must pay. For example, if your coinsurance is 20 percent, you pay 20 percent of the cost. Your health plan pays 80 percent of the cost. Coinsurance amounts are listed in the plan documents.

Copayment: A dollar amount you must pay providers. Copayments may vary by type of service. For example, a PCP visit, specialist visit, or emergency department visit.

Deductible: The amount you owe for covered health services before your health plan begins to pay. For example, if your deductible is \$1,000, your plan won’t pay anything until you’ve met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Essential Health Benefits (EHB): Services that must be covered by health plans. EHB requirements apply to individual and small group markets under the ACA.

Health savings account (HSA): A savings account that has tax advantages. It allows you to set aside money to pay for current health care costs. You can also save for future expenses. To be eligible, you must be covered by a qualified high-deductible health plan. Our Premium Savings Plan is qualified.

Household income: Annual adjusted gross income. It includes the head of household’s income along with any family members’ incomes. But it only includes those who file an income tax return.

Marketplace: A new way to shop for health coverage. Individuals and small businesses can buy affordable and qualified health benefit plans. The Marketplace encourages competition. It will offer you a choice of health plans that meet certain benefits and cost standards.

Network: Also called “provider network.” The network includes doctors, hospitals, and other providers who contract with your plan. They provide services at a negotiated rate of payment.

Open enrollment period: The period of time when you are allowed to choose a new health plan. This usually occurs once a year.

Out-of-pocket limit or maximum: The money you pay before your plan pays 100 percent for covered services. Your plan will pay an allowed amount during a Benefit Period or plan year.

Premium: The amount charged for an insurance policy. It is often paid in monthly installments.

Preventive care: Programs or services that can help maintain good health. Preventive care may include annual physical exams or immunizations. These services are meant to help people remain healthy and to detect early signs of disease. Preventive care includes mammograms and colon cancer screenings.

Primary Care Physician (PCP): A doctor who is part of your plan’s network. This doctor serves as your main point of contact for medical care. A PCP is usually a general or family care practitioner. He or she may also be an internist, pediatrician, or ob-gyn.

Special enrollment period: The time after the open enrollment period when individuals and families can sign up for health coverage. In order to qualify for a special enrollment period, you must have experienced a qualifying life event during the past 60 days. Qualifying life events include, but are not limited to, gaining a dependent as a result of a birth or an adoption, gaining a dependent or becoming a dependent as a result of a marriage, or moving into a different service area.

Tax credits: Tax credits to help the middle class afford insurance. The credits will become available for those with income between 100% and 400% of the poverty line. You may not be eligible for tax credits if you are eligible for other affordable coverage.



Have questions? Just ask. Call, click, or visit today.



1-855-401-8762



www.upmchealthplan.com/coverage

UPMC Health Plan Connect Service and Sales Centers located in:



- Century III Mall
- The Mall at Robinson
- Monroeville Mall
- Ross Park Mall
- South Hills Village
- Millcreek Mall

UPMC HEALTH PLAN
Marketplace

U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219
www.upmchealthplan.com/coverage

