

Innovation

Advancing the quality, accessibility, and affordability of health care



UPMC Insurance Services Division

2012 Annual Report

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HEALTHY STEP ■ SOCIAL MEDIA ■ OPTIMAL DISCHARGE
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RE DELIVERY AND FINANCING SYSTEM ■ INSIDE
LL CENTER OF THE YEAR ■ LIVE CHAT ■ MYHEALTH
NG ■ PATIENT-CENTERED MEDICAL HOME ■ CENTER
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CING SYSTEM ■ INSIDE ADVANTAGE™ ■ CONNECT
AR ■ LIVE CHAT ■ MYHEALTH COMMUNITY ■ TA
ERED MEDICAL HOME ■ CENTER FOR HIGH-VALUE

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UPMC Insurance Services Division

The UPMC Insurance Services Division is part of UPMC. UPMC is an integrated global health enterprise that also comprises a leading nonprofit health system and an actively expanding international and commercial services division.

The integrated partner companies of the Insurance Services Division include the following:

UPMC Health Plan, the second-largest health insurer in western Pennsylvania, which offers a full range of commercial group health insurance, including Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Enhanced Access Point of Service (EAPOS), consumer-directed, and Flexible Spending Account (FSA) products and services, as well as government programs including:

UPMC for Life, a suite of Medicare HMO and PPO plans, including a prescription drug program as well as health and disease management programs.

UPMC for Life Specialty Plan (HMO SNP), which provides Medicare benefits and services for those eligible for both Medicare and Medicaid and is the twelfth-largest dual Special Needs Plan in the U.S.

UPMC for You, the largest Medical Assistance program in western Pennsylvania.

UPMC for Kids™, a Children's Health Insurance Program (CHIP) plan providing health insurance to uninsured children and teens who are not eligible for or enrolled in Medical Assistance.

Community Care Behavioral Health, the largest nonprofit behavioral health managed care company in the U.S., which supports Pennsylvania's HealthChoices program by managing behavioral health services for Medical Assistance recipients in 36 counties. Additionally, through integrated services, Community Care provides behavioral health management for UPMC Health Plan's commercial and Medicare members.

UPMC WorkPartners, which offers a comprehensive suite of health and productivity solutions — including health management, employee assistance, workers' compensation, leave management, short-term disability administration, data analytics, on-site services, and return-to-work programs and services.

LifeSolutions®, which provides a comprehensive and proactive employee assistance program (EAP).

EBenefits Solutions, a UPMC subsidiary that provides superior human resources benefits administration and enrollment services through an innovative Web-based system.

Askesis Development Group, which designs and implements innovative software solutions that support behavioral health care services and products.

UPMC HEALTH PLAN

UPMC for Life

UPMC Health Plan Medicare Program

*UPMC for Life
Specialty Plan (HMO SNP)*

UPMC Health Plan Medicare Program

UPMC for You

Affiliate of UPMC Health Plan

UPMC for Kids™

A Product of UPMC Health Plan



UPMC
WorkPartners

 **LifeSolutions®**

 **E BENEFITS®**
Solutions

 **ASKESIS**
Development Group, Inc.



*Diane P. Holder
Executive Vice President
UPMC*

*President
UPMC Insurance Services Division*

*President and Chief Executive Officer
UPMC Health Plan*

Innovation: Advancing the quality, accessibility, and affordability of health care

The UPMC Insurance Services Division's integrated companies continuously evaluate how our members', employers', and communities' wants and needs are evolving in today's changing health care environment. And we continuously analyze our products, programs, and services so that we can successfully meet today's needs — and capably anticipate and innovate for tomorrow's.

Health care reform is in the spotlight today. For UPMC Insurance Services division, it always has been. We've been "re-forming" health care delivery and financing for more than a decade, bringing to our members, our employers, and our community a continuous stream of programs, products, and services that make health care better... health care services more affordable and more accessible... and health care information more transparent.

Innovation to us means not just creating something *new*, but creating something *better* — from the standpoints of quality, access, and value. We start out with three tremendous advantages. First, we are able to leverage our unique position as part of UPMC, a global integrated health system, to partner with world-renowned UPMC medical experts and researchers. Our wellness and chronic care programs, for example, incorporate the very latest research findings, best-practice preventive care and disease management protocols, and state-of-the-art technologies. Second, we staff our clinical programs with our own professionals — many of them registered nurses, certified diabetes educators, registered dietitians, exercise physiologists, or certified health education specialists. And third, as part of UPMC, the only integrated health care delivery and financing system in southwestern Pennsylvania, we are able to partner with our network of quality providers to offer our employers and members clinical benefits and cost efficiencies available only within this uniquely powerful integrated context.

Our innovations build on these advantages, and on our well-established clinical, programming, and staffing strengths. For example, the success of our recently developed MyHealth@Work program is based on our longstanding experience with worksite health and productivity. Our patient-centered medical home initiative enhances communications among the high quality providers already involved in our members' care. Our award-winning MyHealth initiative for building a culture of workplace health and our Take a Healthy Step workplace wellness campaign are powered by our robust array of well-developed lifestyle improvement and chronic care management programs and well-tested engagement strategies. And since many health conditions have a behavioral health component, our innovative clinical programs benefit from the Insurance Services Division's unique ability — through its integral company, Community Care Behavioral Health, to fully coordinate member access to physical and behavioral health care.

The second "I" in our "PRIIDES" values described on page 50 of this report stands for innovation. Today, as always, the UPMC Insurance Services Division is proud to be delivering on that value, creating innovative products and services and integrating them strategically into our existing offerings in ways that enhance the health, productivity, and quality of life of our members; the bottom line of our employers; and the satisfaction of both.

A handwritten signature in black ink, reading "Diane P. Holder". The signature is fluid and cursive, with the first name "Diane" being the most prominent.



UPMC Health Plan members enjoy one of the many interactive displays at the Senator John Heinz History Center in Pittsburgh's historic Strip District.

WHO We Are

At UPMC Insurance Services Division, we seek to offer the highest quality and value to our members and our community. As part of the UPMC family, we work closely with the world-class hospitals, physicians, and researchers at UPMC, and with community provider partners across our service area, to deliver award-winning health care products, programs, and services. And we seek to do all this with a personal touch, helping individual members and their families enjoy the best possible health and quality of life.

We continually analyze and improve our products, programs, and services based on our customers' needs and the most current research. This enables us to bring to the marketplace innovative health care offerings along with the advantages customers want from a health plan: quality, choice, access, service, and value. Our commitment is to provide these advantages to every customer.

Our members and employers want high quality; they also want exceptional value. We are committed to providing both.

OUR VALUES

Quality. UPMC, our parent company, is an integrated global health enterprise. In 2012, UPMC was the only medical center in western Pennsylvania to be named on the *U.S. News & World Report* Honor Roll of America's Best Hospitals. UPMC ranked 10th in a national field of nearly 5,000 eligible hospitals.

All of our health plans are highly ranked nationally. We maintain "Excellent" NCQA accreditation for our Commercial HMO/POS, Commercial PPO, Medicaid, Medicare Advantage, and Medicare PPO plans.

Our award-winning wellness and disease management programs are developed by UPMC experts in the fields of exercise, nutrition, and chronic care, incorporating the latest research findings, best-practice preventive care and disease management protocols, and state-of-the-art technologies.

Access. Our provider network includes the world-class tertiary and specialty hospitals of UPMC, as well as quality community hospitals, physician practices, and many other types of facilities. Our network has more than 135 hospitals and more than 15,000 clinicians, including more than 11,500 physicians.

For members who live or work outside of western Pennsylvania, we offer access to an extensive national network of more than 5,000 facilities and nearly 700,000 physicians. Members also have access to the services of our global travel assistance partner, Assist America®.

National Recognition for Quality

UPMC Health Plan maintains an "Excellent" accreditation from the National Committee for Quality Assurance (NCQA) for our commercial HMO, POS, and PPO plans, our Medical Assistance plan, and our Medicare Advantage HMO and PPO plans.



The National Business Group on Health awarded UPMC Health Plan and UPMC platinum-level recognition — the highest — in 2009, 2010, 2011 and 2012 for the UPMC MyHealth program.

UPMC Health Plan's call center is a 2011 J.D. Power and Associates Certified Call Center, recognized as providing "An Outstanding Customer Service Experience."^{*}

Our national pharmacy network includes more than 30,000 independent pharmacies and retail chain locations.

Choice. UPMC Insurance Services provides a wide selection of commercial and public products and services to meet the needs of people in every segment of the community. UPMC Health Plan offers commercial group health insurance, Medicare, Medical Assistance, Special Needs, and Children's Health Insurance Program benefit plans.

Our portfolio of commercial plans includes choices for small, mid-size, and large companies. These choices include PPO, EPO, POS, HMO, consumer-directed health plans, and individual plans, as well as custom plans. Through UPMC WorkPartners, we also offer a full suite of wellness and health management, employee assistance, workplace productivity, and leave management programs and services.

Service. Our service is second to none. Our highly trained and knowledgeable call center representatives have as their goal the resolution of each member's request on the first call. Our claims turnaround speed exceeds the national average. In addition, each client group, regardless of size, is serviced by an account executive and a team of support personnel. We provide account executives to serve the physician practices in our network. We also offer extensive online customer service and a full array of online health and wellness tools and information sources.

Value. The quality, access, choice, cost, and service levels we provide to every customer every day add up to an outstanding value in health care benefits.

QUALITY

UPMC Health Plan's mission is to improve population health, enhance member experience with innovative programs and services, and promote effective and efficient care to our members and the community.



In 2012, UPMC *for You* was 10th overall in the nation and first in Pennsylvania among the more than 100 Medicaid plans nationwide ranked by NCQA. Our commercial and Medicare products were ranked in the top 50. All of our product lines maintain "Excellent" accreditation status, the highest recognition available from NCQA.

UPMC Health Plan and UPMC earned platinum-level recognition for four consecutive years — 2009, 2010, 2011, and 2012 — from the National Business Group on Health (NBGH) for the UPMC MyHealth program. This innovative program creates a culture of health throughout the workplace and encourages employees and their families to actively manage their health by taking steps to adopt a healthier lifestyle and to optimally manage any health conditions.

Outstanding customer service

J.D. Power and Associates has recognized the UPMC Health Plan call center for providing "An Outstanding Customer Service Experience."^{*} Of an estimated 75,000 call centers in North America, ours is one of only a select group of companies to achieve this honor.

^{*}For J.D. Power and Associates 2011 Call Center Certification ProgramSM information, visit www.jdpower.com.

Helping members make good health care decisions

In MyHealth OnLine, our secure member website, we make available a number of tools that help members compare the cost and quality of health care services:

- *Hospital Quality* — Hospital Advisor allows users to compare the quality of hospitals for specific procedures and conditions. Hospitals are ranked and rated based on complications, mortality rates, and length of stay values that are adjusted for condition severity. Patient experience survey results are also available.
- *Hospital Accreditation Status* — Our online provider directory lists the accreditation status of network hospitals.
- *Physician Quality* — Our online provider directory displays board certifications for our network doctors, as well as special certifications, such as NCQA's physician designation for select conditions.
- *Treatment Cost Advisor* — This tool allows the user to estimate costs for hundreds of common conditions and procedures.
- *Prescription Drug Cost* — Our online "Price a Drug" feature displays comparative drug prices, enabling members to save money by using lower-cost generic drugs or home delivery.



UPMC Center for High-Value Health Care: Transforming Health Care Delivery and Payment

With the advent of health care reform and the Affordable Care Act, there is recognition across the country that health systems, payers, providers, consumers, and community organizations need to rethink and transform how health care is delivered. Helping people become and stay healthier needs to be accomplished at a lower cost.

As one of the nation's largest integrated delivery and financing systems, UPMC is uniquely positioned in this region to be a leader in health policy reform. The UPMC Center for High-Value Health Care was established as a vehicle to promote and advance that leadership. The Center is a nonprofit organization owned by UPMC and housed within the UPMC Insurance Services Division. It has a core staff of full-time professional researchers and administrators and a growing cadre of senior and associate faculty representing all divisions of UPMC.

The Insurance Services Division is innovating to meet the challenges of health care reform and aims to serve as a role model nationally in this regard.

Because we are part of UPMC, UPMC Insurance Services Division has access to the resources of the region's premier hospitals and doctors. We are committed to offering access to health care of the highest possible quality and the greatest possible value to our members, their families, and the community.



When UPMC *for Life* member William Coles was diagnosed with diabetes, he began to work with a UPMC Health Plan care manager at his doctor's office — a patient-centered medical home practice — to learn to take control of his health. With her encouragement, he started swimming, focused on achieving a healthy weight and good blood sugar control, and joined a gym through Silver&Fit®. William has made wonderful progress; he feels great, has lost 60 pounds, and has lowered his A1C from 7.5 to 5.4. His doctor is now talking about significantly reducing his medication.

Our NETWORK

Leading the Way “Home”

UPMC Health Plan has been an industry leader in the successful implementation and development of the medical home concept. This year, the Health Plan will complete implementation of the patient-centered medical home at all UPMC-owned primary care practices as well as at numerous independent community practices. The reason for this major expansion is simple: *Results*.

The patient-centered medical home (PCMH) places patients and their families at the center of care while seeking to accomplish the “triple aim”: enhance member experience, improve quality outcome, and improve affordability. The key to our success with the PCMH is the collaborative relationship among our members, their primary care physicians (PCPs), and on-site care managers called practice-based care managers (PBCMs). These care managers meet face-to-face with members, their families, physicians, and office staff, achieving personalized care and establishing relationships built on trust and respect. PBCMs enhance communication and the coordination of care, and they improve member access to services. Moreover, they create an atmosphere in which a member’s unique needs, desires, and concerns can be respected, communicated and understood.

Care managers help educate members about their chronic conditions and options for treatment, and they help members to be actively involved in decisions related to their care. They facilitate preventive screenings and provide

materials on smoking cessation strategies, nutrition and diet, and other important wellness initiatives.

Care managers can help members navigate the health care system by enhancing communication between the primary care physician and other specialists involved in a member’s care. They help arrange care for members who are discharged from the hospital and transitioning to home or an extended care setting, and they can recommend appropriate community resources.

Members who have multiple medications, physicians, and chronic conditions benefit most. The Health Plan also has the resources to integrate access to both physical and behavioral health care, providing support to members who are fragile or vulnerable or have complex medical or social challenges. We are able to help members develop self-management plans, always with the goal of increasing members’ active engagement in activities that can enhance their health and wellness.



Within the medical home context, practice-based care managers, such as Grace Sekelik, meet face-to-face with our members, their families, their family physicians, and physicians’ office staff to support a whole new level of personalized attention and care.

UPMC Health Plan has been an industry leader in the implementation and development of the patient-centered medical home concept.



Support for Our Network Practices

UPMC Health Plan assists physicians in adopting innovative electronic health record technology

The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services to provide reimbursement incentives for eligible medical professionals who are successful in becoming “meaningful users” of certified electronic health record technology. To implement this program, a national network of Regional Extension Centers (RECs) was formed to provide technical assistance, guidance, and information on best practices to support physicians’ efforts to become meaningful users. UPMC Health Plan has signed a Pennsylvania Reach Sub Recipient Agreement to provide these services to eligible practices in our network.

UPMC Health Plan’s PCMH uses innovative technology to help meet challenges related to transportation, busy schedules, and ever-changing needs. We are piloting the use of secure video conferencing between care managers and members. Members can now communicate electronically with their UPMC physicians via our UPMC electronic HealthTrak technology.

Members can contact their care managers with any questions or concerns related to coordination of care, preventive screening, wellness, self-management, or educational needs. Members also can contact care managers with questions related to their medications. Care managers in turn engage the services of Health Plan pharmacists to perform comprehensive medication reviews or answer specific questions related to side effects, interactions, or finances.

A regional health plan with world-class service and expertise

As a regional health plan, we have strong ties to the communities we serve. Most of our employees live and work in the area and are active in volunteer support of our local communities. Although we’re a firm fixture of the local landscape, we are also part of UPMC, a \$10 billion global health enterprise. UPMC’s ongoing commitment to advance clinical excellence through the deployment of the latest technologies positions it as one of America’s leading innovators.

Our provider network is large and diverse. This is important because we want to be sure that our doctors and hospitals are located near to where members live and work, covering every medical specialty, and providing an extensive pharmacy network.

Our network has more than 15,000 clinicians, including more than 11,500 primary care physicians and specialists. Our reach has now expanded to serve members in the counties of central and eastern Pennsylvania.

Another advantage of our relationship with UPMC is the ability to offer members innovative wellness and health management programs with measurable results. Other health plans may offer such services, but they often contract with outside agencies. Our own clinical professionals conduct our disease management programs on-site — and the difference shows. Members with chronic conditions often have more than one issue. We can easily coordinate care so members are aware of, and get the most out of, the services we offer.

Many of these clinical professionals are registered nurses or certified diabetes educators; others are registered dietitians, exercise physiologists, or certified health education specialists. The specific training they have in nutrition, weight management, exercise physiology, tobacco cessation, and chronic health condition management helps members improve their health and get results.

UPMC Health Plan members who live, work, or travel outside the region have access to more than 5,000 facilities and nearly 700,000 physicians, as well as 30,000 pharmacies nationwide. We also offer members traveling 100 miles or more from home — in the U.S. or abroad — connections to doctors, hospitals, pharmacies, and other services through Assist America®, our travel assistance partner. Our goal is to offer exceptional value, access, and service to all of our members, wherever they may be.

Pharmacy now: New collaboration, new cost-effective solutions

UPMC Health Plan’s innovative formularies and clinical programs are collaboratively developed by Health Plan physicians and pharmacists and our Pharmacy and Therapeutics Committee, which includes world-class UPMC physicians, community physicians, and pharmacists. The result is a high-quality, high-value, cost-effective pharmacy offering that combines real-world clinical experience with evidence-based care.

We continuously strive to integrate all aspects of a member's health care, including pharmacy services. To promote safe, appropriate, and cost-effective drug therapy, our pharmacists are actively involved in the member's care team. We believe that integrating pharmacists into the care teams adds additional clinical resources that help us obtain the best outcomes for our members.

For instance, pharmacists assist with medication reconciliation during a member's transition from hospital to home. Our pharmacists look for potential problems such as medication non-adherence, duplication of therapy, and drug interactions. When appropriate, pharmacists collaborate with care managers and physicians to determine appropriate interventions.

As part of our Medication Therapy Management (MTM) Program, we conduct ongoing reviews of claims data which may include a comprehensive medication review by a Health Plan pharmacist for all aspects of a member's drug regimen. The result of such a review is a medication care plan for the member, which can be shared with the member's physician, as well as disease-specific education materials and a complete drug profile.

Our pharmacist outreach programs on health issues, including smoking cessation and diabetes, provide members with the opportunity to discuss newly prescribed medications. Pharmacists are available to answer questions related to side effects and dosage, stress the importance of taking medications as prescribed, and introduce members to the many resources available to them through the Health Plan.

Making pharmacy benefits more affordable for employers and members

To further UPMC Health Plan's mission to create plans that make coverage more affordable to employers and members, we have created value-based designs that feature special incentives and zero or reduced copayments for preventive care. As the number of brand-name drugs that have a generic version increases, we are leveraging our pharmacy, clinical, and benefits management strategies to promote the use of affordable, high-quality medications that save our members and employers money.



PHOTO BY ELLEN ANON

Harold Ayers, UPMC for Life member

When UPMC Health Plan pharmacy specialist Kristina Gzikowski conducted a routine review of Harold Ayers' medications, she noticed open prescriptions for two very similar medications. So she called Harold, a UPMC for Life Medicare member, to review his prescription regimen. After talking with Harold and then calling his doctor's office, she learned Harold had just been switched to a new heart medication in place of a previous one. "I'm on several different medications. It's hard to keep track of them all," Harold says. "I was really glad Kristina was there to help." Helping members with complex medication regimens can help to reduce complications.

We continuously strive to integrate all aspects of a member's health care, including pharmacy services. Our pharmacists look for potential problems such as medication non-adherence, duplication of therapy, and drug interactions.

Online tools help our members manage medications, compare costs, and more.

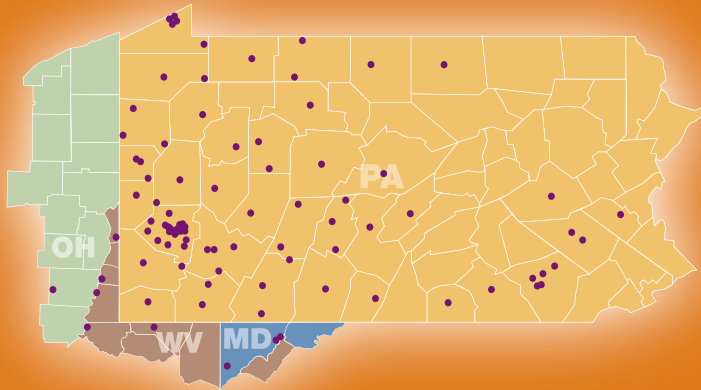
Our website, www.upmchealthplan.com, provides members with the latest health and pharmacy information as well as tools that can help them make informed health care decisions. Through MyHealth OnLine, members can estimate and compare pharmacy costs, review the drug formulary and any generic drug alternatives, and check copayment levels.

In addition, members can renew mail-order prescriptions, view their personal medication history, locate a pharmacy, and obtain drug information, including information on generic and specialty drugs. This is all part of our effort to make sure members have the information they need to make informed decisions based on cost, quality, value, and convenience.

As the number of brand-name drugs that have a generic version increases, we are leveraging our pharmacy, clinical, and benefits management strategies to promote the use of affordable, high-quality medications that save our members and employers money.



About town, across the state, around the globe... UPMC Health Plan members enjoy peace of mind!



Our provider network includes the world-class tertiary and specialty hospitals of UPMC, as well as quality community hospitals, physician practices, and many other types of facilities. Now extending into central and eastern Pennsylvania and neighboring states as well as western Pennsylvania, our regional network includes more than 135 hospitals and 11,500 physicians.



For members who live, work, or study outside of the region, we offer access to more than 5,000 facilities and nearly 700,000 physicians. Our national pharmacy network includes more than 30,000 independent pharmacies and retail chain locations throughout the U.S.



For our members in need of medical care when they've traveled more than 100 miles from home, Assist America® — our global assistance travel partner, the nation's largest provider of global emergency medical services for travelers — is there to help. And the addition of urgent and convenience care clinics to our network, with hundreds of locations nationwide, means that our members have more options than ever, both at home and on the go.

UPMC Health Plan is there for our members... wherever they may be!

Workforce PRODUCTIVITY

Confluence and UPMC WorkPartners: Investing in Good Health Pays Dividends

As chief financial officer of Confluence, a Pittsburgh-based software manufacturer for the financial services industry, Dennis Farkos is proud of his company's commitment to the health and well-being of its employees.

When Confluence signed with UPMC Health Plan in 2009, revamping its wellness program wasn't at the top of the list. The company already had a program, modeled after "The Biggest Loser," in which employees earned points for completing various healthy activities and then exchanged the points for prizes.

But by 2010, the management team had come to realize that the program wasn't meeting its goals. "The leading point gainers were the marathon runners. We weren't incentivizing people who *weren't* healthy to *get* healthy," Dennis says.

Dennis and his management colleagues decided to take advantage of UPMC Health Plan's MyHealth resources to revitalize Confluence's wellness program. "We realized that the most important step is becoming aware," he says. "UPMC has the information to help us do that. What we asked them to do was to guide us in ways that we could influence behaviors. We wanted to invest in initiatives that would create a better result for everybody here."



Confluence employees learn their numbers...

In order to get a baseline assessment of its employees' health, Confluence had the Health Plan initiate a "Know Your Numbers" campaign in 2010. Employees who chose to participate filled out a health risk assessment questionnaire and completed a biometric screening.

"The initiative was about getting people to learn about their health. We learned that we weren't as healthy as we thought we were," says human resources director Jason Laura. "We had higher cholesterol levels than we'd ever imagined. Many people had elevated blood pressure and glucose levels. Across the board, we saw numbers for our population that were higher than for UPMC's book of business."

The results surprised Dennis and Jason. They both had assumed the workforce was pretty fit, particularly since the average age of the 135 or so employees is 34 and on-site benefits include such perks as massages, full-service locker rooms with laundry service, and proximity to the North Shore Trail, a walking/biking path along the Allegheny and Ohio rivers that runs just outside the office door.

"We found that 30-year-old males work hard and play hard — and they don't go to the doctor and don't know what their numbers are," Dennis says. "So while employees who are younger should be healthier, our staff were eating a lot of fast food and going to a lot of happy hours. And, in general, software developers are an unusual breed and are in front of their computers 16 hours a day; we call them 'computer potatoes.' We're in a fast-growth, high-paced environment, and these are people who don't always eat real well."

"I'm one of them," Jason adds. "I'm in my upper 30s, and until I had a biometric screening here I couldn't have cared less about my numbers. I had no idea what they were."

...and then take Healthy Steps

Motivated to do something about those sobering results, Jason and Dennis decided to take the wellness program a step further.

So last year Confluence added the Health Plan's "Take a Healthy Step" component to its benefits menu. In order to continue to receive health insurance with no payroll deductions, employees now needed to complete three steps: getting a biometric screening, completing a MyHealth Questionnaire, and earning 250 Healthy Step points for activities such as receiving a flu shot, taking steps to quit smoking, and enrolling in weight loss coaching.



Pittsburgh-based software manufacturer Confluence chose UPMC Health Plan because Confluence wants to invest in initiatives that create a better experience — and a better health result — for all of their employees.

“We wanted to lower premiums and gain predictability in our costs. And we were willing to embrace wellness to do so. UPMC Health Plan is the expert in this. They were as enthusiastic as we were. I’ve been doing this for 15 years at Confluence and we have had other health insurers. And I can say we’re on the road to having a real partner with UPMC Health Plan.”



Dennis Farkos, Chief Financial Officer, Confluence

“To prove we were committed to improving our employees’ health and wellness, we added a carrot-and-stick approach,” Dennis says. “We gave prizes for participating — and penalties, in the form of deductibles and copayments, for not participating.”

Knowing who was at risk for chronic disease allowed the Health Plan to steer those members to health coaches who could help them make changes. Confluence also partnered with the Health Plan to offer lunch-and-learn sessions on topics such as managing cholesterol and blood pressure.

“Our employees embraced the Health Plan’s program,” says Dennis. “We had a group of young people who thought they were healthy. And UPMC came in and created a forum where they could find out, right in their workplace, how healthy they really were. People who thought they were a healthy weight and had good blood pressure and cholesterol found out that wasn’t the case. Suddenly they were motivated to do something about it. And UPMC Health Plan had the programs — the solutions — ready and waiting.”

Jason feels one reason employees are so enthusiastic about the program is because it’s not intimidating. “This wellness program isn’t about just the marathon runner or just the computer potato. It’s about both,” he says. “If you’re shy or don’t want to participate in group activities, you can take steps to improve your health in the privacy of your home and still do quite well.”

Dennis is pleased that the Health Plan took into account the lifestyle and characteristics of Confluence’s workforce when creating the company’s wellness program and incentives to participate. “The software community is known for being gamers. UPMC created a large game that had prizes we awarded employees for finding out about their health and doing something about it. Every time employees took Healthy Steps, they were awarded points. If they achieved a certain number of points, on a quarterly basis they were eligible to receive a gift card. And if they successfully met the goal of hitting 250 points at the end of the program, they got a gift card.

“There wasn’t just one winner; *everyone* could be a winner. We *wanted* everyone to win.”

The participation rate for the program, which ran from May to November, was about 90 percent when adjusted for new hires. “People really got into UPMC Health Plan’s point game. One employee took it upon herself to teach an aerobics class at lunch time on the lawn between PNC Park and Heinz Field. She put the group through a boot camp. We had departments betting other departments. Interest spread, and it was all built around being healthy.”

Many of the small group of employees who didn’t participate were at client sites or involved in outside sales. “Now that they realize there’s a financial consequence of not participating, I guarantee they will participate this year,” Jason says. “And even though they’re not here as much as the others, they can still participate — because the UPMC Health Plan program can be done virtually.”

“Our claims history suggests that our employees are healthier now than they were a few years ago, so it’s working. The partnership with Confluence and UPMC Health Plan is all about that — working together to manage health. I want UPMC Health Plan to be able to point to us as a company that made a commitment to its employees’ health and, by doing so, was able to lower its premiums.”

— Dennis Farkos

Confluence’s expectations this year are higher, and the net is being cast wider to include spouses. “We are upping the ante a little bit and increasing the number of points employees need to earn,” Dennis says. “We are also decreasing the number of points earned for some activities — so more effort will be needed to hit the target,” Jason says. “And, we are adding spouses who are on the company’s insurance policy, so they too can get a snapshot of their health. Becoming aware of any health risks is the first step toward better health.”

Good health = cost savings and a tighter team

Good health is not just about games and prizes, though. The whole point of the program is to “invest money in people’s health” and, by doing so, achieve cost savings, Dennis says. “These programs are not a short-term fix. They are an investment in our employees,” Jason adds. “You’re not going to see the financial benefits of these programs in one year.”

However, says Dennis: “Our claims history suggests that our employees are healthier now than they were a few years ago, so it’s working. The partnership with Confluence and UPMC Health Plan is all about that — working together to manage health. If we all work to manage our health, in the long run our claims will decrease and we will save money on premiums. The UPMC program is really targeted at investing money in people’s health to accelerate cost savings.”

An added benefit was how the general mood at Confluence changed. “I like the feeling the UPMC program created here. I like the fact that everyone felt a part of this. It became something we were doing for ourselves — but as a company. It tightened the team,” Dennis says.

“I tell companies to take a portion of the dollars saved in premiums and invest them back into a program that will help you save *more* in premiums,” Dennis adds. “If you



Jason Laura, Director of Human Resources, Confluence

“This wellness program isn’t about just the marathon runner or just the ‘computer potato.’ It’s about both.”

worry about clinging to every dollar, it will fail. If you save in premiums one year and don’t invest in advancing wellness, you’ll end up spending more the next year.

We wanted to lower premiums and gain predictability in our costs. And we were willing to embrace wellness to do so. UPMC Health Plan is the expert in this. They were as enthusiastic as we were. I’ve been doing this for 15 years at Confluence and we have had other health insurers. And I can say we’re on the road to having a real partner with UPMC Health Plan.”

WorkPartners brings new services — and new convenience — to the workplace

UPMC WorkPartners, part of the UPMC Insurance Services Division, offers integrated health and productivity solutions for high-performing companies throughout the United States, including the 55,000 employees of UPMC, commercial group health clients, and other client organizations. In partnership with other Insurance Services companies, UPMC WorkPartners provides a combination of services that results in healthier, happier employees and better organizational performance. These services can also lead to reduced health care cost trends for employers.

In 2011, UPMC WorkPartners launched the MyHealth@Work program, which offers a new continuum of care for UPMC employees at the worksite, addressing immediate health issues and offering a multitude of wellness and assistance services. MyHealth@Work on-site health services enable employees to see a physician during a regular work break and be treated in a convenient location. In fiscal year 2012, MyHealth@Work centers had 3,479 employee acute health visits and made 1,096 referrals into health management or healthy lifestyle programs or to primary care physicians, specialists, or emergency departments. MyHealth@Work mobile programs have supported local employers as well as Medicare recipients at over 35 sites in western Pennsylvania through screenings, health fairs, and other programs.

More good “news”

Other recent innovations have included a new mobile initiative, well-received by primary care physicians, that involves screening patients at the PCPs’ offices to help close gaps in care and assist the PCPs in meeting quality metrics for their patients; a competency-based low



Telemedicine: A new way of seeing things

A registered nurse at the UPMC Passavant MyHealth@Work center enables an employee’s eye to be examined by a doctor via telemedicine.

back pain health coaching program; a pediatric obesity program at Children’s Community Pediatrics that achieved statistically significant results in helping children and their families maintain or decrease body weight; a group intervention program based on the Diabetes Prevention Program national study targeting people at risk for type 2

diabetes; and a wide-scale colorectal screening campaign to decrease the rate of colon cancer.

WorkPartners’ Commercial Workers’ Compensation business, which now includes 3,400 employer groups, is expanding into central and eastern Pennsylvania.

UPMC WorkPartners: Health and productivity solutions

ABSENCE MANAGEMENT SERVICES

THIRD-PARTY ADMINISTRATOR (TPA) SERVICES

Self-insured workers' compensation in Pennsylvania

Leave management

- FMLA – federal and state-specific
- Military
- Employer-sponsored leaves

Short-term disability

- ADA claims management
- Return-to-work and vocational programs
- Physician-to-physician interaction as needed
- Comprehensive medical delivery system: PPO network, physical therapy network, imaging network, pharmacy network
- Outcomes-based analytics

COMMERCIAL WORKERS' COMPENSATION

- Customized risk control services
- Large underwriting appetite
- Moderate to moderately high risk categories included
- Online quoting
- Return-to-work and vocational programs
- Physician-to-physician interaction as needed
- Comprehensive medical delivery system: PPO network, physical therapy network, imaging network, pharmacy network

EMPLOYEE ASSISTANCE PROGRAMS



Full suite of workplace-based employer and employee services

Employer services

- 24/7 manager/supervisor telephone consultation for individual/team employee performance
- Online and on-site training
- Chemical dependency triage and support
- Disability and leave management support
- Workplace trauma support
- Union EAP consultation

Employee services – includes household members

- 24/7 telephone support
- Work-life portal
- Telephone and online triggered personalized searches for work-life resource needs
- Disability and leave management support
- Workplace trauma support
- Union EAP consultation

ON-SITE SERVICES



Fully developed on-site medical productivity solutions with multiple options

- On-site health centers
- Near-site health centers serving multiple employers
- Mobile medical services

Customized services available, including:

- Occupational and non-occupational services
- Enhanced wellness
- Chronic care management
- Pharmaceutical benefits management
- EAP/Behavioral health integration
- Health education

CONSULTING SERVICES

Health and productivity strategy development

Data analysis

- Productivity analysis
- Dashboard development
- Benchmarking
- Best practice study and research

Additional services

- Customized metrics
- Risk analysis
- "Strategy into action" sessions
- Wellness consulting and wellness committee development
- Safety consulting and safety committee development

HEALTH MANAGEMENT SOLUTIONS



Award-winning health and wellness programs

- Incentive design
- Detailed employee population analytics
- Health coaching
- Biometric screenings
- Health risk assessments

Tailored wellness programs

- Weight management
- Stress
- Physical activity
- Nutrition
- Tobacco cessation

Comprehensive condition management programs

- Diabetes
- Heart disease
- Depression
- Respiratory health

LifeSolutions: Bringing new balance to work and life

LifeSolutions, a UPMC WorkPartners affiliate, has been providing employee assistance programs and services to area employers for more than 30 years. The employee assistance program (EAP) of today is part of the health and productivity solution for employers. To that end, *LifeSolutions* goes beyond problem solving to capacity building with individuals, employees, teams, and managers. When employees successfully manage the problems they face, whether personal or work-related, they become more resilient, which strengthens the organization as a whole.

As new needs emerge in the marketplace, *LifeSolutions* responds with new products. Recently it launched the Critical Incident Return to Work service for the transportation industry. *LifeSolutions* will assess an employee who has witnessed an accident or critical incident and connect the employee with resources, when needed, to evaluate and treat presenting issues. This customized service is one way *LifeSolutions* differentiates itself from other EAPs in the industry.

LifeSolutions is also part of a national research-based project — called The BIG Initiative — which is focused on alcohol screening, brief intervention, and referral to treatment and has shown positive results to date.

The goal of *LifeSolutions* is to help individuals enjoy their time at home and perform better at work.

UPMC MyHealth

UPMC MyHealth, WorkPartners' award-winning suite of health and wellness offerings, provides innovative programs and tools that are fully customizable to meet the needs of companies and the individuals who work for them. By working in a collaborative partnership, with defined, measurable goals, we help employers implement strategies to support worksite wellness initiatives that can reduce health risk factors, increase productivity, improve morale, and, ultimately, decrease the cost of health care.

Getting a picture of overall health is the first step, whether employees are managing a chronic condition or are healthy



and want to stay that way. MyHealth provides two ways to get this overall picture: an online health risk assessment and a biometric health screening. These help identify risk factors in an employee population and assess employees' willingness to change. Employees who attend a UPMC MyHealth screening receive printouts of their results and are given the opportunity to follow up with their primary care physician and engage with a health coach to make healthy lifestyle changes.

Our health coaches are experienced professionals knowledgeable about such topics as nutrition, exercise physiology, and diabetes education. In addition to being health experts, they are trained in motivating people to adopt healthy habits that they can stick with for the long term.

For our members living with one or more health conditions, health coaches complement and support the treatment members receive from their physicians, helping them to manage their conditions and enjoy the best possible health.

EBenefits Solutions: Newsworthy support for benefits administrators

EBenefits Solutions has offered employers a simple way of handling benefits administration and other human resource functions since 2005. Recently an EBenefits solution for UPMC Health Plan mid-market clients was developed. Beginning in July 2012, UPMC Health Plan offers its EBenefits Mid-Market Solution to employers that have between 200 and 1,000 employees and have purchased UPMC Health Plan commercial products. The EBenefits platform reduces the administrative burden on human resources departments, freeing up their time to focus on more strategic initiatives.



New to Pittsburgh and to UPMC, Heather Scanlon recently completed the UPMC MyHealth Less Stress™ program, working with health coach Amanda through the MyHealth Coach@Work program. “The techniques I learned are ones I can use every day for the rest of my life,” Heather notes. She then enrolled in the UPMC MyHealth Weigh to Wellness™ weight management

program, again working with Amanda — this time in a worksite group program. Heather has lost 20 pounds to date — and has set her sights on losing 80 more. “Amanda has been fun, upbeat, and always has a positive word to say,” Heather reports. “I am really happy that my employer, UPMC, has taken such an active role in promoting health to its employees. At my previous

workplace in Michigan, employees paid hundreds of dollars for services like these.” Heather’s experience has inspired her to take a leadership role in promoting health and wellness — she recently became a Wellness Champion for the UPMC Insurance Services Division.



After participating in a six-week telephone-based diabetes health coaching program, UPMC Health Plan member Ron Bradley was pleased to see he had lost ten pounds. During the program he worked with a nurse health coach, Denice, to eat healthier and burn more calories through activity. Now Ron has just begun the UPMC MyHealth Weigh to Wellness™ weight management program, also working with a health coach, and looks forward to continuing to slim down. "You definitely need a coach to be successful at making a change like this," Ron notes. "Each week I knew Denice would call, and I wanted to be able to give her a good report. For me, that accountability is what it takes to keep on going!"

Innovative MyHealth worksite programs and healthy living resources

UPMC MyHealth Coach on Call™ offers à la carte coaching support to individuals who want to improve their health on their own, without committing to a formal lifestyle improvement program. All Health Plan members have the option of calling a health coach for assistance with making or maintaining a healthy lifestyle change.

UPMC MyHealth Weight Race challenges employees to manage their weight over the course of 12 weeks with the support of a team of co-workers. Weight Race communications include regular nutrition and exercise tips and behavior change tools.

UPMC MyHealth Take a Healthy Step campaign promotes an array of activities and services (Healthy Steps) that employers can offer employees to maintain and improve their health. In the process, employees can earn points toward rewards. This program fosters a culture of health, which can lead to a better quality of life for employees and lower health care costs for their companies.

UPMC MyHealth OnLine offers interactive tools and programs for healthy living.

MyHealth Central allows members to access a wide variety of services and to keep track of all of their health information, from personal goals and recommendations to activities that help them fulfill their goals. Content is customizable by employer group.

MyHealth Community is an online tool that helps members locate vendors in their own communities who provide discounts on healthy living products and services.

Dining Smart provides assessments and nutrition criteria for offering healthy food choices in company cafeterias and vending machines.

On-site classes led by health coaches are available on weight management, healthy eating, physical activity, and stress management.

Lunch-and-learn presentations by UPMC wellness experts are available on various health-related topics.

UPMC Health Plan gives employers the option of providing UPMC MyHealth wellness programs to all employees, including those who do not have UPMC Health Plan coverage. These employees, called “Wellness Members,” receive the same wellness-related programs and tools as members with Health Plan coverage.

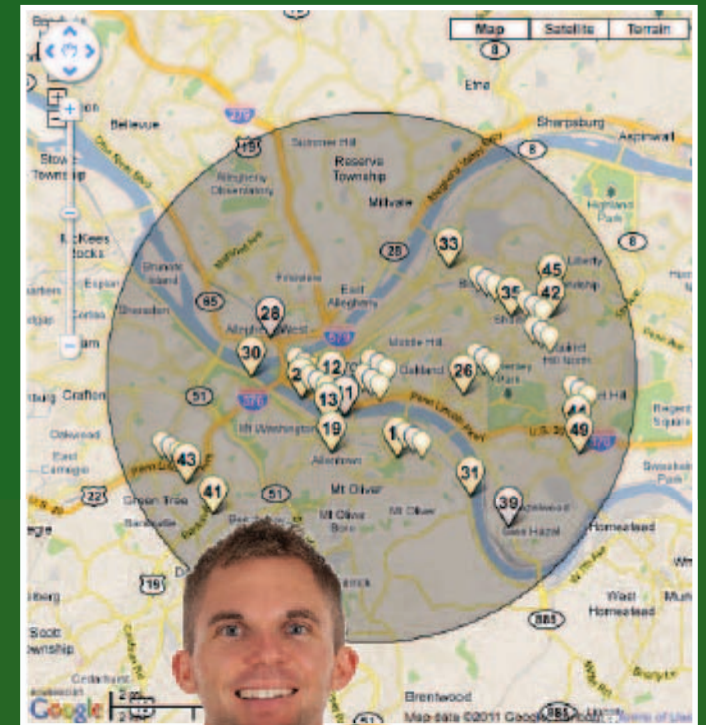
MyHealth Community

UPMC Health Plan members enjoy discounts on healthy living opportunities such as gyms, recreational facilities, and fitness gear. MyHealth Community is an online tool that makes it easy for members to find health and wellness resources close to home or work. It's a treasure map of all the businesses in a given community that agree to give Health Plan members a lower price than others pay.

Users simply type in their ZIP code and a list of companies offering discounts appears. If members want to refine their search, they can specify the category they are interested in. Or they can browse and get ideas for new activities they want to try at a discount — whether it's losing weight or taking up tai chi. New companies are constantly being added, so there is always reason to check back. Members who would like to recommend that a health-related business be included in the MyHealth Community network can do so with the online tool.

MyHealth Community also features links to walking and running clubs, sports leagues, and national directories of fitness events.

UPMC Health Plan members locate members-only discounts on fitness gear and much more through MyHealth Community.



Social media provides contemporary opportunities for member engagement

Since its beginning in November 2010, the Health Plan's social networking presence has given members a lot to "like." Our initial use of Facebook, Twitter, and YouTube to provide expert health tips, informative videos, and benefit updates was well received.

In the last year, the Health Plan's social media team took online networking to a new level by supporting community initiatives, creating engaging campaigns, and even helping to enroll new members.

A standout campaign of the last year was "My First Half Marathon," a weekly video blog series that followed a first-time runner of the UPMC Health Plan Half Marathon throughout the ups and downs of training — and all the way to the finish line.

With each new trend of social media, the Health Plan is keeping in stride. We recently expanded into other social networks such as Instagram and Foursquare to help facilitate participation in the MyHealth Community discount program and member appreciation weekend at the Heinz History Center. This past year also saw the public launch of the UPMC MyHealth Matters blog featuring national nutrition expert Dr. Madelyn Fernstrom.

CARE MANAGEMENT

Delivering the right care, in the right place, at the right time

Delivering the right service at the right place and right time can reduce total health care costs, enhance patient experience, and improve outcomes. At UPMC Health Plan, we collaborate with the doctors in our network to achieve these goals. As part of UPMC, we can share claims history data and information with doctors to help them make their practice more efficient, improve the quality of care, and inform their future patient care decisions.

We focus on preventive care because we know that identifying and treating a disease early — rather than having to intervene after it advances — improves and saves members' lives.

We are addressing the conditions that contribute to significant health care problems and health care costs through a number of programs for obesity and smoking cessation — as well as stress management programs and programs for people with diabetes, asthma, heart failure, and other health conditions.

In addition, we have instituted programs for members with complex medical needs and those who have been in the hospital.

Optimal Discharge Planning Program

UPMC Health Plan has found that members are twice as likely to be readmitted to the hospital if they do not have a follow-up visit with their doctor within five days of discharge, and that the likelihood of readmission becomes greater the longer they go without seeing their doctor. We created the Optimal Discharge Planning Program to improve the discharge process for our members who are going home following hospitalization. As a result we have seen readmission rates decrease.

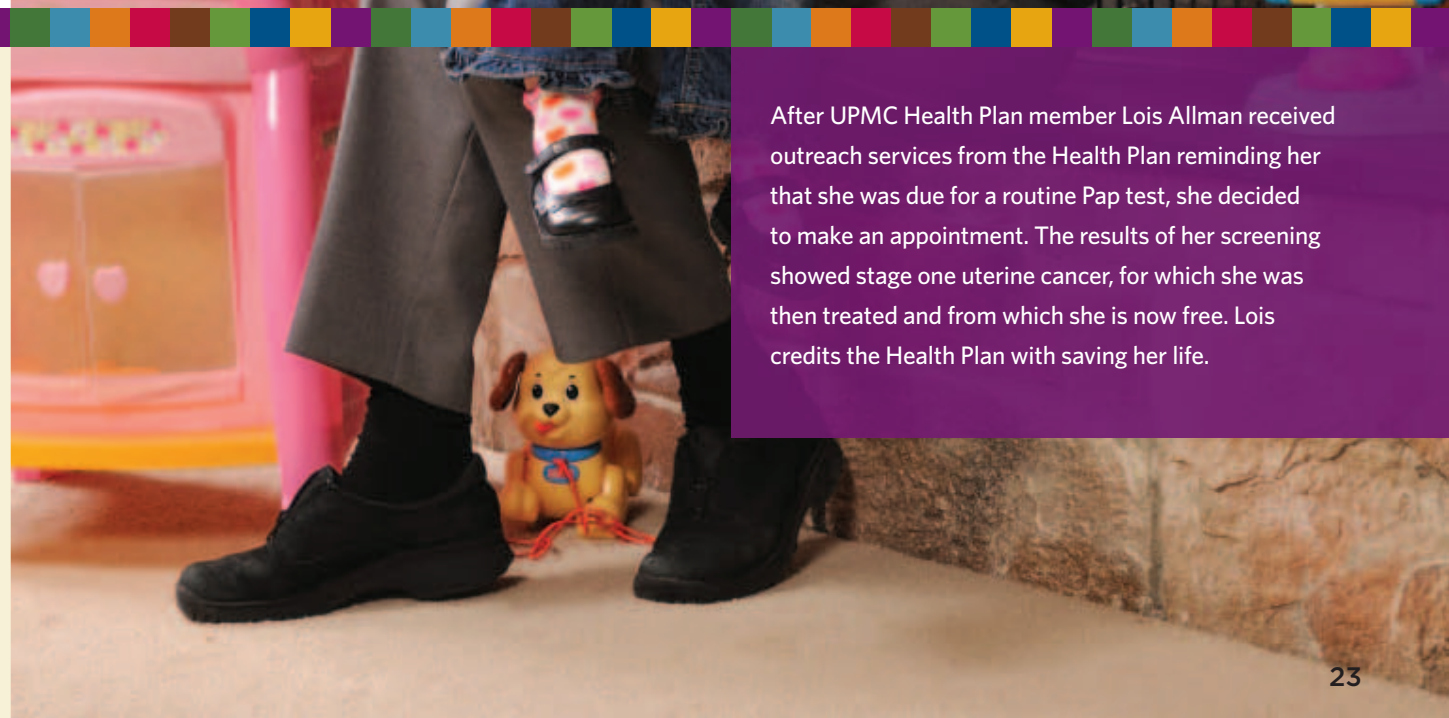


A popular weekly video blog series followed UPMC Health Plan member Paula Taggart throughout her first Half Marathon experience. *Right to left:* Paula in training, at work, and crossing the finish line.

No one comes to the hospital to stay; they come to get better and go home. So we have that goal in mind from the day of admission, helping each member prepare for discharge throughout their hospitalization. A Health Plan nurse called a transition care manager helps coordinate admission, discharge, and follow-up care, and educates members about their condition. The transition care manager explains instructions to the member in plain language and works to find out if there are any barriers that might prevent the member from following them. The care manager then calls members within two days after discharge to help them schedule doctor appointments and any necessary follow-up tests.



We focus on preventive care because we know that identifying and treating a disease early — rather than having to intervene after it advances — improves and saves members' lives.



After UPMC Health Plan member Lois Allman received outreach services from the Health Plan reminding her that she was due for a routine Pap test, she decided to make an appointment. The results of her screening showed stage one uterine cancer, for which she was then treated and from which she is now free. Lois credits the Health Plan with saving her life.

Customer SERVICE

Award-winning customer service

Not satisfied with exceeding industry standards, UPMC Health Plan strives to be “best in class” when it comes to serving our customers. We focus on providing personalized service and helping our members understand and manage their health benefits, promptly addressing their questions and concerns, and helping them access the tools and programs they need to improve and maintain their health.

We offer them a Member Advocate or Health Care Concierge and online chat capabilities to answer all of their questions.

Global Call Center of the Year: A new honor for member services

The UPMC Health Plan member services call center recently received national recognition for outstanding

customer service. Our call center was named a Global Call Center of the Year by the International Customer Management Institute (ICMI), the leading global provider of comprehensive resources for customer management professionals.

UPMC Health Plan received the ICMI Gold Award for large contact centers, which recognizes call centers that make a commitment to superior service and have done the most to deliver a quality customer experience. The ICMI award honors the teams that have enhanced the image of the call center profession and also achieved the highest standards of excellence in customer service.

The UPMC Health Plan call center provides excellent service to all of our members by focusing on one-call resolution, by employing a service-driven and knowledgeable team, and also by utilizing state-of-the-art call center technology. UPMC Health Plan demonstrates its commitment to improving the member experience by listening to the voice of the consumer through feedback and survey channels and then taking action to address members’ thoughts, ideas, and suggestions.

Shown at the ICMI award presentation are, left to right: Layne Holley, Director of Community Services, ICMI; Ann Moreth, Customer Engagement Manager, Medicare Member Services, UPMC Health Plan; Deb Attenberger, Manager, Provider Services, UPMC Health Plan; Pat Rodgers, Customer Engagement Manager, Commercial Member Services, UPMC Health Plan; Rhonda Manski, Program Director, Customer Satisfaction, UPMC Health Plan; Stacy White, Customer Service Manager, Medicaid & CHIP Member Services, UPMC Health Plan; and Deborah Wenger, COO of award sponsor Jabra North America.



“UPMC Health Plan’s call center demonstrated for the selection committee its true partnership with the organization and a strong return on investment in its success in creating an expedient, accurate and seamless experience for customers. This center is obviously dedicated to continuous improvement in its service to customers and its brand — exactly what we look for in our search for the Global Call Center of the Year.”

— Layne Holley, Chairman, ICMI Awards Selection Committee



UPMC *for Life* Health Care Concierge Brandon Bernola and his dog Hershel

PHOTO BY MELISSA SHANER

Customer Service Hero

When UPMC *for Life* Health Care Concierge Brandon Bernola received a call from a member regarding the member’s struggle to afford the copayments for injections to manage his prostate cancer, Brandon couldn’t stop thinking about the member’s situation.

At home, Brandon searched the Internet for foundations that offer copayment assistance and, one after another, called them. One after another, the reply was the same: no funds were available. But then — he found one that said yes! Brandon excitedly called the member. He couldn’t believe that Brandon had researched options on his own time and that he had found a funding source. He applied — and received a \$4,000 copayment grant!

“The member said if it wasn’t for me, he would never have known about this foundation,” says Brandon. “Now he can focus on getting rid of his cancer instead of worrying about the cost of the medicine. For me, this kind of situation makes my job truly worthwhile.”

For his outstanding service, Brandon was chosen to receive the Genesys Customer Service Heroes Award. This award recognizes employees who perform heroic acts of customer service on a daily basis. Winners are selected by a live audience of customer service industry professionals during the finals of a competition managed by Genesys, a recognized leader in customer experience management software.



2011 UPMC Health Plan Call Answering and Resolution

Measure	Our Performance	Industry Standard
Average speed of answering	20 seconds	30 seconds
% of calls answered in 30 seconds or less	82%	80%
First-call resolution	96%	65%

Ensuring that calls are answered in a timely manner by an expert, achieving one-call resolution, providing personalized service, and anticipating members' needs all combined to help us earn the distinction of being a 2011 J.D. Power and Associates Certified Call Center.*

J.D. Power and Associates Certified Call Center

Ensuring that calls are answered in a timely manner by an expert, achieving one-call resolution, providing high-touch personalized service, and anticipating members' needs all combined to help us earn the distinction of being a 2011 J.D. Power and Associates Certified Call Center.* This certification recognizes the call center for providing "An Outstanding Customer Service Experience." Of an estimated 75,000 call centers in North America, ours is one of only a select group to achieve this honor.

To earn certification, UPMC Health Plan had to pass a detailed audit of its management roles and responsibilities, recruiting, training, employee incentives, quality assurance capabilities — and, most importantly, the customer service experience. UPMC Health Plan's call center was measured for effectiveness against 118 leading practices across the call center operations and support functions that result in service excellence. In addition, a survey of customers who had recently called the call center was done and the results were evaluated.

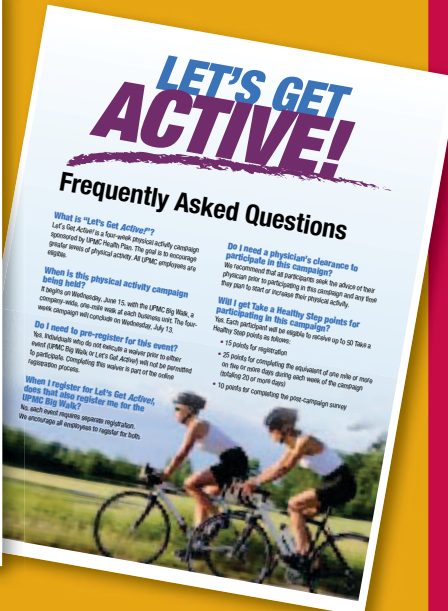
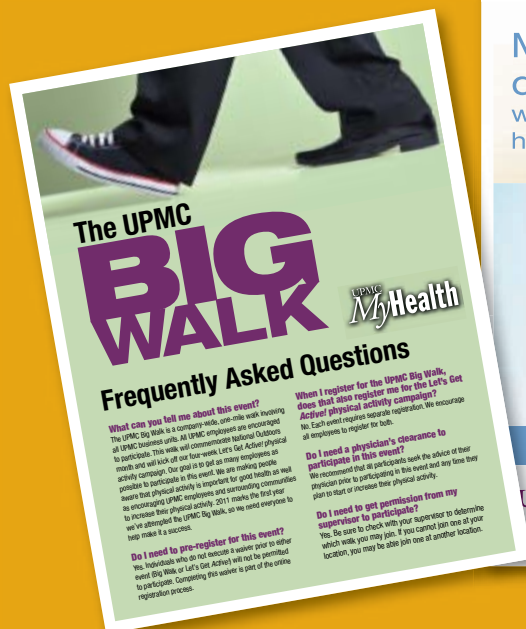
More Innovative Services

In addition to the outstanding services of our live-answer call center, we offer other convenient ways for our members to contact us:

Live chat: Making our services more convenient for our members matters. Our members can chat with us over a secure and confidential website in complete privacy while at home or at work. Our Member Advocates can answer member questions about health care, benefits, and coverage. After the chat, the member can print a copy of the entire conversation.

Online messaging: Members can use our online secure messaging center 24 hours a day to ask about any topic related to their health care, make pharmacy inquiries, ask about benefits, or request to be contacted by a health coach or nurse. Return messages to members are posted the next business day in each member's own secure portal.

*For J.D. Power and Associates 2011 Call Center Certification ProgramSM information, visit www.jdpower.com.



Leadership in Action: Promoting Inclusion and Diversity

At UPMC Insurance Services Division, we incorporate inclusion and diversity into our company's operation and we live by those ideals every day. Inclusion drives innovation and helps our company keep pace with a changing industry. Our commitment to inclusion has had a dramatic impact on the values of our organization and on the communities we serve.

In 2011, Diane P. Holder, executive vice president of UPMC, president of the UPMC Insurance Services Division, and president and CEO of UPMC Health Plan, was one of 33 CEOs to earn a Leadership in Action Award presented by *Diversity Journal*. This annual award by the publication recognizes business leaders who support and participate in their organization's diversity and inclusion activities.

In 2010, Insurance Services Division staff and management participated in a yearlong effort that promoted dignity and respect and encouraged inclusion among employees. Recently we enhanced our employee recognition program by honoring employees who practice inclusion in their actions and behaviors.

Ensuring equality of access to health care is an important part of our commitment to inclusion. A recent initiative that supports this goal is our Health Equality and Literacy Program (HELP). The primary goal of this program is to reduce disparities in care by using plain language for member materials, training staff on culturally and linguistically appropriate services, and developing policies and procedures resulting in clearer communications for our members and providers.

Making our services more convenient for our members matters. Our members can chat with us over a secure and confidential website in complete privacy while at home or at work. Our Member Advocates can answer member questions about health care, benefits, and coverage. After the chat, the member can print a copy of the entire conversation.



PEOPLE

We Serve

When the leadership team at International Plastics Equipment Group (IPEG) went shopping for a new health insurance plan, it had two goals. “We wanted to build a company culture around wellness, and we wanted to control health care costs,” says Patrick Rooney, CFO of the Pittsburgh-based manufacturing company, which employs about 300 people in the U.S.

“*HealthyU* was the only plan we found that had an integrated wellness component. It was different from anything else out there. We think that the financial incentives it offers will encourage employees to be proactive about their health,” says Patrick. “So far, we’ve had significant participation in the health risk assessment. Our first big event is a health fair, which we’re doing with the help of the Health Plan. We’re really excited to have a partner in our wellness initiatives,” Patrick says.

HealthyU, launched in January 2012, is the next generation of high-deductible consumer-directed health plans (CDHPs). This plan rewards members for understanding their health, improving their health, and partnering with their doctor. *HealthyU* combines a high-deductible plan with a Health Incentive Account (HIA) that is funded by the Health Plan and incentivizes healthy choices. Members can complete specific healthy activities — such as having a screening for which they are due, getting an annual flu shot, or working with a health coach — and earn up to \$500 per employee or \$1,000 per family. These funds are deposited into the member’s HIA and can be used to pay deductibles, coinsurance, and copayments.

HealthyU also gives employers the option to add on a Health Reimbursement Account (HRA) or a Health Savings

“We wanted to build a company culture around wellness, and we wanted to control health care costs.”

— Patrick Rooney, CFO, International Plastics Equipment Group

Account (HSA). An HRA is funded by the employer and provides access to funds so members can further reduce their out-of-pocket costs. An HSA can be funded by the employer or the member or both. The idea behind these accounts is to create a total package that rewards employees who engage in healthy activities by reducing their health care costs.

New products and services to meet new needs

This is a time of tremendous change in the health care insurance market, as planning for coming reform continues and consumers face an increasing need to control costs while ensuring quality coverage. The Health Plan added almost 44,000 new commercial members in 2011 while retaining 95% of existing customers. This accomplishment speaks to the strength of our business as a whole — its products and services and the people behind them.

UPMC Health Plan is always working to develop innovative plans that fit the circumstances our members and employers live in and provide cost-effective solutions to address the rising cost of health care. We give members incentives and information to make better health care

decisions — and employers the opportunity to save money on premiums and, over time, to develop a healthier and more productive workforce.

UPMC Health Plan has introduced several innovative products and services in answer to and in anticipation of the needs of both employer groups and individuals and their families:

- Our **HealthyU** consumer-directed health plan provides employers with a cost-effective way to help their employees stay healthy.
- Our **Inside Advantage** product for small- and medium-sized businesses in northwestern Pennsylvania features a three-tiered network and the lowest out-of-pocket costs for using high-quality local community hospitals or UPMC hospitals.
- Our **Individual Advantage** plan offers individuals who don’t have group insurance an affordable health care solution.
- Our new **Vision Advantage** and **Dental Advantage** plans offer dental and vision coverage with an extensive network of providers for employers who want to bundle their total benefits package.



"HealthyU creates tailored and innovative financial incentives for members to understand their health, improve their health and care, and partner with their doctor. When members in account-based plans see money spent on care as their own and are provided with information on the full cost of a service, test, procedure, or prescription drugs, they make better choices. And in doing so, they improve their health and reduce excessive health care costs."

— Michael Parkinson, MD, Senior Medical Director,
UPMC Health Plan

UPMC *HealthyU*

Working with a UPMC Health Plan health coach to increase physical activity is one of many ways members can earn incentive awards through *HealthyU*.

UPMC *Inside Advantage*™ – Innovative Network for Northwestern Pennsylvania

UPMC *Inside Advantage*™ is a value network for small and mid-sized employers in Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, and Venango counties. When they choose to receive care at tier one facilities — quality hospitals in the Erie-Warren area — members receive the

same type of coverage as that provided by other Health Plan offerings, but at the lowest premium and out-of-pocket costs. Tier two provides slightly higher out-of-pocket costs and includes the remainder of the UPMC-contracted facilities within our network of more than 90 hospitals. Tier three includes non-contracted, out-of-network providers at higher out-of-pocket costs.

A plan to fit the needs of every member of the community

UPMC Insurance Services Division offers a comprehensive and innovative array of products and services.

UPMC Health Plan Commercial Products

- **UPMC Small Business Advantage** – Suite of benefit plans for companies with 2 to 99 employees and dependents
- **UPMC Business Advantage** – Suite of benefit plans for companies with 100 or more employees and dependents
- **UPMC Health Plan** – Group medical insurance HMO, EPO, PPO, CDHP, UPMC *HealthyU* CDHP
- **UPMC Individual Advantage** – Medical insurance for individuals and family members
- **UPMC Inside Advantage** – Group medical insurance for employees of northwestern Pennsylvania small- and medium-sized businesses that features a three-tiered network and the lowest out-of-pocket costs for using high-quality local community hospitals or UPMC hospitals.
- **Dental Advantage** – Dental PPO
- **Vision Advantage** – Vision PPO
- **MyFlex Advantage** – Flexible Spending Account (FSA)
- **UPMC COBRA Advantage** – COBRA Administration

UPMC WorkPartners Health and Productivity Solutions

- **Commercial Workers' Compensation** – An integrated solution for fully insured businesses

- **Claims Management Services** – Workers' compensation, short-term disability, FMLA, ADAA, and return-to-work program management
- **Consulting Services** – Safety and productivity consulting, plus expert data analysis service
- **On-Site Clinic Services** – Total health management and wellness workplace clinics
- **UPMC MyHealth** – Wellness and health management
- **LifeSolutions®** – Employee Assistance Program

EBenefits – Web-based benefits administration

Government Programs

- **UPMC for Life** – Medicare HMO or PPO with or without Rx; Prescription Drug Plan
- **UPMC for Life Specialty Plan (HMO SNP)** – Medicare for people eligible for both Medical Assistance and Medicare
- **UPMC for You** – Medical Assistance
- **UPMC for Kids™ (CHIP)** – For uninsured children and teens not eligible for or enrolled in Medical Assistance

Community Care Behavioral Health

- **Commercial** – Identified services for UPMC Health Plan commercial members
- **Medicare** – Identified services for UPMC *for Life* Medicare members
- **Medical Assistance** – Behavioral health coverage for PA HealthChoices Medical Assistance members

J. H. Bennett Moving & Storage Erie, PA



PHOTO BY ART BECKER

Tiers of joy

Gordon Naughton, president of J.H. Bennett Moving & Storage in Erie, is happy with UPMC *Inside Advantage*, because it offers a way for both the company and its employees to save money. He notes that employees have access to excellent clinical care “right here in Erie.”

UPMC *Inside Advantage*™ members may choose from all participating doctors at the lowest out-of-pocket cost. For certain complex care issues that cannot be addressed at an Erie-Warren area hospital, we include a domestic travel and care concierge benefit. Our concierge arranges for our members to come to Pittsburgh, and we reimburse them and their families for hotel and travel expenses. In addition, we coordinate the care between their community physician and physicians in Pittsburgh.

Individual Advantage – Plans for individuals

UPMC Health Plan now offers a long-term, guaranteed renewable individual health insurance product called *Individual Advantage* for self-employed individuals, early retirees, and people whose employers do not provide coverage.

Each of the *Individual Advantage* plan options covers preventive care at 100 percent, including checkups, screenings, and mammograms. Members also have access, at no extra cost, to health, fitness, and nutrition coaches; maternity experts; and mental health counselors.

Individual deductibles range from \$0 to \$5,000. Members have direct and coordinated access to a network of more than 90 hospitals and 9,800 physicians in western Pennsylvania and do not need referrals to see specialists within the network.

Members also have the option to open a health savings account (HSA) and enjoy triple tax savings. In an HSA, the money members put in is pre-tax; it accumulates tax-free, and it can be withdrawn tax-free for qualified medical expenses. Because there is no “use-it-or-lose-it” time provision with HSAs, members may use them for both current health expenses and anticipated expenses in retirement. Another advantage of the HSA is that the funds are owned by the employees and are portable; if employees leave a company they can take their HSA funds with them.

Innovative tools and resources for members

We have launched new tools designed to make it easier for members to manage their health insurance and health care. To help those shopping for insurance we offer the Plan Selector Tool, which makes it quick and easy for members to learn about our products. They can sort by monthly premium, deductible, coinsurance, and out-of-pocket maximum.

To assist our members, MyHealth OnLine, our secure member website, has been redesigned with a modern look and intuitive navigation. MyHealth OnLine has an auto-populated personal health record; a wealth of resources on healthy living, specific conditions, and procedures; and a spending summary. We also introduced online access to the Explanation of Benefits, which provides an instant and organized view of care received. For members on the go, a mobile-friendly website was launched with a network search function and easy access to our contact information.



New tools make it even easier for our members — here, Juane Hill — to play an active role in their health.

From an employer's perspective, we're providing the opportunity to save money on premiums and, over time, to build a healthier and more productive workforce.

COMMERCIAL PLANS

We partner with our clients

Through our commercial plans, UPMC Health Plan serves as a partner to our employer groups. We assess their employee population needs and properly price their plan of choice the first time. Then, we work with employers and employees to bring about better health outcomes through our integrated care delivery model. UPMC *HealthyU* and UPMC *Inside Advantage* are described earlier in this section. Some of UPMC Health Plan's other commercial offerings are as follows.

UPMC Business Advantage. We provide employers with 100 or more employees and dependents with stable pricing and multiple ways to finance their health insurance benefits. And we offer multiple plans within the same employer group to allow employees the opportunity to select a plan based on their individual and family needs.

UPMC Small Business Advantage. Small businesses have unique challenges, and this plan is built specifically for companies with fewer than 100 employees and dependents. It offers a robust benefit package, with little effect on cost. It includes a choice of medical, pharmacy, dental, and vision coverage, coupled with a comprehensive collection of value-added services.

Dental Advantage and Vision Advantage

Dental Advantage showed significant growth in membership and network size during the past year. Members of this plan do not need to select a primary dentist from our network of fully credentialed dentists. There is no prior authorization requirement for major services and no waiting period or denial of coverage for pre-existing dental conditions.

Vision Advantage was launched in the second quarter of 2011. Members of this plan may choose from basic, standard, and premium plans with services delivered by a network of credentialed vision providers.

Bundle up! Now employers can enjoy the convenience of bundling dental and vision coverage — provided by UPMC *Dental Advantage* and UPMC *Vision Advantage* plans — with group health coverage from UPMC Health Plan. We offer a discount to employers who choose all three.

Unions partner with UPMC Health Plan

UPMC Health Plan has been a true partner. If I have questions, I get answers immediately. The easiest way for us to judge that the plan is working is that I don't have people coming to union meetings complaining. Our members are very happy with the coverage.

— Ron Celeski, Recording Secretary
United Auto Workers Local 1186



When we looked at UPMC Health Plan, both the cost and the coverage as a whole, it met our needs and we've been very happy. As we were transitioning from our old plan to UPMC, Health Plan executives took calls from our members and their families and made everything go smoothly.

— Paul (Dino) Taormina, Chairman, Trustee
Bakery Drivers Welfare Fund
Teamsters Local 926



When it came time to get bids and consider other options, we wanted to stay with UPMC Health Plan. My people are all over Allegheny County. With UPMC Health Plan, no matter where they live, they have access to great hospitals. And any questions that we have get resolved immediately.

— Martin O'Toole,
Business Manager, Trustee
Plumbers Local 27
Health and Welfare Fund





Announcing: Beating the Blues US™

Beating the Blues US is a unique new eight-week online program that can help individuals change the habitual thinking patterns that affect mood and behavior. This Web-based software helps users evaluate how their thoughts are connected to their feelings and behaviors. Beating the Blues US is being made available by the Health Plan as a standard benefit at no cost to members age 18 and older.

The Beating the Blues US program can assist individuals by:

- Improving mood
- Teaching better ways to handle problems
- Increasing self-confidence
- Enhancing relationships
- Building stress resilience

Over the course of eight sessions, participants spend about 50 minutes per session learning how thought patterns can lead to feelings and behaviors that can cause stress, tension, or negative feelings — and how to employ more positive thought patterns.

UPMC Health Plan offers Beating the Blues US through a partnership with Ultrasis, a United Kingdom-based company, which has many years of experience providing the UK version of Beating the Blues to help individuals improve their mood or discover that they need additional help.

MyHealth Print-Post-Promote™

New each month: Healthy information employees can share with their families

Each month all of our employer groups receive access, at no charge, to our award-winning online feature, Print-Post-Promote™. Employers are encouraged to share these engaging, high-quality, clinically sound printable posters, fliers, and e-mail messages with their employees. Messaging synchs with nationally promoted events such as National Diabetes Month and American Heart Month.

Print-Post-Promote™ has been recognized with many national awards for member education materials. It is just one example of the many tools for good health that UPMC Health Plan makes available to members and employer groups.



UPMC for Life

Serving our Medicare members

Among the primary goals of our Medicare program, UPMC for Life, is helping our senior members stay healthy and active by providing innovative, easy-to-use wellness resources and high-quality, personalized assistance with understanding benefits and managing health risks and conditions. Call center representatives called Health Care Concierges are dedicated to helping members find providers, manage prescription drug costs, and more. Members can call a concierge anytime with questions or concerns about their benefits.

UPMC for Life offers a comprehensive suite of products and services, including plans with a \$0 premium. Our Medicare offerings include plans with and without prescription drug coverage that are available both to individuals and to employers who wish to offer retirement benefits.

UPMC for Life has consistently ranked among the best plans in the nation in terms of quality measures such as effectiveness of care, member satisfaction, and plan operation, according to the National Committee for Quality Assurance (NCQA). UPMC Health Plan's reputation for quality, superior customer service and its concierge level of additional service promote growth and help maintain high retention rates for Medicare Advantage members.

In 2011, we began to offer seniors the option of enrolling online directly through our UPMC for Life website as an alternative to enrolling through Medicare.gov. This ability has been particularly attractive to younger Medicare-eligible enrollees and the caregivers of older, more infirm beneficiaries. UPMC for Life membership grew 15% from 2011 to 2012, from 81,515 to more than 94,000 members, while national Medicare Advantage enrollment grew just under 10%.



A new star



In 2011 the Centers for Medicare & Medicaid Services (CMS) increased the Quality Star rating of UPMC for Life HMO products from 3.5 to 4.0. This is an important indicator that our members are receiving high quality care. Our UPMC for Life PPO products were already operating at the 4-star level in 2011, and this rating will continue to be in effect through 2012.

Clinical innovations

Our health management team of doctors, nurses, pharmacists, social workers, and behavioral specialists works closely with our members, their families, and their doctors to deliver optimal clinical support and educational services. Clinical health coaches emphasize the importance of self-care and the doctor-patient relationship and work with our members and doctors to implement a plan of care.

Two new programs are designed to help members who are receiving care for a medical issue:

- **Care Through Transitions Program.** This program uses a team approach to coordinate care for members in skilled nursing facilities who recently have been hospitalized and discharged. The care team includes nursing facility staff, physicians, pharmacists, Health Plan support staff, and the attending physician. Health Plan care

managers experienced in geriatric care visit and provide an on-site assessment of these members, consult with nursing facility staff, and meet in person with families and caregivers to determine the members' needs and goals for care. They then work together to make sure everything is in place for the members' transition to home. This approach facilitates early intervention for any medical needs and helps members to avoid complications and hospital readmission.

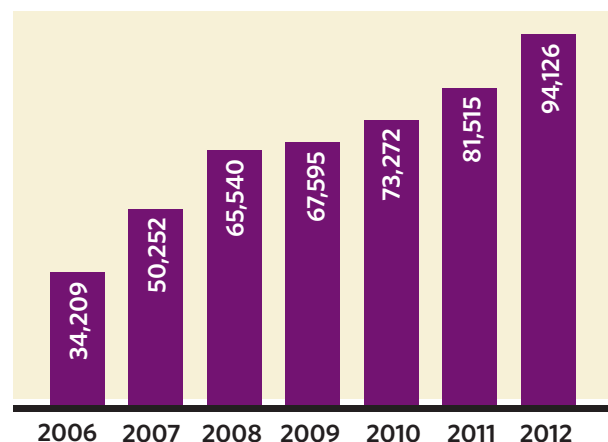
- **Supportive Care Program.** Initiated by the Health Plan in collaboration with UPMC Geriatric and Palliative Care Services, this program focuses on Health Plan members age 65 or older. In contrast to the traditional medical model of reacting after a member acquires a condition, this unique and innovative program seeks to identify a hospitalized member's risk factors so steps can be taken to prevent secondary problems.

Extra benefits for Medicare members

All of our individual Medicare Advantage plans provide more benefits than Original Medicare alone, including:

- Routine vision care allowance and dental discount services
- Emergency assistance coverage 24/7 when traveling in the U.S. or abroad with AssistAmerica®
- Confidential resources through MyHealth OnLine to help members keep up-to-date records of their health care visits, prescription refills, health history, and benefits
- UPMC Resources *for Life* for managing everyday life challenges, such as legal or financial guidance and short-term counseling
- Silver&Fit® health and wellness program offering membership at a participating fitness club at no additional cost
- “Powerful Tools for Caregivers,” a 6-week education program to help family caregivers practice self-care while serving as caregivers

UPMC *for Life* Membership Growth



Our Medicare membership grew by 15% in 2012.



Zumba practice at the Senior Health & Fitness Day, Pittsburgh Zoo and PPG Aquarium

PHOTO BY MELISSA SHANER

Senior Health & Fitness Day

UPMC *for Life* has served as the Pennsylvania state sponsor of National Senior Health & Fitness Day for six years. Health & Fitness Day events are held in Pittsburgh, Greensburg, Erie, Johnstown, and Altoona. Admission is complimentary for seniors age 65 and older. Events include blood pressure and bone density screenings; group walks; Zumba, tai chi, and yoga demonstrations; and other activities.



UPMC *for Life* is now live on Facebook

Our Medicare members can “like” us on Facebook and receive daily recipes, health tips, and information about such things as preventive services, staying physically fit, managing medications, preparing for doctor visits, and much more. They can also check for exclusive member events taking place in their local area.



UPMC for Kids™

Caring for the needs of children, teens, and families

The Pennsylvania Children's Health Insurance Program (CHIP) makes health insurance available for uninsured children and teens under age 19. Regardless of family income, children and teens can qualify for CHIP if they are not covered by private health insurance and are not eligible for or enrolled in Medical Assistance. Our CHIP program, UPMC for Kids™, offers coverage to families whose children and teens might not otherwise have access to health insurance.

UPMC for Kids provides a broad array of benefits, including preventive care and doctor visits, emergency and hospital care, behavioral health care, dental care including orthodontia when medically necessary, vision care, and prescription drug coverage. Enhanced services covered by UPMC for Kids include nutritional counseling, tobacco cessation counseling, and Web-based tools and resources.

Expanding our online presence into the area of social media, the UPMC for Kids Facebook page was launched last summer as a new way for families to access CHIP materials. We also use the UPMC for Kids Facebook page to promote community outreach events and health and wellness information for families.

The expansion of UPMC for Kids into the Lehigh Capital region of central Pennsylvania, with its vibrant Hispanic community, has given rise to a number of special initiatives.

- UPMC for Kids partnered with the Spanish American Civic Association (SACA), a Lancaster County-based agency focused on cultural and economic development of the Hispanic/Latino community.
- We established a marketing and advertising partnership to promote CHIP through SACA's Centro TV educational cable channel, WLCH FM/Radio Centro, and at SACA events such as the annual Fiesta and Gala.
- In addition, UPMC for Kids has developed webpages in Spanish.

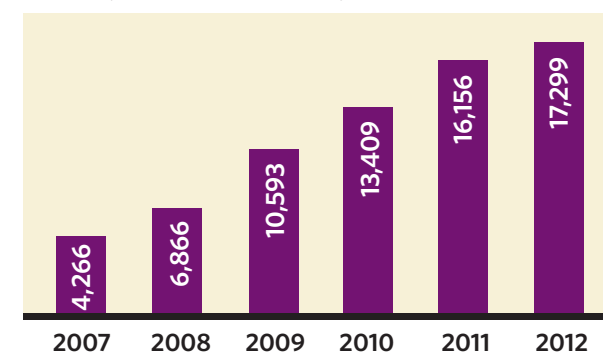
In conjunction with the Department of Labor & Industry, UPMC for Kids Community Outreach staff attend Rapid Response meetings for employees who, due to various company closings, are losing their jobs as well as health insurance for themselves and their families. The Community Outreach staff members speak about CHIP as a health insurance option for the employees' children and distribute informational materials to the employees and company officials.

At the invitation of UPMC Sports Medicine's Athletic Training and Development team, UPMC for Kids gave a second annual presentation for athletic trainers working in the Western Pennsylvania Interscholastic Athletic League (WPIAL) to boost awareness and understanding of the CHIP application process and benefits. Given the increasing prevalence of sports-related injuries, we equipped the trainers with CHIP product information and handouts to offer to uninsured teen athletes.

UPMC for Kids continues to partner with the Pittsburgh Zoo and PPG Aquarium to reach families whose children may qualify for CHIP. We also partner with UPMC for Life to attend Grandparents Day at the zoo in September. During our events we distribute information about CHIP and healthy recipes, and provide families with health and wellness related promotional items as children learn about the health benefits of exercise and good nutrition through games and activities.

In celebration of UPMC for Kids' achieving 15,000 members, UPMC Health Plan made a contribution to Reading Is FUNDamental Pittsburgh (RIF). Specially designed bookplates were placed in books, which were distributed by RIF to day care centers and schools for children to take home and keep free of charge.

UPMC for Kids Membership Growth



UPMC for Kids grew to more than 17,000 members in 2012.



Sharing the good news about CHIP

Five years ago, Linda McBride decided to switch from another CHIP plan to UPMC *for Kids* for her daughter Felicia (now 14) because the premiums were lower and the coverage was better. "A few years ago, Felicia was diagnosed with exercise-induced asthma. She received excellent care. We never have a problem finding physicians, and all of the hospitals in our area take UPMC *for Kids*," says Linda.

In fact, Linda is so satisfied with UPMC *for Kids* that she keeps a stack of brochures in the dental practice where she works. When a child comes in with no health insurance, she hands a brochure to the child's parent. "Once they do the research, they almost always decide to enroll," reports Linda. "At their next appointment, I hear about how happy they are."

UPMC *for Life* Specialty Plan (HMO SNP)

Serving members eligible for both Medicare and Medicaid

UPMC *for Life* Specialty Plan, our zero-cost Special Needs Plan (SNP) for members eligible for both Medicare and Medical Assistance, provides Medicare benefits, including supplemental dental and vision coverage. UPMC *for Life* Specialty Plan is the 12th-largest dual Special Needs Plan in the country and has more than 16,000 members.

Two new Special Needs Plans. UPMC Health Plan has received approval from the Centers for Medicare & Medicaid Services (CMS) to administer two new Special Needs Plans. UPMC *for You* Advantage, like UPMC *for Life* Specialty Plan, is designed for individuals eligible for both Medicare and Medical Assistance coverage. This new product will more effectively coordinate the needs of our beneficiaries with Medical Assistance and better position us for future integration. UPMC *for Life* Options is designed for individuals who either reside in a nursing home or live in the community and require the same level of care as someone in a nursing home. Those enrolled in UPMC *for Life* Options will receive services from a specialized network of providers dedicated to effectively managing the needs of this unique population.

Highest level of CMS approval for new and existing plans.

All three of our Special Needs Plans received a three-year approval from CMS, the highest level given, for their respective Model of Care (MOC) and Quality Improvement Program. The MOC is an extremely comprehensive summary that includes membership characteristics, established goals and how they will be measured, clinical staffing and interventions that are in place to support the unique needs of the members, member and provider communications, provider network, and training.

Audit score of 100%. In 2011, the National Committee for Quality Assurance (NCQA) sponsored an audit of the Structure and Process of Medicare Special Needs Plans. The UPMC *for Life* Specialty Plan Structure and Process audit earned scores of 100% in the following elements due to a team effort that produced excellent results:

- Complex case management
- Improving member satisfaction
- Clinical quality improvement
- Coordination of Medicare and Medicaid coverage

Our UPMC *for Life* Specialty Plan is the 12th-largest Special Needs Plan in the U.S. and has more than 16,000 members.



One-of-a-kind program for the homeless

Cultivating Health for Success is a unique program that provides “shelter plus care” for UPMC Health Plan Special Needs Plan (SNP) members who reside in Allegheny County. This program, which focuses on helping people with disabilities who are homeless, is the only program of its kind.

The program is provided through a partnership with Community Human Services, Metro Family Practice, Inc., and UPMC Health Plan. Eighteen SNP members are currently enrolled in the program and have found stable housing.

Eligible members must agree to use a specified primary care practice and to receive case management support for physical and behavioral health conditions from UPMC Health Plan through the program. In exchange, members receive support from the U.S. Department of Housing and Urban Development for stable housing within Allegheny County. The housing is coordinated through Community Human Services, a program partner.

The program provides high-touch care coordination support to the members for care that is recommended by their PCP — and member education by an integrated care team. The team works with each member to develop

an individualized care plan that addresses the member’s needs and the goals that are important to the member.

By providing more intensive services in the way of case management, life skills training, care coordination, housing assistance, in-home face-to-face education and support — as well as more consistent medical monitoring — we help these members begin to stabilize their health. Meanwhile, the stable housing provided through the program ensures they have a safe environment in which to learn to manage their health conditions and avoid costly and unnecessary acute care.

UPMC for You

Caring for our Medicaid members

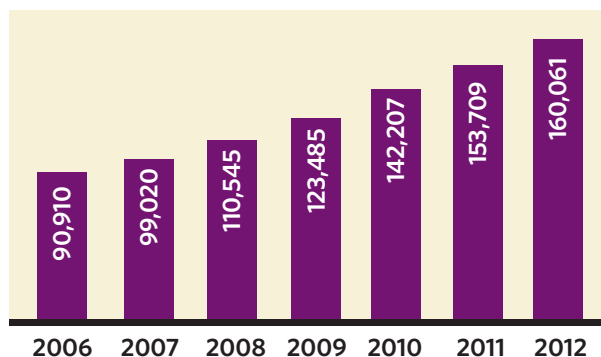
UPMC for You has been ranked by the National Committee for Quality Assurance (NCQA) as the number 10 Medicaid plan in the nation for the last two years and as the number one Medicaid plan in the state of Pennsylvania for seven of the past eight years.

UPMC for You offers comprehensive benefits that help members get health services such as prenatal care, immunizations, and dental and vision services. Members also have access to health management programs for chronic conditions and to preventive services and screenings, such as smoking cessation and weight management programs, mammograms, colonoscopy, childhood well visits, and many other services. The UPMC for You provider network includes both UPMC and community providers, totaling more than 75 hospitals and more than 9,600 physicians.

UPMC for You experienced 4% overall membership growth during 2012, reaching a total of more than 160,000 members. Our program is expanding into four additional counties in the southwest region of the state, three additional counties in the Lehigh Capital region, and 13 counties in the northwest region. By September of 2012, we will be in 40 counties in Pennsylvania for our Medical Assistance product.

Many new initiatives have been focused in the Lehigh Capital region since UPMC for You expanded into the area in 2010. The overarching strategy has been to partner with community-based organizations that support and impact the needs of our members. An example is the collaboration of UPMC for You with Project Homeless Connect, which provides the homeless population of Dauphin County with access to government agencies and immediate access to medical care. The collaborative served 177 adults and 39 children, providing 150 flu shots, volunteer services, and a financial contribution from UPMC.

UPMC for You Membership Growth



UPMC for You experienced a 4% overall growth in membership during 2012.

Other efforts in the region include:

- Helping the Hanover Hispanic Center/Hanover YWCA secure more than \$450,000 in grants for an after-school education program
- Partnering with Berks County Television (BCTV) to offer many hours of wellness information through the bilingual monthly show "A Su Salud" – To Your Health
- Collaborating with St. Joseph Health Ministries in Lancaster County to provide urban and rural students with access to dental care as well as funding for the Dental Olympics program, which is both a physical exercise program and a dental hygiene educational initiative

In collaboration with The South Central Sickle Cell Council and the University of Pittsburgh Department of Behavioral and Community Health Science, UPMC for You also has recently launched a comprehensive needs assessment in a 14-county region of central Pennsylvania. This effort will attempt to study the sickle cell population of this region, assess the current support infrastructure, and make recommendations to providers, policy makers, and community members.

Connected Care™

The Connected Care program improves health care access and outcomes for members with serious mental illness by coordinating care among health plans, primary care physicians (PCPs), and behavioral health providers.

This program is a collaboration of UPMC for You (Medicaid), UPMC for Life Specialty Plan (HMO SNP), and Community Care Behavioral Health with the Department of Public Welfare, the Center for Health Care Strategies, and Allegheny County.

Connected Care seeks to decrease gaps in care for its members, support them in receiving preventive and other appropriate care, and decrease avoidable emergency room visits and readmissions. The program also aims to improve patient satisfaction through better access and services.

As part of this program, Community Care and UPMC Health Plan care managers work closely with the members and their providers to develop integrated care plans. An analysis of the two-year period ending in June 2011 showed reductions in emergency department use and inpatient admissions for physical health and behavioral health diagnoses.

UPMC for You is ranked
the #1 Medicaid Plan in PA
and #10 in the nation.

— Consumer Reports/NCQA listing of America's Best Health Plans



Community Care Behavioral Health

Caring for body and mind

Community Care Behavioral Health Organization, the largest nonprofit behavioral health managed care company in the U.S., supports Pennsylvania's HealthChoices program by managing behavioral health services for 671,489 Medical Assistance recipients in 36 counties. Additionally, through integrated services, Community Care provides behavioral health management for UPMC Health Plan's commercial and Medicare members.

Community Care Behavioral Health works closely with Western Psychiatric Institute and Clinic (WPIC) — one of the nation's leading psychiatric systems — and other high quality community providers. As the largest behavioral health managed care organization (BHMCO) in the Pennsylvania program, Community Care is proud of its record of high quality. The Office of Mental Health and Substance Abuse Services (OMHSAS) of the Department of Public Welfare (DPW) sets specific standards of quality as measures for comparison of the BHMCOs that have contracts in the behavioral HealthChoices Program.

The external entity that the DPW uses to measure quality in the behavioral HealthChoices contract shows that Community Care has had the highest decrease in readmission rates of all BHMCOs in the program. Of the

20 counties that had the best performance, Community Care is the managed care organization for 16 of them. Community Care's efforts to create this change include using Acute Care Management supports, providing training to providers and implementing diversion teams.

Community Care demonstrated statistically significant rates higher than the HealthChoices BHMCO average for all measured indicators for base year 2010. All rates have shown improvement from the baseline measure in 2008.

Provider and member satisfaction ratings for Community Care

Both member and provider satisfaction are measured annually via a variety of methods to ensure inclusion. Provider satisfaction scores, overall, were up to 96%, which is higher than any previous year. Members who use services report feeling included and respected in the process, and they also report very high scores.

Innovative recovery program

Community Care has integrated into a number of its contracted provider sites a recovery-oriented program called "Personal Medicine." A learning collaborative that includes agencies throughout the 36 counties in which we work helps to facilitate this unique and nationally recognized initiative.

School-based program for children

Community Care implemented a School Based Behavioral Health Services program that coordinates services for children within one school building. A data collection application which enables teachers and parents to complete assessments of children's functioning online rather than on paper has met with very positive response and has enhanced data collection in rural counties.

New to New York

Community Care expanded its presence through a contract with New York State in 2011. We opened two offices, one in Yonkers and one in Albany. Our New York program focuses on the role of the managed care organization in monitoring persons with high need and serious mental illness. The program runs for three years with significant opportunity for expansion after year three. The program focuses on:

- Supporting the specialized needs of individuals with serious mental illness and substance use.
- Creating management practices for high-risk individuals.
- Coordinating with local systems to enhance access to support, including Health Homes, physical health MCOs, recovery supports for substance use disorders, and county systems of care.

Askesis Development Group

Innovative software solutions for behavioral health care

Askesis Development Group, part of the UPMC Insurance Services Division, designs and implements software solutions for behavioral health providers and managed care companies. Innovations in managed care software implemented in conjunction with Community Care have led to new opportunities to support clinical practice. The latest version of the PsychConsult® Provider software is fully certified as compliant with Meaningful Use, as defined by the federal government. Some Askesis customers have already successfully received their Meaningful Use funds for eligible providers; others are planning their reporting.

In Our COMMUNITY



Partnering in Programs that Promote Good Health for Our Children, Families, and Communities

UPMC Insurance Services Division cares about our community, and giving back to the people we serve — whether they are members or not — is a fundamental part of our mission. We are involved in dozens of endeavors that help neighborhoods and organizations stay vibrant, from investing in the cultural arts to feeding the hungry.

One of our biggest priorities is supporting programs that promote good health among children and teens and their families. After all, healthy children are more likely to be healthy adults. And today's children are tomorrow's workers, parents, and leaders.

Eating well and staying active top the list of the best ways to promote good health. These two lifestyle habits have a huge impact on physical and emotional well-being, dramatically reducing the lifetime risk of obesity, heart disease, sleep problems, and other issues. We all know, though, that sticking to these healthy habits can be extremely difficult, for both kids and adults. That's why we look for innovative approaches that engage children and their families at various places in their day-to-day lives — in schools, at cultural attractions, and in child care centers, to name just a few.

Here are some of the programs and organizations we partner with in an effort to engage people in behaviors that help them stay fit and healthy now and prevent health problems later.

UPMC Health Plan's *SmartSteps*, a permanent exhibit in the Senator John Heinz History Center's stairwell, blends health and history and encourages visitors to take the stairs instead of the elevator. *SmartSteps* is one of only a few



State of the “art” wellness education: UPMC Health Plan's unique *SmartSteps* exhibit at the Senator John Heinz History Center promotes stairwell use and provides visitors with physical activity tips.

museum stairwell exhibits in the nation. It spans six floors (12 flights of steps), showcases artifacts from Pittsburgh history and sports memorabilia, and offers fun facts and health tips about physical activity to visitors as they climb. Visitors punch a card upon completing each flight. Those who reach the top can show their completed card to

receive a free piece of Pittsburgh memorabilia — a Heinz pickle pin.

The exhibit can also be enjoyed on UPMC Health Plan's YouTube channel, youtube.com/upmchealthplan.

Leading the way in supporting the health of local families and communities



The UPMC Insurance Services Division spearheads **We Can!**® Pittsburgh, a local initiative that provides parents in western Pennsylvania with innovative resources to help their families maintain healthy lifestyles. **We Can!** is a science-based national education program developed

by the National Institutes of Health — part of the U.S. Department of Health and Human Services — to help children ages 8-13 improve food choices, increase physical activity, and reduce the amount of time spent in front of the TV, computers, and video games. **We Can!** is unique among youth obesity-prevention initiatives in its focus on reaching parents and families as a primary group for influencing young people.

We promote and implement **We Can!** programs in partnership with a number of local organizations, including Wesley Spectrum Services.



ASSET

Achieving Student Success through Excellence in Teaching

We are partnering with ASSET to make **We Can!** educational materials available to anyone who engages with ASSET. ASSET is a nationally recognized STEM (science, technology, engineering, and mathematics) education improvement nonprofit that aims to inspire innovation and excellence by providing highly effective educator professional development, hands-on classroom materials and consulting services to schools, universities, and organizations. All of its programs are results-oriented, research- and inquiry-based, and aligned with national and state education standards.

UPMC Health Plan supports ASSET's efforts to bring hands-on, inquiry-based science education methods to elementary school teachers in Pennsylvania and beyond. Our partnership promotes student health literacy with a science twist through the **We Can!** program. Since many science teachers also teach health class, UPMC Health Plan saw an opportunity to tie health and science together and make both subjects even more meaningful in the classroom. We combined the knowledge of UPMC's own health and nutrition experts, **We Can!** materials, and other educational resources to develop a Health and Science Resource Guide for teachers, tutors and curriculum coordinators. This guide shows teachers how to use basic scientific principles to make health class relevant to Pennsylvania Science Assessment Anchors for grades 4 and 8, and Pennsylvania Health and Physical Education Standards for grades 6 and 9 — thereby reinforcing both messages and enhancing students' learning experiences. The guide is available online at www.assetinc.org.





UPMC Health Plan continues to support HEALTHY Armstrong, both through monetary resources and on-ground personnel and planning. A strategic planning committee was formed to take the organization to the next level. HEALTHY Armstrong initially focused on school-age children and has helped maximize health and fitness in Armstrong School District schools. The next step will be to focus on pre-school aged children, their parents, and child care providers in Armstrong County. New initiatives to address early childhood may include nutrition education classes for caregivers and child-friendly active play.

In 2011, HEALTHY Armstrong's Promising Practice Award was renamed the Michael J. Culyba, MD, Promising Practice Award, in honor of UPMC Health Plan's late Vice President of Medical Affairs. Dr. Culyba was instrumental in creating HEALTHY Armstrong and making healthy living a reality for the families of Armstrong County. The Promising Practice Award is given to an Armstrong County school or community organization that makes outstanding progress in engaging the community in a healthy lifestyle.

This year's recipient was Dayton Elementary School.



Students enjoy getting some exercise on a climbing wall during gym class in an Armstrong School District high school. District high schools purchased the walls this year to help boost student activity.



We began a partnership with Wesley Spectrum Services in 2011 with a **We Can!** pilot project at Wesley Spectrum's Highland School. Wesley Spectrum Services includes three schools that serve 4,000 students ages 6-21 who risk academic failure for one or more mental or behavioral health reasons including depression, anxiety, ADHD, autism, and drug or alcohol abuse. Children with these conditions are predisposed to physical health problems like overweight, obesity, and diabetes. Through **We Can!** programming, UPMC Health Plan is engaging the Wesley Spectrum school environment, families, and communities in helping these children learn how to make healthier food choices, reduce screen time, and increase physical activity so they can live healthier, more fulfilling lives.



UPMC Health Plan, Heinz Endowments, and Phipps Conservatory spearheaded this partnership, which is a collaborative effort of organizations in southwestern Pennsylvania committed to addressing childhood obesity in our region. Modeled on First Lady Michelle Obama's national *Let's Move!* childhood obesity initiative, it is tailored to the unique needs of the Pittsburgh area. *Let's Move Pittsburgh* focuses on identifying and building on current best practices; uncovering, analyzing, and removing barriers to change; and developing a consistent message of health across the industry sectors of health care, school, early child care, out-of-school and community programs, and food/restaurant/beverage purveyors.



SAFELine was developed by a partnership of Safe Harbor Behavioral Health, UPMC Health Plan, and Community Care Behavioral Health as a way to help pre-teens and teens in the Erie, Pennsylvania, area address serious problems in their lives. A free 24/7/365 hotline with additional in-person counseling and support programs, SAFELine is a trusted resource for youth to use in seeking relief when they feel there is nowhere else to turn. SAFELine focuses on such issues as bullying, teen pregnancy, abuse, dating concerns, peer pressure, and mental health issues. Pre-teens and teens are encouraged to call the hotline if they are feeling misunderstood or overwhelmed, or just have a need to talk to someone.

About Our COMPANY



Daryl Farneth, UPMC Health Plan member, and her new puppy, Champ

Year-on-Year Success: Annual Report “Alumni” Update

In previous annual reports we have featured members who have used our programs to live healthier lives. We wondered how they were doing now — so we caught up with three “alumni” to find out what kind of impact our programs had on their work or personal lives. Here are their stories.

Two years ago, **Daryl Farneth** quit smoking to honor her 14-year-old son’s birthday wish. She had been smoking for 30 years and had tried to quit in the past, but the UPMC MyHealth Ready to Quit program helped her stop for good. At two years, she’s still going strong. “It’s so great to be able to enjoy my life without worrying about when my next cigarette is coming,” she exclaims.

For Daryl, the past year has been one of great positive change in her life as a nonsmoker. She bought a new car because she could not get the smell of smoke out of her old car. And she recently got a new puppy. “It’s so nice to be able to go on a long walk with Champ and not feel winded. And with the money I saved not buying cigarettes, I took my kids on a beach vacation. They’re so proud of me!” Daryl notes.

We profiled **Charlene Brower** in our 2010 annual report because she had worked with a health coach through two complicated pregnancies to deliver healthy babies. When Charlene learned she had gestational diabetes just before leaving for Costa Rica, where her husband was spending a six-month sabbatical, she was understandably anxious about giving birth in a foreign country with a chronic condition. Fortunately, she was in constant phone contact with UPMC Health Plan clinical health coach Allison Ridilla, who helped Charlene manage her condition. Charlene delivered a healthy baby girl. When she was pregnant with her third child, back in the U.S., she was again diagnosed with gestational diabetes, as well as placenta previa. She was able to work with Allison to deliver another healthy daughter.

Now the Browsers are enjoying a relaxing summer, expanding their vegetable garden, raising chickens, and spending time together as a family. “We still think about Allison — how finding her was an answer to our prayer, how she helped me through two pregnancies, and how thankful we are for her,” Charlene says. “We’d love to have more children — and it’s comforting to know that Allison is there for us if we’re blessed with another baby.”

Linda Marie May, assistant director of human resources at the City of Pittsburgh Housing Authority (HACP), was featured in our 2010 annual report as an enthusiastic supporter of the UPMC MyHealth program. At the Housing Authority, employees who completed wellness activities received a discount on their health plan premium contribution. The initiative was a huge success, and one year later, it continues to be as popular as ever. “We just had a speaker from the Health Plan at the Speaker Series session talk about weight management. It was very well attended, though it took place after work. The fact that our employees made the time to attend says a lot about the value of this program.”

Linda notes that this year, HACP has focused on encouraging employees to be more physically active: “We have continued to sponsor a golf program as well as Hip-Hop classes and encourage participation in the Pittsburgh Great Race. In addition, the UPMC Health Plan health coaching program is popular, and our employees are on a first-name basis with their health coaches. We’re seeing firsthand what wellness can do for an organization and its employees. When your employees are healthier, they are happier.”



Charlene Brower, UPMC Health Plan member,
with her family



Linda Marie May, assistant director of human resources at the
City of Pittsburgh Housing Authority

Company Overview

The UPMC Insurance Services Division provides a diverse portfolio of health and well-being services related to health benefits, health promotion, productivity, and workers' compensation to the employers and the communities of western Pennsylvania. The Insurance Services Division is part of UPMC, a \$10 billion global health enterprise that is redefining health care by using innovative science, technology, and medicine to invent new models of accountable, cost-effective, and patient-centered care.

The UPMC Insurance Services Division includes health maintenance organizations, preferred provider organizations, and health-related technology and benefit management companies that offer an array of commercial and governmental health insurance and health-related products.

UPMC Health Plan offers commercial and Medicare HMO products while also providing the administrative, personnel, and financial services required by most entities in the Division.

The nonprofit UPMC *for You*, Inc., offers HMO benefits to Medical Assistance beneficiaries.

Community Care Behavioral Health provides behavioral health programs for members of UPMC Health Plan, as well as separately contracted services delivered under Pennsylvania's HealthChoices Medical Assistance program.

UPMC WorkPartners provides health and wellness, employee assistance, and workers' compensation and disability programs and services.

UPMC Insurance Services Division companies include:

- **UPMC Health Plan, Inc.** — a Pennsylvania nonprofit HMO offering commercial, Medicare, Special Needs, and CHIP products.
- **UPMC Health Benefits, Inc.** — a PPO offering Medicare Select products.
- **UPMC Health Network, Inc.** — a PPO offering commercial and Medicare PPO products.
- **UPMC for You, Inc.** — a Pennsylvania nonprofit HMO offering a Medicaid product.
- **IS Technology Services, LLC** — an entity offering ASP hosting and other technology services.

- **LifeSolutions®** — a product line offering employee assistance programs.
- **UPMC Benefit Management Services, Inc.** — d/b/a UPMC WorkPartners — a subsidiary of UPMC offering a full range of workers' compensation and short-term disability benefit services, as well as health and wellness services, to western Pennsylvania employers, and administrative services to self-insured employers.
- **Community Care Behavioral Health Organization** — a nonprofit PPO offering both commercial and governmental behavioral health products.
- **EBenefits Solutions, LLC** — an advanced HR and employee benefits technology platform service.
- **Askesis Development Group, Inc.** — an entity engaged in the development and sale of behavioral health technology products.

Financial Report

UPMC Insurance Services Division financial highlights reflect the combined operating results and financial position among UPMC health insurance subsidiaries.

Fiscal year 2012 represented another strong year of growth, with Division revenue increasing by \$332 million (10.0%) to \$3.8 billion. Division operating income was \$72 million (1.9% of revenue) in 2012, compared to \$75 million (2.2%) in 2011. Fiscal year 2012 operating income includes start-up expenses of \$4 million attributed to UPMC's equity interest in a national population health management company.

A highly disciplined focus on product line management as well as the application of innovative technology solutions helped to achieve optimal clinical outcomes for our members while achieving strong operating performance. Administrative costs were approximately 8.3% of premium revenue in 2012, an industry best practice performance. This illustrates our commitment to cost containment as well as efficiency.

The Health Plan also received SSAE16 certification from its independent auditor for its claims-processing internal controls environment, providing additional independent quality assurance for our self-insured customers.

UPMC is strongly committed to best-in-class governance and organizational transparency standards. In 2006, UPMC, including the UPMC Insurance Services Division, became the first nonprofit health enterprise to fully adopt Sarbanes-Oxley, including the stringent requirements of section 404. Sarbanes-Oxley certification has been received annually since adoption in 2006.

The Division, along with UPMC, has also adopted industry-leading public financial disclosure practices for both quarterly (unaudited) and annual (audited) results, allowing our community stakeholders to review our progress and fiscal health. UPMC's financial reporting can be found at UPMC's website, www.upmc.com.

UPMC Insurance Services Combined Statement of Revenue and Expenses

For the year ended June 30 (in millions)

	2012	2011
Total Revenue	\$3,792	\$3,460
Operating Expenses	\$3,720	\$3,385
Operating Income	\$72	\$75
Operating Margin	1.9%	2.2%
Investment Income	\$8	\$11
Interest Expense	\$3	\$3
Income Taxes	\$16	\$20
Net Income	\$61	\$63

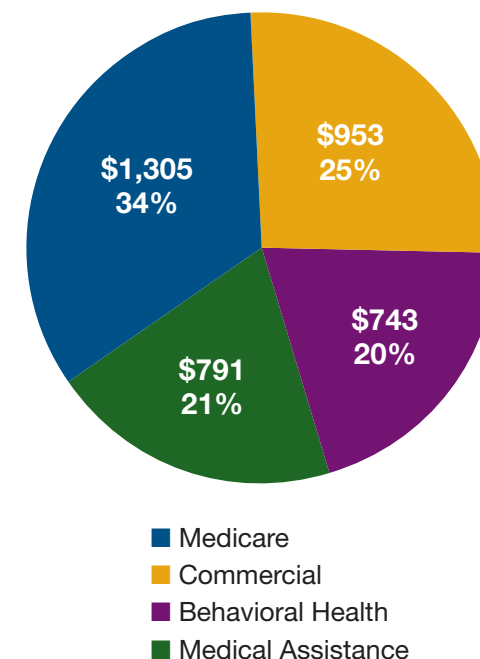
UPMC Insurance Services Combined Balance Sheet Highlights

For the year ended June 30 (in millions)

	2012	2011
Assets		
Cash and Investments	\$691	\$612
Current Receivables	\$302	\$232
Other Assets	\$47	\$24
Total Assets	\$1,040	\$868
Liabilities and Equity		
Health Claims Payable	\$270	\$253
Other Current Liabilities	\$225	\$114
Surplus Notes	\$158	\$158
Common Shareholder Equity	\$387	\$343
Total Liabilities and Equity	\$1,040	\$868

2012 Insurance Services Division Revenue Distribution by Product

(in millions)



Revenue for all product lines increased in 2012, while the mix remained consistent with 2011.

UPMC Insurance Services Division Leadership Group

Diane P. Holder

Executive Vice President, UPMC
President, Insurance Services Division
President and Chief Executive Officer,
UPMC Health Plan

Scott Lammie

Sr. Vice President
Insurance Services Division
Chief Financial Officer, UPMC Health Plan

Kimberly Cepullio

Vice President, Sales and Account
Management

Sharon Czyzewski

Vice President, Human Resources

Anne Docimo, MD

Chief Medical Officer, UPMC Health Plan

John Galley

President, EBenefits Solutions, LLC

James Gavin

President and Chief Executive Officer,
Community Care Behavioral Health

Gordon Gebbens

Vice President, Finance, and Division
Controller

William Gedman

Vice President, Quality Audit,
Fraud and Abuse
Chief Compliance Officer

Sharon Hicks

President, Askesis Development
Group (ADG)
Chief Operating Officer,
Community Care Behavioral Health

Kim Jacobs

Vice President
Product & Consumer Innovation

Mary Beth Jenkins

Sr. Vice President and Chief
Operating Officer
UPMC Health Plan and UPMC
WorkPartners

John Lovelace

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Vice President, Medicaid Services
UPMC Health Plan

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Vice President, Pharmacy

Sandra McAnallen

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Quality Improvement Committee

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John Lovelace
Christina Mikolay
Stephen Perkins, MD

UPMC Health Plan Commercial Network Hospitals by County

ADAMS

The Gettysburg Hospital

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
North Shore
Main Campus
LifeCare Hospitals
LifeCare Hospitals of Pittsburgh
Suburban Campus
LifeCare Hospitals of Pittsburgh
Main Campus

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 CancerCenter
UPMC East (open July 2012)
UPMC McKeesport
UPMC Mercy
UPMC Montefiore
UPMC Passavant
McCandless Campus
UPMC Presbyterian
UPMC Shadyside

UPMC Sports Medicine
UPMC St. Margaret
Western Psychiatric Institute and Clinic
of UPMC

ARMSTRONG

Armstrong County Memorial Hospital

BEAVER

Heritage Valley Health System
Heritage Valley Beaver
Kindred Hospital at Heritage Valley

BEDFORD

UPMC Bedford Memorial

BERKS

St. Joseph Medical Center
The Reading Hospital and Medical Center

BLAIR

Altoona Regional Health System
Nason Hospital
Tyrone Hospital

BUTLER

Butler Memorial Hospital
UPMC Passavant
Cranberry Campus

CAMBRIA

Conemaugh Health System
Memorial Medical Center
Main Campus
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. Marys

ERIE

Corry Memorial Hospital
UPMC Hamot
 UPMC Hamot Women’s Hospital
Millcreek Community Hospital
Saint Vincent Health Center
Select Specialty Hospital – Erie

FAYETTE

Highlands Hospital
Uniontown Hospital

FULTON

Fulton County Medical Center

GREENE

Southwest Regional Medical Center

HUNTINGDON

J.C. Blair Memorial Hospital

INDIANA

Indiana Regional Medical Center

JEFFERSON

Brookville Hospital
Punxsutawney Area Hospital

LANCASTER

Ephrata Community Hospital
Heart of Lancaster Regional
 Medical Center
Lancaster General Hospital
Lancaster General Women &
 Babies Hospital
Lancaster Regional Medical Center

LAWRENCE

Ellwood City Hospital
Jameson Health System
 North Campus
 South Campus

LEHIGH

Sacred Heart Hospital

McKEAN

Bradford Regional Medical Center
Kane Community Hospital

MERCER

Grove City Medical Center
UPMC Horizon
 Greenville Campus
 Shenango Campus

MIFFLIN

Lewistown Hospital

POTTER

Charles Cole Memorial Hospital

SCHUYLKILL

Schuylkill Medical Center
 East Norwegian Street
 South Jackson Street

SOMERSET

Meyersdale Medical Center
Somerset Hospital
Windber Medical Center

TIOGA

Soldiers + Sailors Memorial Hospital

VENANGO

UPMC Northwest

WARREN

Warren General Hospital

WASHINGTON

Monongahela Valley Hospital
The Washington Hospital

WESTMORELAND

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

YORK

York Hospital

OUTSIDE PENNSYLVANIA

Garrett County Memorial Hospital
 (Maryland)
Western Maryland Regional
 Medical Center (Maryland)
Monongalia General Hospital
 (West Virginia)
Ohio Valley Medical Center (West Virginia)
Reynolds Memorial Hospital
 (West Virginia)
Sistersville General Hospital (West Virginia)
Weirton Medical Center (West Virginia)
Wetzel County Hospital (West Virginia)
Wheeling Hospital (West Virginia)



Our Mission

UPMC Health Plan employees are committed to improving the health of our members by offering innovative products, cost-effective solutions, and service excellence through our unique partnerships with our health system, our members, the community providers, and our purchasers.

Our Values

PRIIDES



PARTNERSHIP

We believe positive partnerships and teamwork improve results.

RESPECT

We treat others as we want to be treated.

INTEGRITY

We do what is right.

INNOVATION

We create products and services for current and future success.

DEVELOPMENT

We invest in our staff members' continued growth and satisfaction.

EXCELLENCE

We strive for "best-in-class" practices and outcomes.

SERVICE

We view exceptional service to all customers as a critical differentiator.

Offices



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UPMC Insurance Services Division
2012 Annual Report

www.upmchealthplan.com