

UPMC Health Plan
For Individuals & Families



UPMC HEALTH PLAN

Marketplace

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Marketplace

UPMC Health Plan knows how important it is to **understand** and **choose** the most affordable coverage for **yourself** and **your family**. You need to enroll in the plan that best meets your budget and your health needs for the next year. Through the **UPMC Health Plan Marketplace**,* you can find out which UPMC Health Plan insurance options best meet **your and your family's needs**.

UPMC Advantage plans for individuals and families offer:

- Some of the lowest prices in western Pennsylvania,¹ including low copayments and the ability to save toward future health care costs.
- Full in-network access to UPMC as well as other doctors and hospitals in your community.
- Access to MyHealth, a nationally acclaimed health and wellness program that provides online programs, tools, and over-the-phone advice.
- Our team of award-winning Health Care Concierges ready to answer your questions.

¹UPMC Health Plan offers the lowest rates in western Pennsylvania, including low copayments and the ability to save toward future health care costs. For more information, visit www.upmchealthplan.com/coverage. Insurance coverage is subject to underwriting.

*Marketplace is only available in Pennsylvania. See www.upmchealthplan.com/coverage for more information.



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

It's easy to enroll.

Enroll online at www.upmchealthplan.com/coverage or call your agent for assistance.



The Value of UPMC Health Plan

Access

The UPMC Health Plan provider network includes the outstanding specialty hospitals of UPMC. But that's not all. Our network also includes respected community hospitals, physician practices, urgent care centers, and behavioral health facilities. You will receive in-network access to more than 125 hospitals and more than 11,500 physicians in western Pennsylvania.

Dependents up to age 26 are covered both within and outside western Pennsylvania.

Your dependents can get the care they need while living outside the area by visiting providers that are part of UPMC Health Plan's contracted networks. However, UPMC Health Plan encourages you to schedule appointments for health care services within the western Pennsylvania service area if possible. Non-emergency services obtained while your dependent is outside UPMC Health Plan's service area may require prior authorization. In a true emergency, your dependent should go to the nearest hospital.

Our out-of-area provider network includes more than 500,000 providers and 5,000 facilities nationwide through agreements with Medical Mutual of Ohio and MultiPlan, Inc. You should speak to a Health Care Concierge before accessing out-of-area care, unless it is an emergency.

Assistance when you travel

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

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

Visit www.assistamerica.com for more information.

Coverage for emergencies

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

Awarding-winning customer service

You'll have the option to call, chat online, or securely message a Health Care Concierge. Our promise is to provide fast, friendly, and confidential help. In fact, we've been recognized for our excellent customer service. Our Health Care Concierge Contact Center was recognized in September 2014 by J.D. Power & Associates for providing "An Outstanding Customer Service Experience" for the Live Phone Channel. For J.D. Power 2014 Contact Certification Program™ information, visit www.jdpower.com.

MyHealth

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

- **MyHealth OnLine**

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

- **Health Coaching**

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

- **Condition Management**

If you have a long-term health condition, such as heart disease or diabetes, health coaches can make things easier for you by helping to coordinate your care. Our health coaches can help you follow your doctor's care plan, put you in touch with community resources, and help you improve your skills so you can better manage your condition.

- **MyHealth Community**

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

- **24/7 Nurse Line**

Experienced registered nurses are available 24/7 to give you guidance on illness and injuries that don't require emergency treatment.

LifeSolutions

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

UPMC AnywhereCare

With UPMC Health Plan, provider access becomes almost instantaneous. If you can't see your regular provider right away for such things as mild flu or cold symptoms, a sore throat, pink eye, or a sunburn, now you can e-visit a UPMC provider straight from your computer. Anytime, day or night. A UPMC AnywhereCare visit is available at an affordable cost, often for less than your copayment for a primary care doctor visit. To use UPMC AnywhereCare, you must be at least 3 years old and located in Pennsylvania for the duration of your visit or at least 18 years old and located in Maryland for the duration of your visit.

UPMC Health Plan Mobile App

When you download the free app to your smartphone, you can access your UPMC Health Plan member ID card, contact your providers from a personalized list, and check the status of your claims. You can also chat with a Member Services representative via secure chat.



Enroll Now

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

Shop and enroll online.

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



Financial Help



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

Premium Tax Credits may help pay your monthly bill. You can choose to:

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

Cost-Sharing Reductions lower your out-of-pocket expenses when you go to the doctor or hospital.*

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

Persons in family/ household	Annual Income**	Annual Income**
1	\$11,770 - \$47,080	\$11,770 - \$29,425
2	\$15,930 - \$63,720	\$15,930 - \$39,825
3	\$20,090 - \$80,360	\$20,090 - \$50,225
4	\$24,250 - \$97,000	\$24,250 - \$60,625
5	\$28,410 - \$113,640	\$28,410 - \$71,025
6	\$32,570 - \$130,280	\$32,570 - \$81,425
7	\$36,730 - \$146,920	\$36,730 - \$91,825
8	\$40,890 - \$163,560	\$40,890 - \$102,225

An individual earning up to \$47,080 a year and a family of four earning up to \$97,000 a year may be eligible for premium tax credits.

An individual earning up to \$29,425 a year and a family of four earning up to \$60,625 a year may be eligible for cost-share reductions.

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

*Special requirements apply to those who are eligible for cost-share reductions and the charges for deductibles, coinsurance, and copayments are reduced. For more information, visit www.upmchealthplan.com.

**Based on annual adjusted gross income. Annual income generally includes all income from all sources, including Social Security, pension, and other income. For more information, visit www.upmchealthplan.com.

UPMC Advantage Plans

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

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

Our offerings include:

- Value networks where you pay lower premiums for select choices on where you can go to receive covered care.
- EPO plans that enable you to seek care within the network. Medical services are not covered outside the network, except for emergency care.
- PPO plans that give you the flexibility to go out of the network for care, at a greater share of the cost. You have lower cost-shares to use in-network providers.

When it comes to pharmacy coverage, all of our plans offer a \$0 generic category* and have a robust formulary (a listing of covered medications). More details regarding the pharmacy benefits are included in the charts on pages 14 and 15. Listed are the specific cost-shares and whether your pharmacy benefits are subject to the plan deductible.

*Some plans may have a copay for generic drugs.

Finding the Plan for You

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

1. Choose Your Network

Start by selecting your preferred network from the following options:

UPMC Partner Network (EPO)

The Partner plans were created for residents of Allegheny, Erie, Blair, and Bedford counties and feature providers within those counties. All UPMC-owned hospitals plus Kane Community Hospital and Corry Memorial Hospital are included in the network, along with a robust list of physicians and specialists to cover all of your health care needs. An Exclusive Provider Organization (EPO) enables you to seek care within the network. Medical services are not covered outside the network, except for emergency care.

UPMC Select Network (EPO)

The Select plans were created for residents of Allegheny, Beaver, Butler, Washington, and Westmoreland counties and feature select providers within those counties, including Grove City Medical Center. All UPMC-owned and most community hospitals within the five-county service area are included in the network. This plan is also an Exclusive Provider Organization (EPO) which enables you to seek care within the network. Medical services are not covered outside the network, except for emergency care.

UPMC Premium Network (PPO)

The UPMC Premium Network is the UPMC Health Plan's broadest network. The Premium plans were created for residents of western Pennsylvania who want the option to seek care in and out of the network. A Preferred Provider Organization (PPO) plan gives you the flexibility to go out of the network for care at a greater share of the cost. Emergency care is covered outside the network with the same copayment as in the network.

2. Choose Your Level of Coverage

Next, you'll need to select your desired level of coverage — Catastrophic, Bronze, Silver, Gold, or Platinum. These categories simply indicate what your average share of covered health care costs will be for the year.

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

Here are what the categories mean:

Catastrophic plans feature the lowest premiums with higher out-of-pocket costs. These plans are available to people age 19-29 before the plan year begins, with certain exceptions. They were also designed for people who want "just in case" coverage.

Bronze plans feature lower monthly premiums with higher out-of-pocket costs for medical care.

Silver plans feature low monthly premiums with moderate out-of-pocket costs for medical care.

Gold plans feature higher monthly premiums with low out-of-pocket costs for medical care.

Platinum plans feature higher monthly premiums with the lowest out-of-pocket costs for medical care.

*Some plans may have a copay for generic drugs.

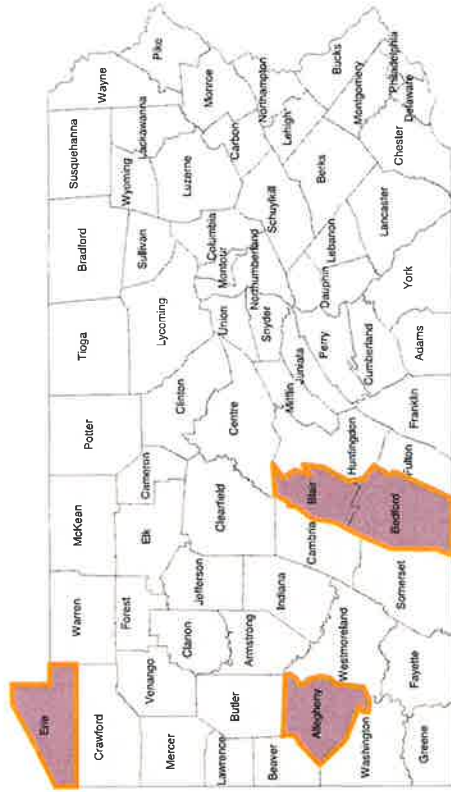
UPMC Partner Network Map

In-Network Hospital Listing

State College

Only residents of Allegheny, Bedford, Blair, and Erie counties are able to purchase this plan.

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



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

Allegheny	Bedford	Mercer
Children's Hospital of Pittsburgh of UPMC	UPMC Bedford Memorial	UPMC Horizon - Greenville
Eye & Ear Institute	Blair UPMC Altoona	UPMC Horizon - Shenango
Magee-Womens Hospital of UPMC	Butler UPMC Passavant - Cranberry	Venango UPMC Northwest
UPMC McKeesport	Erie UPMC Montefiore UPMC Passavant - McCandless UPMC Presbyterian UPMC St. Margaret UPMC ShadySide Western Psychiatric Institute and Clinic of UPMC	

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



Enroll Now

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

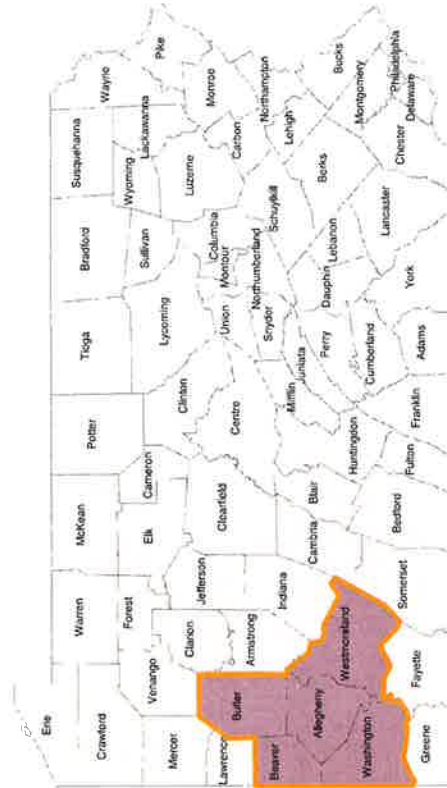
Shop and enroll online.
Visit www.upmchealthplan.com/coverage and use our interactive tools to help you find the right plan for you and your budget.

UPMC Select Network Map

In-Network Hospital Listing State College

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

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



Plan offered to individuals living in these counties

Access to care from UPMC-owned facilities and providers located in these counties

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

Allegheny Children's Hospital of Pittsburgh of UPMC Eye & Ear Institute Heritage Valley Health System - Heritage Valley Health System - Magee-Womens Hospital of UPMC UPMC East UPMC McKeesport UPMC Mercy UPMC Montefiore UPMC Passavant - McCandless UPMC Presbyterian UPMC Shadyside UPMC St. Margaret Western Psychiatric Institute and Clinic of UPMC	Bedford UPMC Bedford Memorial	Blair UPMC Altoona	Butler Butler Memorial Hospital UPMC Passavant - Cranberry	Erie UPMC Hamot	McKean Kane Community Hospital	Mercer Grove City Medical Center UPMC Horizon - Greenville UPMC Horizon - Shenango	Beaver Heritage Valley Health System - Heritage Valley Beaver
Venango UPMC Northwest	Washington Monongahela Valley Hospital Washington Hospital	Westmoreland Excelsa Health Frick Hospital Excelsa Health Latrobe Hospital Excelsa Health Westmoreland Hospital					

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



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Coverage Levels

Coverage Level Deductible/Primary Care Provider Copayment or Coinsurance	Catastrophic \$6,850/\$0	Bronze \$6,200/\$35	Silver \$0/\$50	Silver \$1,750/\$30	Silver \$3,250/\$10	Silver HSA \$2,600/20%	Gold \$750/\$10	Platinum \$250/\$20
Network Availability	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network	UPMC Partner Network UPMC Select Network UPMC Premium Network
Deductible In-Network	Individual: \$6,850 Family: \$13,700	Individual: \$6,200 Family: \$12,400	Individual: \$0 Family: \$0	Individual: \$1,750 Family: \$3,500	Individual: \$3,250 Family: \$6,500	Individual: \$2,600 Family: \$5,200	Individual: \$750 Family: \$1,500	Individual: \$250 Family: \$500
Out-of-Pocket In-Network	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700	Individual: \$6,600 Family: \$13,200	Individual: \$6,600 Family: \$13,200	Individual: \$3,600 Family: \$7,200	Individual: \$3,000 Family: \$6,000	Individual: \$1,500 Family: \$3,000
Plan Payment Level	You pay \$0 after deductible	You pay \$0 after deductible	Covered at 100%; you pay \$0	You pay 20% after deductible	You pay \$0 after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Primary Care Provider Office Visit	You pay \$0 after the deductible; first 3 PCP visits are \$30 copayment per visit. NOT subject to deductible	You pay \$35 copayment per visit	You pay \$50 copayment per visit	You pay \$30 copayment per visit	You pay \$10 copayment per visit	You pay 20% after deductible	You pay \$10 copayment per visit	You pay \$20 copayment per visit
Specialist/Office Visit	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$100 copayment per visit	You pay \$90 copayment per visit	You pay \$70 copayment per visit	You pay 20% after deductible	You pay \$45 copayment per visit	You pay 10% after deductible
Emergency Care	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$600 copayment per visit; copayment waived if you are admitted to hospital	You pay 20% after deductible	You pay \$500 copayment per visit; copayment waived if you are admitted to hospital	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Urgent Care	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$100 copayment per visit	You pay \$80 copayment per visit	You pay \$70 copayment per visit	You pay 20% after deductible	You pay \$45 copayment per visit	You pay 10% after deductible
Inpatient Hospital (Semiprivate Room)	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$3,000 copayment per day	You pay 20% after deductible	You pay \$0 after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 10% after deductible
Pharmacy Summary	\$0/\$0/\$0/ after deductible	\$30/\$0/\$0/\$0/ Generic tier NOT subject to deductible	\$15/\$45/\$90/\$0/ Generic tier NOT subject to plan deductible	\$10/\$45/\$90/\$0/ Generic tier NOT subject to plan deductible	\$10/\$45/\$90/\$0/ Generic tier NOT subject to plan deductible	\$10/\$45/\$90/\$0/ after deductible	\$10/\$45/\$90/\$0/ Generic tier NOT subject to plan deductible	\$10/\$45/\$90/\$0/ Only specialty medications ARE subject to deductible
Pharmacy Details	Subject to plan deductible	Generic tier NOT subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Subject to plan deductible	Not subject to plan deductible	Specialty tier IS subject to plan deductible

See page 18 for definitions of terms used in chart.
This document is provided to assist in comparing benefits. It is not an offer. It differs in certain respects from the actual policy. See table of approvals.

Find your Health Care Provider

An important consideration when selecting a health insurance plan is whether your provider is part of the plan's network. As a member of UPMC Health Plan, you and your family have full in-network access to UPMC. And when you become a member of UPMC Health Plan, you can save money when you choose participating providers.

To see if your provider is part of the network, use the directory search tool at www.upmchealthplan.com/find and follow these easy steps:

1. Select your type of care.
2. Type your current provider's last name or search by ZIP code.
3. Select the UPMC Health Plan option you are reviewing to purchase.

Choose type of care: MEDICAL DENTAL ROUTINE VISION BEHAVIORAL HEALTH

Provider Last Name/Practice Name: _____ City: _____ ZIP Code: 5 Hills

Know Your Plan Name?

Coverage Type: _____ Plan Name: _____

Optional Filters

Type of Provider: _____ Specialty: _____ Hospital Privileges: _____
 Type of Provider: _____ Specialty: _____ Hospital Privileges: _____
 Language: _____ Gender: _____ Primary Provider: _____
 Language: _____ Gender: _____ Open Enrollee & Immediate: _____
 Language: _____ Gender: _____ Accepting New Patients: _____

4. If desired, filter by specialty, language, or gender.

5. Click the Find Providers Now button.

Find Providers Now

Plan Accepted: Plan Name 1 (ACA) Plan Name 2 (ACA) Plan Name 3 (ACA)

Plan Not Accepted: Plan Name 1 Plan Name 2 Plan Name 3

6. View the plans that your selected provider accepts; they will be marked with a green check mark.

Will I Have to Pay a Tax Penalty? If you don't have health coverage in 2016, you may have to pay a tax penalty.

If you don't have coverage in 2016, you'll likely pay the higher of these two amounts:

- 2.5% of your yearly household income.
- \$695 per person (\$347.50 per child under 18).

Sometimes the penalty does not apply.

The penalty may not apply in these cases:

- You are uninsured for fewer than three months of the year.
- Your income is too low to file a federal tax return.
- You are a member of a federally recognized Indian or Alaska Native tribe.
- You are a member of a religion that objects to health insurance.
- You are a member of a health care sharing ministry.
- You are not lawfully present in the United States.
- You are in jail.
- You experienced another hardship that prevented you from getting or affording coverage. To learn more about this, visit the federal Health Insurance Marketplace at www.healthcare.gov.



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Words to Know

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

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

Catastrophic plan: Reduced-cost benefit plan. This plan protects against high out-of-pocket costs. It does not provide full coverage for Essential Health Benefits. People ages 19-29 can get this coverage. Also, those who cannot afford to purchase Qualified Health Plan coverage may be eligible.

Coinsurance: The percentage of the provider's cost you must pay. For example, if your coinsurance is 20 percent, you pay 20 percent of the cost. Your health plan pays 80 percent of the cost. Coinsurance amounts are listed in the plan documents and are referenced as Plan Payment Level on page 14.

Copayment: A flat dollar amount you must pay providers when you receive a specified type of care. Copayments may vary by type of service. Examples are a PCP visit, specialist visit, or emergency department visit.

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

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

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

Health savings account (HSA): A savings account that has tax advantages. It allows you to set aside money to pay for current health care costs. You can also save for future expenses. To be eligible, you must be covered by a qualified high-deductible health plan. Our Silver HSA \$2,600/20% plan is qualified.

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

Open enrollment period: The period of time when you are allowed to choose a new health plan. This usually occurs once a year. Open enrollment is November 1, 2015, through January 31, 2016.

Out-of-pocket limit or maximum: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the cost for covered services you receive. This limit never includes your premium, balance-billed charges, or health care your health insurance or plan doesn't cover.

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

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

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

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

Have Questions?

Just ask. Call or click today.



call your agent

www.upmhealthplan.com/coverage

