

UPMC 2021 Monthly Resident/Fellow Staff Member Contributions				
Medical				
UPMC Health Plan	Full-Time			
	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Advantage Gold	\$0.00	\$0.00	\$0.00	\$0.00
Extended Network Gold <sup>1</sup>	\$17.00	\$32.00	\$44.00	\$47.00
<sup>1</sup> The Extended Network medical option is only available to those employees living in excess of 30 miles outside of the UPMC Advantage network. Please refer to your enrollment for eligibility.				
Vision				
UPMC Vision Care	Full-Time			
	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Basic Plus	\$0.00	\$0.00	\$0.00	\$0.00
Premier Plus	\$6.40	\$9.58	\$11.40	\$14.72
Dental				
UPMC Dental Advantage	Full-Time			
	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Standard	\$0.00	\$35.50	\$35.50	\$35.50
Premium	\$22.00	\$69.00	\$69.00	\$69.00



# 2021 Benefit Highlights

Graduate Medical Education Residents and Fellows



### Benefits Overview

As part of your Total Rewards, UPMC offers a wide variety of comprehensive benefits for you and your eligible dependents (legally married spouse/qualified domestic partner, and dependent children up to age 26). These benefits are designed to help you further your education, protect you financially, improve your health, and help you prepare for retirement.

Benefits generally are effective on your date of hire, provided you complete your online enrollment within 30 days.

### Medical Coverage

UPMC Advantage Gold medical coverage through UPMC Health Plan is available to you and your eligible dependents with no contributions. The Advantage Network is a home-host network consisting of hospitals and facilities owned by or affiliated with UPMC. Utilizing these hospitals and facilities ensures you receive the highest level of benefits. You may choose from any doctor who participates in the UPMC Health Plan provider network. Those living outside the Advantage Network area are offered the UPMC Extended Network Gold medical option. This plan provides the same benefits as the Advantage Gold, but uses the Private Healthcare System (PHCS), MultiPlan, and SuperMed (in Ohio only) Networks.

### Transgender Member Services

UPMC Health Plan provides extra support to our members in the transgender community. We help them fully understand their benefits and access care that best meets their needs—and from providers who will treat them with dignity and respect so these members can live their healthiest lives. Specially trained individuals on UPMC Health Plan's dedicated Member Services team for transgender members ensure that members feel safe and comfortable asking questions about transgender coverage and related issues. The team also provides referrals to community resources. We encourage those interested in learning more about transgender coverage to call 1-844-202-0126 (TTY: 711).

### Translation Services

UPMC Health Plan is firmly committed to meeting the linguistic needs of members from increasingly diverse backgrounds by ensuring that all members can access vital documents in a way they can understand. We provide oral interpretation and written translation services in the requested language on an individual basis to meet the needs of each member. Further, UPMC Health Plan provides vital documents translated into the member's prevalent language. To learn more, call 1-844-833-0524 (TTY: 711).

GOLD UPMC Advantage Gold			
Deductible*		Advantage Network (ind./family)	Health Plan Network (ind./family)
		\$500/\$1,000	\$1,100/\$2,200
Coinsurance		Advantage Network	Health Plan Network
	You Pay	10%	40%
	Plan Pays	90%	60%
Out-of-Pocket Maximum*		Advantage Network (ind./family)	Health Plan Network (ind./family)
		\$2,050/\$4,100	\$5,050/\$10,100
Copay Services	Services	Health Plan Network	
	PCP Sick Visits	\$20	
	Specialist	\$50	
	Urgent Care Visit	\$40	
	Emergency Dept. Visit	\$200	
Prescription		30-day supply	90-day supply
	Generic	\$20	\$40
	Preferred Brand	\$60	\$120
	Non-Preferred Brand	\$120	\$240
	Specialty	\$120	n/a

\*The Deductible and Out-of-Pocket Maximums shown assume the maximum TAHS requirements have been met, resulting in a deductible credit of \$1,000 for individual and \$2,000 for family coverage.

**MyHealth**

All physicians have the opportunity and are strongly encouraged to participate in UPMC's well-being program, MyHealth.

Important deductible credit note: UPMC medical coverage includes a deductible for services such as hospital stays and lab work. If you participate in MyHealth and complete all the Take a Healthy Step (TAHS) requirements, you will receive the maximum \$1,000 individual/\$2,000 family deductible credit.

**Vision Options**

The UPMC Vision Care Basic Plus and Premier Plus options are administered through National Vision Administrators (NVA). Basic Plus Vision is offered with no contribution and Premier Plus Vision is available at a minimal cost. Choose from in-network providers for the greatest benefit; an out-of-network benefit is also included. Basic Plus Vision coverage provides one exam and frames with lenses or contacts every 24 months for adults age 21 and over. Dependents under age 21 are eligible for an exam and lenses once every 12 months and frames every 24 months.

UPMC VISION CARE BASIC PLUS OPTION	In Network
<b>BENEFIT</b>	
Copayment (applies to lenses)	\$15
Examination	100%
<b>Lenses (for glasses)</b>	
Single, Bifocal, Trifocal	100%
Polycarbonate (up to age 19)	Included
Scratch-Resistant Coating (Standard)	100%
Blended Bifocal (Segment)	100%
<b>Frames</b>	
Frames	\$135
<b>Contact Lenses (in lieu of glasses)</b>	
Elective Contact Lens Fitting and Follow-Up	100%
Contact Lens Material	\$100
Medically Necessary Contact Lenses	UCR

**Premier Plus Vision**

This option provides an eye exam, and contact lenses or glasses once every 12 months. The frame allowance is \$150. Certain additional lens options are covered at 100% when received from a participating provider.

**Dental Options**

Dental coverage is offered through UPMC Dental Advantage. Individual Employee only Standard Dental is provided at no cost. All other options require a contribution.

COVERED SERVICES	PREMIUM DENTAL PPO		STANDARD DENTAL PPO	
	In-Net-work	Out-of-Network	In-Network	Out-of-Network
<b>Annual deductible</b>	\$0	\$50 Individual \$150 Family	\$50 Individual* \$150 Family*	\$100 Individual \$300 Family
<b>Diagnostic/preventive services**</b>	100%	80%	100%	80%
<b>Basic services</b>	80%	60%	60%	40%
<b>Major services</b>	50%	40%	40%	20%
<b>Calendar year maximum**</b>	\$1,500	\$1,500	\$1,000	\$500
<b>Orthodontia (child only)</b>	50%	50%	50%	50%
<b>Lifetime orthodontia maximum</b>	\$1,500	\$1,500	\$1,000	\$1,000

Coinsurance percentages apply only after the annual deductible has been met.

\* Deductible waived for in-network preventive/diagnostic services.

\*\* Cost of diagnostic and preventive services do not count toward calendar year maximums.

Note: When using out-of-network dentists, the percentages listed above represent the portion of the maximum allowable charge for which the plan will be responsible. The member will be responsible for the balance, including any difference between allowable charges and the fee charged by a non-network dentist.

**Health Care and Dependent Care Flexible Spending Accounts (FSAs)**

FSAs allow you to pay for out-of-pocket health and dependent care expenses with pretax payroll deductions. You save taxes on expenses paid out of the accounts and may contribute up to the current IRS limits of \$2,750 for health care and \$5,000 for dependent care.

**Short and Long Term Disability**

To help protect your income in the event of an unforeseen illness or injury, short-term disability (STD) and long-term disability (LTD) are provided to you at no cost.

	STD	LTD
Benefits begin	1st day*	181st day*
Duration	Up to 26 weeks	Up to age 65**
Basic coverage (UPMC pays)	100% of salary	60% of salary
Maximum	No limit	\$3,500 per month

\*Must be actively employed when the disability begins.

\*\*May extend beyond age 65 if disability began at or after age 60.

**Life Insurance**

To help protect family financial security, basic term life and accidental death and dismemberment (AD&D) insurance is provided to you at no cost. The coverage level for each is one times the base annual salary. You may purchase supplemental protection for yourself and your eligible dependents.

**UPMC Retirement Program**

You can contribute to the Savings Plan on a pretax, Roth, and/or after-tax basis up to the annual IRS limits. UPMC matches 50% of your contributions up to 4% of your eligible pay (within annual IRS limits). You become fully vested in UPMC's matching contributions after you complete three years of vesting service. You earn a year of vesting service for each year in which you are paid for at least 1,000 hours.

**Voluntary Benefits**

Identity theft with cyber security protection, whole life, legal, critical illness, hospital care, and accident coverage are offered.

**Qualified Transportation Accounts**

Qualified transportation accounts (QTAs) allow you to save money when you set aside pretax funds from your pay into dedicated accounts for eligible commuting expenses. Commuter transit and commuter parking accounts are available if you park at a non-UPMC affiliated lot or take public transit.

**UPMCMEP Qualified Scholarship Program**

Residents or fellows who are candidates for a graduate degree or approved certificate program or academic courses for credit at the University of Pittsburgh or Carnegie Mellon University (CMU), as a required part of their UPMCMEP-approved graduate medical training program, may be eligible for non-taxable qualified scholarship monies as outlined in the Qualified Scholarship Policy. Please refer to the UPMCMEP Qualified Scholarship Policy for complete details.

Note: The awarding of scholarship funds under the Qualified Scholarship Policy prohibits employees from seeking reimbursement for remaining balances under the UPMC Tuition Policy. For residents or fellows not eligible for the UPMCMEP Scholarship Program, refer to the UPMC Tuition Assistance benefits outlined below.

**Tuition Assistance**

Residents/fellows may receive a \$6,000 benefit per academic calendar year. After one year of employment, your dependent children can receive up to \$6,000, and your spouse/domestic partner up to \$2,000 per academic calendar year at specific schools.

**LifeSolutions (Employee Assistance Program)**

A no-cost, confidential benefit available to help you and members of your household balance work, life, and wellness.

**Adoption Assistance**

Reimbursement of certain adoption expenses is available for residents/fellows who adopt children.

**UPMC Perks**

UPMC Perks is a discount program which allows you to save money on merchandise, recreation, and services just for being a UPMC resident or fellow. Tuition loan refinancing is also available at [SoFi.com/UPMC](https://www.sofi.com/UPMC).

**Paid Parental Leave**

UPMC encourages and supports bonding by providing assistance to those who become new parents through the birth, adoption or foster care placement of a child by offering Paid Parental Leave to both new mothers and fathers. This leave is paid at 100% of base salary up to a maximum of two weeks (10 days) for full-time physicians.