

UPMC Health Plan

For Individuals and Families



UPMC HEALTH PLAN

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,[†] 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 **top-notch Health Care Concierges** ready to answer your questions.

*The UPMC Health Plan Marketplace is a shopping site only for UPMC Health Plan products and is not the federal Health Insurance Marketplace. To access, please log in to www.upmchealthplan.com/coverage. To access the federal Health Insurance Marketplace, please visit www.healthcare.gov.

[†]Based on plans available in Allegheny, Beaver, Butler, Erie, Washington, and Westmoreland counties.

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 out-of-area provider network. 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.

Award-recognized customer service

You'll have the option to call, chat online, or securely message a Health Care Concierge. Our promise is to provide fast and friendly help. In fact, we've been recognized for our excellent customer service. The J.D. Power 2016 Member Health Plan Study recognized us for providing the "Highest Member Satisfaction among Commercial Health Plans in Pennsylvania." And we received the highest score in the customer service and coverage and benefits study factors within the Pennsylvania region.**

**The J.D. Power 2016 Member Health Plan Study recognized UPMC Health Plan for providing the "Highest Member Satisfaction among Commercial Health Plans in Pennsylvania."

UPMC Health Plan received the highest numerical score among commercial health plans in Pennsylvania in the J.D. Power 2016 U.S. Member Health Plan Study, based on 31,867 responses from nine plans measuring experiences and perceptions of members surveyed from October to December 2015. Your experience may vary. Visit jdpower.com.

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.

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 claims history, pay your premium bill, and get more information on your health plan benefits.

• Health Coaching

You can sign up for free to work with a UPMC Health Plan 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 long-term health condition, such as heart disease or diabetes, a health coach can help you 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 Rewards**

As a UPMC Health Plan member, you can receive special discounts at a variety of retailers thanks to our new and improved MyHealth Rewards program. MyHealth Rewards still focuses on great discounts at health- and wellness-related retailers. But it has been expanded to include additional categories, such as dining, entertainment, recreation, and travel. Some of the discounts you'll receive through MyHealth Rewards include:

- \$0 initiation fee at Curves gym in Erie.
- \$3 off admission to the Children's Museum on Pittsburgh's North Side.
- 15% off coupon at Dunham's Sports in Johnstown.
- 10% discount on rafting, biking, or zip line at Laurel Highlands Outdoor Center.

There are hundreds more discounts as well!

• **UPMC MyHealth 24/7 Nurse Line**

When you're not sure if your condition requires prompt medical attention, you can call the UPMC MyHealth 24/7 Nurse Line. A registered nurse is available anytime, day or night, to help you decide what steps to take when you're not feeling well. The nurse can help you decide whether to treat the issue at home, make an appointment with your doctor, or seek a higher level of care.

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 advisers, and other important resources.

UPMC AnywhereCare

There's not always a hospital nearby. And besides, that isn't necessarily the best place for things like cold and flu symptoms, allergies, insect bites, sunburn, poison ivy, and sore throats. For these non-serious conditions, you have a much better option in UPMC AnywhereCare. With UPMC AnywhereCare, you skip the drive and visit a UPMC provider online straight from your computer with an e-visit — anytime, day or night. Simply log in and describe your symptoms. A UPMC provider then sends you a diagnosis and care plan — usually within 30 minutes. You can even get a prescription sent to your nearby pharmacy if needed.

UPMC Health Plan Mobile App

With the mobile app you can:

- Access your member ID card.
- Contact your doctor, pharmacist, even the UPMC MyHealth 24/7 Nurse Line.
- Chat with Member Services.
- Review your claims.
- View your flexible spending account balance.
- Find an in-network doctor when traveling.

The new release of the UPMC mobile app includes a fingerprint login ID so you don't have to remember another PIN or password. You'll also enjoy several design and functionality upgrades, including a streamlined login and registration process and a better designed, intuitive settings page.



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

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, family size, and location, 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.

An individual earning up to \$47,520 a year and a family of four earning up to \$97,200 a year may be eligible for premium tax credits.

Persons in Family/ Household	Annual Income*
1	\$11,880 - \$47,520
2	\$16,020 - \$64,080
3	\$20,160 - \$80,640
4	\$24,300 - \$97,200
5	\$28,440 - \$113,760
6	\$32,580 - \$130,320
7	\$36,730 - \$146,920
8	\$40,890 - \$163,560

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.

An individual earning up to \$29,770 a year and a family of four earning up to \$60,750 a year may be eligible for cost-share reductions.

Persons in Family/ Household	Annual Income*
1	\$11,880 - \$29,700
2	\$16,020 - \$40,050
3	\$20,160 - \$50,400
4	\$24,300 - \$60,750
5	\$28,440 - \$71,100
6	\$32,580 - \$81,450
7	\$36,730 - \$91,825
8	\$40,890 - \$102,225

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

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

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

Call your agent
or visit www.upmchealthplan.com/coverage

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.
- Exclusive provider organization (EPO) plans that enable you to seek care within the network. Medical services are not covered outside the network, except for emergency care.
- Preferred provider organization (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.

*\$0 generics on Catastrophic plans are subject to the deductible.

Finding the Plan for You

In the following charts, you'll find a detailed breakdown of UPMC Advantage plan options, arranged first by network and second by 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, Bedford, Blair, Erie, Lawrence, Mercer, and Venango 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 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 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 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 only available to people under the age of 30 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.

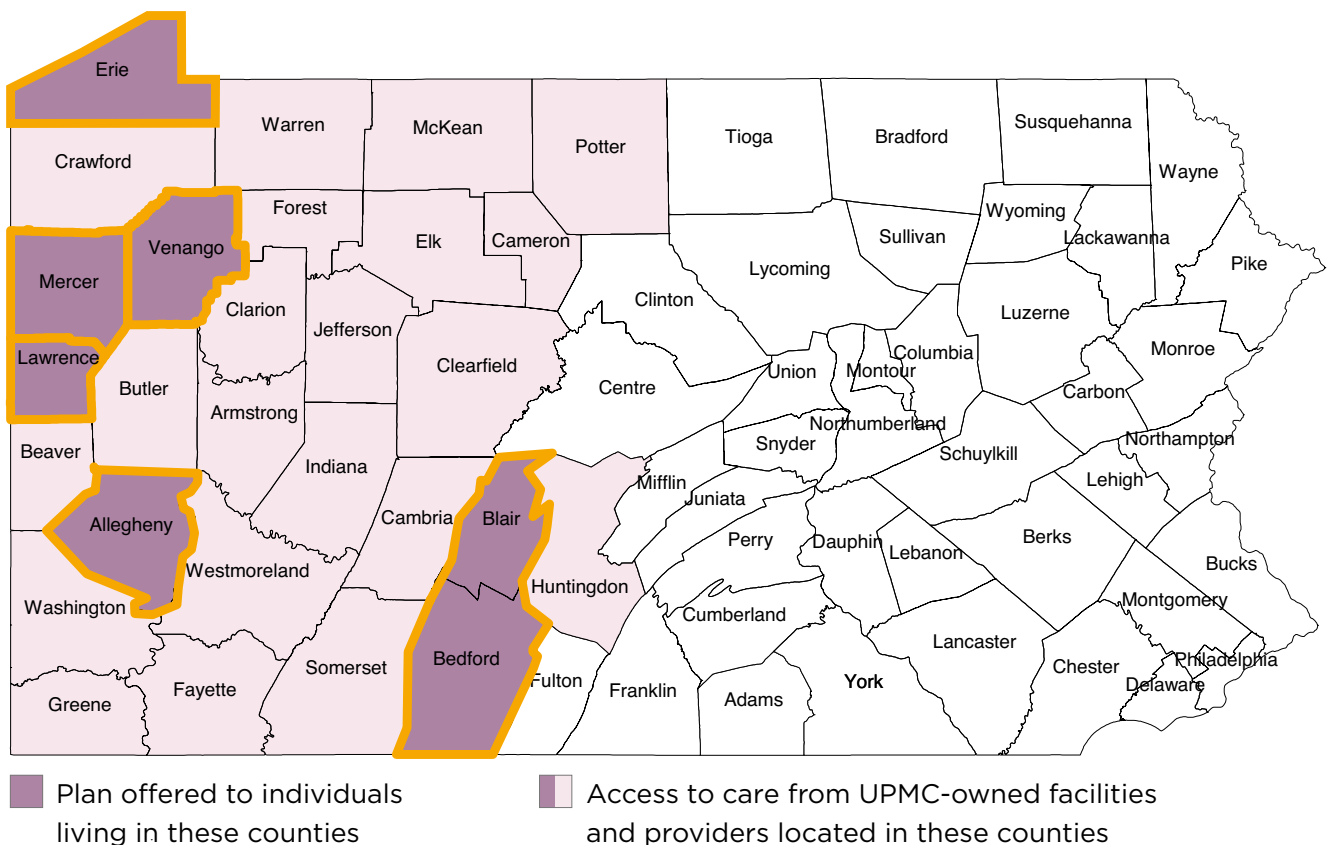
Platinum plans feature higher monthly premiums with the lowest out-of-pocket costs for medical care.

*These descriptions are typical plan characteristics, but every plan is different. Please review plan details closely when shopping for a plan.

UPMC Partner Network Map

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

You can obtain services when you seek care from all UPMC-owned facilities and providers within the 28-county service area and other select facilities within Allegheny, Bedford, Blair, Erie, Lawrence, Mercer, and Venango counties.



In-Network

Hospital and Facility Listing

Allegheny

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

Bedford

UPMC Bedford Memorial

Blair

UPMC Altoona

Butler

UPMC Passavant – Cranberry

Erie

Corry Memorial Hospital
UPMC Hamot

Lawrence

Jameson Hospital – North Campus
Jameson Hospital – South Campus

McKean

Kane Community Hospital

Mercer

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

Venango

UPMC Northwest

For emergency services, any emergency department visit is covered at the in-network level.

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



Enroll Now

Call your agent.

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

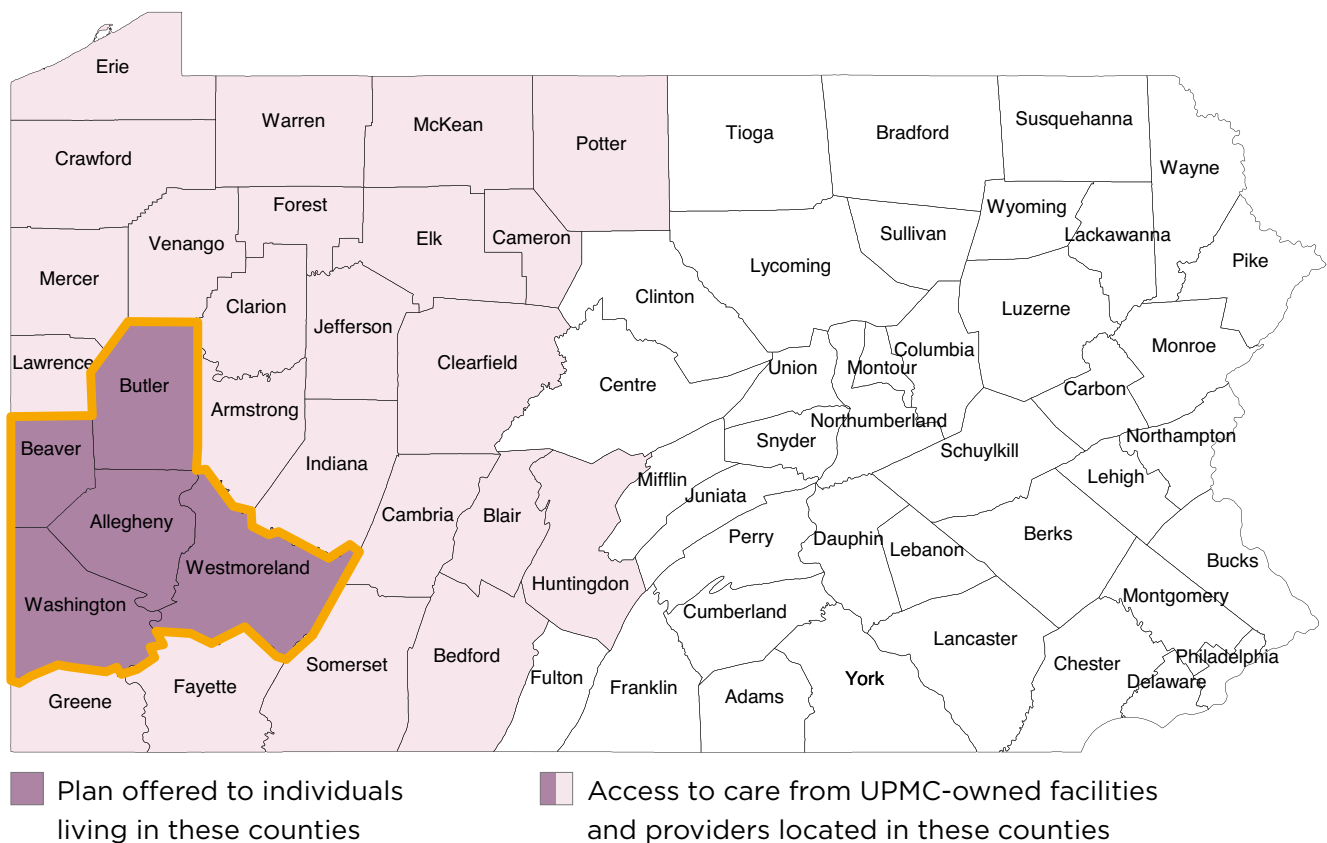
Shop and enroll online.

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

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

You can obtain 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.



In-Network

Hospital and Facility Listing

Allegheny

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

Beaver

Heritage Valley Health System -
Heritage Valley Beaver

Bedford

UPMC Bedford Memorial

Blair

UPMC Altoona

Butler

Butler Memorial Hospital
UPMC Passavant - Cranberry

Erie

UPMC Hamot

Greene

Washington Health System Greene

McKean

Kane Community Hospital

Mercer

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

Venango

UPMC Northwest

Washington

Monongahela Valley Hospital
The Washington Hospital

Westmoreland

Frick Hospital Excelsa Health
Latrobe Area Hospital Excelsa Health
Westmoreland Regional Hospital
Excelsa Health

For emergency services, any emergency department visit is covered at the in-network level.

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



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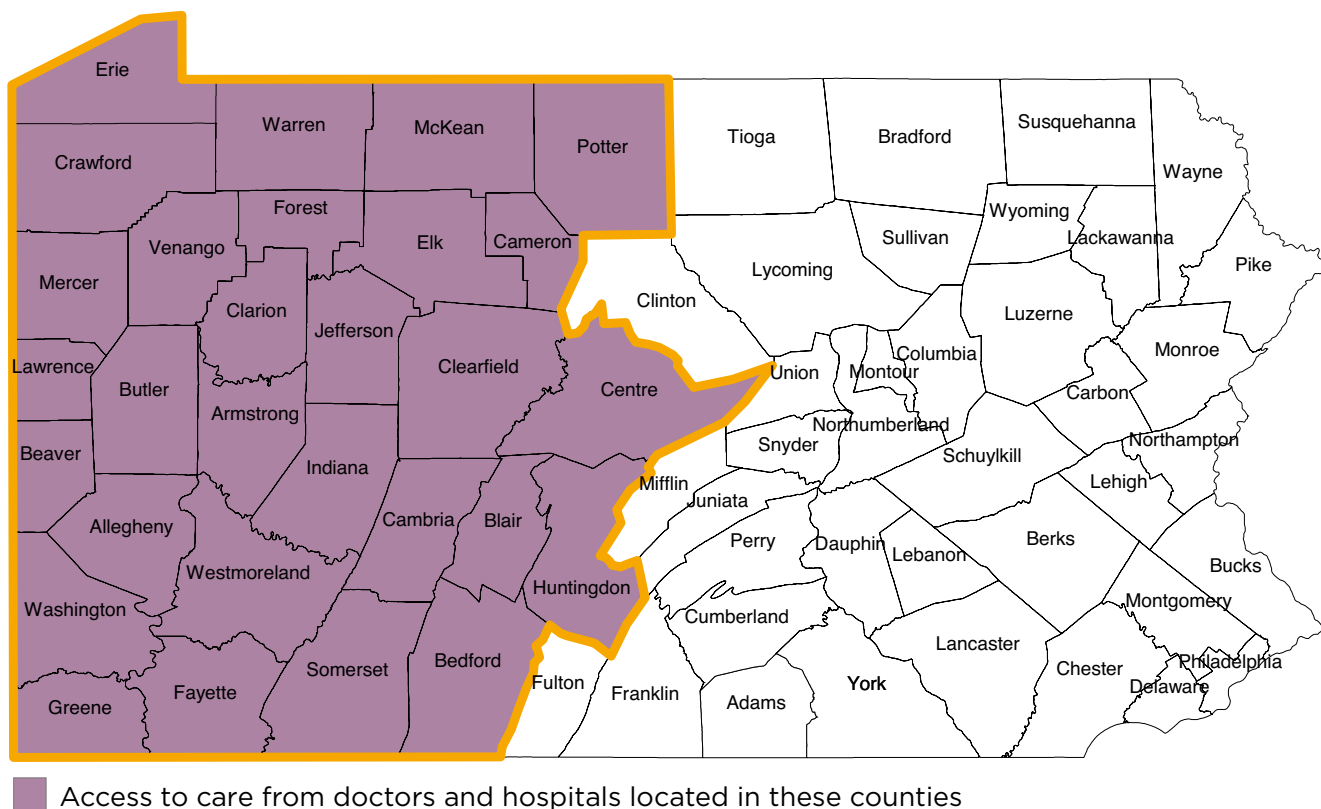
Shop and enroll online.

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

UPMC Premium Network Map

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

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



Call your agent or visit www.upmchealthplan.com/coverage

In-Network

Hospital and Facility Listing

Allegheny

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

Armstrong

Armstrong County Memorial
Hospital

Beaver

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

Bedford

UPMC Bedford Memorial

Blair

Nason Hospital
Tyrone Hospital
UPMC Altoona

Butler

Butler Memorial Hospital
UPMC Passavant – Cranberry

Cambria

Conemaugh Lee Campus
Conemaugh Miners Medical Center
Select Specialty Hospital –
Johnstown

Centre

Mount Nittany Medical Center

Clarion

Clarion Hospital

Clearfield

Penn Highlands Clearfield
Penn Highlands DuBois

Crawford

Meadville Medical Center
Titusville Area Hospital

Elk

Penn Highlands Elk

Erie

Corry Memorial Hospital
Millcreek Community Hospital
Saint Vincent Hospital
Select Specialty Hospital – Erie
UPMC Hamot

Fayette

Highlands Hospital
Uniontown Hospital

Greene

Washington Health System Greene

Huntingdon

J.C. Blair Memorial Hospital

Indiana

Indiana Regional Medical Center

Jefferson

Penn Highlands Brookville
Punxsutawney Area Hospital

Lawrence

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

McKean

Bradford Regional Medical Center
Kane Community Hospital

Mercer

Grove City Medical Center
Sharon Regional Health System
UPMC Horizon – Greenville
UPMC Horizon – Shenango

Potter

Cole Memorial

Somerset

Conemaugh Meyersdale Medical
Center
Somerset Hospital
Windber Medical Center

Venango

UPMC Northwest

Warren

Warren General Hospital

Washington

Monongahela Valley Hospital
The Washington Hospital

Westmoreland

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

Coverage Levels

Coverage Level Deductible/Primary Care Provider Copayment or Coinsurance	Catastrophic \$7,150/\$0	Bronze \$6,950/\$35	Silver \$0/\$50	Silver \$1,750/\$30
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
Deductible In-Network	Individual: \$7,150 Family: \$14,300	Individual: \$6,950 Family: \$13,900	Individual: \$0 Family: \$0	Individual: \$1,750 Family: \$3,500
Out-of-Pocket Limit In-Network	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300
Plan Payment Level	You pay \$0 after deductible	You pay \$0 after deductible	Covered at 100%; you pay \$0	You pay 20% after deductible
Primary Care Provider Office Visit	You pay \$0 after the deductible; first 3 PCP visits are \$35 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
Specialist Office Visit	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$100 copayment per visit	You pay \$80 copayment per visit
Emergency Care	You pay \$0 after deductible	You pay \$0 after deductible	You pay \$750 copayment per visit; copayment waived if you are admitted to hospital	You pay 20% 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
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
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$30/30%/50%/50% Generic tier NOT subject to deductible	\$15/\$45/\$90/50%	\$10/\$45/\$90/50%
Pharmacy Details	Subject to plan deductible	Generic tier NOT subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible

See page 18 for definitions of terms used in chart.

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

Call your agent or visit www.upmchealthplan.com/coverage

Silver HSA \$2,600/20%	Silver \$3,250/\$10	Silver \$3,500/\$30	Gold \$750/\$10	Platinum \$250/\$20
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
Individual: \$2,600 Family: \$5,200	Individual: \$3,250 Family: \$6,500	Individual: \$3,500 Family: \$7,000	Individual: \$750 Family: \$1,500	Individual: \$250 Family: \$500
Individual: \$4,100 Family: \$8,200	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$3,500 Family: \$7,000	Individual: \$1,500 Family: \$3,000
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
You pay 20% after deductible	You pay \$10 copayment per visit	You pay \$30 copayment per visit	You pay \$10 copayment per visit	You pay \$20 copayment per visit
You pay 20% after deductible	You pay \$70 copayment per visit	You pay \$65 copayment per visit	You pay \$45 copayment per visit	You pay 10% after deductible
You pay 20% after deductible	You pay \$750 copayment per visit; copayment waived if you are admitted to hospital	You pay \$400 copayment per visit; copayment waived if you are admitted to hospital	You pay 10% after deductible	You pay 10% after deductible
You pay 20% after deductible	You pay \$70 copayment per visit	You pay \$75 copayment per visit	You pay \$45 copayment per visit	You pay 10% after deductible
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
\$10/\$45/\$90/50% after deductible	\$10/\$45/\$90/50%	\$15/\$50/\$100/40%	\$10/\$45/\$90/50%	\$10/\$45/\$90/50% Only specialty medications ARE subject to deductible
Subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Not subject to plan deductible	Specialty tier IS subject to plan deductible





Call your agent or visit www.upmchealthplan.com/coverage

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.

Choose type of care:  MEDICAL  DENTAL  ROUTINE VISION  BEHAVIORAL HEALTH

2. Type your current provider's last name or search by ZIP code.

Provider Last Name/Practice Name And / Or City Or ZIP Code 5 Miles

3. Select the UPMC Health Plan option you are reviewing to purchase.

Know Your Plan Name? 

Coverage Type Plan Name (Optional)

4. Optional Filters

Type of Provider Specialty Hospital Privileges

Languages Gender

☐ Handicap Accessible
☐ Open Evenings & Weekends
☐ Accepting New Patients

5. Click the Find Providers Now button.

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

Plans Accepted:  Plan Name 1 - PCP, Restrictions
 Plan Name 2
 Plan Name 3 - PCP, Restrictions

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

Will I Have to Pay a Tax Penalty?

If you don't have health coverage in 2017,
you may have to pay a tax penalty.

If you don't have coverage in 2017, you'll likely pay the higher of these two amounts:

- Per-person fee (to be determined by the federal government for 2017)
- 2.5% of your yearly household income

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, including how to claim any of these exceptions, 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. People under the age of 30 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 offers 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, 2016, through January 31, 2017.

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, click, or visit today.

 **Call your agent**

 **www.upmchealthplan.com/coverage**

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Health Plan¹ does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Health Plan¹:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - o Qualified sign language interpreters.
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters.
 - o Information written in other languages.

If you need these services, contact the Civil Rights Administrator.

If you believe that UPMC Health Plan¹ has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Administrator
UPMC Health Plan
600 Grant Street - 55th Floor
Pittsburgh, PA 15219
Phone: 1-844-755-5611 (TTY: 1-800-361-2629) Fax: 1-412-454-5964
Email: HealthPlanCompliance@upmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-489-3494 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-489-3494 (TTY : 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-489-3494 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-489-3494 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzschst, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff.
Call 1-855-489-3494 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-489-3494 (TTY: 1-800-361-2629) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-489-3494 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان. اتصل برقم 1-855-489-3494 (رقم هاتف الصمم والبكم: 1-800-361-2629).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-489-3494 (ATS : 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-489-3494 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત્ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-489-3494 (TTY : 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-489-3494 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-489-3494 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-489-3494 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-489-3494 (TTY: 1-800-361-2629).

UPMC HEALTH PLAN

Marketplace

U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219

www.upmchealthplan.com/coverage



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