

UPMC BENEFITS

2016 BENEFITS OVERVIEW AND GUIDE

UPMC **LIFE
CHANGING
MEDICINE**



TABLE OF CONTENTS:

- Welcome..... 2
- Enrolling..... 2
- Summary..... 3
- Eligibility 4
- Medical..... 5
- MyHealth 5
- Vision 9
- Dental..... 10
- FSA..... 11
- HSA..... 12
- Life Insurance..... 13
- Disability 14
- Holidays..... 14
- Employee Assistance Program 15
- Commuter Parking 15
- Other Benefits 15
- Paid Time Off 16
- Retirement..... 17
- Tuition 18
- Voluntary Benefits..... 19
- My HUB..... 23
- DirectLink..... 26

This brochure provides an overview of standard benefits offered to UPMC staff. Some information may not apply to all UPMC staff. Some business units and job classifications have unique benefit programs that may affect eligibility. Actual plan provisions are contained in plan documents, agreements of insurance, and the Summary Plan Description. Physicians and collectively bargained staff should reference contract terms for information regarding their benefits plans. UPMC reserves the right to interpret, suspend, amend, or terminate the Plan at any time. Specific benefit-related questions should be directed to the UPMC Employee Service Center at 1-800-994-2752, option 3.

WELCOME

As part of your Total Rewards, UPMC offers a wide variety of comprehensive benefits for you and your eligible dependents. These benefits are designed to help you further your education, protect you financially, improve your health, and help you prepare for retirement. Our goal is to provide you with flexibility by offering choices so you can decide which options best meet your needs.

For more information, visit the Benefits section of UPMC Infonet (Infonet.UPMC.com/Benefits), or call the UPMC Employee Service Center — 1-800-994-2752, option 3 — with any questions.

My HUB

Online access to your benefits information and more

My HUB is a self-service website for UPMC staff. The website provides links to view and make changes to your personal, benefits, and payroll data. Visit My HUB at work or at home via Infonet at Infonet.UPMC.com. See Page 23 for more detailed information.

ENROLLING IN BENEFITS

Elections are made by logging in to My HUB, selecting the Human Resources tab, then clicking Benefits Enrollment under My Benefits. You must enroll within 30 days of hire, rehire, or transfer to a benefits eligible status. Open enrollment, held in the fall of each year, is your annual opportunity (outside of a qualifying event, see below) to make benefit changes that are effective Jan. 1.

SPECIAL ENROLLMENTS DURING THE YEAR

Notify the Employee Service Center with any qualified changes to your or your dependents' benefit status as soon as possible. Notification should be received within 30 days of the event. If notification is received after 60 days, you must wait until the next annual open enrollment to make coverage changes. You may initiate birth/adoption, marriage/divorce, and domestic partnership notification online via My HUB.

For other events, such as a spouse, domestic partner, or dependent child's gain or loss of group benefits (including loss or gain of eligibility of premium assistance for Medicaid or Children's Health Insurance Program (CHIP)), contact the Employee Service Center for assistance.

You are responsible for all dependents included on your benefits and ensuring that they are eligible for coverage.

SUMMARY OF BENEFITS

Benefit coverage	Paid by	Payroll deduction
Medical/prescription	Staff and UPMC	Pretax
Dental	Staff and UPMC	Pretax
Vision	Staff and UPMC	Pretax
Flexible spending accounts	Staff	Pretax
Health savings account	Staff and UPMC	Pretax
Short-term disability (60%)	UPMC	Not applicable
Long-term disability (60%)	UPMC	Not applicable
Basic life and accidental death and dismemberment (AD&D) insurance	UPMC	Not applicable
Supplemental life insurance for employee	Staff	After tax
Supplemental AD&D insurance for employee	Staff	Pretax
Supplemental life insurance for employee's spouse and children	Staff	After tax
Supplemental AD&D insurance for employee's spouse and children	Staff	After tax
Cash Balance Plan	UPMC	Not applicable
Savings Plan	Staff and UPMC	Pre- and after tax
Paid time off (PTO) and holiday pay	UPMC	Not applicable
PTO buy program	Staff	Pretax
PTO sell program	UPMC	Not applicable
Voluntary products	Staff	Pre- and after tax
Life Solutions (Employee Assistance Program)	UPMC	Not applicable
Tuition assistance	UPMC	Not applicable
Adoption assistance	UPMC	Not applicable
Parking, transportation, and commuter parking accounts	Staff	Pretax

Note: If both you and your spouse/domestic partner work for UPMC be aware that there may be limits or inability for both of you to cover dependents or each other under certain benefits. Also, if you are covered under a benefit as a staff member, you may not be covered under that same benefit as a dependent.

ELIGIBILITY FOR BENEFITS

Benefits generally are effective the first of the month on or after your date of hire. Staffing classification, such as full-time or part-time, and work location determine eligibility and availability of the programs in which you can participate.

You should complete your enrollment within 30 days of your hire/rehire/status change date to initiate coverage elections. If you do not enroll within 60 days after your hire/rehire/status change date, you decline the elective coverage options until the next open enrollment period.

Staffing classification <i>(nonunion)</i>	Benefit eligibility
Full-time, flexible full-time, and job share	All benefits ¹
Regular part-time	All benefits ¹ except disability coverage and holidays
Limited part-time	UPMC Basic Bronze medical ² , PTO, Cash Balance, and Savings Plan only ³
Casual	UPMC Basic Bronze medical ² , Cash Balance and Savings Plan only ³
Temporary	Savings Plan only ⁴

¹ Some benefits are not available at all locations — check with your Human Resources representative for specific details.

² Basic Bronze medical coverage is offered to limited part-time and casual employees working 30 or more hours per week on average during the measurement period.

³ If eligibility requirements for participation are met.

⁴ 403(b) only, if working at a not-for-profit location.

You may enroll only eligible dependents in UPMC benefits programs. Eligible dependents include your spouse, domestic partner*, and children/stepchildren up to age 26.

*Note: UPMC Mercy staff members are not eligible for domestic partner benefits. References to eligible dependents in this document for staff members of UPMC Mercy do not include a domestic partner.

Plan exclusions for UPMC Mercy staff members

As a Catholic health care organization, UPMC Mercy abides by the Ethical and Religious Directives for Catholic Health Care Services. Abortions, contraceptives (except for authorized medical reasons), and voluntary sterilization are excluded from coverage under UPMC's health insurance plans for UPMC Mercy staff members regardless of where services are performed, including UPMC's health care flexible spending accounts. The definition of eligible dependents under UPMC's benefit plans for UPMC Mercy employees does not include a domestic partner.

MEDICAL

See chart outlining medical plan options on pages 6 and 7.

Eligible staff and family members may choose from three medical options through UPMC Health Plan. These options offer choices in benefit levels and employee contributions.

The three medical options are:

- UPMC Advantage Silver
- UPMC Advantage Gold
- UPMC Advantage HSA

Using the Advantage Network provides the highest level of benefits with all plans. The Advantage Network is a home-host network consisting of hospitals and facilities owned by or affiliated with UPMC.

In addition to the Advantage options, employees living outside the Advantage Network area are offered Out-of-Area plans similar to the Advantage Silver, Gold, and HSA. Eligible staff receive additional information in their enrollment materials regarding these options.

Qualifying part-time, job share, and casual staff will be eligible for the UPMC Basic Bronze medical option. This option is mandated by the Affordable Care Act and has a schedule of benefits and features different from the other UPMC medical options. Information in this brochure is not applicable to the Basic Bronze option. Details about the Bronze Plan are available at Infonet.UPMC.com/Medical.

MyHEALTH*

All staff members have the opportunity and are strongly encouraged to participate in UPMC's well-being program. MyHealth, a partnership involving you, your physician, UPMC Health Plan, and UPMC, is designed to help staff improve their overall physical, emotional, and financial health with a set of programs centered around health promotion, disease management, financial, and emotional health management. You can manage your overall well-being and participate in special events and educational programs, engage a health coach to help you quit smoking, or make healthy lifestyle changes. You can also meet with a Financial Education Consultant to help plan your future. Individual results and data from MyHealth are never provided to UPMC.

Important deductible credit note: All medical plan options include a deductible for services such as hospital stays and lab work. If you choose to participate in MyHealth and complete all the Take a Healthy Step requirements, you will receive the maximum \$1,000 individual/\$2,000 family deductible credit (deductible credit does not apply to the Basic Bronze). This amount will reduce your annual deductible; however you will still have a deductible remaining. Access Infonet.UPMC.com/HealthySteps for more information.

* UPMC continues to win many prestigious healthy employer awards, including NBGH Best Employers for Healthy Lifestyles, American Heart Association Fit-Friendly Worksite, and Pittsburgh Business Times Healthiest Employers.

Wellness member

Staff members who do not receive medical benefits through UPMC are able to participate in a variety of wellness services provided through the MyHealth program at no cost. These wellness services do not include coverage for medical services and have no effect on your medical plan coverage.

Accessing MyHealth

Access MyHealth OnLine by entering My HUB, selecting the Human Resources tab, then clicking on MyHealth OnLine under My Benefits.

MEDICAL OPTION COMPARISON

HSA UPMC Advantage Health Savings Account			
Deductible		Advantage Network (ind./family)	Health Plan Network (ind./family)
	Individual	\$1,600	\$4,000
	Family	\$3,200	\$8,000
Coinsurance	After Deductible	Advantage Network	Health Plan Network
	You Pay	10%	40%
	Plan Pays	90%	60%
Out-of-Pocket Maximum		Advantage Network	Health Plan Network
	Individual	\$3,200	\$5,350
	Family	\$6,400	\$10,700
PCP, Specialist, and ED Visits	After Deductible	Advantage Network and Health Plan Network	
	You Pay	10%	
	Plan Pays	90%	
Prescription Drug Costs	Until You Reach Your Deductible	Your Choice Network	
	You Pay	100%	
	Plan Pays	0%	
	After Deductible	30-day supply	90-day supply
	Generic	\$15	\$30
	Preferred Brand	\$40	\$80
Non-Preferred Brand	\$90	\$180	
Specialty	\$90	n/a	

The **Advantage HSA** option is a consumer-directed health plan and is the only medical option that is accompanied by a tax-advantaged health savings account, also known as an HSA. With the Advantage HSA option all services (including physician office visits and prescription drugs) are subject to the deductible. Once you have met your deductible, all covered medical expenses are paid by the plan at 90% up to the out-of-pocket maximum with one exception; prescriptions are included in the deductible and then require copays after the deductible has been met.

For employees enrolling in the Advantage HSA option, UPMC will contribute into an HSA account \$1,000 for individual coverage and \$2,000 for employee plus dependent coverage the first of January. For newly hired employees, contributions will be prorated depending on your coverage effective date.

Refer to the HSA section (page 12) of the brochure for additional information regarding the health savings account. Additional charts, videos, and details on the medical plan options can be reviewed at Infonet.UPMC.com/MedicalOptions.

SILVER UPMC Advantage Silver EPO			
Deductible	Benefit Band Hourly Rate	Advantage Network (ind./family)	Health Plan Network (ind./family)
	A Below \$15.23	\$550/\$1,100	\$1,550/\$3,100
	B \$15.23 - \$30.45	\$650/\$1,300	\$1,650/\$3,300
	C Above \$30.45	\$750/\$1,500	\$1,750/\$3,500
Coinsurance		Advantage Network	Health Plan Network
	You Pay	20%	50%
	Plan Pays	80%	50%
Out-of-Pocket Maximum	Benefit Band Hourly Rate	Advantage Network (ind./family)	Health Plan Network (ind./family)
	A Below \$15.23	\$2,750/\$5,500	\$5,500/\$11,000
	B \$15.23 - \$30.45	\$3,250/\$6,500	\$5,500/\$11,000
	C Above \$30.45	\$3,750/\$7,500	\$5,500/\$11,000
Copay Services	Services	Health Plan Network	
	PCP Sick Visits	\$30	
	Specialist/Urgent Care Visit	\$50	
	Emergency Room Visit	\$150	
Prescription		30-day supply	90-day supply
	Generic	\$15	\$30
	Preferred Brand	\$40	\$80
	Non-Preferred Brand	\$90	\$180
	Specialty	\$90	n/a

GOLD UPMC Advantage Gold EPO			
Deductible	Benefit Band Hourly Rate	Advantage Network (ind./family)	Health Plan Network (ind./family)
	A Below \$15.23	\$250/\$500	\$850/\$1,700
	B \$15.23 - \$30.45	\$350/\$700	\$950/\$1,900
	C Above \$30.45	\$450/\$900	\$1,050/\$2,100
Coinsurance		Advantage Network	Health Plan Network
	You Pay	10%	40%
	Plan Pays	90%	60%
Out-of-Pocket Maximum	Benefit Band Hourly Rate	Advantage Network (ind./family)	Health Plan Network (ind./family)
	A Below \$15.23	\$1,250/\$2,500	\$3,750/\$7,500
	B \$15.23 - \$30.45	\$1,750/\$3,500	\$4,750/\$9,500
	C Above \$30.45	\$2,250/\$4,500	\$5,250/\$10,500
Copay Services	Services	Health Plan Network	
	PCP Sick Visits	\$20	
	Specialist/Urgent Care Visit	\$40	
	Emergency Room Visit	\$100	
Prescription		30-day supply	90-day supply
	Generic	\$15	\$30
	Preferred Brand	\$40	\$80
	Non-Preferred Brand	\$90	\$180
	Specialty	\$90	n/a

As noted above, the **Advantage Silver** and **Gold** plans have annual deductible amounts and out-of-pocket maximums based on salary level, called Benefit Bands A, B and C. Services such as hospital care, lab work, diagnostic imaging, and durable medical equipment are covered at the applicable coinsurance level after the annual deductible has been satisfied, up to the out-of-pocket maximum.

All charts assume the maximum Take a Healthy Step requirements have been met, resulting in a deductible credit of \$1,000 for individual and \$2,000 for family coverage. For example, in the above Advantage Gold option Benefit Band "B", the deductible is \$1,350 for an individual and \$2,700 for family without completing the maximum Take a Healthy Step requirements.

The **Advantage Silver, Gold, and HSA** are Exclusive Provider Organization (EPO) plans, which means you must use the UPMC Advantage or UPMC Health Plan networks. No coverage is available outside the networks, except for emergencies.

PRESCRIPTION DRUGS

Prescription coverage is included with the UPMC medical benefit options through a broad pharmacy network that includes the following pharmacies: Giant Eagle, Kmart, CVS, Rite Aid, Sam's Club, Target, Walmart, and hundreds of independent pharmacies throughout the region, selected UPMC hospital pharmacies, and Express Scripts, a home-delivery pharmacy network.

You may use any network pharmacy to fill your prescriptions. The amount of your copayment is determined by the type of pharmacy you use (retail or mail order) and by your decision to choose generic, preferred brand, or nonpreferred brand medications. Specialty medications are limited to a 30-day supply and are subject to the nonpreferred brand copay.

UPMC's Your Choice pharmacy program offers three different levels of copayment to help you manage your prescription drug costs within a mandatory generic environment.

You are responsible for 100% of the prescription drug costs under the Advantage HSA until you reach your deductible. After the annual deductible is met, prescription drugs revert to copayments until you reach your annual out-of-pocket maximum.

When your doctor prescribes a medication, you have the flexibility to choose from several medications in a drug class, depending on the level of copayment you are willing to pay. It is in your best financial interest to shop for the best price. The medications in the first tier (generic) are available at your lowest copayment amount. If a generic equivalent medication is not available, you can select a medication from the second tier (preferred brand) at a higher copayment. If a generic equivalent is available and you choose the brand medication, then you will pay the higher copayment plus the difference in cost between the generic and the brand medication. You even can choose a medication from the third tier (nonpreferred brand) at the highest copayment. The ultimate decision on which drug will best treat you or your family's condition rests with you and your physician. Prior authorization continues to remain in place for selected medications to ensure appropriate utilization.

Prescription copayments*

Retail pharmacy	Mail order pharmacy
(1-month supply)	(3-month supply)
\$15 generic	\$30 generic
\$40 preferred brand	\$80 preferred brand
\$90 nonpreferred brand	\$180 nonpreferred brand
\$90 specialty**	

* Copays do not apply to the Advantage HSA option until the deductible has been satisfied. This copay schedule does not apply to the Basic Bronze option. Refer to Infonet.UPMC.com/Medical.

** Mail order not available.

VISION

Those enrolled in any medical coverage option except Basic Bronze receive standard vision coverage through Vision Benefits of America (VBA) at no additional cost. You may choose from VBA's extensive network of providers for the greatest benefit. VBA also offers out-of-network benefits. Standard vision coverage provides one exam and frames with lenses or contacts** every 24 months for you and your adult dependents age 21 and older, and one exam and lenses or contacts** every 12 months, or frames once every 24 months, for children younger than age 21.

Covered services	Vision Network Provider	Non-network provider
Eye exam	100%	\$40

The following level of coverage is provided after a \$15 copay on materials.

Lenses		
• Single	100%	\$40
• Bifocal/blended bifocal	100%	\$50
• Trifocal	100%	\$75
• Progressive*	controlled cost	\$75
• Lenticular	100%	\$100
• Polycarbonate+	100%	N/A
Frames	100%**	\$50
Contact lenses		
• Selected instead of eyeglasses	\$150***	\$150
• Medically required	UCR****	\$300
Low vision aids	UCR****	\$500

* Progressive lenses typically retail from \$75 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

** Within VBA allowance.

*** Includes contact lenses and eye exam.

**** Usual, customary, and reasonable as determined by VBA.

+ Polycarbonate lenses available in-network to children under age 19.

VBA enhanced vision coverage

This option provides an annual benefit (eye exam and glasses or contacts within allowances once every 12 months) and an increased allowance for frames. The enhanced option also allows staff not enrolled in the medical plan to obtain vision coverage.

DENTAL

Dental coverage is offered through UPMC Dental *Advantage*. Eligible staff and dependents may choose between the Premium Dental PPO or the Standard Dental PPO options.

Participating dentists accept the UPMC Dental *Advantage* reimbursement as payment-in-full for covered services and collect only the applicable deductible and/or coinsurance from the member up to the maximum allowable charge. In addition, dentists file claims on the member's behalf.

- Diagnostic and preventive services are covered at 100 percent with no annual deductible when using in-network dentists and do not count against your calendar year maximum.
- No referral is necessary to see a specialist. Pre-authorization is encouraged for extensive work so you will know your out-of-pocket expense before incurring the services.
- Child orthodontia is covered. Adult orthodontia is not covered. Pre-authorization is strongly recommended.
- Participants can visit any licensed dentist they choose. However, higher reimbursement levels and greater savings are available when visiting in-network dentists.
- One additional cleaning during the course of pregnancy and additional diagnostic, preventive and periodontal services are offered. These enhancements are included in both the Standard and Premium PPO options.

DENTAL OPTION COMPARISON

	Standard PPO		Premium PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	\$0	\$50 Individual \$150 Family	\$50 Individual* \$150 Family*	\$100 Individual \$300 Family
Diagnostic/ preventive services**	100%	80%	100%	80%
Basic services	80%	60%	60%	40%
Major services	50%	40%	40%	20%
Calendar year maximum**	\$1,500	\$1,500	\$1,000	\$500
Orthodontia (child only)	50%	50%	50%	50%
Lifetime orthodontia maximum	\$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.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are an excellent way to stretch your dollars to pay for out-of-pocket health and dependent care expenses. Both accounts are funded by you with pretax payroll deductions allowing you to save taxes on expenses paid out of the accounts. Estimate your anticipated expenses carefully before electing an FSA. Annual contributions do not carry over from one year to the next so you will forfeit any unused portion of your account at the end of the plan year. You must re-elect this benefit each year during Open Enrollment.

Health Care FSA

You may elect the health care FSA only if you are enrolled in any of the medical plans, with the exception of the Advantage HSA or the Bronze option, or if you have waived medical coverage. You may use it to pay for your and your tax-qualified dependent's expenses. A debit card is provided to charge eligible expenses against your account balance and the amount you pledge is added to the account on the effective date of coverage. Health care FSA balances not used by the end of the grace period following the plan year are forfeited in compliance with IRS rules. The IRS stipulates an annual contribution limit. Currently this limit is \$2,550.

Eligible expenses include but are not limited to:

- Unreimbursed medical, dental, or vision expenses
- Copay and coinsurance expenses
- Unreimbursed orthodontia expenses
- Hearing aids and exams
- Laser eye surgery

Save your receipts. The IRS requires documentation of your expenses so you may be asked to submit a receipt after using the FSA debit card or need it to file a paper claim.

Dependent Care FSA

You may use the dependent care FSA to pay for day care (including in-home care) for dependents under age 13 or over age 13 if disabled and/or for elder care expenses while you or your spouse are at work or school. Unlike the health care FSA, you must have your payroll deductions posted in your account before you can file a claim and you must have a receipt showing that you have already paid for the expenses for which you are requesting a reimbursement. There is an annual limit of \$5,000 per household.

HEALTH SAVINGS ACCOUNT

A health savings account (HSA) is an individually owned, tax-advantaged savings account designated for qualified medical expenses. An HSA might be right for you whether you wish to pay for current medical expenses with pretax funds or save for future qualified medical expenses on a tax-favored basis.

Health Savings Account Highlights:

- To contribute to the HSA account, you must be enrolled in the UPMC Advantage HSA or Out-of-Area HSA medical option and not have other coverage (e.g., another HMO or PPO type coverage, Medicare, or Tricare, or access to a health care FSA).
- UPMC will contribute to your HSA account \$1,000 for those enrolled in single HSA medical coverage and \$2,000 for those enrolled in any level of family coverage effective Jan. 1, 2016 (prorated for enrollments beginning after Jan. 1, 2016).
- Additional contributions may be made by you via pretax payroll contributions or directly into your account (up to IRS limits from all contribution sources of \$3,350 for individuals and \$6,750 for any level of dependent coverage).
- Enjoy triple-tax advantages: contributions, investment earnings, and qualified distributions — all are exempt from federal income tax, FICA (Social Security and Medicare) tax and state income tax (for most states).
- Deposited funds are held in a bank account, owned and managed by you. Access those funds using a debit card, or electronic payment to providers, or disbursement to yourself.
- Unused HSA dollars roll over from year to year. You own your HSA and can take it with you when you change medical plans, change jobs, or retire.
- Funds in excess of \$1,000 in your account not needed for short-term expenses may be invested in money market accounts and mutual funds.

2016 HSA CONTRIBUTIONS	EMPLOYEE ONLY ADVANTAGE HSA COVERAGE	FAMILY ADVANTAGE HSA COVERAGE
IRS Maximum Allowed Contribution (from all sources)*	\$3,350	\$6,750
Upfront UPMC Contributions (enrollments after Jan. 1 are prorated)	\$1,000	\$2,000
Remaining Amount Available for Your Contributions*	\$2,350	\$4,750

* Additional catch-up contribution of \$1,000 is available when age 55 or older.

Considerations:

Only while enrolled in a qualified consumer-directed health plan are you able to contribute into an HSA account. The IRS maximum contribution is reduced when not enrolled for the entire calendar year.

Additionally, you cannot be enrolled in any other medical plan that is not a qualified consumer-directed health plan.

Disqualifying coverage includes:

- Medicare
- Tricare
- Utilization of VA benefits three months prior to enrollment
- Traditional, non-CDHP medical coverage (i.e. HMO or PPO) through a parent, spouse, or partner
- Spouse enrolled in general purpose health care FSA (limited purpose FSA is allowed)

Managing an HSA account is your responsibility. To read more about the eligibility and information regarding the Health Savings Account, refer to Infonet.UPMC.com/HSAAccount.

LIFE INSURANCE

To help protect family financial security, UPMC provides eligible staff with basic term life and accidental death and dismemberment (AD&D) insurance. UPMC pays the premiums. In addition to the coverage provided by UPMC, staff may purchase additional protection for themselves and eligible family members.

Life coverage	Coverage levels
Basic life and AD&D	Base annual salary
Supplemental life salary for staff	One to five times base annual salary (up to \$1 million)
Supplemental life for spouse/domestic partner	In \$10,000 increments (up to \$100,000)
Supplemental life for children	\$5,000 or \$10,000 per child
Supplemental AD&D for staff	In \$10,000 increments to \$200,000 then \$50,000 increments up to \$1 million
Supplemental AD&D for spouse/domestic partner	In \$25,000 increments (up to \$500,000)
Supplemental AD&D for children	\$10,000 per child

Note: Proof of good health and insurance carrier approval (Evidence of Insurability) is required for initial elections over plan limits and some increases in coverage.

Eligible staff may purchase voluntary Humana Whole Life for an additional benefit. For more information, call UPMC DirectLink at 1-800-994-2752, option 5.

DISABILITY

To help protect your income in the event of an unforeseen illness or injury, UPMC provides eligible full-time, flexible full-time, and job-share staff working 20 hours per week or more with basic short-term disability (STD) and long-term disability (LTD) insurance.

	STD	LTD
Benefits begin	8th day*	181st day*
Duration	Up to 26 weeks	Up to age 65**
Basic coverage (UPMC pays)	60%	60%
Maximum	No limit	\$15,000 per month

* *Must be actively employed when the disability begins.*

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

Full-time, flexible full-time, job-share, and eligible part-time staff with 20 or more authorized hours can purchase voluntary supplemental STD coverage for a greater benefit. Contact a Voluntary Benefits representative at 1-800-994-2752, option 5, for more details.

HOLIDAYS

Paid holiday time is a valuable part of your benefits package. Contact your Human Resources representative to verify the holidays that are recognized by your location. UPMC generally recognizes these seven holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

The maximum amount of holiday pay a staff member can receive on an annual basis is 56 hours of holiday time off per year. Staff members working less than 40 hours per week receive a prorated portion of holiday pay, based upon the standard hours of the position. Holiday time is added to your accrued PTO hours on the day of the holiday.

EMPLOYEE ASSISTANCE PROGRAM

LifeSolutions, the Employee Assistance Program (EAP), is a free, confidential resource that offers assistance with personal or professional matters that may interfere with job performance or personal satisfaction. So, it's *LifeSolutions* goal to help balance your work, life, and wellness. To learn more about services offered, contact *LifeSolutions* at 1-800-994-2752, option 6 or log in to the *LifeSolutions* website through UPMC Infonet at Infonet.UPMC.com/LifeSolutions.

COMMUTER PARKING ACCOUNT

Commuter parking accounts can help you save as much as 30 percent toward work-related parking expenses. Staff who park at non-UPMC-affiliated public or private lots near their work or transit locations are currently eligible to have up to \$250 a month directed to a commuter parking account on a pretax basis. (The IRS periodically reviews this maximum, so it could change in the future.)

You may enroll or change your contributions through UPMC Health Plan by the 15th of the month for your funds to be available for the beginning of the next month. You remain enrolled in the account until you elect to stop contributions, your employment with UPMC ends, or you transfer into an ineligible job status (casual, limited part-time, or temporary). You may adjust the contribution to your account at any time and as many times as necessary by contacting UPMC Health Plan via DirectLink at 1-800-994-2752, option 2.

Once you have incurred eligible expenses, you may file your claim through UPMC Health Plan for reimbursement up to the amount of your account balance, up to a maximum of \$250 each month.

Note: Staff who hold a parking lease or have bus pass expenses already deducted on a pretax basis from their pay are not eligible to participate in a commuter parking account. Staff whose job status is temporary, casual, or limited part-time also are not eligible to participate in this program. Parking for family members, gas/mileage, or other transit expenses are not eligible.

OTHER BENEFITS

UPMC offers several additional benefits including:

- adoption assistance
- carpooling
- credit union
- pretax payroll deductions for parking and transportation

PAID TIME OFF

UPMC recognizes the need for staff to receive pay for vacation, sick, and personal time. The paid time off (PTO) program allows staff to earn PTO benefits that provide the flexibility to take care of the things they consider important.

PTO accrues based on staffing classification, years of service, and hours worked according to schedules for nonexempt staff, exempt staff, and executive staff.

Full-time, flexible full-time, and job-share maximum annual PTO accrual

Years of service	Typically nonexempt	Typically exempt	Executive
0-5	17.625 days	22.625 days	27.625 days
5-15	22.625 days	27.625 days	27.625 days
15+	27.625 days	27.625 days	27.625 days

Regular and limited part-time maximum annual PTO accrual, based on hours worked*

Years of service	Typically nonexempt	Typically exempt	Executive
0-5	14 days	19 days	24 days
5-15	19 days	24 days	24 days
15+	24 days	24 days	24 days

You may accrue up to 1.5 times your maximum annual accrual amount plus 16 hours. At that point, you stop accruing PTO until you start using your time.

PTO Buy Program

Eligible staff members may purchase up to an additional 40 hours of PTO per year. PTO is purchased in one-hour increments with a minimum purchase of eight hours. Purchase must be made at initial hire and/or during open enrollment and is deducted from each paycheck. PTO accrued prior to purchase must be used before using purchased PTO. Purchased PTO must be used before the final pay period of December. If not, the remaining balance of purchased PTO will be paid to you in the final paycheck of the year. In a year in which you buy PTO and then terminate before the end of the year, you will be required to pay back bought hours that were used if you are not vested**.

PTO Sell Program

Eligible staff members*** may sell up to 40 hours of vested** PTO. Hours are sold in eight-hour increments, enabling staff to sell back one to five days. Staff members must have a balance of at least 80 hours after the PTO is sold back to UPMC. You may not buy and sell PTO in the same calendar year. PTO time sold during the annual open enrollment period is paid out in full, less applicable taxes, when program requirements are met, typically in January. Time sold during the year is paid out at 94 percent less applicable taxes of the value of PTO time.

* PTO accruals are based on the number of eligible hours, up to a maximum of 80 eligible hours per pay period for staff members on the biweekly pay cycle and 173.33 eligible hours per pay period for staff members on the monthly pay cycle.

** You are vested after 3 years of service.

*** Director level may sell with manager's approval. Vice President and above level are not permitted to sell or donate PTO.

RETIREMENT PROGRAM

For most UPMC locations, the retirement program consists of two plans — the Cash Balance Plan and the Savings Plan — that work together to provide retirement income.

Cash Balance Plan

The Cash Balance Plan provides a benefit at the end of each calendar year in which you are paid for at least 1,000 hours. You receive a retirement credit based on your annual earnings, age, and years of service determined at the end of the previous year.

You will be 100 percent vested in your Cash Balance account 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.

Note: Some staff members are not eligible to participate in the Cash Balance Plan due to staffing classification, hours worked, or company affiliation. Eligibility can be verified through Human Resources, the UPMC Retirement Center, or by accessing account information through My HUB.

Savings Plan

You can contribute to the Savings Plan on a pretax, Roth, and/or after-tax basis up to the annual IRS limits. Once eligible, UPMC matches a portion of your contributions. You can save on taxes in several ways: on pretax contributions, tax-deferred growth, and tax-free income in retirement (Roth). You have the opportunity to choose among several investment options, including Target Retirement Funds, to invest your contributions and UPMC's matching contributions. Although you are always 100 percent vested in your contributions, 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.

Accessing your retirement information

To access your retirement information, log on to My HUB, select the Human Resources tab, then click on My Retirement under My Benefits.

You also can contact the UPMC Retirement Center through UPMC DirectLink at 1-800-994-2752; press option 1, then press option 1 again.

Retirement Help

UPMC partners with Aon Hewitt Financial Advisors to offer education, guidance, and support that can make it easier to manage your UPMC Savings Plan investments. Online Advice, educational workshops, and one-on-one meetings with an on-site Financial Advisor are available at no cost to you. Professional Management, a fee-for-service managed account program that puts your portfolio in the hands of experts, is also available. An independent, unbiased investment advisor will provide personalized planning and account management for a quarterly fee based on the size of your UPMC Savings Plan account. Log on through My HUB and follow this path: Human Resources > My Retirement > Savings and Retirement > Savings Plan > Investment Advice for You, or call a Financial Advisor at the UPMC Retirement Center.

How the Cash Balance Plan and Savings Plan work together

If you take full advantage of UPMC's matching contributions under the Savings Plan, the Cash Balance and Savings Plan combine to provide you with annual benefits of 5.5 to 8 percent of your eligible pay, up to the annual IRS limits. To be eligible for the Cash Balance Plan and the matching contribution feature of the Savings Plan, you need to be at least age 21 and complete 1,000 hours of service with UPMC. Although you can begin to contribute to the Savings Plan immediately after your date of hire, you receive matching contributions to the Savings Plan and begin participating in the Cash Balance Plan the Jan. 1 or July 1 after meeting the eligibility requirements. See the chart below for UPMC's contributions to your retirement program. The contributions UPMC makes to your retirement program are in addition to any contributions you make to the Savings Plan.

Age & service*	Total UPMC contribution**
Less than 36	5.5%
36-49	6.0%
50-69	7.0%
70 or more	8.0%

* Determined as of Dec. 31 of prior calendar year.

**Assuming you contribute enough eligible pay to the Savings Plan to receive the maximum matching contribution.

While the Cash Balance Plan grows with interest based on the prevailing 30-year U.S. Treasury bond rate, you have the opportunity to invest your Savings Plan account in a variety of investment options by logging in to My HUB, clicking on the Human Resources tab, then selecting My Retirement under My Benefits.

TUITION ASSISTANCE

UPMC's tuition assistance program provides financial assistance to eligible full-time, flexible full-time, job share, and regular part-time staff members, their dependent children, spouses, and domestic partners who wish to enhance their careers or further their education. UPMC is committed to excellence in patient care, research, and education. Through this benefit, we are helping to educate tomorrow's workforce and keep top talent in our region, enriching our staff, their families, and our communities.

Staff members:

For staff, the assistance percentage is based on the institution attended, and studies must be relevant to a career within the health system. This benefit is subject to state and local taxes.

INSTITUTION	ASSISTANCE PERCENTAGE*	ACADEMIC YEAR MAXIMUM**
University of Pittsburgh, community college, or UPMC proprietary school	100%	\$5,000 full-time and flexible full-time staff; \$2,500 for job share and regular part-time staff
Other accredited institution	50%	

Dependent child/spouse/domestic partner:

Eligible staff members may receive a tuition assistance benefit for spouses, domestic partners, or dependent children pursuing up to their first baccalaureate degree at:

- University of Pittsburgh or a community college
- Health care-related program at a technical school
- All other schools not eligible

Eligibility begins after one year of service, provided the school term begins on or after the eligibility date. Dependent children must attend on a full-time basis. Spouses or domestic partners may attend part-time or full-time. This benefit is subject to state, local, federal, and FICA tax.

STUDENT	ASSISTANCE PERCENTAGE*	ACADEMIC YEAR MAXIMUM**
Dependent child	50% for all eligible staff	\$6,000 full-time and flexible full-time staff; \$3,000 job share and part-time staff
Spouse or domestic partner		\$2,000 full-time and flexible full-time staff; \$1,000 job share and part-time staff

* Tuition only — books, fees, and other costs are not eligible. Must obtain a grade of "C" or higher to be eligible for tuition assistance.

** Academic year maximum is based on classes taken between August and July of the following year.

Repayment of tuition assistance is required for staff leaving UPMC or changing to an ineligible status within 12 months of the course completion date. See the tuition section of Infonet at [Infonet at Infonet.UPMC.com/Tuition](http://Infonet.UPMC.com/Tuition) for forms, complete eligibility criteria, and additional details.

VOLUNTARY BENEFITS

UPMC offers more benefit options to help provide employees with additional financial security through 100 percent, employee-paid voluntary programs at discounted group rates. These voluntary programs provide supplemental insurance coverage in addition to the benefits provided by UPMC.

Employees may elect these programs when first eligible or during open enrollment. Subsequent changes only can be made during open enrollment.

For your convenience, premium payments are automatically withheld through payroll deductions. Voluntary programs are portable, allowing you to continue coverage through direct billing should you change to an ineligible job status or leave UPMC.

All voluntary products described are available through payroll deduction and completely funded by the employee. Election of and enrollment in the voluntary products is at the sole discretion of the employee. UPMC presents the programs to provide additional choices for each staff member. The decision to enroll in a given program is exclusively up to the staff member based on his or her individual circumstances.

HOW TO ENROLL IN VOLUNTARY BENEFITS

You may enroll in the voluntary programs offered by UPMC when you are hired or during annual open enrollment through My HUB. After you complete your enrollment, click on the My Voluntary Benefits button and follow the instructions to make your voluntary benefits selections, or select the My Voluntary Benefits link on your My HUB, Human Resources tab.

SUMMARY OF VOLUNTARY BENEFITS

Voluntary Program	Paid by	Payroll deduction
AFLAC Personal Short-term Disability	Staff	After tax
AFLAC Personal Accident Expense Plan	Staff	Pretax
AFLAC Group Critical Illness	Staff	After tax
Humana Whole Life	Staff	After tax
Hyatt Legal Plans	Staff	After tax
LifeLock Identity Theft Protection	Staff	After tax

To learn more and enroll in these plans, contact a representative through UPMC DirectLink at **1-800-994-2752, option 5**.

LIFELock IDENTITY THEFT PROTECTION

- Provides a comprehensive set of features to protect you against identity theft by using innovative monitoring technology and alert tools to help proactively safeguard your credit and finances.
- The LifeLock Identity Alerts system sends alerts in near real-time as soon as LifeLock detects your Social Security number, name, address, or date of birth in applications for credit and services.
- LifeLock Standard offers an identity Alert system, Lost wallet protection, Address Change verification, Black Market Website Surveillance, reduced pre-approved credit card offers, live member support 24/7 as well as \$1 Million total service guarantee* to help your recovery. If suspicious activity is detected, LifeLock will alert you via email or phone.
- LifeLock Ultimate provides additional services in addition to those offered by LifeLock Standard, including but not limited to checking and savings account application alerts, bank account takeover alerts, enhanced credit application alerts, online annual credit reports and scores and monthly credit score tracking.

*Certain restrictions apply

AFLAC PERSONAL SHORT-TERM DISABILITY PLAN*

- Provides you with a source of income if you become disabled due to sickness or off-the-job injury.
- Provides up to 10 percent additional income replacement above the 60 percent provided by UPMC for full-time staff. No more than 70 percent of income replacement is guaranteed.
- You must work at least 20 hours per week at UPMC.
- Disabilities resulting from a pre-existing condition will not be covered for the first 12 months.
- Disability benefits for childbirth will be payable after the policy has been in force 10 months.
- Part-time employees working 20 hours per week or more and not eligible for the UPMC disability program can purchase up to 66 percent disability protection.
- Monthly benefits range from \$500 to \$3,000, subject to income requirements.
- Benefit periods of three months, six months, 12 months, or 24 months are available.
- Coverage stays with you regardless of job changes.
- Coverage is guaranteed renewable to age 70.
- Benefits are paid directly to you unless otherwise specified.
- Benefits are paid regardless of any other insurance.

*This benefit does not apply to any physician, resident/fellow, or staff member with salary continuation.

AFLAC PERSONAL ACCIDENT EXPENSE PLAN

- Helps cover expenses associated with accidental injury.
- Provides family coverage for staff member, spouse, domestic partner, and dependent children.
- Provides a flat-dollar reimbursement amount from \$25 to \$10,000 for:
 - > Accident emergency treatment
 - > Accident follow-up treatment
 - > Initial accident hospitalization
 - > Accident hospital confinement
 - > ICU confinement
 - > Accident-specific benefits
 - > Accidental death or dismemberment
 - > Physical therapy
 - > Prosthesis and appliance benefit
 - > Blood and plasma benefit
 - > Ambulance and transportation benefit
 - > Family lodging and wellness benefit
- Benefits are paid directly to you unless otherwise specified.
- Benefits are paid regardless of any other insurance.

AFLAC GROUP CRITICAL ILLNESS

- Lump-sum benefit paid directly to the insured (unless otherwise assigned) for the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke.
- Designed to supplement your existing medical benefits.
- Employees between ages 18 to 69 are eligible for benefit amounts from \$5,000 to \$50,000.
- Spouse/domestic partner coverage is also available in benefits amounts up to \$50,000.
- Each dependent child up to age 26 is covered at 50 percent of the primary insured's benefit amount at no additional charge.
- The plan has a 30-day waiting period. No benefits are eligible for payment before coverage has been in force for 30 days from the effective date.
- Annual health screening benefit is available for the employee and spouse/domestic partner in the amount of \$50 once per calendar year.
- Premiums do not increase with age; benefits do not reduce at age 70.
- Initial coverage is available without answering health questions (up to \$30,000) if you apply when you are first eligible.

HYATT LEGAL PLANS

- Provides access to a national network of 12,000 attorneys, for a wide range of legal services.
- Provides face-to-face legal advice and consultation on a number of issues, including:
 - > General legal advice, document review and preparation
 - > Standard and living will preparation
 - > Family and personal
 - > Home and real estate
 - > Financial matters
 - > Small claims assistance
- Identity theft services.
- Legal services provided in an attorney's office. You select a network attorney in your area. Attorney fees paid in full for most covered matters.
- Coverage includes access to self-help information and Law Firm E-panel.
- Staff must commit to remain in this plan through the calendar year.

HUMANA WHOLE LIFE COVERAGE

- Provides you with the ability to build a long-term financial plan.
- When you pay your premium, part of it goes into a cash reserve that you can typically access at any time, for any purpose.
- Coverage amounts vary based on your needs. When you are first eligible, you may choose from \$2,500 to \$100,000 up to age 50, and \$60,000 for age 51+ without answering health questions.
- Premium rates are based on your age at the effective date of the policy and throughout the life of the policy. Rates will not increase unless you make changes to your policy.
- Spouse/domestic partner coverage is available even if you choose not to apply for your own policy. Three medical questions must be completed before coverage is approved.
- Accidental death, dismemberment and loss of sight (AD&D) is available for employee and/or spouse/domestic partner up to age 60.
- You may elect the Humana Whole Life to age 65 for each eligible dependent child, age 14 days to age 26. Coverage amount of \$2,500 to \$10,000 is guarantee issue with no medical questions, upon initial offering.

MY HUB

Your online self-service information and enrollment website is accessed through Infonet at Infonet.UPMC.com. This secure, protected site is available 24 hours a day, seven days a week and can be accessed from home or work computers with Internet capability.

The Human Resources area of My HUB allows you to view important information, such as your pay advice and paid time off (PTO) balance, to report a leave of absence, and to update payroll and benefits information with just a few clicks. Staff also can use My HUB to access retirement information through UPMC Retirement Center (UPMC Savings and Cash Balance Plans), MyHealth OnLine (UPMC FlexAdvantage, UPMC Dental Advantage, UPMC Health Plan), track time and attendance (Kronos), and My Voluntary Benefits (AFLAC, Humana, Hyatt Legal and LifeLock) without the need to remember another password.

GETTING STARTED WITH MY HUB FOR THE FIRST TIME

- Log in to Infonet at Infonet.UPMC.com and click on the My HUB link.
- Click on the First Time Users link to register for My HUB. Note: As a first-time user, you will need to enter your Employee ID number, Social Security number, and date of birth. You can obtain your Employee ID from your manager or by looking at the top of your benefits enrollment notice. The earliest you can access My HUB is two weeks before your first day of work.
- Once you have established a password and received your user ID, you can log in to My HUB. If you forget your password or user ID, or want to change your password, click the links provided. Any issues with access and log on should be directed to the UPMC My HUB Help Desk at 412-647-1408.

WHAT DOES MY HUB DO FOR YOU?

The various features within the Human Resources area of My HUB are organized as follows:

My Pay

Staff use My Pay to select and review their federal tax withholding (W-4), local wage tax withholding, quarterly state and federal tax balances, and electronic Form W-2. Also, access My Pay to:

- Complete or make changes to your Residency Certification form.
- Review your paid time off (PTO) balance.
- Sell or donate PTO.
- Review and print out current and previous pay statements.
- Select and review bank account information for direct deposit.
- Request a bus pass.

My Benefits

The My Benefits feature provides staff with the ability to enroll in benefits, complete annual Open Enrollment, access online confirmations, update life insurance beneficiary information, and review medical, dental, and vision benefits, flexible spending account and health savings account information. Also use My Benefits to access:

- MyHealth OnLine: Medical, UPMC Dental *Advantage*, flexible spending, health savings account, and commuter parking
- My Voluntary Benefits
- My Retirement

My Profile

Using My Profile, staff can submit changes to their personal information, including change in name, address, marital status, telephone number, email, and emergency contacts. You also can view job information, such as service date and hourly rate, complete performance reviews, and update your Disaster Preparedness Profile.

My Total Rewards

This resource enables staff to review the total value of their compensation, benefits, and retirement savings. Work-life needs and opportunities, performance recognition, development, and career opportunities are available to help you get to where you want to be in your career and personal life.

View UPMC Jobs

Staff can view job postings and recruitment information by selecting this resource.

uLearn

The uLearn feature enables staff to review and enroll in required and optional classes offered by UPMC.

Alerts and Announcements

Reminders about various work-related activities and items you need to complete as part of your employment are communicated using these features.

Kronos

Staff can access Kronos time and attendance functions from the Welcome tab in My HUB to record and approve time worked and time off.

ALL STAFF USE MY HUB TO COMPLETE BENEFITS ENROLLMENT

You must enroll in your benefits within **30 days of your hire or status change date**. Follow these steps to ensure that you have completed the enrollment process:

- Review your enrollment options through Infonet at Infonet.UPMC.com/Benefits.
- Log in to My HUB to make your elections and designate your life insurance beneficiaries through the online enrollment system. Select the Human Resources tab, then the Benefits Enrollment link under My Benefits.
- Submit your enrollment and print out a copy of your Election Summary Statement.
- After you print your Election Summary Statement, you will be given the option to enter your voluntary benefits enrollment, UPMC Savings Plan, Commuter Parking Account, and MyHealth OnLine.
- Staff enrolling a spouse or domestic partner for benefits coverage must supply documentation certifying eligibility status within 30 days of enrollment. Submission forms are available online in My HUB during the enrollment session.
- Watch for your confirmation statement in the mail or go to the online benefits confirmation three days after enrolling and review it for accuracy.
- Review your pay advice to ensure that your benefits elections are accurate.
- Contact UPMC Health Plan toll-free at 1-800-994-2752, option 2, to select a primary care physician.
- While all staff are eligible for MyHealth wellness services, staff electing medical coverage have 30 days to complete Take a Healthy Step requirements.

For more information about these requirements, access Infonet at Infonet.UPMC.com/HealthySteps. To begin using the online wellness tools and complete the MyHealth questionnaire, log in to My HUB, select the Human Resources tab, then click on MyHealth OnLine under My Benefits.

UPMC DIRECTLINK — 1-800-994-2752

DirectLink is your one-stop phone number to reach many benefits-related contacts.

PROVIDES ACCESS TO THE FOLLOWING REPRESENTATIVES

Retirement8:30 a.m. to 5 p.m., Monday through Friday
Accessed directly through My Retirement via My HUB.

UPMC Health Plan7 a.m. to 7 p.m., Monday through Friday
Medical and dental, flexible spending, health savings account, and commuter parking account 8 a.m. to 3 p.m. on Saturday

UPMC Health Plan accounts accessed directly through MyHealth OnLine via My HUB.

Vision Benefits of America8:30 a.m. to 6 p.m., Monday through Friday
www.visionbenefits.com

UPMC Work Partners8 a.m. to 5 p.m., Monday through Friday
During non-business hours, callers will be connected to an answering service seven days a week, including holidays.

Employee Service Center8 a.m. to 5 p.m., Monday through Friday

Payroll8 a.m. to 5 p.m., Monday through Friday

LifeSolutions (EAP)8 a.m. to 5 p.m., Monday through Friday
24-hour emergency phone service (Evening hours by appointment)

Infonet.UPMC.com/LifeSolutions

OPTIONAL VOLUNTARY BENEFITS

AFLAC voluntary programs8 a.m. to 6 p.m., Monday through Friday

Humana Whole Life8 a.m. to 6 p.m., Monday through Friday

Hyatt Legal Plans8 a.m. to 7 p.m., Monday through Friday

Interest-Sensitive Whole Life Unum (for inforce policies)8 a.m. to 5 p.m., Monday through Friday

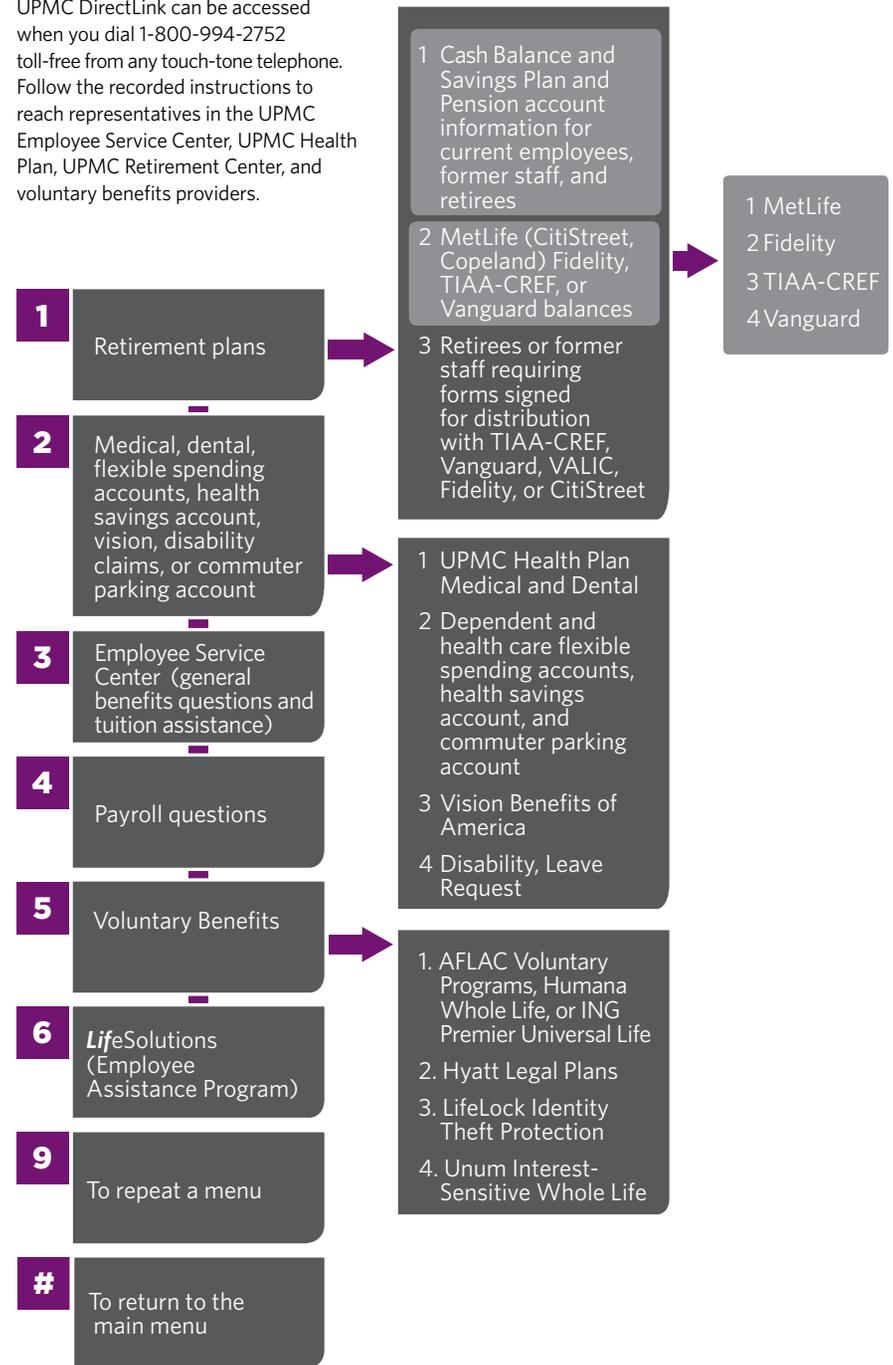
ING Premier Universal Life (for inforce policies)8 a.m. to 4:30 p.m., Monday through Friday

LifeLock Identity TheftCalls are answered 24/7.

Voluntary benefits can be accessed through My HUB without entering another password.

WELCOME TO UPMC DIRECTLINK

UPMC DirectLink can be accessed when you dial 1-800-994-2752 toll-free from any touch-tone telephone. Follow the recorded instructions to reach representatives in the UPMC Employee Service Center, UPMC Health Plan, UPMC Retirement Center, and voluntary benefits providers.



UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.