

UPMC  *Benefits*

Overview 2010

# Welcome

As part of your total compensation package, UPMC offers a variety of benefit options for you and your eligible dependents. These benefits are designed to provide personal security, convenience, and assistance to you and your family. 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 (<http://benefits.infonet.upmc.com>), or call the UPMC DirectLink hot line — 1-800-994-2752, option 3 — with any questions.

## My HUB

### **Online access to your benefit 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 (<http://infonet.upmc.com>).

# Summary of benefits

<b>Benefit coverage</b>	<b>Paid by</b>	<b>Payroll deduction</b>
Medical-prescription	Staff and UPMC	Pretax
Dental	Staff and UPMC	Pretax
Vision	Staff and UPMC	Pretax
Flexible spending accounts	Staff	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
Tuition assistance	UPMC	Not applicable
Adoption assistance	UPMC	Not applicable
Parking, transportation, and commuter parking accounts	Staff	Pretax

*Benefits described in this brochure give a general overview of the benefits available through UPMC. They represent the standard benefits for most UPMC staff members, but may not be applicable to all staff. Some business units have unique benefit programs. Additionally, certain job classifications may affect benefit eligibility. Physicians and members of collective bargaining units should refer to the terms of their contracts for information regarding their eligibility for UPMC benefits. Specific benefit-related questions should be directed to the UPMC Employee Service Center at 1-800-994-2752, option 3.*

*Note: If both you and your spouse/domestic partner work for UPMC be aware that there may be limits and the inability for both of you to cover dependents under certain benefits.*

## Eligibility for benefits

Benefits generally are effective the first of the month following 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.

New staff members should complete their enrollment within 30 days of their 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.

<b>Staffing classification</b> <i>(nonunion)</i>	<b>Benefit eligibility</b>
Full-time, flexible full-time, and job-share	All benefits*
Regular part-time	All benefits* except disability coverage and holidays
Limited part-time	PTO, Cash Balance, and Savings Plan only**
Casual	Cash Balance and Savings Plan only**
Temporary	Savings Plan only***

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

\*\* if eligibility requirements for participation are met

\*\*\* 403(b) only, if working at a not-for-profit location

You may enroll only eligible dependents in UPMC benefit programs. Eligible dependents include your spouse, domestic partner\*, and unmarried children and stepchildren younger than age 19 (or up to age 25 if enrolled as a full-time student in an accredited school, college, or university), and are primarily dependent on the parents for support.

*\*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 domestic partners.*

## Enrolling in benefits

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

## Special enrollments during the year

Notify the Employee Service Center with any qualified changes to you or your dependents' benefit status as soon as possible. Notification should be received within 30 days of the event. If notifications are 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 others events like a spouse, domestic partner, or dependent child's gain or loss of 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.

## Medical

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

The three medical options are:

- UPMC Advantage Health Maintenance Organization (Home Host HMO)
- UPMC Advantage Preferred Provider Organization (Home Host PPO)
- UPMC Open Access PPO (In-Network and Out-of-Network)

Both the Advantage Network HMO and PPO options provide the highest level of benefit when using providers owned by or affiliated with UPMC.

The Open Access PPO encourages use of Health Plan network providers, but also includes coverage for out-of-network providers.

For those staff members residing outside the standard service area, for the Advantage Network, there is also an Out-of-Area PPO. Eligible staff receive additional information in their enrollment materials regarding the Out-of-Area PPO.

See **chart outlining medical plan options on Pages 8 and 9.**

## Women's Health and Cancer Rights Act (WHCRA) of 1998

UPMC medical options, as required by WHCRA, provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. For more information, call UPMC Health Plan via UPMC DirectLink at 1-800-994-2752, option 2.

## MyHealth

All staff members have the opportunity to participate in a health and wellness program. MyHealth is a partnership involving you, your physician, UPMC Health Plan, and UPMC. MyHealth is designed to help staff improve their own health with a set of programs centered around health promotion and disease management. Participants in MyHealth have access to an online questionnaire that produces a personalized health report, health screenings, information designed to improve the quality of life, physical activity tracker, and health promotion programs such as smoking cessation and weight management. Members can view additional information on medical benefit details and claims information, access provider information, and request a new medical identification card. There is even access to fill a new member prescription online or have an old prescription refilled.

Information from the MyHealth questionnaire and MyHealth screening is reviewed by clinical staff at the Health Plan so that members who could benefit from health education coaching and programs can be identified and contacted. Individual results and data from MyHealth are **never** provided to UPMC. These vital tools assist the Health Plan in providing staff members with the excellent care and health benefits they deserve.

**Important deductible credit note:** A deductible of \$500 per individual or \$1000 per family for services such as hospital stays and lab work is included in all medical plan options in addition to any other plan deductibles (see page 8).

However, if you choose to participate in MyHealth and complete the annual MyHealth requirements, you will receive a \$500/\$1,000 credit and you will not be required to pay this additional deductible. See the MyHealth requirements at <http://benefits.infonet.upmc.com/MyHealthRequirements.htm>.

## Wellness member

Staff members who do not receive medical benefits through UPMC are able to make use of — at no cost — a variety of wellness services provided through the MyHealth program. These wellness services do not include coverage for medical services and have no effect on your medical plan coverage. As a wellness member, you may complete the MyHealth questionnaire to gain valuable information you can use to manage your health. You can participate in special events and educational programs, engage a health coach to help you quit smoking, or make lifestyle changes such as lose weight, reduce stress, or become more active. Useful resources are provided for managing more than 35 health conditions.

## Accessing MyHealth

Access MyHealth OnLine by entering My HUB, selecting the Human Resources tab, then clicking on MyHealth/MyFlex *Advantage*. You will be able to access your information without entering another ID and password.

## 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, 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 domestic partners.

Additionally, assisted fertilization techniques are excluded from coverage under all of UPMC's health insurance plans for all UPMC staff members. A complete listing of exclusions is available in the UPMC Welfare Benefit Summary Plan Description. For more information, call UPMC Health Plan via DirectLink at 1-800-994-2752, option 2.

## Medical option comparison

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

	UPMC Advantage HMO* (PCP required)	
Plan features	UPMC Advantage Network	UPMC Health Plan Network
<b>Annual deductible without completing the MyHealth requirements**</b>	\$600 Individual \$1,200 Family	\$1,100 Individual \$2,200 Family
<b>Deductible credit for completing the MyHealth requirements**</b>	\$500 Individual \$1,000 Family	
<b>Annual deductible if completing the MyHealth requirements**</b>	\$100 Individual \$200 Family	\$600 Individual \$1,200 Family
<b>Inpatient and outpatient hospital care</b>	100%	70%
<b>Diagnostic lab</b>	100%	70%
<b>Nonemergency outpatient diagnostic imaging</b>	\$10 copay for low-tech imaging \$60 copay for high-tech imaging***	70%
<b>Emergency care</b>	100% after \$75 copay	
<b>Physician office visits</b>	UPMC Health Plan Network	
<b>Preventive care visit</b>	\$5 copay (PCP)	
<b>Sick/Injury visit</b>	\$20 copay (PCP)	
<b>Specialist office visit</b>	\$30 copay	

UPMC Advantage PPO		UPMC Open Access PPO	
UPMC Advantage Network	UPMC Health Plan Network and Out-of-Network	UPMC Health Plan Network	Out-of-Network
\$750 Individual \$1,500 Family	\$1,250 Individual \$2,500 Family	\$800 Individual \$1,600 Family	\$1,400 Individual \$2,800 Family
\$500 Individual \$1,000 Family		\$500 Individual \$1,000 Family	
\$250 Individual \$500 Family	\$750 Individual \$1,500 Family	\$300 Individual \$600 Family	\$900 Individual \$1,800 Family
80%	50%	100%	60%
80%	50%	100%	60%
80%	50%	\$10 copay for low-tech imaging \$60 copay for high-tech imaging***	60%
100% after \$75 copay		100% after \$75 copay	
UPMC Health Plan Network	Out-of-Network	UPMC Health Plan Network	Out-of-Network
\$5 copay	50%	\$5 copay	60%
\$20 copay	50%	\$20 copay	60%
\$30 copay	50%	\$30 copay	60%

\* no benefits paid if routine or nonemergency care is received outside the UPMC Health Plan network

\*\* see Page 6 for a description of the MyHealth program

\*\*\* maximum of six copays per year for low-tech and six copays per year for high-tech imaging (Copays for diagnostic imaging do not apply to emergency room visits, inpatient hospital stays, and annual mammograms. High-tech imaging includes CT, MRI, PET, and SPECT.)

## Prescription drugs

Prescription coverage is provided under UPMC Health Plan medical benefit options through a broad pharmacy network that includes the following pharmacies: Giant Eagle, Kmart, Rite Aid, Sam's Club, Target, Walgreens, Wal-Mart, 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.

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. 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.

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, or your physician has not expressly directed otherwise, 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 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
\$35 preferred brand	\$70 preferred brand
\$70 nonpreferred brand	\$140 nonpreferred brand

## Vision

Staff and eligible family members enrolled in medical coverage receive vision coverage through Vision Benefits of America. You may choose from VBA's extensive network of providers for the greatest benefit. VBA also offers out-of-network benefits. This benefit provides one exam every 24 months for adults, including full-time students ages 19 to 25, and one exam every 12 months for children younger than age 19.

### Vision benefits

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 <sup>+</sup>	100%	N/A

Frames	100%**	\$50
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#### Contact lenses

• selected instead of eyeglasses	\$150***	\$150
• medically required	UCR****	\$300

Low vision aids	UCR****	\$500
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\* Progressive lenses typically retail from \$100 to \$300, depending on lens options. VBA's controlled costs generally range from \$45 to \$130.

\*\* 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 enhances the standard vision coverage provided through the medical plan. VBA enhanced vision coverage provides an annual benefit (eye exam and glasses or contacts each calendar year) 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 through United Concordia Companies Inc. (UCCI) Advantage Plus network provides participants with access to the area's largest dental preferred provider organization (PPO). Eligible staff and dependents may choose between the Premium Dental PPO or the Standard Dental PPO options.

Participating dentists accept United Concordia's reimbursement as payment-in-full for covered services and collect only the applicable deductible and/or coinsurance from the member. 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 under both dental PPO options and do not count against your calendar year maximum.
- No referral is necessary to see a specialist.
- Child orthodontia is covered. Adult orthodontia is not covered.
- Participants can visit any licensed dentist they choose. However, higher reimbursement levels and greater savings are available when visiting in-network dentists.
- A program called Smile for Health offers one additional cleaning during the course of pregnancy and additional diagnostic, preventative and periodontal services. These enhancements are included in both the Standard and Premium PPO options.

## Dental option comparison

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

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

\* deductible waived for in-network preventive/diagnostic services

\*\* cost of diagnostic and preventive services do not count towards calendar year maximums.

*Note: When using out-of-network dentists, the percentages listed above represent the portion of UCCI's maximum allowable charge for which the plan will be responsible. The member will be responsible for the balance, including any difference between UCCI's allowable charge 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. Using an FSA is even easier with an FSA debit card (Health Care FSA only).

As you review your medical and dental elections, consider using pretax dollars to pay for copayments, deductibles, coinsurance, and select over-the-counter medications. You also may use an FSA to pay for day care or elder care expenses while you or your spouse are at work or school.

The FSA debit card works similar to a bank debit card, except that it charges eligible expenses such as prescription and physician copays against the cardholder's health care FSA balance, not against a general bank balance.

Your FSA is funded with pretax payroll deductions. These funds remain in your account until you use your FSA card to pay for a covered service or file a claim for reimbursement. You choose in advance how much you would like to contribute to your FSA. Estimate your anticipated expenses carefully before enrolling in an FSA. Annual contributions do not carry over from one year to the next so you will forfeit any unused portion of your contribution, as of the end of the plan year.

The Health Care FSA has an annual spending limit of \$5,000 per employee. The Dependent Care FSA has an annual spending limit of \$5,000 per household.

Eligible expenses include, but are not limited to:

- Health Care FSA
  - Unreimbursed medical, dental, or vision expenses
  - Physician office visits, diagnostic and prescription copays
  - Unreimbursed orthodontia expenses
  - Hearing aids and exams
  - Laser eye surgery
  - Select over-the-counter medications
- Dependent Care FSA
  - Day care or in-home care for eligible dependents under age 13 or over age 13 if disabled
  - Care at a licensed nursery school

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 to verify the eligibility of the expense.

Contact UPMC Health Plan via UPMC DirectLink at 1-800-994-2752, option 2, or online through *MyFlex Advantage* for an expanded list of eligible expenses.

*MyFlex Advantage* is available through My HUB by selecting the Human Resources tab, then clicking on *MyFlex Advantage* under My Benefits.

## 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 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 is required for initial elections over plan limits and increases in coverage.*

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

# 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 based on your annual earnings, age, and years of service. Once eligible, 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 age and years of service determined at the end of the previous year.

Your account is credited daily with interest based on the prevailing 30-year U.S. Treasury bond rate. This interest is compounded quarterly. 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 your Human Resources department, the UPMC Retirement Center, or by accessing account information through Your Benefits Resources™.*

## Savings Plan

You can contribute to the Savings Plan on a pretax 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 two ways: on pretax contributions and on tax-deferred growth. You have the opportunity to choose among several investment options, including Target Date 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.

## 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 4.5 to 7 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. These contributions are contingent on you taking full advantage of the benefits provided under both plans. 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	4.5%
36-49	5.0%
50-69	6.0%
70 or more	7.0%

*\*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 mutual funds by logging on to Your Benefits Resources™. You can view your Cash Balance and Savings Plan account information (including vested and nonvested balances), review detailed financial information, and access resources and planning tools to help you better plan for your and your family's financial future.

## 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.

	<b>STD</b>	<b>LTD</b>
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

\* 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 30 or more authorized hours can purchase voluntary supplemental STD coverage for a greater benefit. Contact an AFLAC representative at 1-800-994-2752, option 5, for more details.

## Voluntary benefits

UPMC offers more options to choose from to help provide staff with additional financial security through employee-paid voluntary programs. Contact a voluntary benefits representative at 1-800-994-2752, option 5. For more information log on to My HUB, select the Human Resources tab, then click on My Voluntary Benefits under My Benefits. These programs are offered through convenient payroll deductions and include the following:

- AFLAC Personal Accident, Specified Health Event Protection, Personal Short-Term Disability, and Personal Cancer Protection
- Interest-Sensitive Whole Life (Unum)
- ARAG Legal Insurance Plan (professional legal help to protect yourself and your family from legal difficulties)

## 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. To learn more about services offered, contact *LifeSolutions* at 1-800-994-2752, option 6 or log on to the *LifeSolutions* website through UPMC Infonet (<http://eap.infonet.upmc.com>).

## 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

<b>Years of service</b>	<b>Typically nonexempt</b>	<b>Typically exempt</b>	<b>Executive</b>
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

<b>Years of service</b>	<b>Typically nonexempt</b>	<b>Typically exempt</b>	<b>Executive</b>
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 at which 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.

## PTO Sell Program

Eligible staff members may sell up to 40 hours of PTO anytime during the year. 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 purchase and sell PTO in the same calendar year.

# Holidays

Paid holiday time is a valuable part of your benefit 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.

# Tuition assistance

This program provides assistance with the out-of-pocket tuition expenses for eligible full-time, flexible full-time, job share, and regular part-time staff and their dependents.

## 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%	\$3,500 full-time and flexible full-time staff; \$1,750 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	\$5,000 full-time and flexible full-time staff; \$2,500 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.

Repayment of tuition assistance is required for staff leaving UPMC or changing employment status within 12 months of the course completion date. See the tuition section of Infonet (<http://benefits.infonet.upmc.com>) for forms, complete eligibility criteria, and additional details.

## 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 \$230 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 \$230 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, and a savings bond purchase plan. Check with your Human Resources representative for details about eligibility and availability.

This brochure gives an overview of the benefits available through UPMC. It provides general information about the programs that are offered to the majority of UPMC staff. The actual plan provisions are contained in plan documents, agreements of insurance, and summary plan descriptions, which will prevail in interpretation and administration.

# UPMC

*UPMC is an equal opportunity employer. UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran 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.*