



Housing Authority of the City of Pittsburgh

Contracting Officer
100 Ross Street, 2nd Floor Suite 200
Pittsburgh, PA 15219
(412) 456-5116
www.hacp.org

September 15, 2022

Medical and Rx Insurance for HACP Employees RFP #650-19-22

ADDENDUM NO. 2

This addendum issued September 15, 2022 becomes in its entirety a part of the Request for Proposal RFP #650-19-22 as is fully set forth herein:

Item 1: Attachment L, Attachment M-1, Attachment M-2, Attachment N-1, Attachment N-2, and Attachment O in the original Request for Proposal are to be replaced by Attachment L, Attachment M Attachment N and Attachment O set forth in this addendum.

Item 2: If you would like to discuss goals and planning for Section 3 Requirements please contact Karen Garrett Director of Resident Initiative-Resident Relations, by email at Karen.Garrett@hacp.org, by contacting her at the Housing Authority of the City of Pittsburgh, 1205 Liverpool, Pittsburgh, PA 15233, or telephone (412) 456-5000 ext 3107

Item 3: The bid due date, time, and location remain unchanged at 10:00 AM on September 27, 2022, at the HACP Procurement Dept., 100 Ross St. 2nd Floor, Suite 200, Pittsburgh, PA 15219.

Item 4: The Housing Authority of the City of Pittsburgh will **only be accepting physical bids dropped off in person from 8:00 AM until the closing time of 10:00 A.M on September 27, 2022** in the lobby of 100 Ross St. Pittsburgh, PA 15219. Proposals may still be submitted electronically: <https://www.dropbox.com/request/ZLzCyFoVLwq7SJSmMGxL> and may still be mailed via USPS at which time they will be Time and Date Stamped at 100 Ross Street 2nd Floor, Suite 200, Pittsburgh, PA 15219. All proposals must be received at the above address no later than September 27, 2022 at 10:00 AM regardless of the selected delivery mechanism.

END OF ADDENDUM NO. 2


James Harris (Sep 15, 2022 15:05 EDT)

Mr. James Harris
General Counsel/Chief Contracting Officer

Sep 15, 2022

Date

ATTACHMENT L

**Medical/RX Insurance for HACP Employees
RFP #650-19-22
HACP Employee Census Information**

| EE Number | Age | Gender | Benefit Description | Tier Description | Zip | |
|-----------|-----|--------|---------------------|---------------------|-------|--|
| 1009 | 48 | M | EPO | Employee & Family | 15207 | |
| 1489 | 27 | F | EPO | Employee & Family | 15206 | |
| 1774 | 29 | M | POS | Employee Only | 15122 | |
| 1382 | 36 | M | EPO | Employee Only | 15204 | |
| 1623 | 59 | F | POS | Employee Only | 15212 | |
| 1653 | 50 | F | EPO | Employee Only | 15214 | |
| 1554 | 55 | M | EPO | Employee & Spouse | 15219 | |
| 1632 | 36 | F | POS | Employee & Children | 15212 | |
| 984 | 49 | F | EPO | Employee Only | 15214 | |
| 1709 | 43 | M | EPO | Employee & Children | 15233 | |
| 1370 | 50 | M | EPO | Employee Only | 15208 | |
| 1729 | 63 | M | EPO | Employee & Spouse | 15201 | |
| | 64 | M | POS | Employee & Spouse | 15214 | |
| 1677 | 45 | F | EPO | Employee Only | 15221 | |
| 804 | 69 | M | POS | Employee & Spouse | 15203 | |
| 1547 | 34 | F | EPO | Employee & Spouse | 15217 | |
| 1613 | 29 | M | POS | Employee & Spouse | 15206 | |
| 1687 | 42 | M | EPO | Employee Only | 15140 | |
| 1743 | 41 | F | EPO | Employee & Spouse | 15131 | |
| 114 | 66 | F | EPO | Employee Only | 15205 | |
| 1479 | 50 | M | EPO | Employee Only | 15207 | |
| 1845 | 36 | M | EPO | Employee & Family | 15212 | |
| | 34 | F | EPO | Employee & Children | 15212 | |
| 972 | 58 | M | POS | Employee Only | 15204 | |
| 411 | 60 | M | EPO | Employee Only | 15219 | |
| 1765 | 40 | F | POS | Employee Only | 15024 | |
| 980 | 64 | M | EPO | Employee & Spouse | 15236 | |
| 1378 | 58 | M | EPO | Employee & Family | 15206 | |
| 1058 | 65 | M | EPO | Employee & Spouse | 15145 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 1747 | 48 | M | POS | Employee Only | 15232 | |
| 695 | 53 | M | EPO | Employee & Family | 15205 | |
| 1703 | 61 | M | POS | Employee Only | 15233 | |
| 1225 | 75 | M | POS | Employee & Family | 15206 | |
| 983 | 38 | M | EPO | Employee & Family | 15201 | |
| 1109 | 49 | F | EPO | Employee & Children | 15108 | |
| 1262 | 60 | M | EPO | Employee Only | 15226 | |
| 752 | 49 | M | EPO | Employee & Family | 15206 | |
| 1293 | 66 | F | EPO | Employee Only | 15210 | |
| 1648 | 38 | M | EPO | Employee Only | 15207 | |
| 710 | 48 | F | EPO | Employee Only | 15210 | |
| 385 | 57 | M | POS | Employee & Family | 15207 | |
| 1514 | 33 | F | EPO | Employee Only | 15206 | |
| 920 | 44 | M | EPO | Employee Only | 15216 | |
| 1422 | 54 | M | POS | Employee Only | 15106 | |
| 1700 | 40 | F | EPO | Employee Only | 15204 | |
| 1434 | 62 | M | EPO | Employee & Spouse | 15216 | |
| 956 | 74 | F | POS | Employee Only | 15218 | |
| 1315 | 43 | M | POS | Employee & Spouse | 15217 | |
| 1690 | 55 | M | POS | Employee Only | 15221 | |
| 1340 | 64 | M | EPO | Employee Only | 15208 | |
| 1795 | 58 | M | POS | Employee Only | 15146 | |
| 1686 | 29 | F | EPO | Employee Only | 15206 | |
| 1790 | 29 | M | EPO | Employee Only | 15204 | |
| 1552 | 23 | F | POS | Employee Only | 15218 | |
| 1675 | 49 | F | EPO | Employee Only | 15226 | |
| 1790 | 60 | F | EPO | Employee Only | 15207 | |
| 5 | 69 | F | EPO | Employee & Spouse | 15216 | |
| 1578 | 29 | F | EPO | Employee Only | 15213 | |
| 1500 | 33 | F | EPO | Employee Only | 15210 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 111 | 59 | M | POS | Employee Only | 15220 | |
| 1659 | 28 | F | EPO | Employee Only | 15206 | |
| 1968 | 64 | M | EPO | Employee Only | 15208 | |
| 1719 | 49 | M | EPO | Employee & Spouse | 15204 | |
| 1900 | 41 | M | EPO | Employee Only | 15206 | |
| 1837 | 28 | M | POS | Employee Only | 16117 | |
| 1678 | 54 | F | EPO | Employee Only | 15224 | |
| 1548 | 59 | F | EPO | Employee Only | 15210 | |
| 1082 | 35 | M | EPO | Employee & Child | 15207 | |
| 1223 | 30 | M | EPO | Employee Only | 15210 | |
| 535 | 57 | M | EPO | Employee & Family | 15201 | |
| 1517 | 29 | M | EPO | Employee Only | 15214 | |
| 1839 | 33 | M | POS | Employee Only | 15106 | |
| 1076 | 52 | F | POS | Employee Only | 15207 | |
| 2233 | 58 | M | POS | Employee & Spouse | 15213 | |
| 1367 | 58 | M | POS | Employee Only | 15207 | |
| 1721 | 43 | M | EPO | Employee & Family | 15206 | |
| 1361 | 34 | M | EPO | Employee Only | 15217 | |
| 1486 | 27 | M | EPO | Employee Only | 15221 | |
| 1805 | 48 | M | POS | Employee Only | 15068 | |
| 147 | 64 | F | EPO | Employee Only | 15216 | |
| 1287 | 42 | F | EPO | Employee & Children | 15206 | |
| 2418 | 72 | M | EPO | Employee & Spouse | 15218 | |
| 2417 | 65 | M | EPO | Employee Only | 15145 | |
| 1454 | 38 | M | EPO | Employee & Spouse | 15226 | |
| 1270 | 48 | M | EPO | Employee & Family | 15217 | |
| 1525 | 31 | F | EPO | Employee Only | 15207 | |
| 1806 | 51 | F | EPO | Employee Only | 15219 | |
| 2597 | 48 | M | EPO | Employee Only | 15210 | |
| 2594 | 50 | F | EPO | Employee & Spouse | 15214 | |

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|------|----|---|-----|---------------------|-------|--|
| 1696 | 60 | F | EPO | Employee Only | 15212 | |
| 1766 | 41 | F | POS | Employee Only | 15235 | |
| 1594 | 34 | M | EPO | Employee & Family | 15216 | |
| 1847 | 36 | M | EPO | Employee Only | 15146 | |
| 1759 | 23 | M | POS | Employee Only | 15025 | |
| 106 | 37 | M | POS | Employee & Family | 15211 | |
| 1658 | 60 | F | EPO | Employee & Spouse | 15221 | |
| 1681 | 45 | M | POS | Employee & Children | 15219 | |
| 1445 | 31 | M | POS | Employee Only | 15236 | |
| 1002 | 48 | F | EPO | Employee & Children | 15210 | |
| 1098 | 68 | F | EPO | Employee & Spouse | 15223 | |
| 1542 | 39 | F | POS | Employee & Child | 15202 | |
| 1727 | 30 | M | EPO | Employee Only | 15206 | |
| 460 | 65 | M | EPO | Employee Only | 15205 | |
| 410 | 62 | M | EPO | Employee & Spouse | 15214 | |
| 3152 | 48 | F | EPO | Employee Only | 15219 | |
| 1119 | 62 | M | EPO | Employee & Family | 15201 | |
| 1136 | 37 | M | POS | Employee & Spouse | 15089 | |
| 1261 | 42 | F | EPO | Employee & Children | 15136 | |
| 1744 | 61 | M | EPO | Employee Only | 15226 | |
| 1796 | 47 | F | EPO | Employee & Spouse | 15214 | |
| 1764 | 54 | M | POS | Employee & Family | 16066 | |
| 1551 | 36 | F | EPO | Employee & Children | 15220 | |
| 1807 | 23 | F | EPO | Employee Only | 15207 | |
| 1047 | 36 | F | EPO | Employee & Child | 15226 | |
| 1555 | 45 | F | POS | Employee Only | 15210 | |
| 1752 | 50 | F | POS | Employee Only | 15206 | |
| 1808 | 30 | F | EPO | Employee Only | 15205 | |
| 1188 | 47 | M | EPO | Employee & Spouse | 15233 | |
| 1157 | 58 | F | POS | Employee & Family | 15226 | |

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|------|----|---|-----|-------------------|-------|--|
| 8125 | 60 | F | EPO | Employee & Spouse | 15209 | |
| 1603 | 40 | F | POS | Employee Only | 15211 | |
| 1858 | 59 | M | EPO | Employee Only | 15112 | |
| 1190 | 42 | F | POS | Employee Only | 15233 | |
| 1704 | 33 | M | EPO | Employee Only | 15219 | |
| 1615 | 60 | M | EPO | Employee Only | 15210 | |
| 1197 | 50 | M | EPO | Employee & Family | 15214 | |
| 4129 | 57 | F | EPO | Employee Only | 15210 | |
| 1816 | 47 | F | POS | Employee & Family | 15219 | |
| 1626 | 56 | F | EPO | Employee Only | 15210 | |
| 4349 | 34 | M | EPO | Employee Only | 15210 | |
| 1279 | 63 | M | EPO | Employee & Spouse | 15044 | |
| 4417 | 46 | M | POS | Employee & Family | 15204 | |
| 861 | 52 | M | POS | Employee & Family | 15218 | |
| 1750 | 22 | F | POS | Employee Only | 19001 | |
| 1006 | 40 | F | EPO | Employee & Child | 15207 | |
| 954 | 64 | M | EPO | Employee Only | 15227 | |
| 1347 | 32 | M | POS | Employee Only | 15207 | |
| 1789 | 61 | M | POS | Employee Only | 15085 | |
| 1283 | 51 | F | POS | Employee & Spouse | 16125 | |
| 1114 | 32 | F | POS | Employee & Child | 15205 | |
| 1014 | 49 | F | POS | Employee Only | 15222 | |
| 1246 | 36 | M | POS | Employee & Family | 15204 | |
| 1836 | 27 | M | POS | Employee Only | 15226 | |
| 1561 | 53 | M | EPO | Employee Only | 15206 | |
| 1476 | 33 | F | EPO | Employee Only | 15219 | |
| 1103 | 37 | M | EPO | Employee & Child | 15226 | |
| 4923 | 63 | M | EPO | Employee & Spouse | 15212 | |
| 1077 | 66 | M | POS | Employee & Spouse | 15205 | |
| 151 | 51 | F | EPO | Employee & Child | 15205 | |

| | | | | | | |
|------|----|---|-----|-------------------|-------|--|
| 4974 | 65 | F | EPO | Employee & Spouse | 15212 | |
| 1496 | 27 | M | POS | Employee & Family | 15212 | |
| 1636 | 59 | F | EPO | Employee Only | 15212 | |
| 1071 | 56 | M | EPO | Employee Only | 15212 | |
| 1676 | 32 | F | EPO | Employee Only | 15025 | |
| 1127 | 41 | M | POS | Employee & Family | 15204 | |
| 1855 | 35 | M | EPO | Employee & Family | 15221 | |
| 1416 | 33 | F | EPO | Employee & Family | 15226 | |
| 189 | 61 | F | EPO | Employee Only | 15235 | |
| 1642 | 46 | M | EPO | Employee & Spouse | 15219 | |
| 1713 | 46 | F | POS | Employee Only | 15212 | |
| 160 | 49 | M | EPO | Employee & Family | 15217 | |
| 1553 | 62 | M | EPO | Employee & Spouse | 15226 | |
| 966 | 63 | M | EPO | Employee & Spouse | 15226 | |
| 1360 | 37 | F | POS | Employee Only | 15220 | |
| 5463 | 57 | M | EPO | Employee Only | 15216 | |
| 1016 | 51 | F | EPO | Employee Only | 15210 | |
| 1110 | 55 | M | POS | Employee Only | 15216 | |
| 1541 | 31 | M | EPO | Employee Only | 15219 | |
| 1538 | 59 | F | EPO | Employee Only | 15219 | |
| 1592 | 43 | F | EPO | Employee & Child | 15204 | |
| 1641 | 31 | M | POS | Employee Only | 15208 | |
| 1044 | 38 | M | POS | Employee & Family | 15116 | |
| 1758 | 30 | M | POS | Employee & Spouse | 15122 | |
| 1664 | 35 | F | POS | Employee Only | 15203 | |
| 1662 | 29 | M | EPO | Employee Only | 15208 | |
| 1620 | 40 | F | EPO | Employee Only | 15204 | |
| 1449 | 30 | F | EPO | Employee & Child | 15224 | |
| 23 | 57 | F | EPO | Employee & Family | 15201 | |
| 1849 | 43 | M | POS | Employee Only | 15101 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 2890 | 60 | F | EPO | Employee & Spouse | 15236 | |
| 910 | 49 | F | EPO | Employee & Children | 15210 | |
| 558 | 49 | F | EPO | Employee Only | 15204 | |
| 6137 | 67 | M | POS | Employee & Spouse | 15219 | |
| 1577 | 40 | F | POS | Employee & Child | 15217 | |
| 1640 | 32 | F | POS | Employee Only | 15207 | |
| 6182 | 56 | F | EPO | Employee Only | 15235 | |
| 6210 | 59 | M | EPO | Employee & Family | 15202 | |
| 756 | 66 | F | EPO | Employee Only | 15214 | |
| 6225 | 46 | M | POS | Employee & Spouse | 15216 | |
| 6245 | 59 | F | EPO | Employee Only | 15210 | |
| 1447 | 36 | F | EPO | Employee Only | 15210 | |
| 6279 | 55 | F | EPO | Employee Only | 15222 | |
| 1591 | 60 | F | EPO | Employee & Spouse | 15220 | |
| 1618 | 39 | M | POS | Employee Only | 15210 | |
| 1802 | 24 | F | POS | Employee Only | 15212 | |
| 6428 | 61 | M | EPO | Employee & Spouse | 15206 | |
| 1430 | 27 | F | POS | Employee Only | 15212 | |
| 1052 | 60 | M | EPO | Employee Only | 15220 | |
| 1529 | 34 | F | EPO | Employee & Spouse | 15204 | |
| 6548 | 71 | M | EPO | Employee & Spouse | 15212 | |
| 327 | 42 | F | EPO | Employee Only | 15201 | |
| 149 | 51 | F | EPO | Employee & Spouse | 15205 | |
| 700 | 66 | F | EPO | Employee Only | 15217 | |
| 6749 | 53 | M | EPO | Employee Only | 15222 | |
| 1860 | 59 | M | EPO | Employee & Child | 15201 | |
| 1768 | 60 | M | EPO | Employee Only | 15147 | |
| 1792 | 48 | F | EPO | Employee & Family | 15108 | |
| 478 | 46 | M | EPO | Employee & Family | 15206 | |
| 137 | 59 | M | POS | Employee & Family | 15210 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 7282 | 73 | F | EPO | Employee Only | 15206 | |
| 3801 | 63 | F | POS | Employee & Family | 15221 | |
| 7379 | 65 | F | EPO | Employee Only | 15210 | |
| 1482 | 32 | M | EPO | Employee Only | 15201 | |
| 1085 | 68 | M | EPO | Employee Only | 15220 | |
| 1859 | 35 | M | EPO | Employee & Family | 15221 | |
| 1691 | 46 | F | EPO | Employee & Child | 15206 | |
| 1048 | 54 | F | POS | Employee Only | 15226 | |
| 1663 | 35 | M | EPO | Employee Only | 15212 | |
| 1610 | 58 | M | EPO | Employee & Children | 15146 | |
| 1536 | 37 | F | POS | Employee Only | 15206 | |
| 1841 | 56 | M | EPO | Employee Only | 15210 | |
| 1715 | 28 | M | POS | Employee Only | 15301 | |
| 1693 | 24 | M | POS | Employee & Child | 15227 | |
| 1672 | 43 | M | POS | Employee & Spouse | 15317 | |
| 1520 | 56 | M | EPO | Employee Only | 15219 | |
| 8120 | 52 | M | EPO | Employee & Family | 15101 | |
| 1596 | 47 | M | EPO | Employee Only | 15210 | |
| 1284 | 34 | M | POS | Employee & Family | 15207 | |
| 1811 | 63 | M | EPO | Employee Only | 15208 | |
| 812 | 39 | M | POS | Employee & Family | 15120 | |
| 1535 | 52 | F | EPO | Employee & Family | 15204 | |
| 1377 | 67 | M | POS | Employee & Spouse | 15132 | |
| 1803 | 65 | F | POS | Employee & Spouse | 15214 | |
| 992 | 29 | M | EPO | Employee Only | 15219 | |
| 1469 | 61 | F | EPO | Employee Only | 15202 | |
| 1004 | 75 | F | POS | Employee Only | 15216 | |
| 1838 | 31 | F | POS | Employee Only | 15207 | |
| 1848 | 26 | F | POS | Employee Only | 15206 | |
| 1346 | 31 | F | EPO | Employee Only | 15212 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 1673 | 51 | M | POS | Employee Only | 15001 | |
| 1350 | 40 | F | POS | Employee & Child | 15212 | |
| 1799 | 27 | M | POS | Employee Only | 15217 | |
| 591 | 65 | M | EPO | Employee & Spouse | 15214 | |
| 1683 | 44 | M | POS | Employee Only | 15233 | |
| 1634 | 50 | F | POS | Employee & Child | 15219 | |
| 1801 | 62 | F | POS | Employee Only | 15212 | |
| 366 | 51 | M | POS | Employee & Family | 15001 | |
| 1804 | 28 | F | EPO | Employee Only | 15212 | |
| 8702 | 61 | F | POS | Employee Only | 15235 | |
| 1165 | 43 | F | EPO | Employee & Children | 15216 | |
| 1605 | 35 | M | EPO | Employee Only | 15210 | |
| 1720 | 35 | M | POS | Employee Only | 15212 | |
| 1666 | 28 | M | EPO | Employee Only | 15217 | |
| 251 | 56 | F | EPO | Employee & Child | 15219 | |
| 1622 | 26 | F | EPO | Employee & Spouse | 15212 | |
| 8974 | 57 | M | EPO | Employee & Family | 15101 | |
| 8987 | 52 | F | EPO | Employee Only | 15212 | |
| 1478 | 49 | M | EPO | Employee & Children | 15204 | |
| 8990 | 57 | M | POS | Employee Only | 15205 | |
| 1362 | 37 | M | EPO | Employee & Children | 15233 | |
| 1584 | 57 | M | EPO | Employee & Spouse | 15214 | |
| 1123 | 70 | F | POS | Employee Only | 15219 | |
| 1797 | 39 | M | POS | Employee & Family | 15210 | |
| 1332 | 59 | M | EPO | Employee & Spouse | 15219 | |
| 869 | 52 | F | EPO | Employee & Family | 15210 | |
| 1692 | 24 | M | POS | Employee & Spouse | 15227 | |
| 9304 | 64 | F | POS | Employee Only | 15210 | |
| 533 | 55 | M | EPO | Employee & Spouse | 15214 | |
| 1724 | 27 | M | POS | Employee Only | 15214 | |

| | | | | | | |
|------|----|---|-----|---------------------|-------|--|
| 9387 | 63 | M | POS | Employee & Spouse | 15219 | |
| 565 | 44 | M | EPO | Employee & Children | 15224 | |
| 1674 | 29 | F | POS | Employee Only | 15204 | |
| 1521 | 35 | F | EPO | Employee Only | 15207 | |

ATTACHMENT M-1

**Medical/RX Insurance for HACP Employees
RFP #650-19-22
POS Schedule of Benefits**

UPMC Business *Advantage*
 POS
 Deductible: \$0 / \$0
 Coinsurance: 0%
 Total Annual Out-of-Pocket: \$6,350 / \$12,700

Primary Care Provider: \$15 Copayment per visit
 Specialist: \$15 Copayment per visit
 Emergency Department: \$50 Copayment per visit
 Urgent Care Facility: \$15 Copayment per visit
 Rx: \$10/\$20/\$35/\$35

This Schedule of Benefits will be an important part of your Certificate of Coverage (COC) or your Summary Plan Description (SPD). If your plan has an SPD, it is issued by your employer or labor trust fund. It is not issued by UPMC Health Plan. It is important that you review and understand your COC and/or SPD because they describe in detail the services your plan covers. The Schedule of Benefits describes what you pay for those services.

your COC and/or SPD. Criteria may include Prior Authorization requirements.

Please note that your plan may not cover all of your health care expenses, such as Copayments and Coinsurance. To understand what your plan covers, review your COC and/or SPD. You may also have Riders and Amendments that expand or restrict your benefits.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit www.upmchealthplan.com. You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

They must also meet all other criteria described in

For more information on your plan, please refer to the final page of this document.

| Plan Information | Participating Provider | Non-Participating Provider |
|--|------------------------------|---|
| Benefit Period | Plan Year | |
| Primary Care Provider (PCP) Required | Encouraged, but not required | |
| Pre-Certification and Prior Authorization Requirements | Provider Responsibility | Member Responsibility |
| | | If you fail to obtain Prior Authorization for certain services, you may not be eligible for reimbursement under your plan. Please see additional information below. |

| Member Cost Sharing | Participating Provider | Non-Participating Provider |
|---------------------|------------------------|----------------------------|
| Annual Deductible | | |
| Individual | \$0 | \$300 |
| Family | \$0 | \$600 |

| Member Cost Sharing | Participating Provider | Non-Participating Provider |
|---|--|-------------------------------|
| Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first: | | |
| *When an individual family member reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR | | |
| *When a combination of family members' expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible. | | |
| Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded. | | |
| Coinsurance | | |
| | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| | Copayments may apply to certain Participating Provider services. | |
| Total Annual Out-of-Pocket Limit | | |
| Individual | \$6,350 | \$10,000 |
| Family | \$12,700 | \$20,000 |
| Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first: | | |
| *When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR | | |
| *When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period. | | |
| Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits. | | |

| Preventive Services | Participating Provider | Non-Participating Provider |
|--|-------------------------------|---|
| Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details. | | |
| Pediatric preventive/health screening examination | Covered at 100%; you pay \$0. | Not Covered |
| Pediatric immunizations | Covered at 100%; you pay \$0. | You pay 20%. Deductible does not apply. |
| Well-baby visits | Covered at 100%; you pay \$0. | Not Covered |
| Adult preventive/health screening examination | Covered at 100%; you pay \$0. | Not Covered |
| Adult immunizations required by the ACA to be covered at no cost-sharing | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Screening gynecological exam | Covered at 100%; you pay \$0. | You pay 20%. Deductible does not apply. |
| Breast cancer and cervical cancer screening | Covered at 100%; you pay \$0. | You pay 20%. Deductible does not apply. |
| Diagnostic services and procedures required by the ACA | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |

| Covered Services | Participating Provider | Non-Participating Provider |
|--|---|-------------------------------|
| Hospital Services | | |
| Hospital inpatient | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Hospital outpatient (includes ambulatory surgery) | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Observation stay | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Maternity - Non-preventive facility and professional services | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Emergency Services | | |
| Emergency department | You pay \$50 Copayment per visit. | |
| | Copayment waived if you are admitted to hospital. | |
| Emergency transportation | Covered at 100%; you pay \$0. | |
| Physician/Surgical Services | | |
| Inpatient physician/surgical services | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Outpatient physician/surgical services | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Provider Medical Services | | |
| Inpatient medical care visits, intensive medical care, consultation, and newborn care | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Adult immunizations not required to be covered by the ACA | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Primary care provider office visit | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Specialist office visit | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Convenience care visit | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Urgent care facility | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Virtual Visits | | |
| UPMC AnywhereCare - Virtual Urgent Care and Children's AnywhereCare | You pay \$5 Copayment per visit. | You pay 20% after Deductible. |
| Virtual visit - Primary Care | You pay \$8 Copayment per visit. | You pay 20% after Deductible. |
| Virtual visit - Specialist | You pay \$8 Copayment per visit. | You pay 20% after Deductible. |
| Virtual visit - Behavioral Health | You pay \$8 Copayment per visit. | You pay 20% after Deductible. |
| UPMC MyHealth 24/7 Nurse Line | | |
| If you would like to speak to a registered nurse about a specific health concern or when to seek treatment, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591 (TTY: 711). You may also send an email using the web nurse request system at www.upmchealthplan.com . | | |
| Allergy Services | | |
| Treatment, injections, and serum | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Diagnostic Services | | |
| Advanced imaging (e.g., PET, MRI) | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Other imaging (e.g., x-ray, sonogram) | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Lab | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Diagnostic testing | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Rehabilitation Therapy Services | | |
| Note: Visit limits on Rehabilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder. | | |

| Covered Services | Participating Provider | Non-Participating Provider |
|--|--|-------------------------------|
| Physical, speech, and occupational Therapy | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| | Covered up to 60 visits per Benefit Period for all three therapies combined. | |
| Cardiac rehabilitation | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| | Covered up to 12 weeks per Benefit Period. | |
| Pulmonary rehabilitation | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| | Covered up to 24 visits per Benefit Period. | |
| Habilitation Therapy Services Note: Visit limits on Habilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder. | | |
| Physical, speech, and occupational Therapy | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| | Covered up to 60 visits per Benefit Period for all three therapies combined. | |
| Medical Therapy Services | | |
| Chemotherapy, radiation therapy, dialysis therapy | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Pain Management | | |
| Pain management program | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Mental Health and Substance Use Disorder Services Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083. Cost-shares below include any and all services for treatment of a Mental Health or Substance Use Disorder condition. | | |
| Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment) | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Outpatient – Office visits and outpatient therapy | You pay \$15 Copayment per visit. | You pay 20% after Deductible. |
| Outpatient – Other services (includes intensive outpatient and partial hospitalization programs) | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Other Medical Services Refer to the Certificate of Coverage (COC) for specific Benefit Limitations that may apply to the services listed below. | | |
| Acupuncture | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| | Covered up to 12 visits per Benefit Period. | |
| Applied behavior analysis for the treatment of Autism Spectrum Disorder | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Corrective appliances | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Dental services related to accidental injury | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Durable medical equipment | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Fertility testing | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Home health care | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |

| Covered Services | Participating Provider | Non-Participating Provider |
|--|---|---|
| Hospice care | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Medical nutrition therapy | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Nutritional counseling | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| | Covered up to two visits per Benefit Period. | |
| Nutritional products | Covered at 100%; you pay \$0. | You pay 20%. Deductible does not apply. |
| | Nutritional products for the treatment of PKU and related disorders are not subject to Deductible. | |
| Oral surgical services | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Podiatry care | You pay \$25 Copayment per visit. | You pay 20% after Deductible. |
| Private duty nursing | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| Skilled nursing facility | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |
| | Covered up to 100 days per Benefit Period. | |
| Therapeutic manipulation | You pay \$10 Copayment per visit. First visit you pay \$25 Copayment. | You pay 20% after Deductible. |
| | Covered up to 25 visits per Benefit Period. | |
| Diabetic Equipment, Supplies, and Education | | |
| Diabetic equipment and supplies (NOTE: If you have prescription drug coverage through a program other than Express Scripts, Inc., that plan will pay for diabetic supplies and equipment first.) | | |
| Glucometer, test strips, and lancets, insulin and syringes | Must be obtained at a Participating Pharmacy. See applicable pharmacy rider for coverage information. | |
| Diabetic education | Covered at 100%; you pay \$0. | You pay 20% after Deductible. |

Prescription Medication Coverage

For additional information on your pharmacy benefits, refer to your Prescription Medication Rider.

Tier names describe the most common type(s) of medication (such as brands and generics) within that tier.

The Your Choice pharmacy program will apply (mandatory generic).

Not subject to Plan Deductible

| | |
|--|---|
| <p>Retail prescription medication</p> <ul style="list-style-type: none"> • Prescriptions must be dispensed by a participating pharmacy. • 30-day supply. | <p>Tier 1: You pay \$10 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$20 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$35 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>90-day maximum retail supply available for three copayments</p> |
| <p>Specialty prescription medication</p> <ul style="list-style-type: none"> • Specialty medications are limited to a 30-day supply. See Prescription Medication Rider for additional information. • Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). | <p>Tier 4: You pay \$35 Copayment for specialty medications (brand and generic).</p> <p>You pay \$0 Copayment for oral chemotherapy medications.</p> <p>30-day maximum supply</p> |
| <p>Mail-order prescription medication</p> <ul style="list-style-type: none"> • A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy. | <p>Tier 1: You pay \$20 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$40 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$70 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>90-day maximum mail-order supply</p> |
| <p>If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.</p> | |

Prior Authorization for out-of-network services

Certain out-of-network non-emergent care must be Prior Authorized in order to be eligible for reimbursement under your plan. This means you must contact UPMC Health Plan and obtain Prior Authorization before receiving services. A list of services that must be Prior Authorized is available 24/7 on our website at www.upmchealthplan.com. You can also contact Member Services by calling the phone number on the back of your member ID card. Your out-of-network provider may also access this list at www.upmchealthplan.com or your provider may call Provider Services at 1-866-918-1595 to initiate the Prior Authorization process on your behalf. Regardless, you must confirm that Prior Authorization has been given in advance of your receiving services in order for those services to be eligible for reimbursement in accordance with your plan. Please note, the list of services that require Prior Authorization is subject to change throughout the year. You are responsible for verifying you have the most current information as of your date

of service.

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Certificate of Coverage (COC). Also, the headings under the Covered Services section are the same as those in your COC.

At all times, UPMC Health Plan administers the coverage described in this document in full compliance with applicable laws and regulations. If any part of this Schedule of Benefits conflicts with any applicable law, regulation, or other controlling authority, the requirements of that authority will prevail.

Your plan documents will always include the Schedule of Benefits, the COC, and the Summary of Benefits and Coverage. You can log into *MyHealth OnLine* to view these documents. If you have questions, call Member Services.

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

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

www.upmchealthplan.com

ATTACHMENT M-2

**Medical/RX Insurance for HACP Employees
RFP #650-19-22
EPO Schedule of Benefits**

UPMC Business *Advantage*
 EPO - Premium Network
 Deductible: \$0 / \$0
 Coinsurance: 0%
 Total Annual Out-of-Pocket: \$6,350 / \$12,700

Primary Care Provider: \$15 Copayment per visit
 Specialist: \$15 Copayment per visit
 Emergency Department: \$50 Copayment per visit
 Urgent Care Facility: \$15 Copayment per visit
 Rx: \$10/\$20/\$35/\$35

This Schedule of Benefits will be an important part of your Certificate of Coverage (COC) or your Summary Plan Description (SPD). If your plan has an SPD, it is issued by your employer or labor trust fund. It is not issued by UPMC Health Plan. It is important that you review and understand your COC and/or SPD because they describe in detail the services your plan covers. The Schedule of Benefits describes what you pay for those services.

your COC and/or SPD. Criteria may include Prior Authorization requirements.

Please note that your plan may not cover all of your health care expenses, such as Copayments and Coinsurance. To understand what your plan covers, review your COC and/or SPD. You may also have Riders and Amendments that expand or restrict your benefits.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit www.upmchealthplan.com. You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

They must also meet all other criteria described in

For more information on your plan, please refer to the final page of this document.

| Plan Information | Participating Provider |
|--|------------------------------|
| Benefit Period | Plan Year |
| Primary Care Provider (PCP) Required | Encouraged, but not required |
| Pre-Certification and Prior Authorization Requirements | Provider Responsibility |

| Member Cost Sharing | Participating Provider |
|----------------------------------|--|
| Annual Deductible | |
| Individual | \$0 |
| Family | \$0 |
| Coinsurance | |
| | Covered at 100%; you pay \$0. |
| | Copayments may apply to certain Participating Provider services. |
| Total Annual Out-of-Pocket Limit | |
| Individual | \$6,350 |
| Family | \$12,700 |

| Member Cost Sharing | Participating Provider |
|---|------------------------|
| Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first: | |
| *When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR | |
| *When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period. | |
| Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits. | |

| Preventive Services | Participating Provider |
|--|-------------------------------|
| Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details. | |
| Pediatric preventive/health screening examination | Covered at 100%; you pay \$0. |
| Pediatric immunizations | Covered at 100%; you pay \$0. |
| Well-baby visits | Covered at 100%; you pay \$0. |
| Adult preventive/health screening examination | Covered at 100%; you pay \$0. |
| Adult immunizations required by the ACA to be covered at no cost-sharing | Covered at 100%; you pay \$0. |
| Screening gynecological exam | Covered at 100%; you pay \$0. |
| Breast cancer and cervical cancer screening | Covered at 100%; you pay \$0. |
| Diagnostic services and procedures required by the ACA | Covered at 100%; you pay \$0. |

| Covered Services | Participating Provider |
|---|---|
| Hospital Services | |
| Hospital inpatient | Covered at 100%; you pay \$0. |
| Hospital outpatient (includes ambulatory surgery) | Covered at 100%; you pay \$0. |
| Observation stay | Covered at 100%; you pay \$0. |
| Maternity - Non-preventive facility and professional services | Covered at 100%; you pay \$0. |
| Emergency Services | |
| Emergency department | You pay \$50 Copayment per visit. |
| | Copayment waived if you are admitted to hospital. |
| Emergency transportation | Covered at 100%; you pay \$0. |
| Physician/Surgical Services | |
| Inpatient physician/surgical services | Covered at 100%; you pay \$0. |
| Outpatient physician/surgical services | Covered at 100%; you pay \$0. |

| Covered Services | Participating Provider |
|--|--|
| Provider Medical Services | |
| Inpatient medical care visits, intensive medical care, consultation, and newborn care | Covered at 100%; you pay \$0. |
| Adult immunizations not required to be covered by the ACA | Covered at 100%; you pay \$0. |
| Primary care provider office visit | You pay \$15 Copayment per visit. |
| Specialist office visit | You pay \$15 Copayment per visit. |
| Convenience care visit | You pay \$15 Copayment per visit. |
| Urgent care facility | You pay \$15 Copayment per visit. |
| Virtual Visits | |
| UPMC AnywhereCare - Virtual Urgent Care and Children's AnywhereCare | You pay \$5 Copayment per visit. |
| Virtual visit - Primary Care | You pay \$8 Copayment per visit. |
| Virtual visit - Specialist | You pay \$8 Copayment per visit. |
| Virtual visit - Behavioral Health | You pay \$8 Copayment per visit. |
| UPMC MyHealth 24/7 Nurse Line | |
| If you would like to speak to a registered nurse about a specific health concern or when to seek treatment, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591 (TTY: 711). You may also send an email using the web nurse request system at www.upmchealthplan.com . | |
| Allergy Services | |
| Treatment, injections, and serum | Covered at 100%; you pay \$0. |
| Diagnostic Services | |
| Advanced imaging (e.g., PET, MRI) | Covered at 100%; you pay \$0. |
| Other imaging (e.g., x-ray, sonogram) | Covered at 100%; you pay \$0. |
| Lab | Covered at 100%; you pay \$0. |
| Diagnostic testing | Covered at 100%; you pay \$0. |
| Rehabilitation Therapy Services | |
| Note: Visit limits on Rehabilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder. | |
| Physical, speech, and occupational Therapy | You pay \$15 Copayment per visit. |
| | Covered up to 60 visits per Benefit Period for all three therapies combined. |
| Cardiac rehabilitation | Covered at 100%; you pay \$0. |
| | Covered up to 12 weeks per Benefit Period. |
| Pulmonary rehabilitation | You pay \$15 Copayment per visit. |
| | Covered up to 24 visits per Benefit Period. |
| Habilitation Therapy Services | |
| Note: Visit limits on Habilitative Therapy Services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder. | |
| Physical, speech, and occupational Therapy | You pay \$15 Copayment per visit. |
| | Covered up to 60 visits per Benefit Period for all three therapies combined. |
| Medical Therapy Services | |
| Chemotherapy, radiation therapy, dialysis therapy | Covered at 100%; you pay \$0. |

| Covered Services | Participating Provider |
|---|--|
| Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting | Covered at 100%; you pay \$0. |
| Pain Management | |
| Pain management program | You pay \$15 Copayment per visit. |
| Mental Health and Substance Use Disorder Services Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083. Cost-shares below include any and all services for treatment of a Mental Health or Substance Use Disorder condition. | |
| Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment) | Covered at 100%; you pay \$0. |
| Outpatient – Office visits and outpatient therapy | You pay \$15 Copayment per visit. |
| Outpatient – Other services (includes intensive outpatient and partial hospitalization programs) | Covered at 100%; you pay \$0. |
| Other Medical Services Refer to the Certificate of Coverage (COC) for specific Benefit Limitations that may apply to the services listed below. | |
| Acupuncture | Covered at 100%; you pay \$0. |
| | Covered up to 12 visits per Benefit Period. |
| Applied behavior analysis for the treatment of Autism Spectrum Disorder | Covered at 100%; you pay \$0. |
| Corrective appliances | Covered at 100%; you pay \$0. |
| Dental services related to accidental injury | Covered at 100%; you pay \$0. |
| Durable medical equipment | Covered at 100%; you pay \$0. |
| Fertility testing | Covered at 100%; you pay \$0. |
| Home health care | Covered at 100%; you pay \$0. |
| Hospice care | Covered at 100%; you pay \$0. |
| Medical nutrition therapy | Covered at 100%; you pay \$0. |
| Nutritional counseling | Covered at 100%; you pay \$0. |
| | Covered up to two visits per Benefit Period. |
| Nutritional products | Covered at 100%; you pay \$0. |
| | Nutritional products for the treatment of PKU and related disorders are not subject to Deductible. |
| Oral surgical services | Covered at 100%; you pay \$0. |
| Podiatry care | You pay \$15 Copayment per visit. |
| Private duty nursing | Covered at 100%; you pay \$0. |
| Skilled nursing facility | Covered at 100%; you pay \$0. |
| | Covered up to 100 days per Benefit Period. |
| Therapeutic manipulation | You pay \$10 Copayment per visit. First visit you pay \$15 Copayment. |
| | Covered up to 25 visits per Benefit Period. |

| Covered Services | Participating Provider |
|--|---|
| Diabetic Equipment, Supplies, and Education | |
| Diabetic equipment and supplies (NOTE: If you have prescription drug coverage through a program other than Express Scripts, Inc., that plan will pay for diabetic supplies and equipment first.) | |
| Glucometer, test strips, and lancets, insulin and syringes | Must be obtained at Participating Pharmacy. See applicable pharmacy rider for coverage information. |
| Diabetic education | Covered at 100%; you pay \$0. |

| Prescription Medication Coverage | |
|---|--|
| <p>For additional information on your pharmacy benefits, refer to your Prescription Medication Rider. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier. The Your Choice pharmacy program will apply (mandatory generic). Not subject to Plan Deductible</p> | |
| Retail prescription medication <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy. 30-day supply. | Tier 1: You pay \$10 Copayment for preferred generic medications. Tier 2: You pay \$20 Copayment for preferred brand medications. Tier 3: You pay \$35 Copayment for nonpreferred medications (brand and generic). Tier 5: You pay \$0 Copayment for preventive medications. 90-day maximum retail supply available for three copayments |
| Specialty prescription medication <ul style="list-style-type: none"> Specialty medications are limited to a 30-day supply. See Prescription Medication Rider for additional information. Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request). | Tier 4: You pay \$35 Copayment for specialty medications (brand and generic). You pay \$0 Copayment for oral chemotherapy medications. 30-day maximum supply |
| Mail-order prescription medication <ul style="list-style-type: none"> A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy. | Tier 1: You pay \$20 Copayment for preferred generic medications. Tier 2: You pay \$40 Copayment for preferred brand medications. Tier 3: You pay \$70 Copayment for nonpreferred medications (brand and generic). Tier 5: You pay \$0 Copayment for preventive medications. 90-day maximum mail-order supply |
| If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication. | |

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Certificate of

Coverage (COC). Also, the headings under the Covered Services section are the same as those in your COC.

At all times, UPMC Health Plan administers the coverage described in this document in full compliance with applicable laws and regulations. If any part of this Schedule of Benefits conflicts with any applicable law, regulation, or other controlling authority, the requirements of that authority will prevail.

Your plan documents will always include the Schedule of Benefits, the COC, and the Summary of Benefits and Coverage. You can log into *MyHealth OnLine* to view these documents. If you have questions, call Member Services.

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

UPMC Health Plan
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ATTACHMENT N

**Medical/RX Insurance for HACP Employees
RFP #650-19-22
Prescription Medication Rider**

Rx Member Cost-Sharing: \$10/\$20/\$35/\$35

According to this prescription medication program, you may receive coverage for prescription medications in the amounts specified in your Rider when you fill your prescription at a UPMC Health Plan participating pharmacy. To be eligible for benefits, you must purchase your outpatient prescription medications from a participating pharmacy or through the mail-order program.

The capitalized terms in this Rider mean the same as they do in your Certificate of Coverage. If there is a

difference between the coverage outlined in this Rider and the coverage outlined in your Certificate of Coverage or your Summary Plan Description, or other supporting documents such as the formulary, the terms of this Rider control.

The following chart shows the member cost-sharing and other benefit limitations that apply to your prescription drug program.

| Dispensing Channel | Member Cost-Sharing | Day Supply Limits |
|--|--|-------------------|
| Retail Participating Pharmacy (31 to 60-day supply prescriptions available for two Copayments or Coinsurance listed below, 61 to 90-day supply prescriptions available for three Copayments or Coinsurance listed below. Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and Specialty medications may be limited to a 30-day maximum supply.) | | |
| Tier 1: Preferred Generic Medications | You pay \$10 Copayment for preferred generic medications. | 1-30 |
| Tier 2: Preferred Brand Medications | You pay \$20 Copayment for preferred brand medications. | 1-30 |
| Tier 3: Nonpreferred Medications (Brand and Generic) | You pay \$35 Copayment for nonpreferred medications (brand and generic). | 1-30 |
| Tier 4: Specialty Medications (Brand and Generic) | You pay \$35 Copayment for specialty medications (brand and generic). | 1-30 |
| Tier 5: Preventive Medications | You pay \$0 Copayment for preventive medications. | 1-30 |
| Mail-Order Pharmacy (Prescriptions for certain antibiotics, controlled substances (DEA Class II, III and IV), and Specialty medications may be limited to a 30-day maximum supply.) | | |
| Tier 1: Preferred Generic Medications | You pay \$10 Copayment for preferred generic medications. | 1-30 |
| Tier 1: Preferred Generic Medications | You pay \$20 Copayment for preferred generic medications. | 31-90 |
| Tier 2: Preferred Brand Medications | You pay \$20 Copayment for preferred brand medications. | 1-30 |
| Tier 2: Preferred Brand Medications | You pay \$40 Copayment for preferred brand medications. | 31-90 |
| Tier 3: Nonpreferred Medications (Brand and Generic) | You pay \$35 Copayment for nonpreferred medications (brand and generic). | 1-30 |

| Dispensing Channel | Member Cost-Sharing | Day Supply Limits |
|---|--|-------------------|
| Tier 3: Nonpreferred Medications (Brand and Generic) | You pay \$70 Copayment for nonpreferred medications (brand and generic). | 31-90 |
| Tier 5: Preventive Medications | You pay \$0 Copayment for preventive medications. | 1-30 |
| Tier 5: Preventive Medications | You pay \$0 Copayment for preventive medications. | 31-90 |
| Specialty Pharmacy <ul style="list-style-type: none"> Not all Specialty medications can be filled at a retail pharmacy; they may be restricted to certain Specialty pharmacies, such as Accredo or Chartwell. Certain oral chemotherapy medications will be limited to a 15-day supply for up to two months of the prescription. When you receive a 15-day supply of an oral chemotherapy medication, your Copayment amount will be equally divided between each of the prescriptions. Special cost share rules may apply to select oral chemotherapy medications. For a list of applicable oral chemotherapy medications, please visit www.upmchealthplan.com/members/learn/benefits-and-services/pharmacy-services.aspx or call the number on the back of your ID card. Specialty medications may be limited to a 30-day supply. If packaging or dosing results in a day supply of 31-60 days, you will be responsible for two Copayments. When the day supply is greater than 61 days, you will be responsible for three Copayments. Please refer to your formulary brochure or call UPMC Health Plan for additional details. | | |
| Tier 4: Specialty Medications (Brand and Generic) | You pay \$35 Copayment for specialty medications (brand and generic). | 1-30 |
| Oral Chemotherapy Medications | You pay \$0 Copayment for oral chemotherapy medications. | 1-30 |
| Other Cost-Sharing Terms Under Your Plan | | |
| Deductible | | |
| Your pharmacy coverage is not subject to your medical plan Deductible. | | |
| Out-of-Pocket Limits | | |
| Individual Coverage | Refer to your medical Schedule of Benefits for details. | |
| Family Coverage | Refer to your medical Schedule of Benefits for details. | |
| Your plan has an embedded Out-of-Pocket limit, which means the Out-of-Pocket limit is satisfied in one of two ways — whichever comes first: | | |
| <p>*When an individual within a family reaches his or her individual Out-of-Pocket limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR</p> <p>*When a combination of family members' expenses reaches the family Out-of-Pocket limit. At this point, all covered family members are considered to have met the Out-of-Pocket limit and will have Covered Services paid at 100% for the remainder of the Benefit Period.</p> | | |
| Important Cost-Sharing Notes | | |
| Pharmacy cost-shares apply to your medical plan out-of-pocket limit. Claims are covered at 100% for the remainder of the Benefit Period when the out-of-pocket limit is satisfied. | | |
| If the pharmacy charges less than the Copayment for the prescription, you will be charged the lesser amount. | | |
| Refill limit: You must use 75% of your medication before you can obtain a refill. | | |

Retail Pharmacy Network

UPMC Health Plan provides a broad retail pharmacy network that includes:

- National chain pharmacies, including CVS, Giant, Giant Eagle, Kmart, Rite Aid, Walmart, and Wegman's.
- An extensive network of independent pharmacies and several regional chain pharmacies.

Mail-Order Pharmacy Services

Maintenance Medications:

- Generally, you can get long-term maintenance medications through the Express Scripts mail-order pharmacy at 1-877-787-6279. Your prescription drug program allows you to receive 90-day supplies for most prescriptions from the Express Scripts mail-order pharmacy. Certain Specialty medications may be limited to a one-month supply and will generally be dispensed from Accredo Specialty pharmacy or Chartwell Specialty pharmacy. Some common injectable medications may be available at your local retail pharmacy; however, other Specialty injectables are available only through Accredo or Chartwell and may be subject to a one-month supply dispensing limit.
- If your provider or pharmacist determines that a partial fill or refill of a maintenance medication is in your best interests for purposes of medication synchronization, you can receive the partial fill or refill and your cost-sharing will be prorated based on the number of day's supply you receive. If you require more than three fills or refills, you must obtain prior authorization from UPMC Health Plan.

Specialty Medications:

- You and your doctor can continue to order new prescriptions or refills for Specialty and injectable medications by contacting a Specialty pharmacy. Accredo can be reached by calling 1-800-803-2523. Accredo is available Monday through Friday from 8 a.m. to 11 p.m. and Saturday from 8 a.m. to 5 p.m. TTY users should call 711. Chartwell can be reached by calling 1-800-366-6020. Chartwell is available Monday through Friday from 8 a.m. to 5:30 p.m.

When using the mail-order or Specialty pharmacy service, you must pay your Copayment or other cost-sharing amount before receiving your medicine through the mail. The Copayment or Coinsurance amount applies to each original prescription or refill (name-brand or generic).

Certain oral chemotherapy medication prescriptions are limited to a 15-day supply for up to two months of the prescription. The Specialty pharmacy will work with you

You can go to a retail pharmacy to get most short-term medications, including medications for illnesses such as a cold, the flu, or strep throat. If you use a participating retail pharmacy, the pharmacy will bill UPMC Health Plan directly for your prescription and will ask you to pay any applicable Copayment, Deductible, or Coinsurance. Remember, UPMC Health Plan may cover prescription medications obtained from a non-participating pharmacy. If you fill a prescription at a non-participating pharmacy and wish to seek reimbursement, please see your formulary book for more information. To locate a participating pharmacy near you, contact the Member Services Department at the phone number on the back of your member identification card, or visit www.upmchealthplan.com.

How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your provider call in the prescription.
- Present your member ID card at the pharmacy.
- Verify that your pharmacist has accurate information about you and your covered dependents (including your date of birth).
- Pay the required Copayment or other cost-sharing amount for your prescription.
- Sign for and receive your prescription.

Obtaining a Refill From a Retail Pharmacy

You may purchase up to a 30-day supply of a prescription medication through a participating pharmacy for one Copayment or the Coinsurance amount set forth herein, a 31 to 60-day supply for two Copayments or the applicable Coinsurance amount, or a 90-day supply for three Copayments or the applicable Coinsurance amount. If your provider authorizes a prescription refill, simply bring the prescription bottle or package to the pharmacy or call the pharmacy to obtain your refill.

Remember, UPMC Health Plan will not cover refills until you have used 75% of your medication. Please wait until that time to request a refill of your prescription medications. These refill guidelines also apply to refills for medications that are lost, stolen, or destroyed. Replacements for lost, stolen, or destroyed prescriptions will not be covered unless and until you would have met the 75% usage requirement set forth above had the prescription not been lost, stolen, or destroyed.

and your provider before processing each 15-day supply to verify that you are continuing with the treatment.

How to Use the Mail-Order Service

By Mail:

- Complete the instructions on the mail-order form. A return envelope is attached to the order form for your convenience.
- Mail the completed order form with your refill slip or new prescription and your payment (check, money order, or credit card information) to Express Scripts. All major credit cards and debit cards are accepted.

By Telephone:

- Contact mail-order customer service at 1-877-787-6279. The Express Scripts Inc., Customer Service Center is available 24 hours a day, seven days a week. The automated phone service is also available 24 hours a day, seven days a week. TTY users should call 1-800-899-2114.

By Internet:

- You can access the Express Scripts website by logging in to UPMC Health Plan MyHealth OnLine at www.upmchealthplan.com. Select Log

In/Register and select "Member" from the drop-down menu. Enter your user ID on the homepage in the Log In/Register box and select Login. If you have not yet registered for your MyHealth OnLine account before, you can sign up for a personal, secure user ID and password by selecting Register in the Log In/Register box. Instructions for signing up and accessing MyHealth OnLine are available on this page.

- Once you have successfully signed in, select "Pharmacy and Prescriptions" under the "Your Care and Treatment" heading. Scroll down to the "Explore Home Delivery" option, and select "Sign Up Now". You will be directed to the secure Express Scripts website; follow the instructions provided on the Express Scripts website to complete the process.

If you need to refill your long-term medication, you can order your refill by phone, mail, or the Internet as set forth in the following table. Be sure to order your refill two to three weeks before you finish your current prescription. If you have questions regarding the mail-order service, contact the Member Services Department at the phone number on the back of your member ID card or call Express Scripts at 1-877-787-6279. TTY users should call 1-800-899-2114.

| Refills by Phone | Refills by Mail | Refills by Internet |
|---|--|--|
| <ul style="list-style-type: none"> • Use a touch-tone phone to order your prescription refill or inquire about the status of your order at 1-877-787-6279. • The customer service center and automated phone service is available 24 hours per day, seven days a week. • When you call, provide the member identification code, birth date, prescription number, your credit card number (including expiration date), and your phone number. | <ul style="list-style-type: none"> • Attach the refill label (you receive this label with every order) to your mail-order form. • Pay your appropriate Copayment or other cost-sharing amount via check, money order, or credit card. • Mail the form and your payment in the pre-addressed envelope. | <ul style="list-style-type: none"> • Go to UPMC Health Plan at www.upmchealthplan.com and log into MyHealth OnLine and see the instructions above, under "By Internet." |

The Your Choice Formulary

Your Choice: The *Your Choice* formulary is a five-tier formulary consisting of a Preferred Generic Medication tier (Tier 1), a Preferred Brand Medication tier (Tier 2), a Nonpreferred Medication tier (Tier 3), a Specialty Medication tier (Tier 4), and a \$0 Preventive Medication tier (Tier 5). Tier names describe the most common type(s) of medication (such as brand and generics) within that tier.

Brand medications on the Preferred Brand Medication tier are available to members at a lower cost-share than nonpreferred medications. Formulary high-cost medications such as biologicals are covered in the Specialty tier, which may have stricter days'-supply limitations than the other tiers. The \$0 Preventive Medication tier includes some preventive medications covered at no cost-share when you meet certain criteria in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA). Some medications may be subject to utilization management criteria, including, but not limited to, Prior Authorization, Quantity Limits, or Step Therapy. Selected medications are not covered by this formulary.

Prior Authorization

Some medications may require that your provider consult with UPMC Health Plan's Pharmacy Services Department before he or she prescribes the medication for you. Pharmacy Services must authorize coverage of those medications before you fill the prescription at the pharmacy. Please see your formulary book for a listing of medications that require Prior Authorization.

Step Therapy

Step Therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred course of treatment may be generic medications, preferred brand medications or drugs that are considered as the standard first-line treatment. Please see your pharmacy brochure for a listing of medications that require Step Therapy.

Quantity Limits

UPMC Health Plan has established Quantity Limits on certain medications to comply with the recommended

dose established by the Food and Drug Administration (FDA), clinical literature, and manufacturer's instructions. These limits encourage appropriate prescribing and use of these medications.

Additional Coverage Information

Your pharmacy benefit plan may cover additional medications and supplies and may exclude medications that are otherwise listed on your formulary. Your benefit plan may also include specific cost-sharing provisions for certain types of medications or may offer special deductions in cost-sharing for participating in certain health management programs. Please read this section carefully to determine additional coverage information specific to your benefit plan.

- **Your pharmacy benefit plan includes coverage for contraceptives.**
- **Your pharmacy benefit plan does not include coverage to treat sexual dysfunction.**
- **Your pharmacy benefit plan includes coverage for some preventive medications at no cost-share when you meet certain criteria in accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA).**
- **Your pharmacy benefit plan includes special cost-sharing provisions for diabetic supplies:**
 - Each individual item in a group of diabetic supplies, including, but not limited to, insulin, injection aids, needles, and syringes, is subject to a separate Copayment.
- **Your pharmacy benefit plan has special cost-sharing provisions when you choose brand-name medications instead of generic medications:**
 - According to your formulary, generic medications will be substituted for all brand-name medications that have a generic version available.
 - If the brand-name medication is dispensed instead of the generic equivalent, you must pay the Copayment associated with the brand-name medication as well as the price difference between the brand-name medication and the generic medication.

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products: UPMC Health Network, Inc., UPMC Health Options, Inc., UPMC Health Coverage, Inc., and/or UPMC Health Plan, Inc.

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

www.upmchealthplan.com

ATTACHMENT O

**Medical/RX Insurance for HACP Employees
RFP #650-19-22
Claims Experience Report for 2019-2021**

Monthly Claims Experience Report - Housing Authority Cop

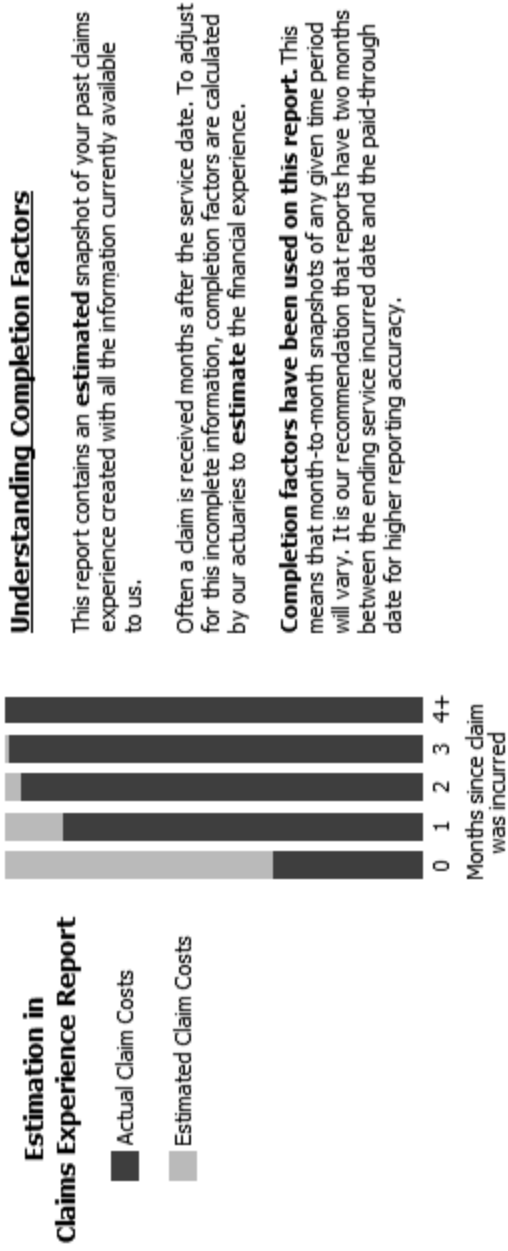
Claims incurred January 2019 - December 2019, paid through August 2022

Specifications

Date Range Selected: Claims incurred January 2019 - December 2019, paid through August 2022
 Date Range Applied*: Claims incurred January 2019 - December 2019, paid through August 2022
 Corporation: H491
 Group(s): All
 Subgroup(s): All
 Plan(s): All

Report Status

Report successfully created.



**If date range applied differs from date range selected, some data within the selected date range was not available*

Monthly Claims Experience Report - Housing Authority Cop

Claims incurred January 2019 - December 2019, paid through August 2022

*Completion Factors Applied

| Incurring Month | Members | Contracts | Estimated Medical* | Pharmacy | Estimated Total* | Medical PMPM | Pharmacy PMPM | Total PMPM | Premium |
|-----------------|---------|-----------|--------------------|------------------|--------------------|-----------------|-----------------|-----------------|--------------------|
| 2019/01 | 574 | 286 | \$168,935 | \$83,153 | \$252,088 | \$294.31 | \$144.87 | \$439.18 | \$370,909 |
| 2019/02 | 570 | 287 | \$153,073 | \$54,218 | \$207,290 | \$268.55 | \$95.12 | \$363.67 | \$370,602 |
| 2019/03 | 568 | 286 | \$190,783 | \$62,103 | \$252,886 | \$335.89 | \$109.34 | \$445.22 | \$368,996 |
| 2019/04 | 551 | 277 | \$215,838 | \$73,626 | \$289,464 | \$391.72 | \$133.62 | \$525.34 | \$357,992 |
| 2019/05 | 548 | 275 | \$261,496 | \$69,365 | \$330,861 | \$477.18 | \$126.58 | \$603.76 | \$355,582 |
| 2019/06 | 559 | 281 | \$241,603 | \$61,924 | \$303,527 | \$432.21 | \$110.78 | \$542.98 | \$359,820 |
| 2019/07 | 562 | 285 | \$372,971 | \$71,645 | \$444,616 | \$663.65 | \$127.48 | \$791.13 | \$362,257 |
| 2019/08 | 559 | 282 | \$257,758 | \$71,822 | \$329,580 | \$461.11 | \$128.48 | \$589.59 | \$359,760 |
| 2019/09 | 554 | 276 | \$215,534 | \$60,663 | \$276,197 | \$389.05 | \$109.50 | \$498.55 | \$355,596 |
| 2019/10 | 547 | 275 | \$324,747 | \$88,460 | \$413,207 | \$593.69 | \$161.72 | \$755.41 | \$351,145 |
| 2019/11 | 553 | 278 | \$295,217 | \$74,828 | \$370,045 | \$533.85 | \$135.31 | \$669.16 | \$354,844 |
| 2019/12 | 564 | 281 | \$270,850 | \$59,351 | \$330,201 | \$480.23 | \$105.23 | \$585.46 | \$356,914 |
| Total | | | \$2,968,804 | \$831,158 | \$3,799,962 | \$442.51 | \$123.89 | \$566.40 | \$4,324,416 |

This report contains unaudited information and data and is being provided without any representations, warranties, assurances, or guarantees with respect to the content or accuracy of such information and/or data. UPMC Health Plan, Inc. and its affiliates and subsidiaries shall not be responsible for any expenses, losses, or actions incurred or undertaken by you or any other party as a result of the receipt and use of this report and the information and data contained herein.

Monthly Claims Experience Report - Housing Authority Cop

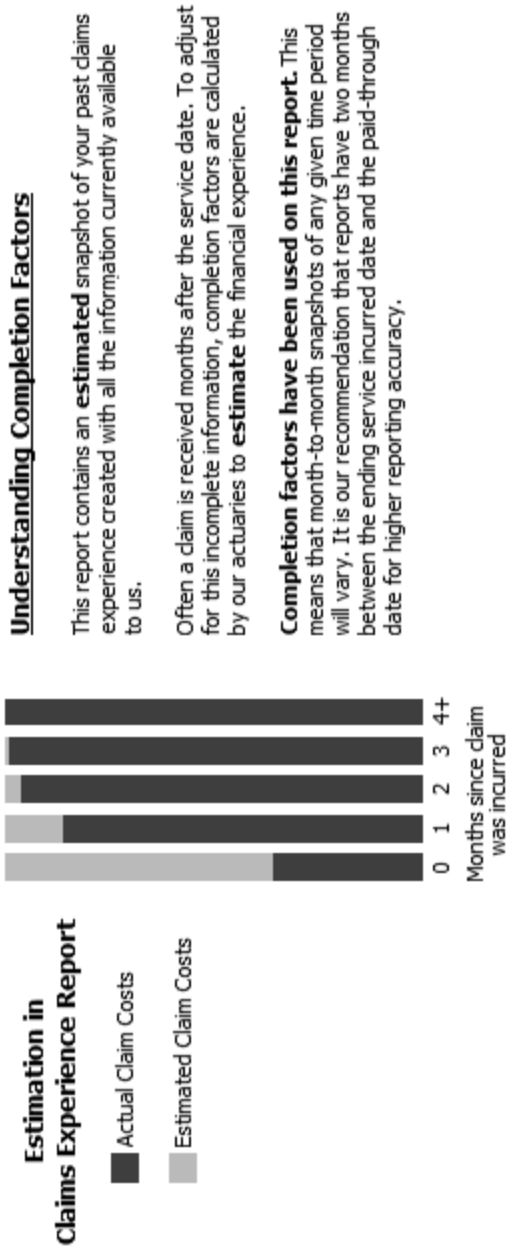
Claims incurred January 2020 - December 2020, paid through August 2022

Specifications

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 Group(s): All
 Subgroup(s): All
 Plan(s): All

Report Status

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Monthly Claims Experience Report - Housing Authority Cop

Claims incurred January 2020 - December 2020, paid through August 2022

*Completion Factors Applied

| Incurring Month | Members | Contracts | Estimated Medical* | Pharmacy | Estimated Total* | Medical PMPM | Pharmacy PMPM | Total PMPM | Premium |
|-----------------|---------|-----------|--------------------|------------------|--------------------|-----------------|-----------------|-----------------|--------------------|
| 2020/01 | 543 | 274 | \$292,395 | \$72,775 | \$365,170 | \$538.48 | \$134.02 | \$672.51 | \$353,648 |
| 2020/02 | 543 | 276 | \$261,410 | \$79,381 | \$340,791 | \$481.42 | \$146.19 | \$627.61 | \$352,918 |
| 2020/03 | 545 | 276 | \$114,977 | \$96,302 | \$211,280 | \$210.97 | \$176.70 | \$387.67 | \$353,502 |
| 2020/04 | 547 | 280 | \$92,382 | \$90,002 | \$182,383 | \$168.89 | \$164.54 | \$333.42 | \$356,065 |
| 2020/05 | 544 | 279 | \$79,212 | \$75,998 | \$155,210 | \$145.61 | \$139.70 | \$285.31 | \$353,916 |
| 2020/06 | 542 | 277 | \$169,144 | \$84,823 | \$253,966 | \$312.07 | \$156.50 | \$468.57 | \$352,400 |
| 2020/07 | 537 | 275 | \$202,820 | \$54,875 | \$257,696 | \$377.69 | \$102.19 | \$479.88 | \$349,398 |
| 2020/08 | 535 | 272 | \$270,579 | \$77,764 | \$348,343 | \$505.76 | \$145.35 | \$651.11 | \$348,084 |
| 2020/09 | 532 | 272 | \$198,503 | \$78,399 | \$276,903 | \$373.13 | \$147.37 | \$520.49 | \$345,745 |
| 2020/10 | 531 | 273 | \$222,932 | \$74,087 | \$297,019 | \$419.83 | \$139.52 | \$559.36 | \$346,083 |
| 2020/11 | 534 | 275 | \$289,118 | \$66,259 | \$355,377 | \$541.42 | \$124.08 | \$665.50 | \$346,369 |
| 2020/12 | 539 | 278 | \$158,545 | \$72,937 | \$231,482 | \$294.15 | \$135.32 | \$429.47 | \$350,420 |
| Total | | | \$2,352,018 | \$923,602 | \$3,275,620 | \$363.41 | \$142.71 | \$506.12 | \$4,208,548 |

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Monthly Claims Experience Report - Housing Authority Cop

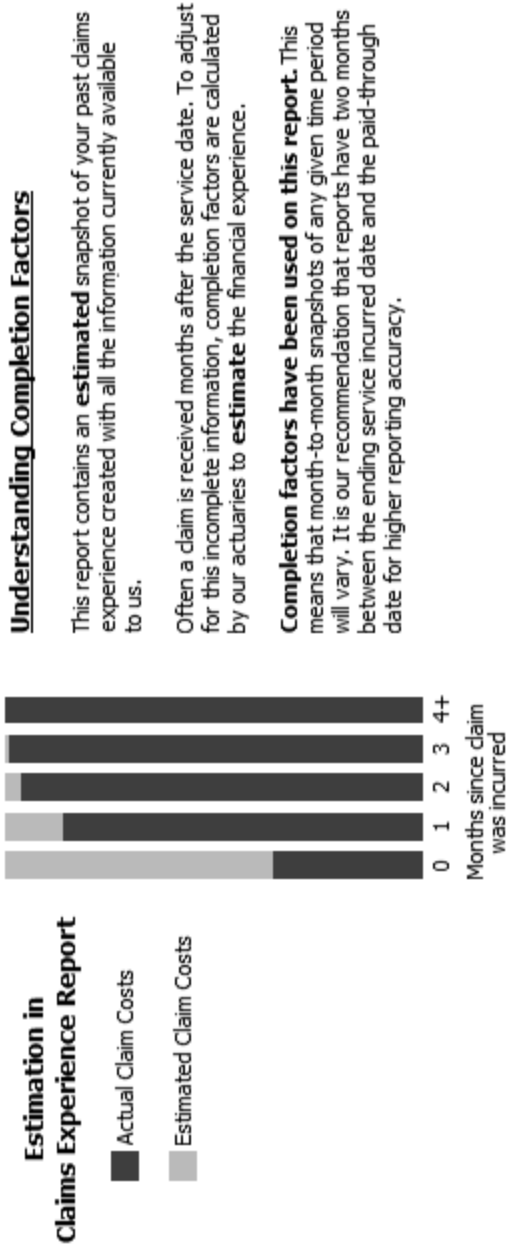
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Monthly Claims Experience Report - Housing Authority Cop

Claims incurred January 2021 - December 2021, paid through August 2022

*Completion Factors Applied

| Incurring Month | Members | Contracts | Estimated Medical* | Pharmacy | Estimated Total* | Medical PMPM | Pharmacy PMPM | Total PMPM | Premium |
|-----------------|---------|-----------|--------------------|--------------------|--------------------|-----------------|-----------------|-----------------|--------------------|
| 2021/01 | 532 | 274 | \$362,345 | \$77,643 | \$439,988 | \$681.10 | \$145.94 | \$827.04 | \$360,922 |
| 2021/02 | 542 | 280 | \$220,696 | \$82,273 | \$302,968 | \$407.19 | \$151.79 | \$558.98 | \$367,380 |
| 2021/03 | 532 | 279 | \$184,003 | \$121,953 | \$305,956 | \$345.87 | \$229.23 | \$575.11 | \$364,272 |
| 2021/04 | 530 | 278 | \$220,023 | \$82,279 | \$302,303 | \$415.14 | \$155.24 | \$570.38 | \$363,420 |
| 2021/05 | 524 | 279 | \$253,531 | \$66,141 | \$319,673 | \$483.84 | \$126.22 | \$610.06 | \$361,388 |
| 2021/06 | 528 | 280 | \$165,644 | \$95,847 | \$261,490 | \$313.72 | \$181.53 | \$495.25 | \$363,082 |
| 2021/07 | 524 | 278 | \$593,131 | \$88,512 | \$681,643 | \$1,131.93 | \$168.92 | \$1,300.85 | \$357,963 |
| 2021/08 | 525 | 276 | \$553,097 | \$83,466 | \$636,562 | \$1,053.52 | \$158.98 | \$1,212.50 | \$356,681 |
| 2021/09 | 519 | 273 | \$284,117 | \$87,234 | \$371,351 | \$547.43 | \$168.08 | \$715.51 | \$353,398 |
| 2021/10 | 515 | 271 | \$249,259 | \$71,943 | \$321,201 | \$484.00 | \$139.69 | \$623.69 | \$349,876 |
| 2021/11 | 506 | 263 | \$198,299 | \$100,758 | \$299,057 | \$391.89 | \$199.13 | \$591.02 | \$342,815 |
| 2021/12 | 497 | 261 | \$237,634 | \$90,722 | \$328,356 | \$478.14 | \$182.54 | \$660.68 | \$338,157 |
| Total | | | \$3,521,778 | \$1,048,771 | \$4,570,548 | \$561.33 | \$167.16 | \$728.49 | \$4,279,353 |

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