

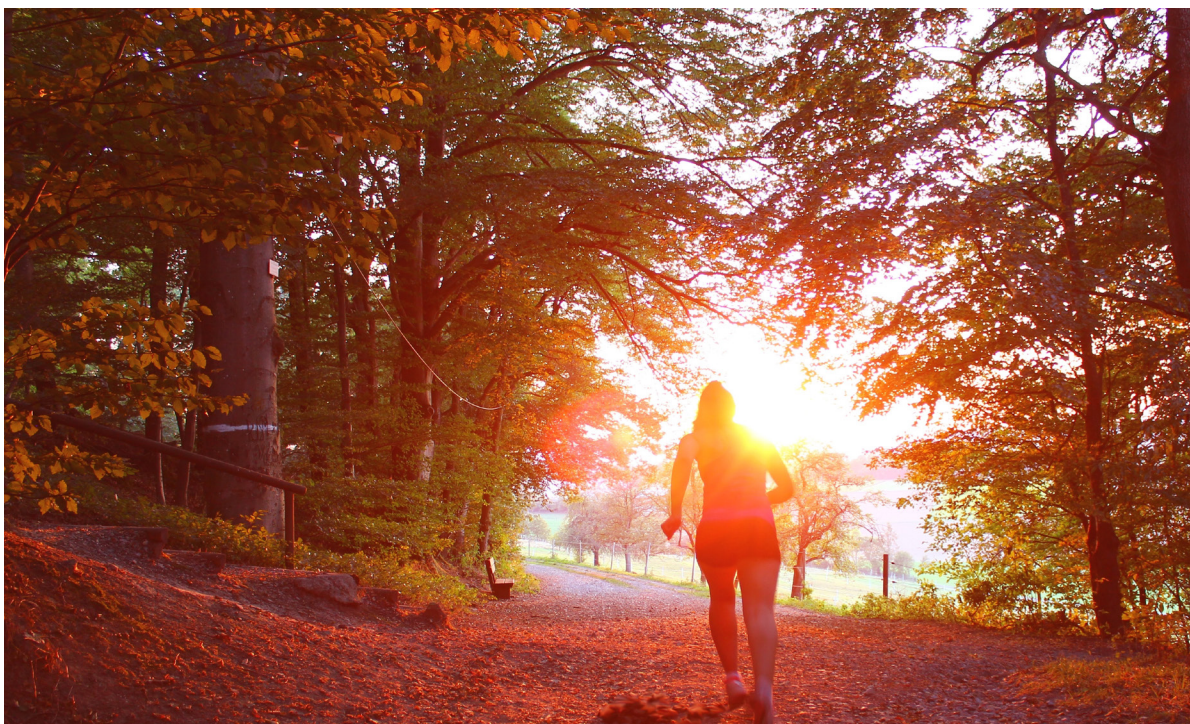
SHADY SIDE ACADEMY EMPLOYEE BENEFITS GUIDE 2020



FACULTY & STAFF

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Welcome to Open Enrollment



Shady Side Academy strives to offer you and your eligible family members a comprehensive and diverse benefits program. The information contained within this guide is part of Shady Side Academy 2020 Open Enrollment and aims to answer questions that you may have about the benefits to be offered by Shady Side Academy in the upcoming plan year. Please note: elections made during the open enrollment period will become effective July 1, 2020.

2020-2021 Payroll Deductions

All deductions based on 12 months*

Medical - UPMC

Enrollment Tier	Per Month Cash Benefit
Single Coverage	\$0.00
Employee + Child(ren)	\$366.67
Employee + Spouse	\$391.67
Employee+ Family	\$400.00

Dental - UCCI

Enrollment Tier	Per Month Cash Benefit
Single Coverage	\$0.00
Employee + 1	\$26.43
Family	\$38.41

Vision - VBA

Enrollment Tier	Per Month Cash Benefit
Single Coverage	\$0.00
Employee + Family	\$7.00

Health Insurance Waiver

Cash Incentive	Per Month Cash Benefit (12 Months)
Employee who waves medical coverage	\$200.00

Cash Incentive	Per Month Cash Benefit (12 Months)
Employee who waves dental coverage	\$26.43

Medical Benefits



Who is Eligible and When?

You are eligible for Shady Side Academy's medical plan if you are a regular full-time employee or a part-time employee who works 50% of a full-time position. You may also enroll your dependent child(ren) who are under the age of 26 and your legally-married spouse.

During open enrollment you can enroll, opt-out or make changes to your medical plan election. You can also make changes to your medical plan election during the plan year if you experience a family status change (a qualifying event).

Medical and RX Benefit You Receive:

Shady Side Academy is offering a medical and prescription drug plan to you and your eligible dependents through UPMC Health Plan. The plan is a tiered plan with the highest level of benefits accessed through Tier 1 physicians, hospitals, and facilities.

Please note: These facilities are subject to change. Check with the facility or UPMC Health Plan for the most current listing.

TIER 1

All UPMC Doctors, Hospitals and Facilities
Grove City Medical Center
Heritage Valley Health System – Beaver, Sewickley
St. Clair Hospital
Butler Memorial Hospital
Kane Community Hospital
Monongahela Valley Hospital
Washington Health System Greene
Washington Hospital
Excelsa Health – Frick, Latrobe & Westmoreland

TIER 2

All other UPMC contracted providers in the surrounding 29 county area participating in the Premium Network for the PPO.
Ohio Valley General Hospital
Jefferson Regional Medical Center
Weirton Medical Center
Armstrong County Memorial Hospital
Highlands Hospital
MedExpress

TIER 3

All non-contracted providers

**UPMC MyCare Advantage
HRA PPO**
Deductible: \$1,000 / \$2,000
Coinsurance: 10%
Total Annual Out-of-Pocket: \$2,000 / \$4,000

Primary Care Provider: \$20 Copayment per visit
Specialist: \$40 Copayment per visit
Emergency Department: \$150 Copayment per visit
Urgent Care Facility: \$50 Copayment per visit
Rx: \$8/\$38/\$76/\$76 after Deductible

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.

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

They must also meet all other criteria described in

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.

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.

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

Plan Information	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	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	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
Level 1 means you receive the highest level of benefits and have the lowest Out-of-Pocket costs. Level 1 includes all UPMC providers and UPMC-owned facilities along with many community owned providers and facilities. At Level 2 your Out-of-Pocket costs may increase. If you have questions regarding your Benefit Levels, contact the Member Services Department at the phone number on the back of your member ID card.			
HRA: Health reimbursement arrangement (HRA) annual allocation			
Ask your employer for details.			
Employer funds are allocated into the HRA.			
Annual Deductible			
Individual	\$1,000	\$2,000	\$5,000
Family	\$2,000	\$4,000	\$10,000
Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:			
<p>*When an individual within a family reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR</p> <p>*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.</p> <p>- If you receive services at Benefit Level 1 providers or facilities, amounts applied to the Deductible listed at Benefit Level 1 will also apply to the Deductible listed at Benefit Level 2.</p> <p>- If you receive services at Benefit Level 2 providers or facilities, amounts applied to the Deductible listed at Benefit Level 2 will also apply to Benefit Level 1.</p> <p>- Participating Provider expenses (Levels 1 and 2) will <u>not</u> count toward satisfying the Non-Participating Provider Deductible.</p> <p>- Non-Participating Provider expenses will <u>not</u> count toward satisfying the Level 1 and 2 Deductibles.</p>			
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.			
Coinsurance			
	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Copayments may apply to certain Participating Provider services.			
Total Annual Out-of-Pocket Limit			
Individual	\$2,000	\$4,000	\$10,000
Family	\$4,000	\$8,000	\$20,000

Member Cost Sharing	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
<p>Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit per Benefit Level is satisfied in one of two ways — whichever comes first:</p> <p>*When an individual within a family reaches his or her individual Out-of-Pocket Limit for a Benefit Level. At this point, only that person will have benefits covered at 100% for the remainder of the Benefit Period for that Benefit Level; OR</p> <p>*When a combination of family members' expenses reaches the family Out-of-Pocket Limit for a Benefit Level. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and benefits will be covered at 100% for the remainder of the Benefit Period for that Benefit Level.</p> <ul style="list-style-type: none"> - If you receive services at Benefit Level 1 providers or facilities, amounts applied to the Out-of-Pocket listed at Benefit Level 1 will also apply to the Out-of-Pocket listed at Benefit Level 2. - If you receive services at Benefit Level 2 providers or facilities, amounts applied to the Out-of-Pocket listed at Benefit Level 2 will also apply to Benefit Level 1. - If you receive services at Benefit Level 1 and Benefit Level 2 providers or facilities, amounts will not count toward satisfying the Out-of-Pocket listed at the Non-Participating Provider Level. - If you receive services at a non-participating provider, amounts will not count toward satisfying the Out-of-Pocket listed at Benefit Level 1 and Benefit Level 2. 			
<p>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.</p>			

Preventive Services	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
<p>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.</p>			
Pediatric preventive/health screening examination	Covered at 100%; you pay \$0.		Not Covered
Pediatric immunizations	Covered at 100%; you pay \$0.		You pay 50%. 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 50%. Deductible does not apply.
Screening gynecological exam	Covered at 100%; you pay \$0.		You pay 50%. Deductible does not apply.
Breast cancer and cervical cancer screening	Covered at 100%; you pay \$0.		You pay 50%. Deductible does not apply.

Covered Services	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
Hospital Services			
Semi-private room, private room (if Medically Necessary and appropriate), surgery, pre-admission testing	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Outpatient/ambulatory surgery	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Observation stay	You pay 10% after Deductible.		You pay 50% after Deductible.
Maternity	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Emergency Services			
Emergency department	You pay \$150 Copayment per visit.		
	Copayment waived if you are admitted to hospital.		
Emergency transportation	You pay 10% after Deductible.		
Urgent care facility	You pay \$50 Copayment per visit.	You pay \$75 Copayment per visit.	You pay 50% after Deductible.
Physician Surgical Services			
	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Provider Medical Services			
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Adult immunizations not required to be covered by the ACA	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Primary care provider office visit	You pay \$20 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% after Deductible.
Specialist office visit	You pay \$40 Copayment per visit.	You pay \$80 Copayment per visit.	You pay 50% after Deductible.
Convenience care visit	You pay \$20 Copayment per visit.		You pay 50% after Deductible.
Virtual Visits			
Virtual visit – Virtual Urgent Care	You pay \$10 Copayment per visit.		You pay 50% after Deductible.
Virtual visit – Scheduled (Primary Care)	You pay \$20 Copayment per visit.		You pay 50% after Deductible.
Virtual visit – Scheduled (Specialist)	You pay \$40 Copayment per visit.		You pay 50% after Deductible.
Virtual visit – eDermatology	You pay \$40 Copayment per visit.		You pay 50% after Deductible.

Covered Services	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
UPMC MyHealth 24/7 Nurse Line			
If you would like to speak to a registered nurse about a specific health concern, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591. You may also send an email using the web nurse request system at www.upmchealthplan.com .			
Allergy Services			
Treatment, injections, and serum	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Diagnostic Services			
Advanced imaging (e.g., PET, MRI, etc.)	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Other imaging (e.g., x-ray, sonogram, etc.)	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Lab	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Diagnostic testing	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Rehabilitation Therapy Services			
Physical, speech and occupational therapy	You pay \$30 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 60 visits per Benefit Period for all three therapies combined.		
Cardiac rehabilitation	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
	Covered up to 36 visits per Benefit Period.		
Pulmonary rehabilitation	You pay \$30 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 36 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 \$30 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 60 visits per Benefit Period for all three therapies combined.		
Medical Therapy Services			
Chemotherapy, radiation therapy, dialysis therapy	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Pain Management			
Pain management program	You pay \$40 Copayment per visit.	You pay \$80 Copayment per visit.	You pay 50% after Deductible.
Mental Health and Substance Abuse Services			
Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.			
Inpatient (e.g., detoxification, etc.)	You pay 10% after Deductible.		You pay 50% after Deductible.

Covered Services	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
Inpatient non-hospital residential services	You pay 10% after Deductible.		You pay 50% after Deductible.
Outpatient (e.g., rehabilitation, therapy, etc.)	You pay \$20 Copayment per visit.		You pay 50% 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	You pay \$30 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 12 visits per Benefit Period.		
Corrective appliances	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Dental services related to accidental injury	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Durable medical equipment	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Fertility testing	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Home health care	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Hospice care	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Medical nutrition therapy	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Nutritional counseling	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
	Covered up to six visits per Benefit Period.		
Nutritional products	You pay 10%. Deductible does not apply.	You pay 35%. Deductible does not apply.	You pay 50%. Deductible does not apply.
	Nutritional products for the treatment of PKU and related disorders are not subject to Deductible.		
Oral surgical services	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Podiatry care	You pay \$40 Copayment per visit.	You pay \$80 Copayment per visit.	You pay 50% after Deductible.
Private duty nursing	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
Skilled nursing facility	You pay 10% after Deductible.	You pay 35% after Deductible.	You pay 50% after Deductible.
	Covered up to 120 days per Benefit Period.		
Therapeutic manipulation	You pay \$30 Copayment per visit.	You pay \$40 Copayment per visit.	You pay 50% 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.		

Covered Services	UPMC MyCare Advantage Benefit Level 1	Other Participating Providers Benefit Level 2	Non-Participating Provider
Diabetic education	Covered at 100%; you pay \$0.	You pay 35% after Deductible.	You pay 50% 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).

Subject to Plan Deductible

Retail prescription medication <ul style="list-style-type: none"> Prescriptions must be dispensed by a participating pharmacy 30-day supply 	Tier 1: You pay \$8 Copayment after Deductible for preferred generic medications. Tier 2: You pay \$38 Copayment after Deductible for preferred brand medications. Tier 3: You pay \$76 Copayment after Deductible for non-preferred 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 \$76 Copayment after Deductible for specialty medications (brand and generic). You pay \$0 Copayment after Deductible 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 \$16 Copayment after Deductible for preferred generic medications. Tier 2: You pay \$76 Copayment after Deductible for preferred brand medications. Tier 3: You pay \$152 Copayment after Deductible for non-preferred 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.	

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-

Dental Benefits



Who is Eligible and When?

All full-time and part-time employees are eligible to receive company paid dental benefits for Individual coverage. Enrolled employees can then purchase dental coverage for their legally-married spouse and dependent children who are under the age of 26.

During open enrollment you can enroll, opt-out or make changes to your dental plan election. You can also make changes to your dental plan election during the plan year if you experience a family status change (a qualifying event).

Dental Benefits You Receive:

Under Shady Side Academy's dental plan through United Concordia, preventative services are covered at 100% when you use an in-network provider and 70% if you use out-of-network provider. Preventative services include but are not limited to: exams, cleanings, x-ray and fluoride treatments.

The plan has a small annual deductible of \$50 for an individual and \$150 for a family. This deductible applies only to basic and major services. Preventative services are not subject to the deductible.

Basic restorative services are covered at 80% when an in-network provider is used and 50% when an out-of-network provider is used for services. Basic restorative services included but are not limited to: fillings, root canals and periodontal work.

Major restorative services are covered at 50% when an in-network provider is used and 40% when an out-of-network provider is used for services. Major restorative services include but are not limited to: crowns and dentures.

The plan has a calendar year maximum of \$1,200 per individual covered under the plan for preventative, basic and major services.

Additional details about the plan can be found on United Concordia's website. You will need to log into United Concordia's website at www.unitedconcordia.com and then click on the Members tab to sign into My Dental Benefits. Through the site you have access to your benefits, claims and procedure history if you are already a member. If you are not a member, it is highly recommended that you register on the site. To find a participating dentist in your area, click on "Find a Dentist".

Dental Benefits Summary for Shady Side Academy

Effective Date: July 1, 2020

Network: Concordia Advantage

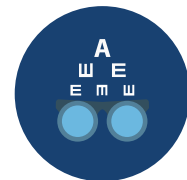
Effective Date: July 1, 2020

Network and Non-Network Advantage

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	70%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Space Maintainers	100%	70%
Basic Restorative (Fillings)	80%	50%
Simple Extractions		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Consultations		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	40%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
The College Tuition Benefit® – College Savings Program ³	<ul style="list-style-type: none">• Earn Tuition Rewards® points redeemable for tuition discounts• Receive 2,000 at signup, then 2,000 points/year• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points• One Tuition Rewards point = \$1 reduction in full tuition• Use Tuition Rewards points at participating private colleges and universities	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	
Annual Program Maximum (per person)	\$1,200 Excludes Class I	
Lifetime Orthodontic Maximum (per person)	Not Applicable	
Reimbursement	Advantage	Inside PA: Advantage Outside of PA: 90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

Vision Benefits



Who is Eligible and When?

All full-time and part time employees are eligible to receive company paid vision benefits for Individual coverage. Enrolled employees can then purchase dental coverage for their legally-married spouse and dependent children who are under the age of 26.

During open enrollment you can enroll, opt-out or make changes to your vision plan election. You can also make changes to your vision plan election during the plan year if you experience a family status change (a qualifying event).

Vision Benefits You Receive:

Vision Benefits of America is a managed vision care program. You have the ability to select any vision provider for services; however, benefits are paid at a higher reimbursement level if a participating provider is used.

If you choose to use a non-participating provider, a set reimbursement amount is paid toward the cost of eligible services you receive from the provider. You may be responsible for the difference between this amount and the amount billed by the non-participating provider. The reimbursement amounts for a non-participating provider are shown on the Vision Benefits of America summary of benefits.

While a non-participating provider can be used for vision services, it is strongly recommended that you use a participating provider with Vision Benefits of America to maximize your benefits under the plan. You can find a participating provider or check the status of your provider on VBA's website www.visionbenefits.com or call 1-800-432-4966.





Expert Solutions. Exceptional Service.

Shady Side Academy

VBA # 3779

\$0 Exam / \$20 Materials Copay

FREQUENCY OF SERVICE Last Date of Service:		DEPENDENT AGE: 26	
	Employee	Spouse	Children (Up to age 19)
Vision Exam	24 Months	24 Months	12 Months
Lenses	24 Months	24 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Less Copayment) ^G	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives ^D	Controlled Cost ^E	\$80
Lenticular	100%	\$120
Polycarbonate ^C	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame ^B	100%	\$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$110	\$110
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Required Contacts ^F	100%	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
Lasik Surgery (once every 8 years)	N/A	\$125

A Usual, Customary, and Reasonable.

B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).

C Available In-Network at no charge for children under age 19.

D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

E Unless otherwise prohibited by law.

F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

G A \$20 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the routine vision examination or the contact material allowance.

Limitations

VBA is designed to cover visual needs rather than cosmetic materials and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by VBA.

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (except 1 year scratch protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

Flexible Spending Account (FSA)



Flexible Spending Account Program:

UPMC Health Plan administers the Shady Side Academy Healthcare FSA and Dependent Care plan. Full-time and eligible part-time employees decide each year whether they want to participate in the spending accounts. The Plan Year begins on July 1, 2020 and will end on June 30, 2020. Your annual election is locked in for the plan year unless you experience a qualifying event in accordance with IRS code.

Why Participate?

Participants contribute pre-tax money into the accounts via payroll deduction. Members save taxes when they request reimbursement from the plan for eligible expenses. New; you can carry over up to \$500 of unused funds remaining in your Healthcare FSA at the end of this plan year, to be paid or reimbursed on qualified medical expenses incurred during the new plan year.

Soon after enrolling, you will receive your MyFlex Advantage card loaded with your Healthcare FSA annual election amount. Use it to pay at the point of sale for all of your eligible expenses. The amount paid will automatically be deducted from your Healthcare FSA account. Remember to save your receipts. In some instances you may be asked to submit your receipt to verify eligibility of the expense. UPMC Health Plan also has an On-Line Claim Submission (OCS) process in order to submit a claim for reimbursement from the FSA account. You can log onto www.upmchealthplan.com/myflex and select Claims Submission to utilize this feature. You can also register under this site to view your account information and check the status of a claim.

Spending Account Maximums:

Medical Plan Election Annual Limit: \$2,750

Dependent Care Election Annual Limit: \$5,000*

Adoption Assistance is not offered by UPMC Health Plan as part of their FSA Administration

*Limit subject to IRC regulations based on tax filing status



Life / AD&D / Optional Life Insurance



Who is Eligible and When?

Every eligible employee is eligible to receive Life and Accidental Death & Dismemberment Insurance. Shady Side Academy pays 100% of premium for Life and Accidental Death & Dismemberment Insurance. Additional Life Insurance can be purchased by employees through payroll deductions.

Benefits You Receive:

Shady Side Academy provides employees with a Life and Accidental Death and Dismemberment (AD&D) insurance for \$50,000 in coverage.

Optional Life / AD&D Benefits You can Purchase:

Shady Side Academy gives you the ability to purchase term Life / AD&D coverage on a voluntary basis through MetLife. You may purchase either \$25,000 or \$50,000 in additional term life insurance. Premiums for additional insurance are based on your age.

A "Statement of Health" form is required for additional insurance.

If you are not currently enrolled in Shady Side Academy's Optional Life / AD&D coverage or would like to make a change to your benefit election, please contact Human Resources for the appropriate forms.

Beneficiaries:

It is extremely important that the individual that we have on file as your beneficiary is the individual that you intend to receive your Life / AD&D benefit in the event of your passing.

Please contact Human Resources to update your beneficiary today!

Long Term Disability Benefits

Who is Eligible and When?

All full time employees are eligible to receive Long Term Disability benefits. Shady Side Academy pays 100% of the premium for this benefit.

Long Term Disability:

In the event you are deemed disabled and are unable to continue to work, long-term disability income benefits are provided as a source of income. Long-Term disability benefits are provided for non-work related disabilities. Long Term Disability benefits are offset by other sources of income, including social security benefits. The plan will pay 60% of your monthly income to a maximum benefit of \$3,000 per month. There is an elimination period of 180 days before benefits begin. The maximum duration of Long-Term Disability benefits is determined by your age when the disability began.

403(b) Retirement Plan

To help you prepare for the future, Shady Side Academy sponsors a 403(b) retirement savings plan as part of its benefits package. There are two options: - Salary Reduction Before Tax contributions or Roth contributions.

1. Salary reduction reduces current income taxes. The money that goes into your plan comes out before federal taxes do. Because your gross salary is reduced by the amount of your contribution, your taxable income is lowered. That means that more goes into your plan than comes out of your paycheck. The money in your account, including any earnings accumulates tax deferred. This may afford your account the opportunity to grow more than if it were subject to taxation.
2. Roth (salary deduction) contribution deductions are made from your gross salary after it has been taxed. You are paying taxes now rather than later.

Who can participate? All employees are eligible to participate except independent contractors. Based on your years of service you may receive an employer matching contributions. You are eligible to receive matching contributions if you have attained age 21 and have 1 year of service.

When can I join? You may join the plan on the first month following your hire date, or at the beginning of any quarter.

How do I contribute to the plan? Through payroll deduction, you can make elective deferrals up to the maximum allowed by law. The annual elective deferral limit for 403(b) plan employee contributions increased from \$19,000 to \$19,500 in 2020. Employees age 50 or older may contribute up to an additional \$6,500 for a total of \$26,000.

Can I make catch-up contributions to the plan? If you are age 50 or older and make the maximum allowable deferral to the plan, you are entitled to contribute an additional “catch-up contribution.” The catch up contribution is intended to help eligible employees make up for smaller contributions made earlier in their careers. The maximum catch-up contribution is \$6,000 for 2019.

Can I stop or change my contributions? You may stop your contributions on a quarterly basis upon written notice to your employer. You may increase or decrease the amount of your contribution on a quarterly basis upon written notice to your employer.

How does my employer contribute to the plan? The plan allows your employer to make contributions based on the following schedule:

Year of Service	Employee Contributions	Employer Contributions
Less than 3 Years	4%	6%
More than 3 Years	4%	7%

The age and service requirement are waived if the employee has established a 403b account with a previous employer.

How do I become “vested”? Vesting refers to “ownership” of a benefit from the plan. You are always 100% vested in your plan contributions, rollover contributions, and your employer matching contributions.

403(b) Retirement Plan (Cont.)

When can money be withdrawn from my account? Money can be withdrawn from your account in the event of:

- Your attaining age of 59.5
- Death
- Disability
- Termination of employment

May I withdraw money in case of financial hardship? If you have an immediate financial need created by serve hardship and you lack other reasonable resources to meet that need, you may be eligible to receive a hardship withdrawal from your account. A hardship, as defined by the government, can include:

- Buying a principal residence
- Paying for your or dependent's college education
- Paying certain medical expenses
- Preventing eviction from or foreclosure on your principal residence
- Paying for funereal expenses
- Paying for qualified repairs to your principal residence, within tax limits

May I borrow monet from my account? The plan is intended to help you put aside money for your retirement. However, your employer has included a feature that lets you borrow money from the plan if you meet one of the hardship requirements below:

- Buying a principal residence
- Paying for your or dependent's college education
- Paying certain medical expenses
- Preventing eviction from or foreclosure on your principal residence
- Paying for funereal expenses
- Paying for qualified repairs to your principal residence, within tax limits

Summary Plan Description:

The above highlights are only a brief overview of the plan's features and are not a legally binding document. A more detailed summary plan description is available upon request. Your employer does not attempt to provide you with tax or investment advice. Please consult with certified professionals for answers to your specific questions.

Sign-Up:

Please see your benefits administrator for an enrollment guide and the available investment options in your plan.

IMPORTANT DISCLOSURES ABOUT OUR PLAN

Rights under the Women's Health and Cancer Rights Act

Under Federal law, group health plans and health insurance issuers that provide medical and surgical benefits with respect to a mastectomy must provide certain benefits to a participant or beneficiary who is receiving benefits in connection with mastectomy and who elects breast reconstruction.

Specifically, the group health plan and issuer must provide coverage in a manner determined in consultation with the attending physician and the patient, for (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications during all stages of mastectomy, including lymphedemas. This coverage may be subject to annual deductibles and coinsurance provisions, consistent with other benefits under the medical coverage option.

Genetic Information Nondiscrimination Act

The Shady Side Academy Plan is intended to comply with the Genetic Information Nondiscrimination Act of 2009. What that means to you generally is that you will not be asked or required to provide any genetic information in connection with the medical benefits before enrolling in the Plan and your genetic information will not be used for underwriting purposes. It is important that you refer to the insurance booklet for the medical benefits to more fully understand how the Genetic Information Nondiscrimination Act applies to you.

Newborns' & Mothers Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Our group health plan generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

Summary of Privacy Practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the Company or others in the administration of your claims, and certain rights that you have.

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) make certain you are notified of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

In the course of providing health, dental, vision, and flexible spending account benefits we may use and disclose health information about you and your participating dependents without your permission for the administration of these plans and for any other health care operation as allowed or required by law. The Company's employees who are responsible for maintaining eligibility for these benefit programs may not share your information for employment-related purposes. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

You have the right to inspect and copy your protected health information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your protected health information, or that communications about your protected health information be made in different ways or at different locations.

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

Notice of Special Enrollment Rights

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Additionally, if you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RItte Share Line)

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.