Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UPMC BASIC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1974

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UPMC

USS TOWER, 56TH FLOOR, 600 GRANT ST
PITTSBURGH, PA 15219

2b Employer Identification Number (EIN)
25-1423657

2c Plan Sponsor's telephone number
412-647-7905

2d Business code (see instructions)
622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2019	MICHAEL P. HURLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	79205
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	58615
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	60057
b	Retired or separated participants receiving benefits	**6b**	8306
c	Other retired or separated participants entitled to future benefits	**6c**	12520
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	80883
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	656
f	Total. Add lines **6d** and **6e**.	**6f**	81539
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1581
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UPMC

D Employer Identification Number (EIN)
25-1423657

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	2320774104
b Actuarial value	**2b**	2165282667

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	8406	462585474	462585474
b For terminated vested participants	12184	266872384	266872384
c For active participants	58615	1197149115	1206631955
d Total	79205	1926606973	1936089813

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.60 %
6 Target normal cost	**6**	124542432

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/23/2019
Date

JASON M. BRAVO
Type or print name of actuary

17-05569
Most recent enrollment number

AON CONSULTING, INC.
Firm name

216-573-9700
Telephone number (including area code)

5005 ROCKSIDE ROAD, SUITE 1000
INDEPENDENCE, OH 44131-6828
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11114380	1084410
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	35736
9	Amount remaining (line 7 minus line 8)	11114380	1048674
10	Interest on line 9 using prior year's actual return of 17.50 %	1945016	183518
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.79%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	13059396	1232192

Part III Funding Percentages

14	Funding target attainment percentage	14	111.09%
15	Adjusted funding target attainment percentage	15	111.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2019	153000000	0			
			Totals ► 18(b)	153000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	139474620

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	124542432
b Excess assets, if applicable, but not greater than line 31a	**31b**	124542432

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	139474620

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	139474620
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
UPMC

D Employer Identification Number (EIN)
25-1423657

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALIGHT FINANCIAL SOLUTIONS LLC

82-1061233

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	3075524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	240315	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ERNST & YOUNG, LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITING	235840	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CBIZ BENEFITS & INS SERVICES, INC.

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	50847	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

COZEN O'CONNOR

23-1732832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	34574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BAKER TILLY VIRCHOW KRAUSE LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITING	10875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UPMC

D Employer Identification Number (EIN)
25-1423657

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: UPMC MASTER TRUST

b Name of sponsor of entity listed in (a): UPMC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-1423657-999	M	2131956260

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
UPMC

D Employer Identification Number (EIN)
25-1423657

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		153000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2320774105	2131956260
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2320774105	2284956260
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	3557621	2304786
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3557621	2304786
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2317216484	2282651474

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	153000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		153000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-45482939
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		107517061
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141823156	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		141823156
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	573867	
(2) Contract administrator fees	2i(2)	3062676	
(3) Investment advisory and management fees	2i(3)	13030669	
(4) Other	2i(4)	5287304	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21954516
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		163777672
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-56260611
l Transfers of assets:			
(1) To this plan	2l(1)		21695601
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG, LLP **(2)** EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4158537. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
UPMC

D Employer Identification Number (EIN)
25-1423657

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1926855

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 3508

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 39 % Investment-Grade Debt: 14 % High-Yield Debt: 1 % Real Estate: 1 % Other: 45 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS

UPMC Basic Retirement Plan
Years Ended December 31, 2018 and 2017
With Report of Independent Auditors

Ernst & Young LLP

UPMC Basic Retirement Plan

Financial Statements

Years Ended December 31, 2018 and 2017

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Ernst & Young LLP
2100 One PPG Place
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Fax: +1 412 644 0477
ey.com

Building a better working world

Report of Independent Auditors

The Plan Sponsor
UPMC Basic Retirement Plan
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the UPMC Basic Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2018 and 2017, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

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Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 9, 2019

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UPMC Basic Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2018	**2017**
Assets		
Investments at fair value:		
Interest in Master Trust	**$ 2,131,956,260**	$ 2,320,774,105
	2,131,956,260	2,320,774,105
Employer contribution receivable	**153,000,000**	–
Total assets	**2,284,956,260**	2,320,774,105
Liabilities		
Accrued administrative expenses	**2,304,786**	3,557,621
Net assets available for benefits	**$ 2,282,651,474**	$ 2,317,216,484

See accompanying notes.

UPMC Basic Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2018	**2017**
Additions		
Investment income:		
Net (depreciation) appreciation in fair value of investments and interest and dividend income from interest in Master Trust	**$ (45,482,939)**	$ 334,677,492
Contributions:		
Employer contributions	**153,000,000**	–
Total additions	**107,517,061**	334,677,492
Deductions		
Benefits paid	**141,823,156**	133,060,402
Administrative expenses	**21,954,516**	19,656,188
Total deductions	**163,777,672**	152,716,590
Net (decrease) increase	**(56,260,611)**	181,960,902
Transfers:		
Transfer from other qualified plans	**21,695,601**	104,115,932
Net assets available for benefits at:		
Beginning of year	**2,317,216,484**	2,031,139,650
End of year	**$ 2,282,651,474**	$ 2,317,216,484

See accompanying notes.

UPMC Basic Retirement Plan

Notes to Financial Statements

December 31, 2018 and 2017

1. Description of the Plan

General

The UPMC Basic Retirement Plan (the Plan) is a noncontributory defined benefit plan covering eligible active employees of UPMC (Plan Sponsor) and its subsidiary corporations and affiliates under the Urban and Community Plan Designs, as outlined in the plan document. All active employees may participate after meeting eligibility requirements as outlined in the plan document.

Periodically, defined benefit plans of UPMC's subsidiary corporations merge with and into the Plan, and the pension plan assets of the subsidiary's defined benefit pension plans are transferred into the Plan.

Benefits

The benefit formula (Cash Balance Formula) is based on age, years of benefit service, annual salary, and certain other factors.

- The Urban Plan Design annual retirement credits range from 2.5% to 5.0% of eligible pay based on age and benefit service.

- The Community Plan Design annual retirement credits range from 3.5% to 6.0% of eligible pay based on age and benefit service.

- Interest credit is based on the 30-year treasury bond rate.

When a UPMC subsidiary corporation or affiliate adopts the Plan, each active participant's accrued benefit, if any, is converted to a lump-sum present value representing a notional opening balance that will accrue daily interest based on the 30-year treasury bond rate, which is compounded on a quarterly basis plus retirement credits as discussed above. Certain transition credits were granted to active participants who met specific age and service criteria. The transition credits offered, if any, were dependent upon the entity's prior defined benefit plan in effect at the time of the conversion date. The age and service points used to determine eligibility for transition credits are measured as of December 31 or, in some instances, on the day that precedes the Cash Balance Formula conversion date. The Cash Balance Formula will provide annual retirement credits based on each eligible participant's age and years of benefit service for all participating employers. Under either scenario, the Cash Balance Formula age and service points (if applicable) are determined as of December 31 of the preceding calendar year.

1. Description of the Plan (continued)

The accrued benefit is the benefit produced by the Cash Balance Formula accumulation, but no less than the accrued benefit earned under any prior plan in effect prior to the introduction of the Cash Balance Plan.

Funding

UPMC contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants, to maintain the Plan at the appropriate level to avoid paying Pension Benefit Guaranty Corporation (PBGC) variable rate premiums, and to satisfy the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirement. The Plan has met the ERISA minimum funding requirements for 2018 and 2017.

Plan Termination

Although it has not expressed an intention to do so, UPMC reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Plan Merger

The Retirement Plan for Employees of Charles Cole Memorial Hospital was merged into the Plan effective December 31, 2018. The total net assets of $21,695,601 transferred to the Plan are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan.

The Home Health Resource, Inc. Pension Plan, WCA Hospital Retirement Plan, and Laurel Health System Pension Plan were merged into the Plan effective December 31, 2017. The total net assets of $104,115,932 (The Home Health Resource, Inc. Pension Plan $3,347,477; WCA Hospital Retirement Plan $74,560,729; and Laurel Health System Pension Plan $26,207,726) transferred to

1. Description of the Plan (continued)

the Plan are reflected on the statements of changes in net assets available for benefits as a transfer from other qualified plan.

The above brief description of the Plan is provided for general information purposes only. Participants should refer to the plan document and summary plan description for complete information about the Plan, the vesting and benefit provisions, the allocation of the Plan's assets in the event the Plan terminates, and the PBGC's benefit guarantee.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan reports its financial statements on the accrual method of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Administrative Expenses

All administrative expenses are paid by the Plan, which includes trustee's fees, actuary's fees, and other pension-plan-related fees.

Subsequent Events

Management evaluated subsequent events for the Plan through October 9, 2019, the date the financial statements were available to be issued.

UPMC has approved the merger of the Retirement Plan for Employees of Somerset Community Hospital into the Plan effective on or before December 31, 2019.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments, which are held in the UPMC Master Trust (Master Trust), are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion of fair value measurements.

The interest in Master Trust includes investments in partnership interests, representing investments in hedge funds approximating $218,925,123 and $234,126,490 and venture capital funds approximating $595,240,904 and $522,831,982 as of December 31, 2018 and 2017, respectively. As of December 31, 2018, UPMC has outstanding commitments to invest up to $304,540,072 in private capital funds from the Master Trust.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

New Accounting Pronouncements

In February 2017, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting*. ASU 2017-06 requires a plan to present its interest in a master trust and the change in that interest in separate line items on the statement of net assets available for benefits and on the statement of changes in net assets available for benefits, respectively. It also requires a plan to disclose the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances. ASU 2017-06 is effective for entities for fiscal years beginning after December 15, 2018, with retrospective application to all periods presented. Early application is permitted. Management is currently evaluating the effect that the provisions of ASU 2017-06 will have on the Plan's financial statements.

In July 2018, the FASB issued ASU 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily

2. Summary of Significant Accounting Policies (continued)

determinable fair value exists or whether its investments qualify for the net asset whether a readily determinable fair value exists or whether its investments qualify for the net asset value per share practical expedient in accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. ASU 2018-09 is effective for entities for fiscal years beginning after December 15, 2019 (after December 31, 2018, for issuers (i.e., Form 11-K plans)). Early application is permitted. Management is currently evaluating the effect that the provision of ASU 2018-09 will have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which eliminates, adds and modifies certain disclosure requirements for fair value measurements. The amendments are effective for all entities for fiscal years beginning after December 15, 2019, but entities are permitted to early adopt either the entire standard or only the provisions that eliminate or modify the fair value disclosures. Management is currently evaluating the effect that the provision of ASU 2018-13 will have on the Plan's financial statements.

3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) active participants or their beneficiaries. Benefits are based on the cash balance accounts. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in the calculation of the accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information is determined by the Plan's actuary as of the beginning of the plan year. The actuarial present value of accumulated plan benefits as of the end of the previous plan year is as follows:

	December 31, 2017
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 396,930,342
Vested benefits for other participants	1,183,948,710
Total vested benefits	1,580,879,052
Non-vested benefits	10,031,820
Total actuarial present value of accumulated plan benefits	$ 1,590,910,872

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits as of beginning of year, January 1, 2017	$ 1,466,510,552
Increase (decrease) during the year attributed to:	
Interest accumulation	105,088,732
Benefits accumulated	86,676,212
Assumption change	(2,685,410)
Benefits paid	(133,060,402)
Plan amendments	68,381,188
Net increase	124,400,320
Actuarial present value of accumulated plan benefits as of end of year, December 31, 2017	$ 1,590,910,872

The plan amendments amount represents the liability added to the Plan due to the 2017 mergers described in Note 1: Home Health Resources, Inc. Pension Plan ($2,138,321); Laurel Health System Pension Plan ($17,996,019); and WCA Hospital Retirement Plan ($48,246,848).

3. Accumulated Plan Benefits (continued)

The assumption changes include the following:

- A change in the mortality assumption from the 2006 base rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2017 to the 2006 base rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2018.

- A change in the cash balance interest crediting rate from 2.78% to 2.63%.

Significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investment	7.5%
Mortality basis	Healthy and Disabled: 2006 base rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP – 2018
Retirement rate	Retirement at varying percentages for the ages of 55 through 69 with 100% of participants assumed to retire by age 70
Cash balance interest crediting rate	2.63%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2018. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2017. The accumulated plan benefits information presented herein does not include the effects of the 2018 merger of the Retirement Plan for Employees of Charles Cole Memorial Hospital (see Note 1).

4. Investments

All investment information disclosed in the accompanying financial statements and footnotes, including investments held at December 31, 2018 and 2017, and net (depreciation) appreciation in fair value of investments and interest and dividend income from interest in the Master Trust for the years ended December 31, 2018 and 2017, other than the fair value of the limited partnership interests at December 31, 2017, and related net appreciation for the year ended December 31, 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, The Bank of New York Mellon/BNY Mellon, N.A. The Plan Sponsor recorded the fair value of the partnership interests as of December 31, 2017, and for the year then ended using valuations obtained directly from the partnerships in the accompanying financial statements.

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and other UPMC-sponsored plans. Each participating retirement plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. At December 31, 2018 and 2017, the Plan's interest in the net assets of the Master Trust was approximately 100%.

4. Investments (continued)

The following table presents the net assets, including investments, of the Master Trust:

	December 31	
	2018	**2017**
Master Trust investments, at fair value:		
(Certified by trustee):		
Cash	**$ 23,915,632**	$ 6,177,601
U.S. government securities	**30,445,848**	26,828,064
Asset and mortgage-backed securities	**34,532,924**	41,368,598
Corporate debt instruments	**61,097,892**	38,022,916
Corporate stocks	**294,286,381**	369,266,368
Interest in common/collective trust funds	**123,500,588**	237,333,553
Interest in registered investment companies	**659,931,619**	727,633,862
Derivatives	**(4,452,075)**	1,381,258
Managed accounts:		
Asset and mortgage-backed securities	**33,805,134**	38,465,479
Common/collective trust fund	**58,300,351**	74,550,922
Limited partnerships	**814,166,027**	–
	2,129,530,321	1,561,028,621
(Not certified by trustee):		
Limited partnerships	**–**	756,958,472
	2,129,530,321	2,317,987,093
Net receivables	**2,425,939**	2,786,931
	$ 2,131,956,260	$ 2,320,774,024

4. Investments (continued)

Following is a summary of (depreciation) appreciation and interest and dividend income of the Master Trust's investments (including investments bought, sold, and held during the year):

	Year Ended December 31	
	2018	**2017**
Net (depreciation) appreciation in fair value of investments (certified by trustee)	**$ (89,724,635)**	$ 205,355,507
Net appreciation in fair value of investments – limited partnerships (not certified by trustee)	**–**	90,782,359
Net (depreciation) appreciation in fair value of Master Trust investments	**(89,724,635)**	296,137,866
Master Trust interest and dividend income	**45,916,411**	38,674,917
Total net (depreciation) appreciation in fair value and interest and dividend income	**$ (43,808,224)**	$ 334,812,783

5. Fair Value Measurements

Fair value is defined under ASC 820 as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

  – Quoted prices for similar assets and liabilities in active markets

5. Fair Value Measurements (continued)

  - Quoted prices for identical or similar assets or liabilities in markets that are not active

  - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of investment in the Master Trust measured at fair value:

Cash is valued at amortized cost, which approximates fair value.

Corporate stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies are valued based on quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The NAV is a quoted price in an active market.

U.S. government securities are valued at fair value using quoted market prices. The quoted market price is available in an active market.

Asset and mortgage-backed securities and corporate debt instruments are valued at fair value, which is estimated using quoted prices of securities with similar characteristics. The quoted market prices for the specific securities are not available in an active market.

5. Fair Value Measurements (continued)

Common/collective trust funds (funds) are valued at NAV.

Limited partnerships are valued at NAV.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Assets:				
Cash	**$ 414,883**	$ –	$ –	**$ 414,883**
Corporate stocks	**294,286,381**	–	–	**294,286,381**
Corporate debt instruments	**3,599,447**	**57,498,445**	–	**61,097,892**
Asset and mortgage-backed securities	–	**34,532,924**	–	**34,532,924**
U.S. government securities – U.S. treasuries	**30,445,848**	–	–	**30,445,848**
Registered investment companies	**659,931,619**	–	–	**659,931,619**
Absolute Return (Managed Accounts):				
Asset and mortgage-backed securities	–	**33,805,134**	–	**33,805,134**
Long/Short Equity (Cash)	**23,500,749**	–	–	**23,500,749**
Derivatives	**(4,452,075)**	–	–	**(4,452,075)**
	$ 1,007,726,852	**$ 125,836,503**	$ –	**1,133,563,355**
Common/collective trust funds[(a)]				**123,500,588**
Private equity and hedge investments:				
Limited partnerships:				
Private Real Estate[(b)]				**57,663,848**
Private Natural Resources[(c)]				**105,551,741**
Absolute Return (Hedge Funds)[(d)]				**109,431,671**
Long/Short Equity (Hedge Funds)[(e)]				**109,493,452**
Private Equity[(f)]				**432,025,315**
Total limited partnerships				**814,166,027**
Absolute Return (Managed Accounts):				
Common/collective trust[(a)]				**463,974**
Long/Short Equity (Managed Accounts):				
Common/collective trust[(a)]				**57,836,377**
Total private equity and hedge investments				**872,466,378**
Total assets at fair value				**$ 2,129,530,321**

5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Assets:				
Cash	$ 1,707,782	$ –	$ –	$ 1,707,782
Corporate stocks	369,266,368	–	–	369,266,368
Corporate debt instruments	3,584,322	34,438,594	–	38,022,916
Asset and mortgage-backed securities	–	41,368,598	–	41,368,598
U.S. government securities – U.S. treasuries	26,828,064	–	–	26,828,064
Registered investment companies	727,633,862	–	–	727,633,862
Absolute Return (Managed Accounts):				
Asset and mortgage-backed securities	–	38,465,479	–	38,465,479
Long/Short Equity (Cash)	4,469,819	–	–	4,469,819
Derivatives	648,241	733,017	–	1,381,258
	$ 1,134,138,458	$ 115,005,688	$ –	1,249,144,146
Common/collective trust funds[a]				237,333,553
Private equity and hedge investments:				
Limited partnerships:				
Private Real Estate[b]				52,769,940
Private Natural Resources[c]				82,263,693
Absolute Return (Hedge Funds)[d]				120,307,115
Long/Short Equity (Hedge Funds)[e]				113,819,375
Private Equity[f]				387,798,349
Total limited partnerships				756,958,472
Absolute Return (Managed Accounts):				
Common/collective trust[a]				2,481,432
Long/Short Equity (Managed Accounts):				
Common/collective trust[a]				72,069,490
Total private equity and hedge investments				831,509,394
Total assets at fair value				$ 2,317,987,093

5. Fair Value Measurements (continued)

(a) The investment objective for these funds is to achieve long-term capital growth. One fund also seeks to achieve total return in excess of the Morgan Stanley Capital International Inc. Emerging Markets Index through investing in emerging stock markets. Liquidity provisions vary per fund, with redemptions being permitted on the valuation date with written notification at least one month prior to redemption. The valuation date varies per fund, but ranges mainly from weekly to monthly.

(b) The investment objective of these limited partnerships is to invest in commercial real estate properties and real estate related assets. On an individual basis, these partnerships have a finite life. At December 31, 2018, it is estimated that the underlying assets of these partnerships will be liquidated over an average of eight years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.

(c) The investment objective of these limited partnerships is to acquire energy assets such as oil and natural gas production, oilfield services, power generation, and other natural resources-related industries that have the potential for meaningful capital appreciation. On an individual basis, these partnerships have a finite life. At December 31, 2018, it is estimated that the underlying assets of these partnerships will be liquidated over an average of nine years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.

(d) The investment objective for these limited partnerships is to invest with the goal of generating a positive real return without correlation to general markets. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of December 31, 2018, and through the date these financial statements were available to be issued.

(e) The investment objective for these limited partnerships is to invest with the goal of generating a return similar to equity markets with less volatility. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly, quarterly, or annual basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of December 31, 2018, and through the date these financial statements were available to be issued.

(f) The investment objective of these limited partnerships is to achieve long-term capital appreciation through a diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. On an individual basis, these partnerships have a finite life. At December 31, 2018, it is estimated that the underlying assets of these partnerships will be liquidated over an average of seven years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated May 1, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related Master Trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

8. Related-Party and Party-in-Interest Transactions

Certain of the Plan’s assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

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Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Effective December 31, 2017, the Laurel Health System ("LHS") Pension Plan (EIN: 23-2751183, PN: 001) and Home Health Resource, Inc. ("HHR") Pension Plan (EIN: 25-1555689, PN: 002) were merged into the plan ("UPMC"). As part of the merger, the carryover balances and prefunding balances from the prior plans were brought into the plan. Therefore, the amounts on line 7 do not match line 13 from the prior year Form 5500 Schedule SB. The amounts on line 7 were determined by adding the amounts from line 13 of the prior year for the merged plans as follows:

Plan	Carryover Balance	Prefunding Balance
UPMC	$ 11,114,380	$ 0
LHS	$ 0	$ 8,852
HHR	$ 0	$ 1,075,558
Total	$ 11,114,380	$ 1,084,410

In addition, the actual rate of return for the year was calculated separately for UPMC, LHS, and HHR. The UPMC effective rate for the year is reported on Line 10; however, the interest reported on Line 10 varies due to the return being calculated on a per plan basis and then added together on Line 10. The following chart summarizes the development of the interest calculation on the Prefunding Balance for the 2017 plan year:

Schedule SB Line	LHS	HHR	Total
Line 7	$ 8,852	$ 1,075,558	$ 1,084,410
Line 8	$ 0	$ 35,736	$ 35,736
Line 9	$ 8,852	$ 1,039,822	$ 1,048,674
Line 10 (ROR)	17.22%	-3.08%	
Line 10(a)	$ 1,524	$ (32,027)	$ (30,503)

Additional plans were merged into the plan during 2017, but these merged plans do not have any existing carryover balance or prefunding balance.

Schedule SB Attachment (Form 5500)—2018 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.60%	Interest Adjusted Contribution
September 13, 2019	$ 153,000,000	620	$ 139,474,620
Total Contribution	$ 153,000,000		$ 139,474,620

Schedule SB Attachment (Form 5500)—2018 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	7.00%	0.7807	3.22
60	7.00%	0.7261	3.05
61	10.00%	0.6753	4.12
62	12.50%	0.6077	4.71
63	12.50%	0.5318	4.19
64	17.00%	0.4653	5.06
65	25.00%	0.3862	6.28
66	25.00%	0.2897	4.78
67	25.00%	0.2172	3.64
68	25.00%	0.1629	2.77
69	25.00%	0.1222	2.11
70	100.00%	0.0916	6.42
		Weighted Average	62.72

Schedule SB Attachment (Form 5500)—2018 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
	332	2,901	62							
	$33,331	$35,898	$34,913							
<25	$0	$730	$2,024							
	540	5,258	1,781	48						
	$38,764	$43,665	$49,839	$48,467						
25-29	$3	$1,691	$5,446	$7,837						
	535	2,975	2,786	1,062	31					
	$39,445	$53,072	$62,836	$58,870	$51,334					
30-34	$0	$2,006	$7,875	$14,047	$18,869					
	469	1,948	1,848	1,563	599	28				
	$41,116	$61,340	$77,571	$76,464	$61,354	$56,798				
35-39	$0	$2,766	$10,542	$18,812	$22,461	$24,758				
	350	1,378	1,286	1,275	852	375	12			
	$38,889	$56,613	$77,809	$93,062	$76,207	$68,842				
40-44	$4	$2,624	$11,888	$25,878	$30,846	$38,033				
	443	1,206	1,214	1,164	924	595	424	51		
	$39,934	$59,090	$74,092	$90,965	$86,509	$76,902	$68,181	$61,477		
45-49	$0	$2,952	$13,135	$29,048	$37,692	$42,381	$49,687	$53,904		
	439	1,070	1,106	1,076	910	644	749	585	64	2
	$40,121	$57,558	$67,038	$75,872	$85,921	$91,260	$77,906	$76,252	$58,452	
50-54	$60	$3,395	$13,869	$27,562	$41,726	$51,810	$58,903	$69,833	$73,195	
	504	892	1,021	1,111	963	673	741	599	639	127
	$40,666	$53,380	$63,513	$71,497	$79,819	$90,662	$87,591	$77,060	$68,856	$57,533
55-59	$3	$3,695	$14,267	$28,759	$41,498	$60,701	$70,859	$76,221	$92,201	$95,411
	434	487	678	837	778	556	662	515	524	512
	$39,930	$57,211	$62,425	$70,271	$74,826	$80,304	$80,336	$85,714	$75,020	$66,371
60-64	$286	$4,168	$14,808	$30,200	$46,466	$59,069	$71,336	$90,874	$109,422	$126,349
	154	131	213	275	263	168	184	147	127	179
	$39,539	$53,841	$62,960	$75,784	$79,169	$95,326	$74,010	$116,838	$108,071	$77,941
65-69	$91	$3,555	$16,300	$35,639	$53,701	$71,734	$74,260	$114,552	$121,349	$121,380
	59	53	58	79	66	58	42	38	34	55
	$35,045	$39,907	$61,448	$51,096	$69,945	$94,697	$72,496	$70,613	$79,444	$102,272
70+	$0	$3,481	$16,500	$30,577	$40,829	$70,142	$82,037	$99,438	$94,175	$123,139

N-58,615

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1. Rates will decrease by 0.1% at all ages beginning in 2021.
Maximum Tax Expected Benefit Increase	See Table 1. Rates will decrease by 0.1% at all ages beginning in 2021.
Cash Balance Interest Crediting Rate	4.00% (4.00% for Lee pre-07/01/1993 design)
Social Security COLA Increases	4.50% per year for eligible Lee retirees and terminated vested participants
Optional Payment Form Election Percentage	New retirees and beneficiaries: 100% elect an immediate lump sum. New terminated vested and disabled participants: 50% elect an immediate lump sum, and 50% receive a lump sum deferred to age 62.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3

Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $215,000 and the IRC section 401(a)(17) compensation limit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	8.00%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
2018 Plan Year	7.50%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$18,900,000 based on the prior year's actual plan administrative expenses, rounded to the nearest $100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
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Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	5.10%	45	4.10%
16	5.10%	46	4.10%
17	5.10%	47	4.10%
18	5.10%	48	4.10%
19	5.10%	49	4.10%
20	5.10%	50	3.60%
21	5.10%	51	3.60%
22	5.10%	52	3.60%
23	5.10%	53	3.60%
24	5.10%	54	3.60%
25	5.10%	55	3.60%
26	5.10%	56	3.60%
27	5.10%	57	3.60%
28	5.10%	58	3.60%
29	5.10%	59	3.60%
30	4.60%	60+	3.10%
31	4.60%		
32	4.60%		
33	4.60%		
34	4.60%		
35	4.60%		
36	4.60%		
37	4.60%		
38	4.60%		
39	4.60%		
40	4.10%		
41	4.10%		
42	4.10%		
43	4.10%		
44	4.10%		

Table 2

Retirement Rates

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	7.00%
60	7.00%
61	10.00%
62	12.50%
63	12.50%
64	17.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	33.33%	23.87%	18.00%	14.50%
16	33.33%	23.87%	18.00%	14.50%
17	33.33%	23.87%	18.00%	14.50%
18	33.33%	23.87%	18.00%	14.50%
19	33.33%	23.87%	18.00%	14.50%
20	33.33%	23.87%	18.00%	14.50%
21	25.67%	23.87%	18.00%	14.50%
22	26.24%	23.87%	18.00%	14.50%
23	25.00%	21.00%	18.00%	14.50%
24	24.60%	21.00%	17.73%	14.50%
25	21.10%	19.58%	17.50%	13.50%
26	21.10%	19.35%	17.50%	13.52%
27	21.08%	18.88%	17.03%	12.94%
28	21.10%	18.94%	14.66%	12.90%
29	21.10%	16.75%	14.50%	11.19%
30	20.04%	16.70%	14.50%	10.96%
31	20.00%	16.74%	14.50%	10.36%
32	20.00%	16.70%	14.50%	10.40%
33	19.86%	16.70%	14.37%	10.37%
34	19.00%	16.40%	14.40%	9.00%
35	19.00%	16.40%	14.00%	9.00%
36	18.14%	16.40%	13.76%	8.66%
37	18.10%	15.50%	12.50%	8.08%
38	17.29%	14.10%	12.50%	7.30%
39	15.72%	14.08%	12.50%	7.32%
40	15.70%	13.02%	12.04%	7.14%
41	15.68%	13.00%	11.90%	7.10%
42	15.70%	11.90%	11.90%	7.12%
43	15.70%	11.79%	11.92%	6.65%
44	15.70%	11.80%	11.50%	6.50%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	14.10%	11.80%	11.48%	6.13%
46	14.14%	11.00%	10.90%	6.08%
47	14.10%	11.03%	10.90%	5.94%
48	13.66%	11.00%	10.86%	5.82%
49	13.80%	12.40%	10.70%	5.50%
50	13.80%	12.40%	10.67%	5.45%
51	13.80%	12.42%	9.00%	5.10%
52	13.80%	10.80%	9.03%	5.14%
53	13.76%	10.84%	9.00%	5.10%
54	13.43%	10.50%	9.00%	5.10%
55+	13.40%	10.54%	9.00%	5.10%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2018 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

UPMC—Cash Balance Groups

Eligibility

Attainment of age 21 and completion of 1,000 hours of service.

Accrued Benefit

Benefits are determined through the accumulation of an account balance. The account accrues interest based on the 30 year Treasury rate, updated quarterly. Contributions are credited based on a percentage of compensation. This percentage is determined based on the following tables:

Urban Design Formula

Points (Age Plus Service at 12/31 of Prior Year)	Percentage
Less than 36	2.5%
36–49	3.0%
50–69	4.0%
70 or greater	5.0%

Community Design Formula

Points (Age Plus Service at 12/31 of Prior Year)	Percentage
Less than 36	3.5%
36–49	4.0%
50–69	5.0%
70 or greater	6.0%

Prior to July 1, 2003, contributions for University of Pittsburgh Physicians (UPP) Faculty were based on the following table:

UPP Faculty Design Formula (prior to July 1, 2003)

Attained Age	Percentage
Less than 35	6.0%
35–44	7.0%
45 or greater	9.0%

The opening account balance on the cash balance conversion date was the lump sum equivalent of the accrued benefit, if any, under any of the eligible defined benefit plans sponsored by UPMC.

	Some participants are also eligible to receive additional annual contributions during a transition period beginning with cash balance conversion date.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the normal retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Disability Benefit	
Eligibility	Total and permanent disability and qualify for Social Security disability benefits.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the date of disability. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Vested Termination Benefit	
Eligibility	Three years of service (five years of service prior to January 1, 2008).
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Preretirement Surviving Spouse Benefit	
Eligibility	All active participants and deferred vested participants.
Benefit	A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the late retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including receipt of the cash balance account as a single lump sum, 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240 month certain and continuous options; an age 62 Social Security adjustment option, an immediate single life annuity, a full cash refund annuity, and a 10-year certain only annuity.

WPIC Beaver Valley Mental Health Services

Eligibility	Age 21 and six months of service.
Average Monthly Earnings	Basic wages inclusive of overtime, bonuses, commissions, etc. Monthly compensation averaged over the most recent 10-year period prior to August 1, 1997.
Accrued Benefit	The greater of the sum of (a) and (b) or (c) below: (a) The participant's frozen accrued benefit as of July 31, 1997; and (b) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan after August 1, 1997, not to exceed 35 years of service, and excluding years of service earned during the period covered by the participant's frozen accrued benefit. (c) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan, not to exceed 35 years of service. Benefits were frozen effective January 5, 2008.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Accrued benefit at date of actual retirement payable at normal retirement. Benefit may be elected immediately, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each additional month prior to age 65.

Disability Benefit	
Eligibility	Later of age 55 and 10 years of service and either deemed permanently disabled by the employer, or qualified for Social Security disability.
Benefit	Accrued benefit at date of disablement, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each of the next 60 months.
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit at date of termination payable at normal retirement. If a participant has 10 years of service at termination, a reduced benefit may be paid as early as age 55, based on early retirement reduction factors.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service.
Benefit	A monthly benefit equal to 50% of the joint and survivor benefit payable to the participant assuming retirement or termination the day before death.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Greater of: (1) Benefit accrued to late retirement date or (2) actuarially increased normal retirement benefit.
Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; and 60- and 120-month certain and continuous options.

UPMC—Non Cash Balance Groups

Eligibility	Age 21 and 1,000 hours of service, and not covered by TSA program. Only certain employees of Local Union No. 95 are eligible for this benefit.
Accrued Benefit	Monthly benefit equals one-twelfth of 2.1% of the lesser of gross salary or the Social Security wage base for each year of service. Benefit accruals were frozen at October 1, 2000 for participants who are represented by, and members of, Local Union No. 95.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of plan participation.
Benefit	Accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit	Accrued benefit deferred to age 65, or reduced by 7.2% per year prior to normal retirement from age 60 to age 65 and 3.6% per year prior to age 60.
Disability Benefit	
Eligibility	Disability incurred on or after November 1, 1989.
Benefit	Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service.
Benefit	50% of accrued benefit, actuarially reduced for early retirement, payable no earlier than early retirement age.
Late Retirement	
Eligibility	Retirement after normal retirement date.
Benefit	Accrued benefit determined as of late retirement date.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

Canterbury Place (Non-Union Pre-January 1, 2008; Former Union Pre-January 1, 2009)

Participation	Employees participate when they have completed one year of service.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	0.9% times average monthly compensation times years of service at normal retirement age (maximum of 25 years).
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit as of date of termination, payment beginning at age 65.
Form of payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single lump sum, 50%, 75%, and 100% contingent annuitant options; and 60-, 120-, and 180-month certain and continuous options.
Definitions	
Average Monthly Compensation	The monthly total compensation of a participant averaged over the three consecutive plan years which produces the highest monthly average within the last 10 completed years of participation.
Service	1,000 hours or more in a plan year constitutes a year of service.
Accrued Benefit	Normal retirement benefit multiplied by: $\frac{\text{Years of Service at Date of Determination}}{\text{Years of Service at Normal Retirement Date}}$

UPMC Lee Regional

Eligibility for Participation	Attainment of age 21 and completion of 1,000 hours of service.
Normal Retirement	
Eligibility	Age 65 (for terminations prior to July 1, 2003, age 65 with FIVE years of participation).
Monthly Benefit	The greater of (1) and (2): (1) The monthly benefit derived for the cash balance account, including pay credits and interest credits. (2) The monthly benefit based on the sum of (a) and (b): (a) 1.0% of frozen average monthly compensation times service as of June 30, 2003. (b) 0.45% of frozen average monthly compensation in excess of $575 times service as of June 30, 2003. Benefit accruals for all participants, except Walnut Management, are frozen effective July 31, 2005. Benefit accruals for Walnut Management participants are frozen effective December 31, 2005.
Early Retirement	
Eligibility	For benefits accrued prior to July 1, 2003, attainment of one of the following: (1) Age 60. (2) 20 years of service. (3) Age 55 and 15 years of service.
Monthly Benefit	Normal retirement benefit reduced 3% per year prior to age 65 until age 56, and actuarially reduced prior to age 56. For participants who terminate after June 30, 2003 whose benefit is based on the cash balance account, the early retirement benefit is the actuarial equivalent monthly benefit.
Disability Retirement	
Eligibility	Total and permanent disability and qualify for Social Security disability benefits.

Benefit	Determined from the cash balance developed under the normal retirement formula as of the date of disability.
Preretirement Survivor Benefit	
Eligibility	All active participants and deferred vested participants.
Benefit	A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. (For terminations prior to July 1, 2003, 50% of a participant's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a beneficiary commencing on the later of the date the participant would have attained age 55 and the date of death.)
Vested Termination Benefits	
Eligibility	Five years of service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement. Pay credits are not granted after termination, but interest credits continue until benefit commencement. For terminations after June 30, 2003, a lump-sum benefit is available at termination.
Cost-of-Living Adjustment	Retirees and terminated vested participants as of June 30, 1984 are eligible for future cost-of-living adjustments on their pension benefits. The adjustment will begin on August 31 after the benefit has been in pay status for a full plan year and continue each August 31 thereafter. The amount of the adjustment is the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers, Revised Series (U.S. City Average—all items) as published by the Bureau of Labor Statistics.
Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants with benefit accruals after July 1, 2003 may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240-month certain and continuous options; an age 62 Social Security adjustment option; an immediate single life annuity; a full cash refund annuity; and a 10 year certain only option. Other participants may elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

Lump Sum Optional Form

A lump sum form of payment is available after July 1, 2003. The amount of the lump sum is limited to the account balance. If the present value of the accrued benefit is greater than the account balance, the excess benefit is paid in the normal form or any available optional form.

Definitions

Service

A year of service is credited for each calendar year during which a participant is paid for at least 1,000 hours.

Compensation

Total compensation, plus elective contributions and deferrals, less long-term bonuses, taxable fringe benefits, and severance or change in control payments.

Average Monthly Compensation

The average of the highest five consecutive calendar years out of the last 10 calendar years preceding the date of determination.

Frozen Average Monthly Compensation

Average monthly compensation as of June 30, 2003.

Pay Credits

Prior to July 1, 2003, based on service and the following table:

Service	Percent of Pay Allocation
1 to 5	4.0%
6 to 10	5.0%
11 to 19	6.0%
20+	8.0%

Beginning July 1, 2003, based on the sum of age and Service, as of December 31 of the prior year, and the following table:

Age + Service	Percent of Pay Allocation
Less than 36	3.5%
36 to 49	4.0%
50 to 69	5.0%
70+	6.0%

Eligible participants also received an additional 2% pay credit per year through 2005.

Interest Credits	The account balance accrued prior to July 1, 2003 increases each year based on the three month Treasury Bill rate as of each July 1, plus 1%. The minimum interest crediting rate is 4%. Effective July 1, 2003, the account balance increases based on the 30-year Treasury Bond rate, updated each quarter. The rate for each quarter is determined based on the rate in effect two months prior to the beginning of each quarter.

Retirement Plan for Employees of the Altoona Regional Health System

Eligibility	Employees hired before July 1, 2008.
Accrued Benefit	The greatest of: (a) 1.5% of final average pay times years of service. (b) $4.00 per month times years of service as of June 30, 1997. (c) Accrued benefit under the prior plan as of June 30, 1987. The benefit is increased for any net increase in the accrued benefit under the Bon Secours Holy Family Regional Health System Retirement Plan as of October 31, 2004, adjusted for post-merger pay increases. Benefits were frozen as of December 31, 2014.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.
Disability Benefit	
Eligibility	Total and permanent disability.
Benefit	Unreduced accrued benefit payable at normal retirement age, or reduced benefit payable at early retirement age.
Vested Termination Benefit	
Eligibility	Vesting determined based on the greater of Schedule A and Schedule B:

Schedule A

Service	Vested %
Less than 5	0%

5 or greater	100%

Schedule B

Age + Service	Vested %
Less than 45	0%
45–46	50%
47–48	60%
49–50	70%
51–52	80%
53–54	90%
55 or greater	100%

Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Form of Payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and a level income option.

Hamot Health Foundation Cash Account Pension Plan

Eligibility

Employees hired before July 1, 2003.

Accrued Benefit

For participants eligible for a grandfathered benefit, the greater of:

(a) 1% of final average pay times years of credited service, plus 0.62% of final average pay in excess of Social Security covered compensation times years of credited service up to 35.

(b) Contribution account benefit.

For participants not eligible for a grandfathered benefit, the sum of:

(a) Accrued benefit as of June 30, 1987; plus

(b) Contribution account benefit.

The contribution account includes pay credits based on the following tables:

July 1, 1987 to July 1, 1989

Vesting Service	Below 50% Social Security Wage Base	Over 50% Social Security Wage Base
Less than 10	3.0%	6.0%
10 or greater	4.0%	8.0%

July 1, 1989 to July 1, 1999

Vesting Service	Percentage
Less than 10	4.0%
10 or greater	6.0%

July 1, 1999 to July 1, 2003

Vesting Service	Percentage
Less than 10	4.0%
6–9	4.5%
10 or greater	6.0%

For non-grandfathered participants, benefit accruals were frozen effective July 1, 2003.

	The contribution account accrues interest based on the lesser of: (a) Two-month average of rates on one-year Treasury securities for May and June preceding plan year; plus 1%. (b) 30-year Treasury rate for June preceding plan year.
Normal Retirement Benefit	
Normal retirement date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and three years of vesting service
Benefit	For participants eligible for a grandfathered benefit, the accrued benefit is reduced by 0.0055 for each of the first 60 months and 0.0027 for each of the next 60 months preceding Normal Retirement Age. For participants not eligible for a grandfathered benefit, the actuarial equivalent of the contribution account.
Disability Benefit	
Eligibility	Total and permanent disability.
Benefit	The accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years preceding Normal Retirement Age, and actuarially reduced for each additional year.
Vested Termination Benefit	
Eligibility	Three years of vesting service.
Benefit	Determined from the cash balance account developed under the accrued benefit formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Preretirement Surviving Spouse Benefit	
Eligibility	Three years of vesting service.
Benefit	If the participant dies before age 55, the greater of 100% of the benefit that would have been payable at age 55 or the account balance. If the participant dies on or after age 55, the greater of 100% of the benefit reduced for early retirement of the account balance.

Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Accrued benefit as of late retirement date.
Vesting Service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Credited Service	One year of credited service is earned for each year that a participant works 1,800 hours, with a partial year of service for those who work 1,000 to 1,799 hours.
Form of Payment	Life annuity with payments guaranteed for 36 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a lump sum, single life annuity, 66⅔% and 100% joint and survivor options; 120-, and 180-month certain and continuous options; a full cash refund annuity, and a life annuity with an annual cost-of-living adjustment.

Home Health Resource, Inc. Pension Plan

Eligibility	Employees hired before July 1, 2010.
Accrued benefit	1.5% of final average pay times years of service. Benefits were frozen as of December 31, 2013.
Normal retirement benefit	
Normal retirement date	Age 65.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Disability benefit	
Eligibility	Total and permanent disability.
Benefit	Actuarial equivalence of vested accrued benefit payable at Normal Retirement Age.
Vested termination benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Preretirement surviving spouse benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Service	One year of vesting service is earned for each year that a participant works 1,000 hours.

Final average pay	Average of the 60 highest consecutive months of compensation within the last 120 months preceding the date of determination.
Form of payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 120-month certain and continuous option.

Home Nursing Agency's Pension Plan

Eligibility	Employees hired before July 1, 2010.
Accrued Benefit	1.25% of final average pay times years of service (maximum 40 years). Benefits were frozen as of December 31, 2013.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and 15 years of vesting service.
Benefit	Accrued benefit reduced by 6⅔% for each of the first five years and 3⅓% for each of the next five years preceding normal retirement age.
Vested Termination Benefit	
Eligibility	20% vested after three years of vesting service, plus 20% per year thereafter, up to 100%.
Benefit	Accrued benefit multiplied by vesting percentage, payable as early at age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	Full or partially vested participant.
Benefit	The greater of: (a) A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity. (b) Present value of the participant's accrued benefit (minimum $500) payable as a lump sum.
Final Average Pay	Monthly average of pay for the five highest consecutive years out of all compensation years.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66⅔%, 75%, and 100% joint and survivor options; 5-, 10-, and 15-month certain and continuous option, and lump sum if the present value of the benefit is $10,000 or less.

Retirement Plan for Jameson Health System, Incorporated

Eligibility	Non-physician employees hired before November 1, 2006.
Accrued Benefit	
Traditional	1.25% of final average pay times years of credited service. Minimum benefit of $10 times years of credited service. Benefits were frozen as of November 1, 2006.
Cash Accumulation	November 1, 2006 cash accumulation account credited with interest to retirement. Interest is based on the 30 year Treasury rate for November preceding each year.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Actuarial equivalent of frozen accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of vesting service.
Benefit	Actuarial equivalent of frozen accrued benefit payable (as early as age 55 for traditional).
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Traditional Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Cash Accumulation Benefit	For married participants, monthly benefit equal to the actuarial equivalence of the account balance. The spouse may elect to receive the account balance as a lump sum. For unmarried participants, the beneficiary will receive the account balance as a lump sum.

Form of Payment	Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also optional forms of payment, including a single life annuity, 50%, and 100% joint and survivor options; and lump sum (full benefit for cash accumulation benefit, up to $5,000 for traditional benefit).

Pension Plan for Employees of St. Francis Hospital of New Castle

Eligibility	Employees hired before October 31, 2002.
Accrued Benefit	0.5% of final average pay times years of service, plus 0.5% of final average pay in excess of covered compensation times years of service (maximum 35 years). Benefits were frozen as of October 31, 2002.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 60 and five years of vesting service.
Benefit	Actuarially reduced accrued benefit.
Vested Termination Benefit	
Eligibility	Five years of vesting service.
Benefit	Actuarial reduced accrued benefit payable as early as age 55.
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Form of Payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also optional forms of payment, including a 50% joint and survivor option and a lump sum to $5,000.

Laurel Health System Pension Plan (Susquehanna)

Eligibility	Employees hired before July 1, 2005.
Accrued benefit	Frozen accrued benefit as December 31, 1992, plus cash balance account earned from January 1, 1993 through December 31, 2006, converted to a single life annuity. The cash balance account is converted by crediting interest at 5% per year until Normal Retirement Age and determining the actuarially equivalent single life annuity.
Normal retirement benefit	
Normal retirement date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Disability benefit	
Eligibility	Total and permanent disability prior to early retirement.
Benefit	Accrued benefit as disability, payable at Normal Retirement Age.
Vested termination benefit	
Eligibility	Termination prior to January 1, 2008, 100% vested with five years of vesting service. Termination on or after January 1, 2008, 100% vested with three years of vesting service.
Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.

Preretirement surviving spouse benefit	
Eligibility	Married participant.
Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Credited service	One year of credited service is earned for each year that a participant works 1,000 hours. Credited service is frozen as of December 31, 2006.
Vesting service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Form of payment	Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and lump sum up to $5,000.

WCA Hospital Retirement Plan

Eligibility	Employees age 21 or older with one year of service. Plan participation was frozen as of December 31, 2004.
Accrued benefit	The greater of: (a) Accrued benefit determined under prior plan provisions as of December 31, 1994 (b) [(0.85% times average earnings below Covered Compensation) + (1.5% times average earnings in excess of Covered Compensation)] times credited service up to 35 years; plus 1% times average earnings times credited service in excess of 35 year (c) Sum of (a) and (b), determined solely with respect to years of credited service after December 31, 1994 Benefits were frozen as of December 31, 2004.
Normal retirement benefit	
Normal retirement date	Age 65 and fifth anniversary of hire date.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Accrued benefit reduced by 0.3% per month prior to age 65.
Disability benefit	
Eligibility	Total and permanent disability.
Benefit	50% of accrued benefit, payable until earlier of death, recovery, or Normal Retirement Age.
Vested termination benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable as early as age 55, 0.3% per month prior to age 65.

Preretirement surviving spouse benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Vesting service	One year of vesting service is earned for each year that a participant works at least 750 hours.
Credited service	One year of credited service is earned for each year that an employee is an active participant in the plan and works at least 750 hours.
Average earnings	Average of the 5 highest years of compensation within the last 10 years.
Form of payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.6%, 75%, and 100% joint and survivor options; 5-year and 10-year certain and continuous options, and a Social Security leveling option.

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Cash Balance Conversion Dates

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
University of Pittsburgh Physicians (Staff Only)	January 1, 1999	Urban Design
University of Pittsburgh Physicians (Physicians Only)	January 1, 1999	UPP Faculty
Central Imaging Services, Inc.	July 1, 1999	Urban Design
Central Laboratory Services, Inc.	July 1, 1999	Urban Design
UPMC Presbyterian (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 1999	Urban Design
UPMC Shadyside	July 1, 1999	Urban Design
Community Care Behavioral Health Organization	July 1, 2000	Urban Design
LSC Consulting	July 1, 2000	Urban Design
Medical Archival Systems, Inc.	July 1, 2000	Urban Design
Monroeville Specialty Clinic, Inc.	July 1, 2000	Urban Design
Presbyterian Health Resource Management, Inc.	July 1, 2000	Urban Design
Shadyside Medical Associates, PC (Staff Only)[1]	July 1, 2000	Urban Design
Specialty Practice Services, PC (Staff Only)[1]	July 1, 2000	Urban Design
University Family Practice Associates, Inc. (Staff Only)[1]	July 1, 2000	Urban Design
UPMC Beaver Valley (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Braddock (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Health Plan	July 1, 2000	Urban Design
UPMC Diversified Services, Inc.	July 1, 2000	Urban Design
UPMC Home Care Services, Inc.	July 1, 2000	Urban Design
UPMC McKeesport (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Overseas, Inc.	July 1, 2000	Urban Design
UPMC Rehabilitation Hospital	July 1, 2000	Urban Design
UPMC St. Margaret	July 1, 2000	Community Design
UPMC Services Organization, Inc. (Staff Only)[1]	July 1, 2000	Urban Design
UPMC South Side	July 1, 2000	Community Design
UPMC Work Partners	July 1, 2000	Urban Design
UPMC Community Medicine, Inc. and Affiliates (Staff Only)[1]	July 1, 2000	Urban Design
UPMCS Occupational Medicine, Inc. (Staff Only)	July 1, 2000	Urban Design
UPMCS Physical Rehabilitation, Inc. (Staff Only)	July 1, 2000	Urban Design
Shadyside Medical Associates, PC (Physicians Only)	January 1, 2001	Urban Design
UPMC Horizon	January 1, 2001	Community Design
UPMC Services Organization, Inc. (Physicians Only)[1]	January 1, 2001	Urban Design
UPMC South Hills Health System Home Health L.P.	January 1, 2001	Urban Design
Allegheny Radiology Oncology Group	January 1, 2001	Urban Design

[1] Effective January 1, 2001, these entities were combined with and into UPMC Community Medicine, Inc. (fka University Family Practice Associates, Inc.), a Code section 501(c)(3) not for profit organization. Employees of these entities were transferred to and became employed by UPMC Community Medicine, Inc.

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
UPMCS Emergency Medicine, Inc.	February 1, 2001	Urban Design
UPMC Senior Living Corporation	April 1, 2001	Community Design
UPMC Bedford	July 1, 2001	Urban Design
WPIC Physician Practice Corporation	January 1, 2002	Urban Design
UPMC Cancer Centers (Staff Only)	January 27, 2002	Urban Design
UPMC McKeesport Physicians	February 1, 2002	Community Design
Chartwell	March 1, 2002	Urban Design
UPMC Cancer Centers (Physicians)	March 1, 2002	Urban Design
UPMC Cancer Centers (Executives)	April 1, 2002	Urban Design
Askesis Development Group, Inc.	May 1, 2002	Urban Design
UPMC Braddock (Teamsters)	July 1, 2002	Community Design
Shadyside Family Health Center (Physicians)	July 1, 2002	Urban Design
Cranberry Place	October 1, 2002	Community Design
UPMC Emergency Medicine, Inc.	October 1, 2002	Urban Design
UPMC Passavant-Cranberry	October 1, 2002	Community Design
UPMC Passavant	July 1, 2003	Community Design
Sherwood Oaks (Non-Union)	October 1, 2003	Community Design
Magee-Womens Hospital	July 1, 2004	Urban Design
Magee-Womens MSO	July 1, 2004	Urban Design
Oncology–Hematology Associates	January 1, 2005	Urban Design
UPMC Northwest	July 1, 2005	Urban Design
Sugarcreek Station	July 1, 2005	Urban Design
Visiting Nurses Association of Venango County	July 1, 2005	Urban Design
Children’s Hospital of Pittsburgh	July 1, 2006	Urban Design
Canterbury Place (Non-Union)	January 1, 2008	Community Design
UPMC Mercy	January 1, 2008	Urban Design
Canterbury Place (Former Union)	January 1, 2009	Community Design
Sherwood Oaks (Union)	January 1, 2009	Community Design
Center for Emergency Medicine	July 1, 2009	Urban Design
VIA Oncology, LLC	August 1, 2009	Urban Design
UPMC Hamot	January 1, 2012	Urban Design
Home Nursing Agency	January 1, 2014	Urban Design
Lexington Two, Inc. dba HHR	January 1, 2014	Urban Design
UPMC Altoona	January 1, 2015	Urban Design
Blair Medical Associates, Inc.	January 1, 2015	Urban Design
Lexington Anesthesia Associates	January 1, 2015	Urban Design
Children’s Community Pediatric	January 1, 2017	Urban Design
UPMC Jameson	January 1, 2017	Urban Design
UPMC Kane	July 1, 2017	Urban Design
UPMC Chautauqua at WCA	July 1, 2017	Urban Design
WCA Services Corporation	July 1, 2017	Urban Design

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
UPMC Susquehanna	January 1, 2018	Urban Design

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2017 plan year IRC section 417(e)(3) mortality table to the 2018 plan year IRC section 417(e)(3) mortality table.
- Effective December 31, 2017, the Laurel Health System Pension Plan, Home Health Resource, Inc. Pension Plan, and WCA Hospital Retirement Plan were merged into the plan.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UPMC BASIC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UPMC

D Employer Identification Number (EIN)
25-1423657

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	2,320,774,104
b Actuarial value	**2b**	2,165,282,667

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	8,406	462,585,474	462,585,474
b For terminated vested participants	12,184	266,872,384	266,872,384
c For active participants	58,615	1,197,149,115	1,206,631,955
d Total	79,205	1,926,606,973	1,936,089,813

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.60%
6 Target normal cost	**6**	124,542,432

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Jason M. Bravo JB — Signature of actuary — 09/23/2019 — Date

JASON M. BRAVO — Type or print name of actuary — 1705569 — Most recent enrollment number

AON CONSULTING, INC. — Firm name — 216-573-9700 — Telephone number (including area code)

5005 ROCKSIDE ROAD, SUITE 1000

INDEPENDENCE OH 44131-6828 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11,114,380	1,084,410
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	35,736
9	Amount remaining (line 7 minus line 8)	11,114,380	1,048,674
10	Interest on line 9 using prior year's actual return of 17.50%	1,945,017	-30,503
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.79%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	13,059,397	1,018,171

Part III Funding Percentages

14	Funding target attainment percentage	14	111.11%
15	Adjusted funding target attainment percentage	15	111.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2019	153,000,000	0			
			Totals ► 18(b)	153,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	139,474,620

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.92 %	5.52 %	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	124,542,432
b Excess assets, if applicable, but not greater than line 31a	**31b**	124,542,432

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	139,474,620

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	139,474,620
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Effective December 31, 2017, the Laurel Health System ("LHS") Pension Plan (EIN: 23-2751183, PN: 001) and Home Health Resource, Inc. ("HHR") Pension Plan (EIN: 25-1555689, PN: 002) were merged into the plan ("UPMC"). As part of the merger, the carryover balances and prefunding balances from the prior plans were brought into the plan. Therefore, the amounts on line 7 do not match line 13 from the prior year Form 5500 Schedule SB. The amounts on line 7 were determined by adding the amounts from line 13 of the prior year for the merged plans as follows:

Plan	Carryover Balance	Prefunding Balance
UPMC	$ 11,114,380	$ 0
LHS	$ 0	$ 8,852
HHR	$ 0	$ 1,075,558
Total	$ 11,114,380	$ 1,084,410

In addition, the actual rate of return for the year was calculated separately for UPMC, LHS, and HHR. The UPMC effective rate for the year is reported on Line 10; however, the interest reported on Line 10 varies due to the return being calculated on a per plan basis and then added together on Line 10. The following chart summarizes the development of the interest calculation on the Prefunding Balance for the 2017 plan year:

Schedule SB Line	LHS	HHR	Total
Line 7	$ 8,852	$ 1,075,558	$ 1,084,410
Line 8	$ 0	$ 35,736	$ 35,736
Line 9	$ 8,852	$ 1,039,822	$ 1,048,674
Line 10 (ROR)	17.22%	-3.08%	
Line 10(a)	$ 1,524	$ (32,027)	$ (30,503)

Additional plans were merged into the plan during 2017, but these merged plans do not have any existing carryover balance or prefunding balance.

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.60%	Interest Adjusted Contribution
September 13, 2019	$ 153,000,000	620	$ 139,474,620
Total Contribution	$ 153,000,000		$ 139,474,620

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	7.00%	0.7807	3.22
60	7.00%	0.7261	3.05
61	10.00%	0.6753	4.12
62	12.50%	0.6077	4.71
63	12.50%	0.5318	4.19
64	17.00%	0.4653	5.06
65	25.00%	0.3862	6.28
66	25.00%	0.2897	4.78
67	25.00%	0.2172	3.64
68	25.00%	0.1629	2.77
69	25.00%	0.1222	2.11
70	100.00%	0.0916	6.42
		Weighted Average	62.72

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1. Rates will decrease by 0.1% at all ages beginning in 2021.
Maximum Tax Expected Benefit Increase	See Table 1. Rates will decrease by 0.1% at all ages beginning in 2021.
Cash Balance Interest Crediting Rate	4.00% (4.00% for Lee pre-07/01/1993 design)
Social Security COLA Increases	4.50% per year for eligible Lee retirees and terminated vested participants
Optional Payment Form Election Percentage	New retirees and beneficiaries: 100% elect an immediate lump sum. New terminated vested and disabled participants: 50% elect an immediate lump sum, and 50% receive a lump sum deferred to age 62.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3

Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $215,000 and the IRC section 401(a)(17) compensation limit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	8.00%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
2018 Plan Year	7.50%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$18,900,000 based on the prior year's actual plan administrative expenses, rounded to the nearest $100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	5.10%	45	4.10%
16	5.10%	46	4.10%
17	5.10%	47	4.10%
18	5.10%	48	4.10%
19	5.10%	49	4.10%
20	5.10%	50	3.60%
21	5.10%	51	3.60%
22	5.10%	52	3.60%
23	5.10%	53	3.60%
24	5.10%	54	3.60%
25	5.10%	55	3.60%
26	5.10%	56	3.60%
27	5.10%	57	3.60%
28	5.10%	58	3.60%
29	5.10%	59	3.60%
30	4.60%	60+	3.10%
31	4.60%		
32	4.60%		
33	4.60%		
34	4.60%		
35	4.60%		
36	4.60%		
37	4.60%		
38	4.60%		
39	4.60%		
40	4.10%		
41	4.10%		
42	4.10%		
43	4.10%		
44	4.10%		

Table 2

Retirement Rates

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	7.00%
60	7.00%
61	10.00%
62	12.50%
63	12.50%
64	17.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	33.33%	23.87%	18.00%	14.50%
16	33.33%	23.87%	18.00%	14.50%
17	33.33%	23.87%	18.00%	14.50%
18	33.33%	23.87%	18.00%	14.50%
19	33.33%	23.87%	18.00%	14.50%
20	33.33%	23.87%	18.00%	14.50%
21	25.67%	23.87%	18.00%	14.50%
22	26.24%	23.87%	18.00%	14.50%
23	25.00%	21.00%	18.00%	14.50%
24	24.60%	21.00%	17.73%	14.50%
25	21.10%	19.58%	17.50%	13.50%
26	21.10%	19.35%	17.50%	13.52%
27	21.08%	18.88%	17.03%	12.94%
28	21.10%	18.94%	14.66%	12.90%
29	21.10%	16.75%	14.50%	11.19%
30	20.04%	16.70%	14.50%	10.96%
31	20.00%	16.74%	14.50%	10.36%
32	20.00%	16.70%	14.50%	10.40%
33	19.86%	16.70%	14.37%	10.37%
34	19.00%	16.40%	14.40%	9.00%
35	19.00%	16.40%	14.00%	9.00%
36	18.14%	16.40%	13.76%	8.66%
37	18.10%	15.50%	12.50%	8.08%
38	17.29%	14.10%	12.50%	7.30%
39	15.72%	14.08%	12.50%	7.32%
40	15.70%	13.02%	12.04%	7.14%
41	15.68%	13.00%	11.90%	7.10%
42	15.70%	11.90%	11.90%	7.12%
43	15.70%	11.79%	11.92%	6.65%
44	15.70%	11.80%	11.50%	6.50%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	14.10%	11.80%	11.48%	6.13%
46	14.14%	11.00%	10.90%	6.08%
47	14.10%	11.03%	10.90%	5.94%
48	13.66%	11.00%	10.86%	5.82%
49	13.80%	12.40%	10.70%	5.50%
50	13.80%	12.40%	10.67%	5.45%
51	13.80%	12.42%	9.00%	5.10%
52	13.80%	10.80%	9.03%	5.14%
53	13.76%	10.84%	9.00%	5.10%
54	13.43%	10.50%	9.00%	5.10%
55+	13.40%	10.54%	9.00%	5.10%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB, Part V—Summary of Plan Provisions

UPMC—Cash Balance Groups

Eligibility

Attainment of age 21 and completion of 1,000 hours of service.

Accrued Benefit

Benefits are determined through the accumulation of an account balance. The account accrues interest based on the 30 year Treasury rate, updated quarterly. Contributions are credited based on a percentage of compensation. This percentage is determined based on the following tables:

Urban Design Formula

Points (Age Plus Service at 12/31 of Prior Year)	Percentage
Less than 36	2.5%
36–49	3.0%
50–69	4.0%
70 or greater	5.0%

Community Design Formula

Points (Age Plus Service at 12/31 of Prior Year)	Percentage
Less than 36	3.5%
36–49	4.0%
50–69	5.0%
70 or greater	6.0%

Prior to July 1, 2003, contributions for University of Pittsburgh Physicians (UPP) Faculty were based on the following table:

UPP Faculty Design Formula (prior to July 1, 2003)

Attained Age	Percentage
Less than 35	6.0%
35–44	7.0%
45 or greater	9.0%

The opening account balance on the cash balance conversion date was the lump sum equivalent of the accrued benefit, if any, under any of the eligible defined benefit plans sponsored by UPMC.

	Some participants are also eligible to receive additional annual contributions during a transition period beginning with cash balance conversion date.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the normal retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Disability Benefit	
Eligibility	Total and permanent disability and qualify for Social Security disability benefits.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the date of disability. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Vested Termination Benefit	
Eligibility	Three years of service (five years of service prior to January 1, 2008).
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Preretirement Surviving Spouse Benefit	
Eligibility	All active participants and deferred vested participants.
Benefit	A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Determined from the cash balance account developed under the normal retirement formula as of the late retirement date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including receipt of the cash balance account as a single lump sum, 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240 month certain and continuous options; an age 62 Social Security adjustment option, an immediate single life annuity, a full cash refund annuity, and a 10-year certain only annuity.

WPIC Beaver Valley Mental Health Services

Eligibility	Age 21 and six months of service.
Average Monthly Earnings	Basic wages inclusive of overtime, bonuses, commissions, etc. Monthly compensation averaged over the most recent 10-year period prior to August 1, 1997.
Accrued Benefit	The greater of the sum of (a) and (b) or (c) below: (a) The participant's frozen accrued benefit as of July 31, 1997; and (b) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan after August 1, 1997, not to exceed 35 years of service, and excluding years of service earned during the period covered by the participant's frozen accrued benefit. (c) The participant's accrued benefit determined under the provisions of the Addendum for Beaver Valley/Aliquippa Union Retirement Income Plan, not to exceed 35 years of service. Benefits were frozen effective January 5, 2008.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Accrued benefit at date of actual retirement payable at normal retirement. Benefit may be elected immediately, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each additional month prior to age 65.

Disability Benefit	
Eligibility	Later of age 55 and 10 years of service and either deemed permanently disabled by the employer, or qualified for Social Security disability.
Benefit	Accrued benefit at date of disablement, reduced by 0.555% for each month prior to age 65 up to 60 months and 0.277% for each of the next 60 months.
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit at date of termination payable at normal retirement. If a participant has 10 years of service at termination, a reduced benefit may be paid as early as age 55, based on early retirement reduction factors.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service.
Benefit	A monthly benefit equal to 50% of the joint and survivor benefit payable to the participant assuming retirement or termination the day before death.
Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Greater of: (1) Benefit accrued to late retirement date or (2) actuarially increased normal retirement benefit.
Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; and 60- and 120-month certain and continuous options.

UPMC—Non Cash Balance Groups

Eligibility	Age 21 and 1,000 hours of service, and not covered by TSA program. Only certain employees of Local Union No. 95 are eligible for this benefit.
Accrued Benefit	Monthly benefit equals one-twelfth of 2.1% of the lesser of gross salary or the Social Security wage base for each year of service. Benefit accruals were frozen at October 1, 2000 for participants who are represented by, and members of, Local Union No. 95.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of plan participation.
Benefit	Accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit	Accrued benefit deferred to age 65, or reduced by 7.2% per year prior to normal retirement from age 60 to age 65 and 3.6% per year prior to age 60.
Disability Benefit	
Eligibility	Disability incurred on or after November 1, 1989.
Benefit	Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit deferred to 65. Benefit may commence as early as age 55 reduced as for early retirement.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service.
Benefit	50% of accrued benefit, actuarially reduced for early retirement, payable no earlier than early retirement age.
Late Retirement	
Eligibility	Retirement after normal retirement date.
Benefit	Accrued benefit determined as of late retirement date.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

Canterbury Place (Non-Union Pre-January 1, 2008; Former Union Pre-January 1, 2009)

Participation	Employees participate when they have completed one year of service.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	0.9% times average monthly compensation times years of service at normal retirement age (maximum of 25 years).
Vested Termination Benefit	
Eligibility	Five years of service.
Benefit	Accrued benefit as of date of termination, payment beginning at age 65.
Form of payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single lump sum, 50%, 75%, and 100% contingent annuitant options; and 60-, 120-, and 180-month certain and continuous options.
Definitions	
Average Monthly Compensation	The monthly total compensation of a participant averaged over the three consecutive plan years which produces the highest monthly average within the last 10 completed years of participation.
Service	1,000 hours or more in a plan year constitutes a year of service.
Accrued Benefit	Normal retirement benefit multiplied by: $\frac{\text{Years of Service at Date of Determination}}{\text{Years of Service at Normal Retirement Date}}$

UPMC Lee Regional

Eligibility for Participation	Attainment of age 21 and completion of 1,000 hours of service.
Normal Retirement	
Eligibility	Age 65 (for terminations prior to July 1, 2003, age 65 with FIVE years of participation).
Monthly Benefit	The greater of (1) and (2): (1) The monthly benefit derived for the cash balance account, including pay credits and interest credits. (2) The monthly benefit based on the sum of (a) and (b): (a) 1.0% of frozen average monthly compensation times service as of June 30, 2003. (b) 0.45% of frozen average monthly compensation in excess of $575 times service as of June 30, 2003. Benefit accruals for all participants, except Walnut Management, are frozen effective July 31, 2005. Benefit accruals for Walnut Management participants are frozen effective December 31, 2005.
Early Retirement	
Eligibility	For benefits accrued prior to July 1, 2003, attainment of one of the following: (1) Age 60. (2) 20 years of service. (3) Age 55 and 15 years of service.
Monthly Benefit	Normal retirement benefit reduced 3% per year prior to age 65 until age 56, and actuarially reduced prior to age 56. For participants who terminate after June 30, 2003 whose benefit is based on the cash balance account, the early retirement benefit is the actuarial equivalent monthly benefit.
Disability Retirement	
Eligibility	Total and permanent disability and qualify for Social Security disability benefits.

Benefit	Determined from the cash balance developed under the normal retirement formula as of the date of disability.
Preretirement Survivor Benefit	
Eligibility	All active participants and deferred vested participants.
Benefit	A monthly benefit equal to the actuarial equivalent of 100% of the participant's cash balance account, payable as an annuity for the life of the spouse. (For terminations prior to July 1, 2003, 50% of a participant's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a beneficiary commencing on the later of the date the participant would have attained age 55 and the date of death.)
Vested Termination Benefits	
Eligibility	Five years of service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement. Pay credits are not granted after termination, but interest credits continue until benefit commencement. For terminations after June 30, 2003, a lump-sum benefit is available at termination.
Cost-of-Living Adjustment	Retirees and terminated vested participants as of June 30, 1984 are eligible for future cost-of-living adjustments on their pension benefits. The adjustment will begin on August 31 after the benefit has been in pay status for a full plan year and continue each August 31 thereafter. The amount of the adjustment is the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers, Revised Series (U.S. City Average—all items) as published by the Bureau of Labor Statistics.
Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participants with benefit accruals after July 1, 2003 may also elect several optional forms of payment, including 50%, 66⅔%, 75%, and 100% contingent annuitant options; 36-, 60-, 120-, 180-, and 240-month certain and continuous options; an age 62 Social Security adjustment option; an immediate single life annuity; a full cash refund annuity; and a 10 year certain only option. Other participants may elect 50%, 66⅔%, 75%, and 100% joint and survivor options.

Lump Sum Optional Form

A lump sum form of payment is available after July 1, 2003. The amount of the lump sum is limited to the account balance. If the present value of the accrued benefit is greater than the account balance, the excess benefit is paid in the normal form or any available optional form.

Definitions

Service

A year of service is credited for each calendar year during which a participant is paid for at least 1,000 hours.

Compensation

Total compensation, plus elective contributions and deferrals, less long-term bonuses, taxable fringe benefits, and severance or change in control payments.

Average Monthly Compensation

The average of the highest five consecutive calendar years out of the last 10 calendar years preceding the date of determination.

Frozen Average Monthly Compensation

Average monthly compensation as of June 30, 2003.

Pay Credits

Prior to July 1, 2003, based on service and the following table:

Service	Percent of Pay Allocation
1 to 5	4.0%
6 to 10	5.0%
11 to 19	6.0%
20+	8.0%

Beginning July 1, 2003, based on the sum of age and Service, as of December 31 of the prior year, and the following table:

Age + Service	Percent of Pay Allocation
Less than 36	3.5%
36 to 49	4.0%
50 to 69	5.0%
70+	6.0%

Eligible participants also received an additional 2% pay credit per year through 2005.

Interest Credits	The account balance accrued prior to July 1, 2003 increases each year based on the three month Treasury Bill rate as of each July 1, plus 1%. The minimum interest crediting rate is 4%. Effective July 1, 2003, the account balance increases based on the 30-year Treasury Bond rate, updated each quarter. The rate for each quarter is determined based on the rate in effect two months prior to the beginning of each quarter.

Retirement Plan for Employees of the Altoona Regional Health System

Eligibility	Employees hired before July 1, 2008.
Accrued Benefit	The greatest of: (a) 1.5% of final average pay times years of service. (b) $4.00 per month times years of service as of June 30, 1997. (c) Accrued benefit under the prior plan as of June 30, 1987. The benefit is increased for any net increase in the accrued benefit under the Bon Secours Holy Family Regional Health System Retirement Plan as of October 31, 2004, adjusted for post-merger pay increases. Benefits were frozen as of December 31, 2014.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.
Disability Benefit	
Eligibility	Total and permanent disability.
Benefit	Unreduced accrued benefit payable at normal retirement age, or reduced benefit payable at early retirement age.
Vested Termination Benefit	
Eligibility	Vesting determined based on the greater of Schedule A and Schedule B:

Schedule A

Service	Vested %
Less than 5	0%
5 or greater	100%

Schedule B

Age + Service	Vested %
Less than 45	0%
45–46	50%
47–48	60%
49–50	70%
51–52	80%
53–54	90%
55 or greater	100%

Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding normal retirement age.
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Form of Payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and a level income option.

Hamot Health Foundation Cash Account Pension Plan

Eligibility

Employees hired before July 1, 2003.

Accrued Benefit

For participants eligible for a grandfathered benefit, the greater of:

(a) 1% of final average pay times years of credited service, plus 0.62% of final average pay in excess of Social Security covered compensation times years of credited service up to 35.

(b) Contribution account benefit.

For participants not eligible for a grandfathered benefit, the sum of:

(a) Accrued benefit as of June 30, 1987; plus

(b) Contribution account benefit.

The contribution account includes pay credits based on the following tables:

July 1, 1987 to July 1, 1989

Vesting Service	Below 50% Social Security Wage Base	Over 50% Social Security Wage Base
Less than 10	3.0%	6.0%
10 or greater	4.0%	8.0%

July 1, 1989 to July 1, 1999

Vesting Service	Percentage
Less than 10	4.0%
10 or greater	6.0%

July 1, 1999 to July 1, 2003

Vesting Service	Percentage
Less than 10	4.0%
6–9	4.5%
10 or greater	6.0%

For non-grandfathered participants, benefit accruals were frozen effective July 1, 2003.

	The contribution account accrues interest based on the lesser of: (a) Two-month average of rates on one-year Treasury securities for May and June preceding plan year; plus 1%. (b) 30-year Treasury rate for June preceding plan year.
Normal Retirement Benefit	
Normal retirement date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and three years of vesting service
Benefit	For participants eligible for a grandfathered benefit, the accrued benefit is reduced by 0.0055 for each of the first 60 months and 0.0027 for each of the next 60 months preceding Normal Retirement Age. For participants not eligible for a grandfathered benefit, the actuarial equivalent of the contribution account.
Disability Benefit	
Eligibility	Total and permanent disability.
Benefit	The accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years preceding Normal Retirement Age, and actuarially reduced for each additional year.
Vested Termination Benefit	
Eligibility	Three years of vesting service.
Benefit	Determined from the cash balance account developed under the accrued benefit formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.
Preretirement Surviving Spouse Benefit	
Eligibility	Three years of vesting service.
Benefit	If the participant dies before age 55, the greater of 100% of the benefit that would have been payable at age 55 or the account balance. If the participant dies on or after age 55, the greater of 100% of the benefit reduced for early retirement of the account balance.

Late Retirement	
Eligibility	Retirement after age 65.
Benefit	Accrued benefit as of late retirement date.
Vesting Service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Credited Service	One year of credited service is earned for each year that a participant works 1,800 hours, with a partial year of service for those who work 1,000 to 1,799 hours.
Form of Payment	Life annuity with payments guaranteed for 36 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a lump sum, single life annuity, 66⅔% and 100% joint and survivor options; 120-, and 180-month certain and continuous options; a full cash refund annuity, and a life annuity with an annual cost-of-living adjustment.

Home Health Resource, Inc. Pension Plan

Eligibility	Employees hired before July 1, 2010.
Accrued benefit	1.5% of final average pay times years of service. Benefits were frozen as of December 31, 2013.
Normal retirement benefit	
Normal retirement date	Age 65.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Disability benefit	
Eligibility	Total and permanent disability.
Benefit	Actuarial equivalence of vested accrued benefit payable at Normal Retirement Age.
Vested termination benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Preretirement surviving spouse benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Service	One year of vesting service is earned for each year that a participant works 1,000 hours.

Final average pay	Average of the 60 highest consecutive months of compensation within the last 120 months preceding the date of determination.
Form of payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; and 120-month certain and continuous option.

Home Nursing Agency's Pension Plan

Eligibility	Employees hired before July 1, 2010.
Accrued Benefit	1.25% of final average pay times years of service (maximum 40 years). Benefits were frozen as of December 31, 2013.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and 15 years of vesting service.
Benefit	Accrued benefit reduced by 6⅔% for each of the first five years and 3⅓% for each of the next five years preceding normal retirement age.
Vested Termination Benefit	
Eligibility	20% vested after three years of vesting service, plus 20% per year thereafter, up to 100%.
Benefit	Accrued benefit multiplied by vesting percentage, payable as early at age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	Full or partially vested participant.
Benefit	The greater of: (a) A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity. (b) Present value of the participant's accrued benefit (minimum $500) payable as a lump sum.
Final Average Pay	Monthly average of pay for the five highest consecutive years out of all compensation years.

Form of Payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66⅔%, 75%, and 100% joint and survivor options; 5-, 10-, and 15-month certain and continuous option, and lump sum if the present value of the benefit is $10,000 or less.

Retirement Plan for Jameson Health System, Incorporated

Eligibility	Non-physician employees hired before November 1, 2006.
Accrued Benefit	
Traditional	1.25% of final average pay times years of credited service. Minimum benefit of $10 times years of credited service. Benefits were frozen as of November 1, 2006.
Cash Accumulation	November 1, 2006 cash accumulation account credited with interest to retirement. Interest is based on the 30 year Treasury rate for November preceding each year.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Actuarial equivalent of frozen accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of vesting service.
Benefit	Actuarial equivalent of frozen accrued benefit payable (as early as age 55 for traditional).
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Traditional Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Cash Accumulation Benefit	For married participants, monthly benefit equal to the actuarial equivalence of the account balance. The spouse may elect to receive the account balance as a lump sum. For unmarried participants, the beneficiary will receive the account balance as a lump sum.

Form of Payment	Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also optional forms of payment, including a single life annuity, 50%, and 100% joint and survivor options; and lump sum (full benefit for cash accumulation benefit, up to $5,000 for traditional benefit).

Pension Plan for Employees of St. Francis Hospital of New Castle

Eligibility	Employees hired before October 31, 2002.
Accrued Benefit	0.5% of final average pay times years of service, plus 0.5% of final average pay in excess of covered compensation times years of service (maximum 35 years). Benefits were frozen as of October 31, 2002.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Early Retirement Benefit	
Eligibility	Age 60 and five years of vesting service.
Benefit	Actuarially reduced accrued benefit.
Vested Termination Benefit	
Eligibility	Five years of vesting service.
Benefit	Actuarial reduced accrued benefit payable as early as age 55.
Preretirement Surviving Spouse Benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Form of Payment	Life annuity with payments guaranteed for 60 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also optional forms of payment, including a 50% joint and survivor option and a lump sum to $5,000.

Laurel Health System Pension Plan (Susquehanna)

Eligibility	Employees hired before July 1, 2005.
Accrued benefit	Frozen accrued benefit as December 31, 1992, plus cash balance account earned from January 1, 1993 through December 31, 2006, converted to a single life annuity. The cash balance account is converted by crediting interest at 5% per year until Normal Retirement Age and determining the actuarially equivalent single life annuity.
Normal retirement benefit	
Normal retirement date	Age 65 and five years of participation.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.
Disability benefit	
Eligibility	Total and permanent disability prior to early retirement.
Benefit	Accrued benefit as disability, payable at Normal Retirement Age.
Vested termination benefit	
Eligibility	Termination prior to January 1, 2008, 100% vested with five years of vesting service. Termination on or after January 1, 2008, 100% vested with three years of vesting service.
Benefit	Accrued benefit payable as early as age 55, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months preceding Normal Retirement Age.

Preretirement surviving spouse benefit	
Eligibility	Married participant.
Benefit	A monthly benefit equal to 100% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 100% joint and survivor annuity.
Credited service	One year of credited service is earned for each year that a participant works 1,000 hours. Credited service is frozen as of December 31, 2006.
Vesting service	One year of vesting service is earned for each year that a participant works 1,000 hours.
Form of payment	Life annuity for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 75%, and 100% joint and survivor options; 120-month certain and continuous option, and lump sum up to $5,000.

WCA Hospital Retirement Plan

Eligibility	Employees age 21 or older with one year of service. Plan participation was frozen as of December 31, 2004.
Accrued benefit	The greater of: (a) Accrued benefit determined under prior plan provisions as of December 31, 1994 (b) [(0.85% times average earnings below Covered Compensation) + (1.5% times average earnings in excess of Covered Compensation)] times credited service up to 35 years; plus 1% times average earnings times credited service in excess of 35 year (c) Sum of (a) and (b), determined solely with respect to years of credited service after December 31, 1994 Benefits were frozen as of December 31, 2004.
Normal retirement benefit	
Normal retirement date	Age 65 and fifth anniversary of hire date.
Benefit	Accrued benefit.
Early retirement benefit	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Accrued benefit reduced by 0.3% per month prior to age 65.
Disability benefit	
Eligibility	Total and permanent disability.
Benefit	50% of accrued benefit, payable until earlier of death, recovery, or Normal Retirement Age.
Vested termination benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable as early as age 55, 0.3% per month prior to age 65.

Preretirement surviving spouse benefit	
Eligibility	Vested participant.
Benefit	A monthly benefit equal to 50% of the benefit the participant would have received if he separated from service on the date of death, survived to his earliest retirement age, and elected a 50% joint and survivor annuity.
Vesting service	One year of vesting service is earned for each year that a participant works at least 750 hours.
Credited service	One year of credited service is earned for each year that an employee is an active participant in the plan and works at least 750 hours.
Average earnings	Average of the 5 highest years of compensation within the last 10 years.
Form of payment	Life annuity for single participants. Actuarial equivalent 50% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a single life annuity, 50%, 66.6%, 75%, and 100% joint and survivor options; 5-year and 10-year certain and continuous options, and a Social Security leveling option.

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Cash Balance Conversion Dates

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
University of Pittsburgh Physicians (Staff Only)	January 1, 1999	Urban Design
University of Pittsburgh Physicians (Physicians Only)	January 1, 1999	UPP Faculty
Central Imaging Services, Inc.	July 1, 1999	Urban Design
Central Laboratory Services, Inc.	July 1, 1999	Urban Design
UPMC Presbyterian (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 1999	Urban Design
UPMC Shadyside	July 1, 1999	Urban Design
Community Care Behavioral Health Organization	July 1, 2000	Urban Design
LSC Consulting	July 1, 2000	Urban Design
Medical Archival Systems, Inc.	July 1, 2000	Urban Design
Monroeville Specialty Clinic, Inc.	July 1, 2000	Urban Design
Presbyterian Health Resource Management, Inc.	July 1, 2000	Urban Design
Shadyside Medical Associates, PC (Staff Only)[1]	July 1, 2000	Urban Design
Specialty Practice Services, PC (Staff Only)[1]	July 1, 2000	Urban Design
University Family Practice Associates, Inc. (Staff Only)[1]	July 1, 2000	Urban Design
UPMC Beaver Valley (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Braddock (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Health Plan	July 1, 2000	Urban Design
UPMC Diversified Services, Inc.	July 1, 2000	Urban Design
UPMC Home Care Services, Inc.	July 1, 2000	Urban Design
UPMC McKeesport (not applicable to those collectively bargained employees who have not adopted the Plan)	July 1, 2000	Community Design
UPMC Overseas, Inc.	July 1, 2000	Urban Design
UPMC Rehabilitation Hospital	July 1, 2000	Urban Design
UPMC St. Margaret	July 1, 2000	Community Design
UPMC Services Organization, Inc. (Staff Only)[1]	July 1, 2000	Urban Design
UPMC South Side	July 1, 2000	Community Design
UPMC Work Partners	July 1, 2000	Urban Design
UPMC Community Medicine, Inc. and Affiliates (Staff Only)[1]	July 1, 2000	Urban Design
UPMCS Occupational Medicine, Inc. (Staff Only)	July 1, 2000	Urban Design
UPMCS Physical Rehabilitation, Inc. (Staff Only)	July 1, 2000	Urban Design
Shadyside Medical Associates, PC (Physicians Only)	January 1, 2001	Urban Design
UPMC Horizon	January 1, 2001	Community Design
UPMC Services Organization, Inc. (Physicians Only)[1]	January 1, 2001	Urban Design
UPMC South Hills Health System Home Health L.P.	January 1, 2001	Urban Design
Allegheny Radiology Oncology Group	January 1, 2001	Urban Design

[1] Effective January 1, 2001, these entities were combined with and into UPMC Community Medicine, Inc. (fka University Family Practice Associates, Inc.), a Code section 501(c)(3) not for profit organization. Employees of these entities were transferred to and became employed by UPMC Community Medicine, Inc.

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
UPMCS Emergency Medicine, Inc.	February 1, 2001	Urban Design
UPMC Senior Living Corporation	April 1, 2001	Community Design
UPMC Bedford	July 1, 2001	Urban Design
WPIC Physician Practice Corporation	January 1, 2002	Urban Design
UPMC Cancer Centers (Staff Only)	January 27, 2002	Urban Design
UPMC McKeesport Physicians	February 1, 2002	Community Design
Chartwell	March 1, 2002	Urban Design
UPMC Cancer Centers (Physicians)	March 1, 2002	Urban Design
UPMC Cancer Centers (Executives)	April 1, 2002	Urban Design
Askesis Development Group, Inc.	May 1, 2002	Urban Design
UPMC Braddock (Teamsters)	July 1, 2002	Community Design
Shadyside Family Health Center (Physicians)	July 1, 2002	Urban Design
Cranberry Place	October 1, 2002	Community Design
UPMC Emergency Medicine, Inc.	October 1, 2002	Urban Design
UPMC Passavant-Cranberry	October 1, 2002	Community Design
UPMC Passavant	July 1, 2003	Community Design
Sherwood Oaks (Non-Union)	October 1, 2003	Community Design
Magee-Womens Hospital	July 1, 2004	Urban Design
Magee-Womens MSO	July 1, 2004	Urban Design
Oncology–Hematology Associates	January 1, 2005	Urban Design
UPMC Northwest	July 1, 2005	Urban Design
Sugarcreek Station	July 1, 2005	Urban Design
Visiting Nurses Association of Venango County	July 1, 2005	Urban Design
Children's Hospital of Pittsburgh	July 1, 2006	Urban Design
Canterbury Place (Non-Union)	January 1, 2008	Community Design
UPMC Mercy	January 1, 2008	Urban Design
Canterbury Place (Former Union)	January 1, 2009	Community Design
Sherwood Oaks (Union)	January 1, 2009	Community Design
Center for Emergency Medicine	July 1, 2009	Urban Design
VIA Oncology, LLC	August 1, 2009	Urban Design
UPMC Hamot	January 1, 2012	Urban Design
Home Nursing Agency	January 1, 2014	Urban Design
Lexington Two, Inc. dba HHR	January 1, 2014	Urban Design
UPMC Altoona	January 1, 2015	Urban Design
Blair Medical Associates, Inc.	January 1, 2015	Urban Design
Lexington Anesthesia Associates	January 1, 2015	Urban Design
Children's Community Pediatric	January 1, 2017	Urban Design
UPMC Jameson	January 1, 2017	Urban Design
UPMC Kane	July 1, 2017	Urban Design
UPMC Chautauqua at WCA	July 1, 2017	Urban Design
WCA Services Corporation	July 1, 2017	Urban Design

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Employer	Cash Balance Introduction Date	Retirement Credit Schedule
UPMC Susquehanna	January 1, 2018	Urban Design

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2017 plan year IRC section 417(e)(3) mortality table to the 2018 plan year IRC section 417(e)(3) mortality table.
- Effective December 31, 2017, the Laurel Health System Pension Plan, Home Health Resource, Inc. Pension Plan, and WCA Hospital Retirement Plan were merged into the plan.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2018 Plan Year
UPMC Basic Retirement Plan
EIN: 25-1423657 PN: 333

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
	332	2,901	62							
	$33,331	$35,898	$34,913							
<25	$0	$730	$2,024							
	540	5,258	1,781	48						
	$38,764	$43,665	$49,839	$48,467						
25-29	$3	$1,691	$5,446	$7,837						
	535	2,975	2,786	1,062	31					
	$39,445	$53,072	$62,836	$58,870	$51,334					
30-34	$0	$2,006	$7,875	$14,047	$18,869					
	469	1,948	1,848	1,563	599	28				
	$41,116	$61,340	$77,571	$76,464	$61,354	$56,798				
35-39	$0	$2,766	$10,542	$18,812	$22,461	$24,758				
	350	1,378	1,286	1,275	852	375	12			
	$38,889	$56,613	$77,809	$93,062	$76,207	$68,842				
40-44	$4	$2,624	$11,888	$25,878	$30,846	$38,033				
	443	1,206	1,214	1,164	924	595	424	51		
	$39,934	$59,090	$74,092	$90,965	$86,509	$76,902	$68,181	$61,477		
45-49	$0	$2,952	$13,135	$29,048	$37,692	$42,381	$49,687	$53,904		
	439	1,070	1,106	1,076	910	644	749	585	64	2
	$40,121	$57,558	$67,038	$75,872	$85,921	$91,260	$77,906	$76,252	$58,452	
50-54	$60	$3,395	$13,869	$27,562	$41,726	$51,810	$58,903	$69,833	$73,195	
	504	892	1,021	1,111	963	673	741	599	639	127
	$40,666	$53,380	$63,513	$71,497	$79,819	$90,662	$87,591	$77,060	$68,856	$57,533
55-59	$3	$3,695	$14,267	$28,759	$41,498	$60,701	$70,859	$76,221	$92,201	$95,411
	434	487	678	837	778	556	662	515	524	512
	$39,930	$57,211	$62,425	$70,271	$74,826	$80,304	$80,336	$85,714	$75,020	$66,371
60-64	$286	$4,168	$14,808	$30,200	$46,466	$59,069	$71,336	$90,874	$109,422	$126,349
	154	131	213	275	263	168	184	147	127	179
	$39,539	$53,841	$62,960	$75,784	$79,169	$95,326	$74,010	$116,838	$108,071	$77,941
65-69	$91	$3,555	$16,300	$35,639	$53,701	$71,734	$74,260	$114,552	$121,349	$121,380
	59	53	58	79	66	58	42	38	34	55
	$35,045	$39,907	$61,448	$51,096	$69,945	$94,697	$72,496	$70,613	$79,444	$102,272
70+	$0	$3,481	$16,500	$30,577	$40,829	$70,142	$82,037	$99,438	$94,175	$123,139

N-58,615

Multiple-Employer Plan Participating Employer Information

UPMC Basic Retirement Plan EIN 25-1423657

Plan Number: 333

Name of Participating Employers	EIN	Percentage of Total Contributions
UPMC Presbyterian Shadyside	250965480	22.21%
University of Pittsburgh Physicians	232919472	15.92%
UPMC Susquehanna	232751183	8.36%
UPMC Health Plan, Inc.	232813536	5.02%
UPMC Community Medicine Inc.	251727721	4.66%
Children's Hospital of Pittsburgh	250402510	3.75%
Magee-Women's Hospital of UPMC	250965420	3.32%
UPMC Altoona	231352155	3.08%
UPMC Physician Operations & Prof	472803100	2.98%
UPMC Mercy	250965429	2.78%
UPMC Passavant	250965451	2.70%
UPMC Hamot	250965387	2.50%
UPMC Visiting Nurses Assoc.	251222033	2.30%
UPMC St. Margaret	232875070	1.83%
Regional Health Services, Inc.	251403958	1.79%
Children's Community Pediatric	251781887	1.59%
UPCI Cancer Services	251899326	1.08%
UPMC Horizon	250523970	1.08%
Community Care Behavioral Health	251799823	1.06%
UPMC Chautauqua at WCA	160743226	0.97%
UPMC, Altoona Regional Health Services	251219302	0.89%
UPMC East	274814831	0.87%
UPMC Jameson	250965406	0.78%
Home Nursing Agency & VNA	251188570	0.78%
UPMC Northwest	250489010	0.67%
UPMC McKeesport	250965423	0.63%
Oncology-Hematology Assoc.	251762980	0.62%
UPMC Community Provider Service	251804746	0.62%
Center for Emergency Medicine	251443759	0.56%
Chartwell	251729714	0.38%
Pensiamo, Inc.	812069236	0.33%
UPMC Bedford	231396795	0.30%
Great Lakes Physician Practice	464186362	0.29%
Renaissance Family Practice	262942406	0.28%
UPMC Senior Communities, Inc.	251574736	0.23%
Cranberry Place	043709885	0.22%
Seneca Place	721562844	0.21%
Sherwood Oaks	251335247	0.20%
Home Nursing Agency Community Services	251517533	0.20%
UPMC Kane	250998168	0.20%
Hematology Oncology Assoc.	421648357	0.18%
Canterbury Place	250965334	0.17%
Erie Physicians Network-UPMC	453012506	0.14%
The Heritage Shadyside	20614185	0.13%
RX Partners Long Term Care	251855593	0.13%
Prodigo Solutions, Inc.	463889233	0.12%

Sugarcreek Station	251472178	0.12%
Via Oncology, LLC	371754667	0.11%
Jameson Care Center, Inc.	232871396	0.10%
Washington Senior Care Corp	251849365	0.07%
Biotronics, Inc.	251843500	0.06%
EBenefit Solutions, LLC	753202760	0.06%
Ovation RevenueCycleServ.LLC	432096566	0.06%
WCA Services Corporation	161151438	0.04%
H.C. Pharmacy Central, Inc.	251364192	0.04%
UPMC Complete Care, Inc.	463605753	0.04%
Monroeville Specialty Clinic	251666087	0.03%
UPMC Advanced Practice Provider	471301784	0.03%
RX Partners, Inc.	251801966	0.03%
Children's Advocacy Center	251581304	0.02%
Clinical Connect HIE	274585032	0.02%
SBI Qualifying Solutions	223913336	0.02%
Bayside Development	251401386	0.01%
Altoona Regional Partner Healthy Community	251842308	0.01%
ProTech Compliance, Inc.	261379461	0.01%
UPMCS Neurosurgical Grp.2, Inc.	251458655	0.01%
UPMC Holding Company, Inc.	251777713	0.01%
UPMC Northwest Foundation	251483624	0.00%
Jameson Medical Care, Inc.	260462696	0.00%