



Get coverage that's
always **[right here for you]**
and your team.

2024

Univera Healthcare
Small Business Plan Designs

univera[®]
H E A L T H C A R E



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Please note: This is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract. All benefits are subject to medical necessity.

We're here to bring more confidence and great coverage to small businesses.

At Univera Healthcare, we know what it takes to care for businesses in Western New York, because that's who we are. As part of the largest commercial payor in WNY, with 4,000 employees, we are a trusted health insurance partner for businesses like yours. Explore comprehensive plans that put your employees and their families at the center of care; a simpler, more seamless member experience; and **all the ways we are always right here. For you.**

What's new for 2024:

VitalizeSM

Introducing Vitalize, a digital home base dedicated to engaging teams in health and wellbeing, powered by Virgin Pulse.

New to all small group plans, Vitalize offers rewards of up to \$200 per subscriber and \$200 per spouse or domestic partner, including \$25 in action rewards for completing a health risk assessment, for a total rewards payout of \$400 per contract.

Virtual Physical Therapy for Musculoskeletal (MSK) Management¹

Members will have access to a holistic team of specialty medical doctors, physical therapists, health coaches, and nutritionists. Virtual physical therapy visits will be treated like a telemedicine benefit – covered in full (subject to deductible, where applicable). This update applies to all Standard and Non-Standard plans.

REACH Kidney Care

Our Care Management team is partnering with REACH Kidney Care, a kidney health management program designed to benefit members along the continuum of kidney disease, including advanced chronic kidney disease (CKD) and end-stage renal disease (ESRD). At no cost to members, REACH will provide one-on-one, individualized care management, both in-person and virtually, to help members navigate their health in a way that best fits their life. This update applies to all Standard and Non-Standard plans.

Updates and enhancements:

\$0 Outpatient Mental and Behavioral Care

We're committed to lowering the total cost and other barriers to care for our members. Outpatient mental and behavioral health services, including substance use support, will now be covered in full (subject to deductible, where applicable). This applies to all Non-Standard plans.

\$0 Pediatric Primary Care Visits

Sick visits to a primary care physician, generally considered as non-preventive care visits, will now be covered in full, for members up to age 19, (subject to deductible, where applicable). This applies to all Non-Standard plans with the exception of Univera Clear Options Gold.

¹Pending final vendor contract between parties

SECTION 1

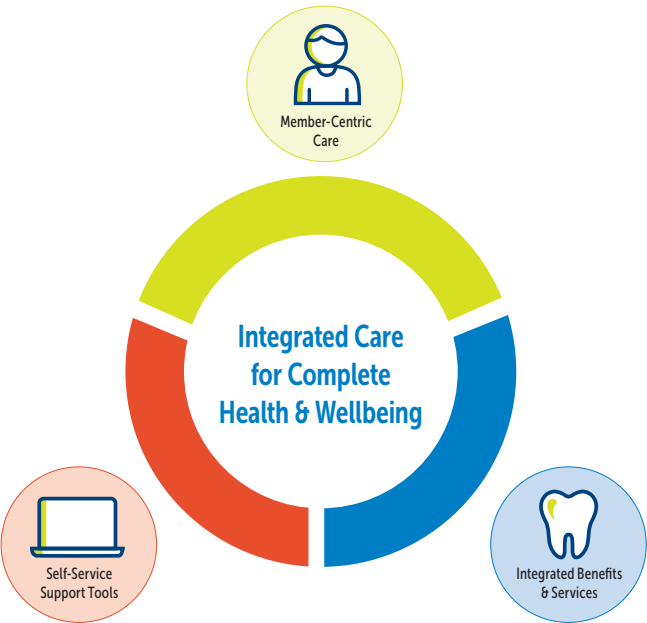
Integrated Care



Caring for employee health in every way.

We know there’s more to keeping employees healthy and productive than simply paying their medical claims. It’s about giving you confidence that the entire Univera Healthcare team of doctors, nurses, health coaches, social workers, behavioral health specialists, and respiratory therapists is here to help them navigate their health care journeys in unexpected ways, every day. We’re looking out not only for their **physical wellbeing**, but their **mental, emotional, and financial health** as well. And we’re making sure that despite physical barriers, the right level of human connection, guidance, and information is always just a call, click, or text away.

At Univera Healthcare, we **integrate the people, tools, and resources that support members on their journey to total health and wellbeing.**



Integrated Care for Complete Health and Wellbeing

Member-Centric Care

- Wellbeing Programs
- Care Management
- Disease Management
- Behavioral Health
- Utilization Management
- Pharmacy Management and More

Integrated Benefits and Services

- Dental
- Vision
- HSA/HRA/FSA Spending Accounts
- Administrative Services

Self-Service Support Tools

- Online Accounts
- Mobile App
- Cost Transparency Tools
- Wellframe®
- Telemedicine
- Vitalize – **NEW!**
- Virtual Physical Therapy for Musculoskeletal (MSK) Management – **NEW!**
- Welvie My SurgerySM

Businesses and their employees can feel confident knowing that we’re looking out for every aspect of their health – leading to **better care, bigger savings, and greater peace of mind.**



43%
improvement in
gap closure rates
for members engaged
in care management

We're right here to advance health equity for all of Western New York.

At Univera Healthcare, we're investing in the long-term physical and emotional health of our communities and working to address socioeconomic, demographic, and geographic barriers at every turn. Our integrated care approach is a key part of advancing health equity. It engages members directly in care management, educates them about their unique challenges and gaps in care, and empowers them by providing the tools and resources they need to feel their best.

1

Engaging members directly in their health

Care management on a personal level connects members to health plan resources and community-based organizations (CBOs) that can address their specific barriers.

2

Educating members and groups about their health care barriers

Disease management and our Workplace Wellbeing consultants provide help for making positive changes at home.

3

Empowering groups and members to feel their best

Digital tools and financial resources support personal and community wellbeing.

Health care disparities result in about

\$93B in excess medical care costs.

Employers bear a significant portion of this burden.¹

In 2022, we partnered with

400+ CBOs providing support

throughout Upstate New York.

In 2022, we awarded

\$1M over the next three years

to eight local nonprofits. (MACHI Grants)

¹Ani Turner, "The Business Case For Racial Equity: A Strategy For Growth," Altarum/W. K. Kellogg Foundation, July 24, 2018. altarum.org/RacialEquity2018



Integrated care for complete health at every phase of life.

Our small group plans are just a part of how Univera Healthcare is here to care for businesses and people in our community. We provide a full range of plans including Medicare, Safety Net, individual and family Qualified Health Plans, dental plans, and more. That way, as members move through life and situations change, you can always count on our team to be there for them.

Here's a look at scenarios where Univera Healthcare can provide coverage as life changes.



If Lee owns a company that transitions to greater than 100 employees, we can make it easy to make the transition to **Large Group Coverage**.



If Anita retires, we can offer **Medicare** plans if she's 65+.



If Jayden leaves her job to open her own business, we can help her get individual coverage through **Safety Net, Essential Plan, Qualified Health Plans, Dental, or Medicare** options.



If Rachel has a baby, we can offer a **Child Health Plus** plan through Univera Healthcare instead of adding them to their coverage through their employer or commercial group plan, which may result in a financial savings.



If Samir owns a company with employees working past 65, we can offer a **Group Medicare** plan to help make the transition to Medicare easier.



If Jack loses his job, – and group medical and dental coverage with it – we can provide individual plan options such as **Safety Net, Essential Plan, Qualified Health Plans, Dental, or Medicare** options.



If Calvin becomes physically disabled, he may qualify for **Medicaid** and Univera Healthcare can help him understand his options and get enrolled.

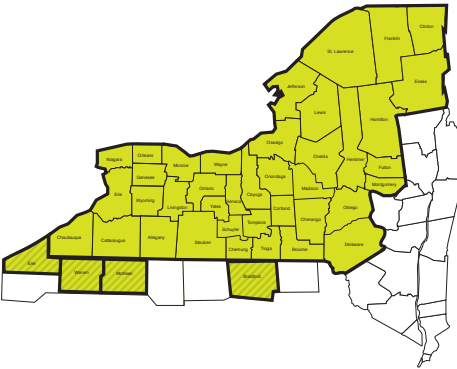
To learn more about our plans, contact your sales consultant or visit UniveraHealthcare.com



Understanding our network.

The largest local network in upstate New York:

- **Network covers 39** Upstate New York counties
- **More than 98%** of all providers in these counties participate with us
- All major hospitals and strategic physician groups
- Competitively negotiated rates for increased savings and value
- We have additional **direct contract relationships** with providers in select neighboring Pennsylvania counties for additional access for Southern Tier members*



Peace of mind with nationwide coverage:

- When you need care outside of our local network, Univera Healthcare offers access to more than 1.2 million practitioners and 5,600 hospitals through the MultiPlan/PHCS network**
- MultiPlan/PHCS offers the same in-network benefit when members receive care from participating providers throughout the United States

Our national network, available through our Univera Access Plus plans, gives employees the highest level of access, while our extensive regional network provides outstanding access with an opportunity to control costs.

*Direct provider contracts in Pennsylvania counties may be limited in number and scope of care.

** Available on Univera Access Plus plans only; employees can refer to the MultiPlan and/or PHCS logos on the back of their Univera Healthcare member card.

SECTION 2

Member-Centric Care



Unique care for every member.

We take a member-centric approach to care management, looking at the whole person and their individual needs. That way, we're always right here with the right level of support – from healthy lifestyle tips to help managing chronic and complex conditions like diabetes, depression, or cancer.

Utilization Management

Members are connected with the appropriate level of treatment, medication, and care management support to help speed recovery and keep costs in check.

Pharmacy Management

Innovative clinical programs help keep costs low, employees safe, and administration easy, while our on-staff pharmacists review prescriptions to provide an extra layer of protection for members.

Case/Disease Management

Claims data and predictive modeling identify at-risk members, empowering our care managers to provide proactive, individualized support.

Wellbeing Programs

Programs are tailored to the needs of your organization and employees to maximize impact, satisfaction, and savings. Our programs motivate and support overall holistic wellbeing with focus on all dimensions of physical, emotional, social, and financial health.

Behavioral Health Support

Our Case Management Team includes mental health and substance abuse specialists who are ready to help members break down the barriers to recovery.

A management method that works:



Identify

We use cost and use trend data mining, predictive modeling of claims data, and regular inpatient admission and ER visit reports to identify members with urgent needs.



Stratify

We identify and stratify the needs of members based on their level of health risk to make sure they're engaged appropriately.



Engage

Our targeted outreach and engagement plans are implemented by licensed clinicians and can include telephonic outreach, targeted mailings and emails on condition management, reminders about important screenings, and even one-on-one text support.

Univera Healthy Baby Connection

A healthy start for mom and baby. To help put employees and their employers at ease, we developed our specialized **Maternity Care Program**. It combines our care management expertise with technology to help control costs and provide expecting families with the right level of support, when and where they need it. It's part of how we're here to help Western New York families get the care and resources they need to give all babies a healthy beginning.

Key components of our integrated care approach to maternity care:

Every year,
50,000
women in the
United States

experience severe
pregnancy-related
complications.¹

30-40% or more
of Black/African American,
Hispanic, American Indian,
or Alaska Native women
do not get the prenatal care
they need.²

Univera Healthy Baby Connection Maternity Care Management Team

Our on-staff Maternity Care Management Team consists of experts in virtually every area of prenatal and postpartum care, all led by a registered nurse care manager.

Univera Healthy Baby Connection Program

Raising a healthy baby begins long before childbirth. The Univera Healthy Baby Connection program focuses on early intervention, prenatal education, and personalized support during and after pregnancy.

Wellframe App

For those in the Maternity Care Program, the free Wellframe app provides easy access to self-management tools, educational resources, and support. Moms and dads have access to behavioral health programs addressing everything from maternity issues and general wellness to anxiety and depression.

ProgenyHealth NICU Infant Program

A stay in the neonatal intensive care unit (NICU) is becoming all too common, with preterm births nearing 10% of all newborn deliveries. Our partnership with ProgenyHealth ensures our newest members receive the best care possible while helping contain the costs associated with their stay.

¹ Centers for Disease Control and Prevention

² U.S. Department of Health and Human Service, National Library of Medicine

Pharmacy

Small businesses have enough on their plates without worrying about the rising cost of pharmacy benefits. That's why we've partnered with Express Scripts to enhance our integrated medical and pharmacy benefits offering. As the largest regional pharmacy benefits manager, we oversee every aspect of care on a member-by-member basis to keep costs low and keep clients and their employees safe. Plus, we regularly connect with local physicians to stay current on new medications that can lower costs even further.

Our integrated prescription drug coverage includes:

Univera access formulary>

Gives members access to a wide variety of drugs within each drug class.

All plans

90-day drug fills are available at participating retail pharmacies.

Mail-order prescriptions

Mail-order or home delivery of maintenance medications to make sure members always have the medicines they need, when they need them, increases member savings for up to a 90-day supply.

Access to:

40

on-staff
pharmacists

19

medical
directors

Up to

44%

savings on medical costs
for common conditions
like diabetes

Lowers medical costs by

4-6%

when medical and
pharmacy are integrated



An integrated approach to pharmacy care.

With medical and pharmacy integration, the Univera Healthcare team oversees every aspect of care on a member-by-member basis to keep costs low and your workforce safe. It's about improving medication adherence and management to maximize savings and enhance care for your team through a number of proven programs that are included with every pharmacy plan at no additional cost.



Prior Authorization

Our clinical pharmacists and physicians review medication requests to ensure appropriate drugs and doses are being prescribed.



Step Therapy

When multiple drugs can treat the same condition, members try clinically effective, lower-cost options first.



Generic Advantage Program

Members who prefer to stay on a name-brand drug with a generic equivalent pay the difference between the average wholesale prices, plus the generic copay.



Diabetic Utilization Management

We combine Step Therapy and Prior Authorization to bring down costs for medications, equipment, and testing supplies.



Biosimilar Optimization

Biosimilars are an important way to help spur competition that can lower health care costs and increase access to important therapies. We promote the use of biosimilars when the overall net cost is lower than its biologic product.



Discount Cards

The Inside Rx® prescription discount card provides discounts on medications outside a member's pharmacy benefit through a simple and personalized experience. It lets members and their dependents pay the lowest price possible for the medications they may need.



Home Delivery

Members can get maintenance medications delivered right to their front door – increasing adherence and savings over the retail pharmacy.



Medical Drug Prior Authorization

Medical benefit specialty drugs are managed through the same team of clinical pharmacists and physicians that reviews your regular pharmacy claims.



Diabetes Remote Monitoring Program

Members with diabetes can opt in to have pharmacists actively monitor their blood sugar readings and offer educational support when needed to help members manage their condition and potentially prevent long-term complications.



RationalMed®

Addresses otherwise unidentifiable safety issues related to prescription drugs in real time and sends safety alerts that address dangerous interactions, gaps in care, and potential misuse to dispensing pharmacists and prescribers for immediate notification and action.

Workplace wellbeing

Businesses care about the health of their employees. That's why our health plan has an integrated workplace wellbeing strategy built right in. With access to a dedicated wellbeing engagement consultant and a number of proven tools and resources, groups can achieve greater satisfaction, savings, and improved health outcomes for your clients and their employees.

Workplace wellbeing benefits include:

Wellbeing Engagement Consultant

A dedicated wellbeing engagement consultant will work with your groups to assess their workplace and wellness capabilities, provide targeted recommendations, and offer advice on program implementation.

Member Care Management Services

Programs to provide interventions and materials for members with conditions that can be significantly improved through self-care. Our team can help members understand their condition and treatment options, and encourage treatment plan adherence. There are no additional fees for participation.

Additional Employer and Employee Resources

"Making the Most of Your Health Plan" presentation to employees (in-person or web-based), wellbeing activity toolkits, advance care planning, online resources, and more.

24/7 Nurse Call Line

Get answers any time of the day or night.

6,000 Health Topics

Instant access to expert information online.

Perks 4 U

Members receive exclusive discounts on services at participating massage therapy and acupuncture providers, as well as physical fitness facilities.

38% more engaged

when employees believe their employer cares about their health and wellbeing*

18% more likely

to go the extra mile for the organization*

28% more likely

to recommend their workplaces*

17% more likely

to still be working there in 1 year*

\$2,554 less
workers' comp claims*

* 2021 Employee Benefits – A Research Report by SHRM.

To learn more about workplace wellbeing support or to schedule a wellbeing consultation, **talk to your Univera Healthcare account manager today.**



SECTION 3

Self-Service Support Tools



Empowering the whole team.

When members sign up for a Univera Healthcare online member account, they get instant access to all their benefits, tools, member-only resources, and more.



Member Card(s)
View or order



Claims
Submit, view,
and download



Find Providers
Find in-network
doctors or specialists



Costs and Spending
Estimate medical costs,
track deductibles, view
out-of-pocket spending



**Benefits
and Coverage**
View a summary



Get Rewards
Access available spending
and rewards programs



Go Paperless
Receive available documents electronically



**Register or
Log in Today**

Visit
[UniveraHealthcare.com/
Register](https://UniveraHealthcare.com/Register)

**Members can take
their health plan with
them 24/7**

Download the
Univera Healthcare app!



For Android



For Apple

5 Easy Steps

It's easy to get started with an online member account.

1

Have
member card
handy

2

Visit our
website or
download
our app

3

Complete
registration

4

Choose
username
and
password

5

Verify
email

(Tip: an email will be
sent during registration)

Every member will have access to personalized information based on their own plan.
Creating an account is easy. **To get started, visit UniveraHealthcare.com/Register.**

Wellframe mobile health management app



Download the
Wellframe app!



For Android



For Apple

- As part of our Care Management outreach, members can connect conveniently via text with licensed health care professionals anytime for advice or support.
- Guidance for things like general wellness, weight loss, smoking cessation, diabetes, high blood pressure, and more.
- Through one-on-one conversations and member data, we develop personalized care plans to keep healthy employees healthy and complex conditions in check.

To learn more about how Wellframe can improve outcomes and control costs, talk to your Univera Healthcare account manager today.

Wellframe is an independent company that provides a health and wellness support mobile app to Univera Healthcare members.

80% of Univera Healthcare
members
of Wellframe have successfully
addressed a health issue

\$500-\$2,000

saved per Univera Healthcare
member based on risk tier*

Employees average

49 texts with care managers
compared with just

4.5 phone calls and stay
connected longer

* 2018 Health Plan Data Provided by Wellframe



Vitalize powered by Virgin Pulse

Introducing Vitalize, a digital home base dedicated to engaging teams in health and wellbeing and supported by Virgin Pulse.

Our partnership with Virgin Pulse will give employees the tools to make small everyday changes to their wellbeing that are focused on the area they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.



Within Vitalize, employees will have the ability to:



Connect a fitness tracker so they can log their activity and watch for small improvements over time.



Set their interests by choosing to work on an area that matters the most to them, like eating habits, sleep, physical activity, relationships or finances.



See a clear picture of their health with a certified Health Risk Assessment called Health Check.



Add friends and family, connecting with up to 10 others to help encourage and motivate one another.



Rally coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.



Use the digital coaching tool to make simple changes to their health, one small step at a time.



Vitalize will be available to employees through the Virgin Pulse mobile app and web browser.

Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Univera Healthcare.

Healthy employees help drive business forward.

Our embedded rewards program is designed to provide employees with helpful incentives for getting and staying healthy.

Rewards are a combination of a points and levels game structure with the addition of specific action rewards. This setup allows employees to focus on a few specific actions to earn a reward and will also give them a game experience of working through levels.

Employees will start by registering and setting up their online account for points. As they complete healthy activities such as step tracking, Journeys, and Daily Cards, they'll move through levels and continue earning points. When they reach milestone levels, they'll unlock Pulse Cash rewards that they can redeem for gift cards and merchandise.

The action reward can be earned by completing the Health Risk Assessment.



of members **are more effective in their role at work** with Virgin Pulse*



of members **reported decreased stress levels**, critical for mental health*



of members **improved clinical health metrics** across BMI, blood sugar levels, and blood pressure*



reduction in absenteeism*



of high-risk hypertensive members **reduced blood pressure***



of member respondents have **developed more positive daily habits** using Virgin Pulse*

\$1,029 **per member**
average claims cost reduction*

Vitalize Rewards	
Features	
Annual Rewards	\$400
Health Risk Assesment (Health Check)	X
Health Risk Assesment (Health Check) Reward	\$25
Journeys® Digital Coaching	X
Daily Cards	X
Healthy Habits	X
Challenges	X
Fitness and Sleep Tracking	X
Media Library	X

*2018-2023 data provided by Virgin Pulse.
Annual rewards are embedded for all Small Group plans. The total reflects the amount that can be earned for subscriber and spouse or domestic partner contract.



Powering informed decisions with Welvie®

Improving health, enhancing care, and lowering costs.

Surgery is often a huge decision – and at times, a scary one. While there have been many great advances in technology and practice, there are still very real risks. Adding to the concern, 50% of some surgeries may not be medically necessary.¹ It's a decision that requires careful consideration. Yet when a doctor mentions surgery, very few question it.

We offer Welvie My Surgery to inform, empower, and give employees and their covered family members what they need to make the best choices possible.

Help Weighing Their Options

In six easy steps, Welvie My Surgery guides employees through the entire surgery decision-making process.

They'll learn how to work with their doctor to:

- Make sure they have the correct diagnosis
- Explore surgical and non-surgical treatment options
- Prepare for and recover from surgery (if surgery is chosen)

Armed with these new insights, employees can have more meaningful conversations with their caregivers about creating the best possible outcome.

Proven results²

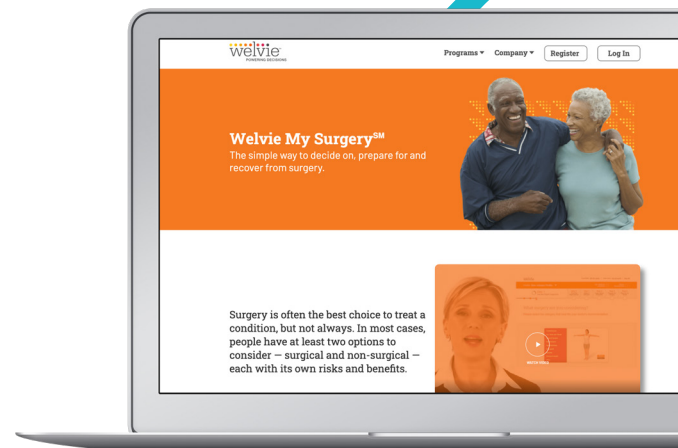
- Savings of \$7.89 per member per month on surgery spend
- 93% said they were better prepared for their surgery
- 99% said they were better informed about their surgery

It pays to know Welvie – \$25, in fact.

- Employees will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie My Surgery program and a short survey.
- The gift card is available to them and any covered family members once every 365 days.

¹ Washington Post website: Spinal fusions serve as case study for debate over when certain surgeries are necessary. Peter Whoriskey and Dan Keating (October 27, 2013): washingtonpost.com

² Evaluation of the Shared Decision Making (SDM) Health Care Innovations Awardees Third Annual Report; Acumen, LLC; February 7, 2017
Welvie is an independent company that provides a surgery decision program to Univera Healthcare members.



Telemedicine

Access Telemedicine 24/7/365 with MDLIVE®

When employees miss work due to illnesses or office visits, it can have an impact on both productivity and profitability. That's why it's important to make medical and behavioral health care more convenient and accessible, so employees can take better care of themselves and be their best – at home and work.

Univera Healthcare is pleased to provide access to virtual health care via our partner MDLIVE, a leading telemedicine provider of online and on-demand health care delivery services and software.

When employees' doctors are unavailable, telemedicine may be the right option for them. They will have access to a vast network of board-certified doctors. The system is easy to use, and it is accessible through a toll-free phone number, video conferencing via the web, and/or a secure mobile app available for smartphones.

Our telemedicine program includes behavioral health services.

Members can talk to a licensed counselor or psychiatrist 24/7/365 from their home, office, or on the go to get help with things like addiction, child and adolescent issues, depression, stress, and more.

Our telemedicine program helps:

- 1 Reduce costs, while increasing employee access to high-quality health care.
- 2 Decrease absenteeism and improve productivity by reducing visit times.
- 3 Provide a valued benefit that supports employee satisfaction and retention.

Telemedicine is a great option for non-life-threatening conditions when your doctor is not readily available.

Plan Type	Small Business Plans	MDLIVE Copay
Copay	Standard Platinum Platinum 1, 2, 4 Univera Clear Options Gold	Covered in full
Hybrid	Platinum 5 Gold 2	Covered in full
	Standard Gold Standard Silver Silver 2	If you haven't met your deductible yet, you'll pay the allowable charge of \$50* If you've met your deductible, covered in full
Deductible Non-HSA & Deductible HSA	Bronze 4	Covered in full
	Gold 1, 4, 6 Silver 1, 5, 6, 7 Bronze 1, 3	If you haven't met your deductible yet, you'll pay the allowable charge of \$50* If you've met your deductible, covered in full

A cost share may apply for telehealth services received through an in-network provider.

* The allowable charge is \$50. The allowable charge does not apply to behavioral health services. The allowable costs for behavioral health services vary but do not exceed \$180. This means a member who has not met their deductible will not pay more than \$180.

Right here to move musculoskeletal (MSK) management forward.

Musculoskeletal disorders (MSDs) are one of the leading drivers of health care expenses in the U.S. and second highest cost for the health plan. Currently, in-person physical therapy (PT) compliance is a known issue, as the lack of follow-through creates greater downstream costs and complexity. A review of 2021-2022 health plan data illustrates that of members facing back pain, 18% only completed one PT visit.* By offering employees our new virtual PT benefit, we give them an option that can help make care easier, reduce costs, and promote better outcomes.

Virtual PT can help:

- **Reduce** unnecessary invasive treatments and trips to the emergency room, resulting in lower overall costs
- **Reduce** absenteeism, resulting in higher work productivity
- **Increase** physical therapy engagement, resulting in better quality of care
- **Increase** ease and speed of access to care, resulting in better compliance of treatment

The virtual PT benefit will now be included for all small group plans.

In 2021, \$800M

was spent by the health plan for MSK-related costs*

(Not inclusive of direct and indirect costs related to workers' compensation)

MSDs involved a median of

8 days away from work**

In 2021, an estimated 9.5M

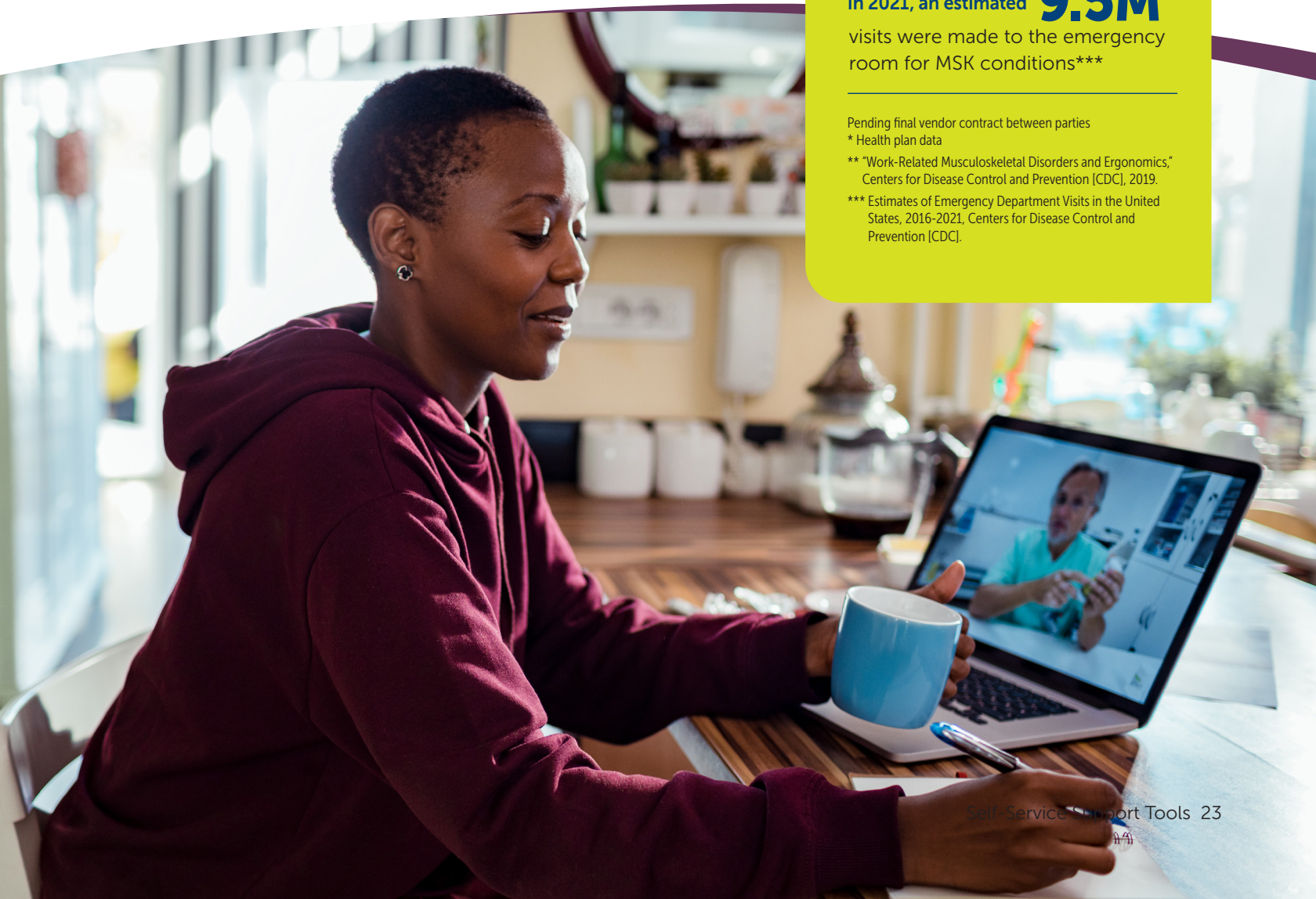
visits were made to the emergency room for MSK conditions***

Pending final vendor contract between parties

* Health plan data

** "Work-Related Musculoskeletal Disorders and Ergonomics," Centers for Disease Control and Prevention [CDC], 2019.

*** Estimates of Emergency Department Visits in the United States, 2016-2021, Centers for Disease Control and Prevention [CDC].



Integrated Benefits and Services



Vision plans from Univera Healthcare

Regular eye exams can do more than just help employees see more clearly. They can also catch eye diseases like cataracts, diabetic retinopathy, and glaucoma early before leading to permanent vision loss or blindness. Plus, eye exams can help identify other health conditions such as high blood pressure and diabetes.¹

By caring for their eyes, employees can help preserve both their long-term eye health and overall quality of life – giving them greater peace of mind knowing they're on their way to more complete wellbeing.

Affordable options:

Low out-of-pocket costs make it easier for employees to get care they need, including:

- Low copays for exams for the whole family
- Fully covered and low-cost on-trend frame options through the Exclusive Collection
- Discounts on lens enhancements, additional pairs of eyeglasses, LASIK services, and other great extras just for being a member

Comprehensive coverage:

Every vision plan includes:

- Eye exams and retinal imaging to catch vision and health concerns early, plus benefits for corrective eyewear including frames, lenses, and contact lenses
- Eyewear choices for every family member, lifestyle, and budget, each with a one-year breakage warranty at no extra cost

Convenience:

Through our partner, Davis Vision, employees have access to a large network that includes 350 provider locations in the eight-county Western New York area and 100,000+ points of access nationwide, including:

- Independent eye care professionals
- Four of the top five eyewear retailers such as VisionWorks and Walmart
- Online retailers like 1-800 Contacts, Glasses.com, and Befitting

Vision difficulty is the
5th most common
disability among adults.²

**~50% of
visual impairment
and blindness**
can be prevented through early
diagnosis and timely treatment.³

**4 in 10
U.S. adults**
are at high risk for vision loss.⁴

For more information about our stand-alone vision plans, contact your Univera Healthcare account manager.

Davis Vision is an independent company providing vision benefit management services and access to their network.

1 CDC. Vision Health Initiative: Keep an Eye on Your Vision Health. October 2020

2 CDC. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults, 2016.

3 CDC. Vision Health Initiative: Vision Health Frequently Asked Questions. June 2020.

4 JAMA Ophthalmology. Eye Care Among US Adults at High Risk for Vision Loss in the United States in 2002 and 2017.

Dental

Dental issues can cause big problems for small business.

In fact:

164 million hours
of work
are lost in the U.S. every year due to dental disease.¹

Up to
120 medical
conditions
like diabetes, heart disease, and stroke^{2,3} can be
detected with a simple checkup.

By combining your medical and dental benefits with Univera Healthcare, you can catch small problems early to keep costs in check. We offer a growing network of dentists to help your team be more proactive about care — and more productive in the workplace.

Univera Access Dental plans

- Range of package options to meet budget needs
- Provides Affordable Care Act (ACA) compliance in a stand-alone dental plan
- Deductibles as low as \$0
- Full family coverage
- No annual maximum for pediatric service

Univera Dental Select plans

- Wide range of benefits with package options for maximum flexibility to tailor the perfect plan
- Provides ACA compliance in conjunction with Univera Healthcare medical plans
- Deductibles as low as \$50
- Full family coverage

Both plans provide:

- One-stop shop for comprehensive, coordinated medical and dental coverage
- Broad and growing network of dental providers
- Competitive rates
- Local carrier with strong ties to the community

¹ U.S. Department of Health and Human Services [DHHS]. "Oral Health in America."

² Little, James W., Falace, Donald A., Miller, Craig S., and Rhodus, Nelson L., "Dental Management of the Medically Compromised Patient (8th Ed.)," 2012.

³ CDC, "Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss," 2009.



Univera Access Dental

ACA-compliant dental plans that are designed specifically for small business

Univera Access Dental plans

Package ID	UAD-1500-PPO		UAD-1000-PPO		UAD-1000B-PPO		UAD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible enrollee/ 2+ enrollees	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
Out of Pocket Maximum enrollee/ 2+ enrollees	\$350/\$700 ¹	N/A	\$350/\$700 ¹	N/A	\$350/\$700 ¹	N/A	\$350/\$700 ¹	N/A
Annual Maximum	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
Preventive Services	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic Services	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major Services	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics ⁰	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

* Subject to plan deductible
¹ Out of Pocket Maximum applies to in network benefits only
⁰ Service requires prior authorization and must be medically necessary
Adult benefits subject to plan Annual Maximum
Same coverage for in and out-of-network; out-of-network is subject to balance billing (excluding Out-of-Pocket Maximum)
Service categories vary between Adult and Pediatric coverage.



Univera Dental Select

Pediatric dental coverage for members up to age 19 may be embedded in all Univera Healthcare medical plans. With Univera Dental Select, you get full family coverage that complements your pediatric dental coverage.

With Univera Healthcare pediatric dental coverage, you automatically receive:

- Convenient compliance with ACA mandates
- Full range of diagnostic, palliative, and therapeutic services, but not as robust as our Univera Dental Select packages
- Varied cost share by plan, subject to medical plan deductible
 - Standard = PCP Copay
 - Select = 100%/80%/50%/50%
 - Preventive cleanings and exams are not subject to the in- or out-of-network deductible on Non-Standard Hybrid plans and Non-Standard Deductible HSA plans
- Preventive services including cleanings, fluoride treatments, and sealants
- Routine exams, x-rays, and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions

Univera Dental Select Plan Options

Package ID	Plan Type	Deductible	Annual Max	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
UDSE-8	Employee Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
UDSE-9*		\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
UDSE-13		\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
UDSE-14*		\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
UDSE-30		\$50	\$1,000	0%	50%	50%	50%	50%	\$1,000
UDSE-33		\$50	\$1,000	0%	50%	50%	50%	N/A	N/A

Disclaimer: Values shown reflect member responsibility
* Plan offers out-of-area coverage at UCR90

Dental Annual Maximum Rollover

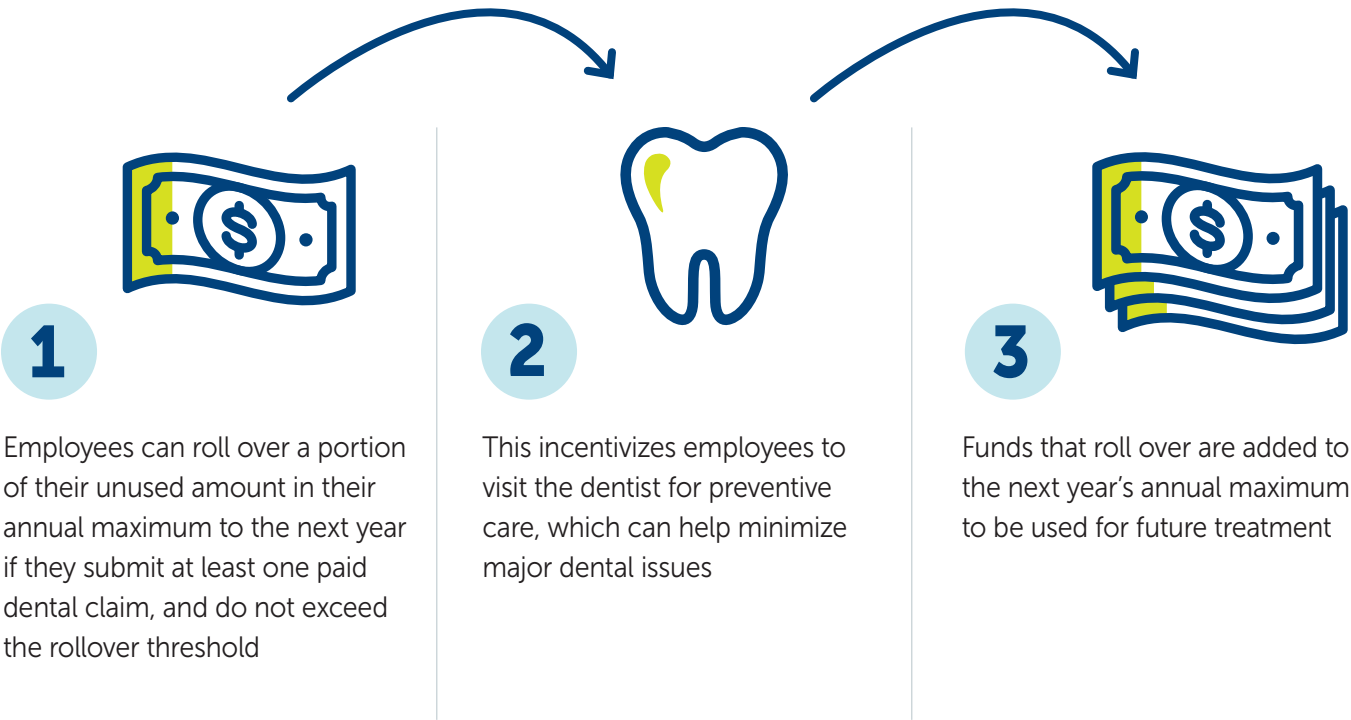
Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. Dental Annual Maximum Rollover from Univera Healthcare incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.

Univera Dental Select Plan Options With Annual Maximum Rollover

Package ID	Plan Type	Deductible	Annual Max	Annual Max Rollover Threshold	Rollover	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
UDSER-1-26/26	Employee Sponsored	\$50	\$1,000	\$500	\$250	0%	20%	20%	50%	N/A	N/A
UDSER-2-26/26		\$50	\$1,000	\$500	\$250	0%	20%	20%	50%	50%	\$1,000
UDSER-3-26/26		\$75	\$750	\$350	\$125	0%	20%	20%	50%	N/A	N/A
UDSVR-1-26/26	Voluntary	\$50	\$1,000	\$500	\$250	0%	20%	20%	50%	N/A	N/A
UDSVR-2-26/26		\$50	\$1,000	\$500	\$250	0%	20%	20%	50%	50%	\$1,000
UDSVR-3-26/26		\$75	\$750	\$350	\$125	0%	20%	20%	50%	N/A	N/A

Disclaimer: Values shown reflect member responsibility
*Plan offers out-of-area coverage at UCR90

Let’s take a look at how it works:



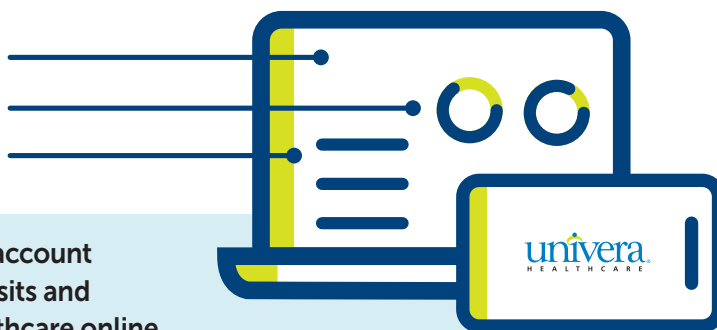
Spending accounts: An integrated approach for members.

With the growing popularity of consumer-driven health care, Univera Healthcare has partnered with LBS to offer an effortless spending account experience for our members. Providing a single, integrated source of information for their various benefit accounts makes it easier for members to manage their health care dollars and keep track of their spending.

Unified Digital Experience

We're combining the digital member experience between Univera Healthcare and LBS to deliver a comprehensive source of essential member benefit information, all in one place. High deductible health plan members already have access to a convenient member dashboard providing access to tools and information that make the most of their plan:

- View benefits, coverage, and claims
- Estimate out-of-pocket medical costs
- Find in-network doctors



Members can also view their LBS spending account balance(s) and transactions, including deposits and contributions, right from their Univera Healthcare online account and on the Univera Healthcare mobile app.

* Univera Healthcare online account and mobile app available details may vary.

Types of Spending Accounts



Health Savings Accounts (HSA)

A member-owned, tax-advantaged funding account that can be used with certain high deductible health plans. Funds roll over each year, never expiring, and can be used to pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, and more.



Flexible Spending Accounts (FSA)

FSAs offer members a smart, simple way to set aside money, tax-free, to cover eligible, non-covered medical or dental expenses. Because contributions are made before taxes are deducted from a member's pay, they reduce the member's total taxable income and members get to keep more of what they earn.



Health Reimbursement Accounts (HRA)

An employer-funded, tax-sheltered account that allows members to pay for certain out-of-pocket health care expenses. One of the more customizable spending account options, HRAs give groups full discretion over the plan design and year-to-year fund carry over (within IRS guidelines).

Currently, LBS has the ability to effectively administer 99% of existing HRA plan designs.



Lifestyle Spending Accounts (LSA)

This is an employer-funded, post-tax spending account, with eligible expenses and plan details customized by the employer, that promotes healthy habits and overall wellbeing. Members can use these funds towards any of the eligible expenses related to physical, financial, and emotional wellbeing.

In 2020, HSAs and FSAs became more flexible with the passing of the CARES Act. Now, members can use these accounts to purchase common items like feminine-care products and OTC items without a prescription.

Compliance is easier with a proven partner in your corner.

The regulatory requirements of your health and benefits plans can be complicated. But they don't have to be. Through our partnership with LBS, Univera Healthcare can offer tools, services, and support to help you confidently manage your compliance.



Plan Drafting Services

LBS can help you keep crucial regulatory documentation updated and accurate as plan details and circumstances change. Available services include Summary Plan Descriptions, Plan Documents, Summaries of Material Modification, and Plan Amendments for the following products:

- Pre-Tax Premium – Premium Only
- Health FSAs
- Health Reimbursement Arrangements
- Fully Insured Medical, Dental, and Vision Wrap Arrangements



Providing Access to Essential Nondiscrimination Tests

LBS also offers a nondiscrimination testing website that includes certain required tests from the IRS and instructions on how to use them. Tests are performed instantly once your data is submitted, and you'll have access to printable reports showing your results. Depending on your plan design, you will be given access to the following tests:

Cafeteria Plans:

- Eligibility
- Key Employee Concentrations

Health FSA:

- Eligibility
- Benefits

LBS takes the complexity out of COBRA.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires most employers to offer continuing health coverage to qualified beneficiaries who lose their coverage due to a qualifying event. Administering your own COBRA requires a thorough understanding of the law – or you could lean on the support of the experts at LBS.

They are here to:

1

Keep you ahead of important deadlines

Their experienced COBRA-certified specialists help clients stay on top of their responsibilities.

- 100% of COBRA notifications are completed within the 14-day requirement
- Payments are processed the day they are received
- Client requests or inquiries are processed within three business days

3

Streamline rate renewal with an online portal

LBS replaced a time-consuming, paper-based process with a simpler, faster online experience.

- Make rate changes to existing plans
- Add or terminate new plans or carriers
- Change coverage levels
- Get reminders 60, 45, and 30 days before renewal
- Grant access to your broker for help managing the process

2

Provide real-time reporting

LBS offers a variety of detailed reporting features such as:

Financial reporting

- Biweekly disbursements
- Payment posting logs
- Billing history
- Partial payments
- Payment detail

Administrative reporting

- Notified members
- Enrolled members
- Terminated members
- Census reports
- Coverage reports
- Premium detail
- Division reports

4

Deliver 24/7 access to members

LBS's COBRA and Premium Billing mobile app allows members to monitor their account anytime, anywhere.

- View notifications and messages
- Tap to call or email customer service
- Make one-time payments* and schedule recurring payments
- Pay with a bank account or credit card
- Choose a plan and make changes when necessary

*Services fees may apply.

Small Business Plan Designs



Small business plan designs helping you find the right fit with confidence.

There’s a lot to consider when selecting a new health plan. So before you give your client a recommendation, narrow down the options using these four product profiles. Then, simply select a plan with the specific features they need.

Stable	Balanced	Blended	Value Maximizing
<p>This product design features a comprehensive approach to health insurance with premiums that cover nearly all your health care costs. Even major claims are covered, and you’ll have very few out-of-pocket costs throughout the year. So you’re never surprised by a big bill, and you rarely have to think about your coverage. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pre-tax dollars.</p>	<p>These plans balance the predictability of higher copays with the upfront cost savings of lower premiums – without the need for a deductible. So you get a straightforward plan free from complicated deductible tracking throughout the year. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pre-tax dollars.</p>	<p>With the advantage of moderate premiums, these plans use a blend of deductibles and fixed copays to achieve a combination of predictability and cost savings. So you get the confidence of a comprehensive plan with more freedom than you might expect. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pre-tax dollars.</p>	<p>This product design features the lowest monthly premiums and greatest ability to control your own costs for those who prefer managing and maximizing their money. It requires more planning and engagement, which many people embrace, and can sometimes be combined with an HSA – allowing you to pay for medical expenses with pre-tax dollars.</p>
<p>If your client is looking for something stable and predictable, this plan might fit:</p>	<p>If your client is looking for something balanced, one of these plans might fit:</p>	<p>If your client is looking for something blended, one of these plans might fit:</p>	<p>If your client is looking for something value maximizing, one of these plans might fit:</p>
<ul style="list-style-type: none">• Copay*	<ul style="list-style-type: none">• Copay**	<ul style="list-style-type: none">• Hybrid*• Deductible Non-HSA**	<ul style="list-style-type: none">• Deductible HSA**

*Standard and Non-Standard plan options are available
**Non-Standard plan option available
Copyright © 2023, Univera Healthcare. All rights reserved.
Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted.
Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

Small business plan design details

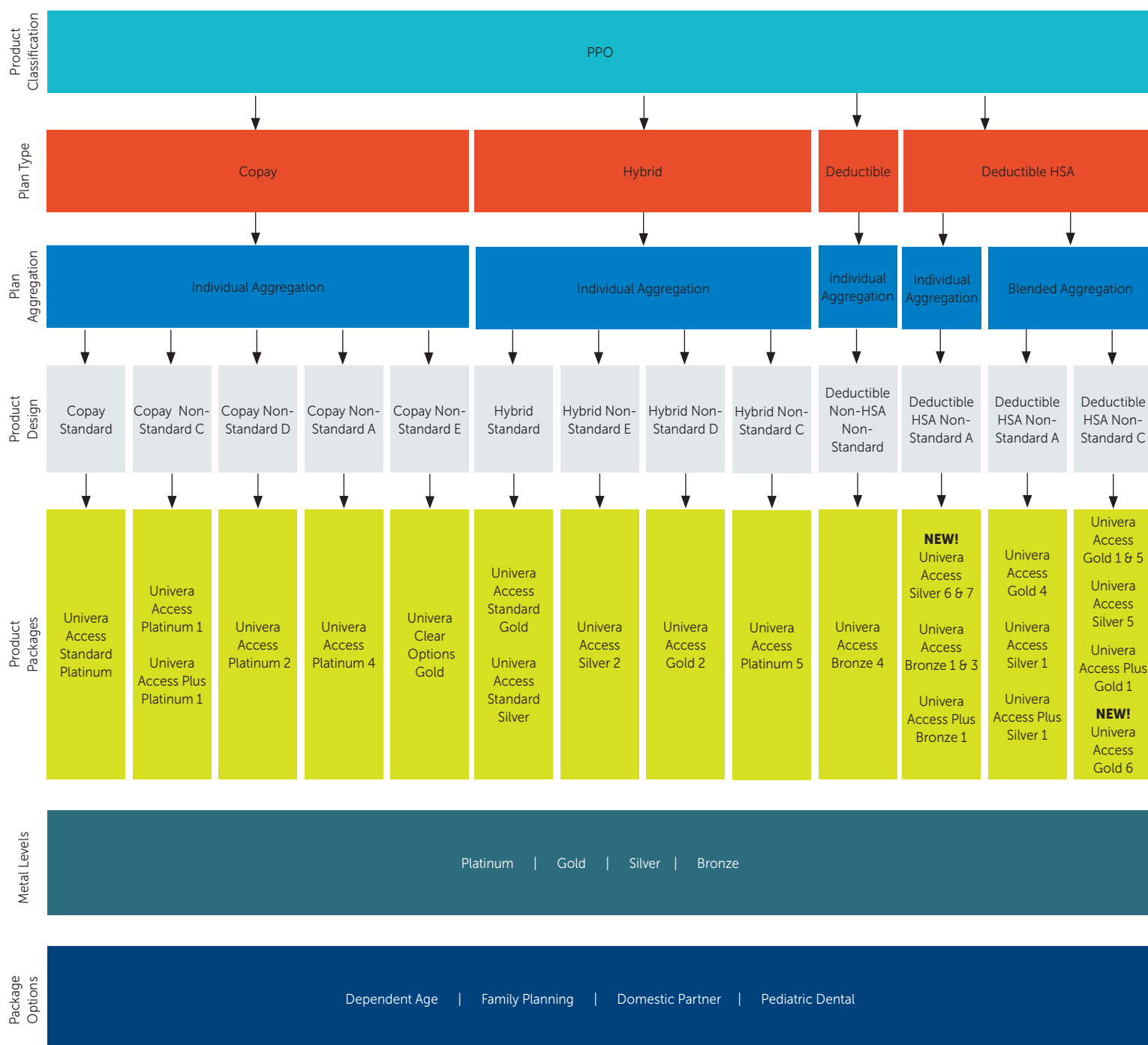
Below you'll find details about our plan designs and how they compare across all of our plan types. In the pages that follow, you'll also find decision guides for each of these.

Plan Designs	Stable Designed for convenience and predictability.	Balanced Designed for members who want the confidence of an easy-to-understand plan with a lower premium.	Blended A blended plan design that helps bridge the difference between traditional copay plans and high deductible plans.		Value Maximizing Designed so members can take control of their health care dollars.	
	Copay Standard Copay Non-Standard A Copay Non-Standard C Copay Non-Standard D	Copay Non-Standard E	Hybrid Standard Hybrid Non-Standard E	Hybrid Non-Standard C Hybrid Non-Standard D	Deductible HSA Non-Standard A Deductible HSA Non-Standard C	Deductible Non-HSA Non-Standard
Design Description	What makes these plans stable: <ul style="list-style-type: none"> • There is no deductible. • You will pay a set copay for covered services.* 	What makes this plan balanced: <ul style="list-style-type: none"> • There is no deductible. • Works like a traditional copay plan only with six distinct copay levels. • The copays are higher, which lowers the upfront costs. 	What makes these plans blended: <ul style="list-style-type: none"> • There is a deductible; it applies to all medical services to reduce premium payments. • After the deductible is met, the plan acts like a copay plan to bring predictability.* 	What makes these plans blended: <ul style="list-style-type: none"> • There is a deductible; it only applies to inpatient services and outpatient surgery to balance out-of-pocket costs on covered services and premium payments. • Pay only a set copay for all other services not subject to the deductible.* 	What makes these plans value maximizing: <ul style="list-style-type: none"> • All services and drugs are subject to a deductible to lower the premium. • Coinsurance is applied to all services after the deductible to lower the premium. • Plans are HSA qualified. 	What makes this plan value maximizing: <ul style="list-style-type: none"> • Out-of-pocket costs are higher up front, which balances out the lower premiums. • Coinsurance is applied to most services and drugs after the deductible to lower the premium. • Plan is non-HSA qualified.
Plan Features	Stable features include: <ul style="list-style-type: none"> • \$0 annual health checkups and preventive services • \$0 PCP copay for members to age 19 • \$0 outpatient mental health visits • Low urgent care copays • Telemedicine services through MDLive covered in full 	Balanced features include: <p>Easy-to-understand copay levels</p> <p>Level 1: \$0 annual checkups, preventive services and outpatient mental health visits</p> <p>Level 2: Primary care services</p> <p>Level 3: Specialist visits, urgent care, x-rays</p> <p>Level 4: Emergency room services</p> <p>Level 5: Outpatient surgery</p> <p>Level 6: Inpatient hospital services</p>	Blended features include: <ul style="list-style-type: none"> • \$0 annual health checkups and preventive services • \$0 PCP copay for members to age 19 • \$0 outpatient mental health visits • Telemedicine services through MDLive covered in full 	Blended features include: <ul style="list-style-type: none"> • \$0 annual health checkups and preventive services • \$0 PCP copay for members to age 19 • \$0 outpatient mental health visits • Telemedicine services through MDLive covered in full • Pay a PCP copay for lab tests 	Value maximizing features include: <ul style="list-style-type: none"> • \$0 annual health checkups and preventive services • \$0 PCP copay for members to age 19 once the deductible has been met • \$0 outpatient mental health visits once the deductible has been met • Telemedicine services through MDLive covered in full once the deductible has been met, otherwise a \$50 copay will apply.** 	Value maximizing features include: <ul style="list-style-type: none"> • \$0 annual health checkups and preventive services • \$0 PCP copay for members to age 19 • \$0 outpatient mental health visits • Telemedicine services through MDLive covered in full
Plan Aggregation	Individual aggregation provides stability for total out-of-pocket costs for all members of a family.	Individual aggregation provides stability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Blended aggregation applies to plans at lower premiums. Individual aggregation applies to plans at a slightly higher premium.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.

* Services related to eyewear, hearing, durable medical equipment, and external prosthetics are subject to coinsurance.

** The \$50 allowable charge does not apply to behavioral health services. The allowable costs for behavioral health services vary but do not exceed \$150. This means a member who has not met their deductible will not pay more than \$150.

Univera Healthcare small business portfolio



The small business portfolio also offers an HMO option to small groups with out-of-area headquarters and a Healthy New York EPO (Exclusive Provider Organization) to eligible small businesses. **Contact your Univera Healthcare account manager for more information.**

Product components

All of our small business plans include the 10 essential health benefits (EHBs) all groups must cover.

The following is a list of general categories of EHBs covered by our small business plans:

1. Prescription Drugs
2. Hospital Visits
3. Rehabilitative and Habilitative Services, as well as Devices
4. Maternity and Newborn Care
5. Mental Health and Substance Use Disorder Services
6. Emergency Services
7. Laboratory Services
8. Preventive and Wellness Services, as well as Chronic Disease Management
9. Ambulatory Patient Services
10. Pediatric Dental and Vision Services

For a specific list of EHBs, as determined by the NYS benchmark plan, please visit:
www.cms.gov/cclo/resources/data-resources/ehb.html.



Covered in full preventive care.

Keeping track of your preventive screenings can go a long way in ensuring overall health – and peace of mind. Univera Healthcare members are covered in full for all preventive screenings,* which can help confirm they're healthy or improve earlier disease detection.

According to the Centers for Disease Control and Prevention, **preventive care services**

could save over
100,000

lives in the U.S. every year.

Well-Baby and Well-Child Care

Routine physical examinations, including vision and hearing screenings, developmental assessment, anticipatory guidance, and laboratory tests.

Adult Annual Physical Examinations

Annual physical examinations and preventive care and screenings, including blood pressure screening for adults, cholesterol screening, colorectal cancer screening, and diabetes screening.

Adult Immunizations

Adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered and not subject to deductible.

Well-Woman Examinations

Routine gynecological examination, breast examination, and annual Pap test, including laboratory and diagnostic services.

Mammograms

One baseline screening mammogram and one annual screening.

Family Planning and Reproductive Health Services

FDA-approved contraceptive methods prescribed by a provider are covered. Prescription drugs and devices approved by FDA, or generic equivalents as approved substitutes, are also covered.

Bone Mineral Density Measurements or Testing

We cover bone mineral density measurements or tests.

Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit: healthcare.gov/coverage/preventive-care-benefits.

Additional preventive care

For groups with HSA-qualified high deductible health plans (HDHPs), additional preventive care services may be available. Diagnosis-driven services for certain chronic conditions are covered ahead of deductible (applicable cost shares, such as copays and/or coinsurance may apply).

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Blood pressure monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International normalized ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density lipoprotein (LDL) testing	Heart disease

Certain cost shares may apply based on plan type.

Note: These are additional preventive medical services only. Preventive drugs are included as a separate feature and are not included as part of this enhancement.

For the full list of specified conditions, visit: <https://www.irs.gov/pub/irs-drop/n-19-45.pdf>.



Pediatric benefit highlights



Pediatric Dental>

For plans that cover pediatric dental, we cover the following dental care services for members up to 19 years of age:

- **Emergency Dental Care.** Emergency treatment required to alleviate pain and suffering caused by dental disease or trauma, not subject to our preauthorization.
- **Preventive Dental Care.** Procedures which help to prevent oral disease from occurring, including cleanings, topical fluoride application, sealants, and unilateral and bilateral space maintainers.
- **Routine Dental Care.** Routine dental care provided in the office of a dentist, including dental examinations, x-rays, simple extractions, and in-office conscious sedation.
- **Major Dental Care.** Endodontics including procedures for treatment of diseased pulp chambers and pulp canals, periodontics including services in anticipation of or leading to medically necessary orthodontics, and certain prosthodontic services.
- **Orthodontics.** Medically necessary procedures only. Used to help restore oral structures to health and function and to treat serious medical conditions such as cleft palate and cleft lip, craniofacial anomalies, and other significant skeletal dysplasias. Preauthorization is required.

Benefit highlights:

- **All Non-Standard Copay, Hybrid, and Deductible HSA Plans.** In- and out-of-network preventive exams and cleanings are not subject to deductible.

Pediatric Vision

All our plans offer the following coverage for members up to 19 years of age:

- **Vision Care.** Emergency, preventive, and routine vision care.
- **Vision Examinations.** One (1) vision examination per 12-month period, unless more frequent examinations are medically necessary.
- **Prescribed Lenses and Frames.** Standard prescription lenses or contact lenses one (1) time per 12-month period, unless more frequent changes in lenses or contact lenses is medically necessary.

Benefit highlights:

- **All Non-Standard Plans** will include pediatric annual eye exams covered in full (subject to deductible, where applicable).

Member cost share for lenses and frames will vary based on plan.

Understanding product classifications and plan types.

Health insurance products are classified based on where services are administered and the type of coverage the member receives.

Historically, many plans were Health Maintenance Organizations (HMOs), and were sometimes viewed as restrictive in that they required members to have a Primary Care Physician (PCP) to coordinate care with specialists within a specific network of doctors and hospitals.

Let's take a look at how our small business portfolio is classified and how these compare.

Product Classifications	PPO	EPO	HMO
Access to 100% of hospitals and 99% of local doctors within our 39-county network	X	X	X
Out-of-network benefits available	X	X ¹	X ¹
PCP must be selected			
Referrals required before receiving care from a specialist			
Access to in-network nationwide coverage through MultiPlan/PHCS national network	X ²		
Access to emergency and dialysis services		X	X

¹ Out-of-network benefits available only for emergency services or dialysis

² Access to in-network nationwide coverage through MultiPlan/PHCS national PPO network available only for Univera Access Plus plans



While all Univera Access and Univera Access Plus plans are PPOs (Preferred Provider Organizations) to give members more choice and more control over their health journey, our small business portfolio also offers an HMO option to small groups with out-of-area headquarters and a Healthy New York EPO to eligible small businesses.

1

PPO plans

PPO plans offer your employees the flexibility to choose in-network (preferred) or out-of-network (non-preferred) providers. However, much higher out-of-pocket costs may apply for out-of-network care. Our PPO plans do not require PCP selection or referrals to access specialty care. In-network benefits are available nationwide through the MultiPlan/PHCS national network on select plans.

2

EPO plans

EPO plans give your employees access to any doctor or hospital in our EPO network, without requiring PCP selection or referrals. Out-of-network providers are not covered except for emergency and dialysis services. EPOs combine the flexibility of a PPO and the cost savings of an HMO. In-network benefits are not available nationwide.

3

HMO plans

HMO plans are designed to help your employees save money. A participating PCP typically coordinates all of their care and provides referrals for services with in-network specialists, though these are not required through Univera Healthcare. Out-of-network providers are not covered except for emergency services.

4

Point of Service (POS)

POS plans combine the flexibility of a PPO and the cost savings of an HMO. A participating PCP typically coordinates all of their care and provides referrals for services with in-network specialists. Deductible and/or coinsurance commonly apply for out-of-network care.



Plan types

There are four plan types available. Each plan type covers qualified preventive services in full without being subject to a deductible on plans where it may be applicable. The descriptions below highlight some of these differences by plan type.

Name	Description	HSA Qualified (Y/N)	Rx Subject to Medical Deductible (Y/N)
Copay>	<p>There is no in-network deductible</p> <p>Members pay a fixed dollar amount for most services</p>	No	No
Hybrid>	<p>Members must first pay in- and out-of-network deductibles for applicable medical care before the health plan begins to pay</p> <p>Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design</p> <p>Prescription drug fills are not subject to the medical deductible</p>	No	<p>No</p> <p>Diabetic drugs are subject to the deductible on some hybrid plans</p>
Deductible Non-HSA>	<p>Members must first pay the deductible for applicable medical care before the health plan begins to pay</p> <p>Prescription drug fills are subject to the medical deductible</p> <p>Deductibles and/or out-of-pocket maximum amounts exceed IRS limits; therefore plans are not eligible to pair with HSA accounts. (You can always pair any plan with an HRA account.)</p>	No	Yes
Deductible HSA>	<p>Members must first pay the deductible for all medical care before the health plan begins to pay</p> <p>Prescription drug fills are subject to the medical deductible</p> <p>Additional preventive services based on medical diagnosis will apply applicable cost share and are not subject to the deductible</p>	Yes	<p>Yes</p> <p>Preventive drug fills will not be subject to the deductible on most Non-Standard plans</p>

Small business copay plans

Designed for convenience and predictability:

- Preventive services such as routine physicals, screenings, and vaccinations are covered in full.
- A fixed dollar amount applies to covered health care services, other than preventive care, like going to the doctor when sick or getting a prescription filled.
- PPO plan options available for more flexibility.

A copay plan may be right if:

- Employees prefer the convenience and predictability of copayments. This plan will have higher monthly premiums, but lower out-of-pocket costs.
- Employees tend to have high medical costs, where they may prefer a plan without a high deductible and protection by an out-of-pocket maximum.

Available Packages	Plan Features	Office Visit		Hospital Visit		Emergency Care		Prescription Drug	Single Limit*	
Enrollment Code	Plan Name	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Copay Per Tier	OOPM	Plan Aggregation*
TDN4	Univera Access Standard Platinum	\$15	\$35	\$500	\$100	\$55	\$100	\$10/\$30/\$60	\$2,000	Individual Aggregation
TDW0	Univera Access Platinum 1*	\$5	\$45	\$500	\$100	\$50	\$100	\$10/\$30/50%	\$5,500	Individual Aggregation
TDY6	Univera Access Platinum 2	\$10	\$30	\$750	\$250	\$50	\$250	\$10/\$45/50%	\$5,500	Individual Aggregation
TEJ8	Univera Access Platinum 4	\$30	\$50	\$750	\$250	\$50	\$250	\$10/\$35/\$70	\$6,550	Individual Aggregation
TEY2	Univera Clear Options Gold	\$50	\$100	\$4,000	\$1,000	\$100	\$250	\$10/\$50/\$100	\$8,250	Individual Aggregation

Benefits in orange represent a cost share change from 2023 to 2024.

*Univera Access Plus option available with MultiPlan/PHCS national network of providers.

+Plan aggregation designates how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM).

All benefits shown are in-network.

Out-of-network benefits are available but not shown here. In and out-of-network deductibles and out-of-pocket maximums accumulate separately.

The family deductibles and out-of-pocket maximums are two times the individual amounts.

For a complete benefit summary and rate sheet, see Univera on Demand at UniveraHealthcare.com

Small business hybrid plans

A blended plan design that helps bridge the difference between traditional copay plans and high deductible plans:

- A deductible must be met before the health plan starts chipping in.
- Prescription drug fills are not subject to the deductible (diabetic drugs are subject to the medical deductible for some plans; see the next page for more detail on the plan design of these products).
- Preventive services such as routine physicals, screenings, and vaccinations are covered in full (not subject to the deductible).
- PPO plan options available for more flexibility; HMO and EPO plan options available for affordability.

A hybrid plan may be right if:

- Employees are looking for a less expensive plan but are not ready to move to a high deductible plan.
- Employees are seeking more control over their health care choices and are willing to pay a deductible before the health plan starts chipping in.
- Employees value first dollar prescription drug coverage.

Available Packages	Plan Features	Single Limit*		Office Visit		Hospital Visit		Emergency Care		Prescription Drug	
Enrollment Code	Plan Name	Deduct	OOPM	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Copay Per Tier	Plan Aggregation*
TEA2	Univera Access Platinum 5	\$250	\$3,000	\$10	\$25	20%*	20%*	\$50	\$150	\$10/\$25/\$50	Individual Aggregation
TDQ6	Univera Access Standard Gold	\$600	\$5,900	\$25*	\$40*	\$1,000*	\$100*	\$60*	\$150*	\$10/\$35/\$70	Individual Aggregation
TED4	Univera Access Gold 2	\$2,000	\$8,000	\$10	\$50	\$1,200*	\$250*	\$75	\$600	\$10/40%/50%	Individual Aggregation
TDO0	Univera Access Standard Silver	\$2,100	\$9,450	\$30* ¹	\$65* ¹	\$1,500*	\$150*	\$70*	\$500*	\$15/\$40/\$75	Individual Aggregation
TEG6	Univera Access Silver 2	\$3,500	\$9,000	\$20*	\$60*	20%*	20%*	\$75*	\$400*	\$15/\$50/50%	Individual Aggregation

Benefits in orange represent a cost share change from 2023 to 2024.

*Indicates benefit is subject to deductible.

+Plan aggregation designates how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM).

¹ One PCP visit not subject to the deductible. See Univera on Demand for details.

All benefits shown are in-network.

Out-of-network benefits are available but not shown here. In and out-of-network deductibles and out-of-pocket maximums accumulate separately.

The family deductibles and out-of-pocket maximums are two times the individual amounts.

For a complete benefit summary and rate sheet, see Univera on Demand at UniveraHealthcare.com

Small business deductible non-HSA plans

Designed as an economical way to protect employees' health:

- Deductible is higher than other insurance plans, but premiums are lower.
- A deductible must be met before the health plan starts chipping in.
- Preventive services such as routine physicals, screenings, and vaccinations are covered in full (not subject to the deductible).
- PPO plan options available for more flexibility.

A deductible plan may be right if:

- Employees are willing to pay more up front out of pocket for medical expenses in exchange for lower premiums.
- Employees who are healthy and don't anticipate high health care needs may prefer a lower cost deductible plan.
- Employees do not have access to an HSA (plan can be paired with an FSA or HRA).
- Employees are looking for protection at a lower cost.

Available Packages	Plan Features	Single Limit*		In-network Coinsurance	Prescription Drug	
Enrollment Code	Plan Name	Deduct	OOPM	Coinsurance	Copay Per Tier	Plan Aggregation*
TEO6	Univera Access Bronze 4	\$8,700	\$8,700	0%	Covered at 100%*	Individual Aggregation

Benefits in orange represent a cost share change from 2023 to 2024.

*Indicates benefit is subject to deductible.
+Plan aggregation designates how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM).
All benefits shown are in-network.
Out-of-network benefits are available but not shown here. In and out-of-network deductibles and out-of-pocket maximums accumulate separately.
The family deductibles and out-of-pocket maximums are two times the individual amounts.

For a complete benefit summary and rate sheet, see Univera on Demand at UniveraHealthcare.com

Small business deductible HSA plans

Designed so employees can take control of your health care dollars:

- Deductible is higher than other insurance plans, but premiums are lower.
- Employees can deposit the money they save on premiums into their tax-favored health savings account (HSA) to help pay toward their deductible (subject to federal limits). Unspent HSA savings roll over year after year and earn interest.
- PPO plan options available for more flexibility.

An HSA plan may be right if:

- Employees want more control over how their health care dollars are spent.
- Employees are willing to pay more up front out of their pocket for medical expenses in exchange for lower premiums.
- Employees are comfortable handling higher out-of-pocket costs and managing savings to cover costs as they occur.

Available Packages	Plan Features	Single Limit*		In-network Coinsurance	Prescription Drug	
Enrollment Code	Plan Name	Deduct	OOPM	Coinsurance	Copay Per Tier	Plan Aggregation*
TEB8	Univera Access Gold 1**	\$1,600	\$4,500	0%	\$10/\$45/50%* Preventive drug not subject to the deductible	Blended Aggregation
TEL4	Univera Access Gold 4	\$1,800	\$3,600	20%	\$10/\$45/50%* Preventive drug not subject to the deductible	Blended Aggregation
TEZ8	Univera Access Gold 5	\$2,000	\$5,500	0%	\$10/\$45/\$90* Preventive drug not subject to the deductible	Blended Aggregation
TFB4	Univera Access Gold 6	\$2,250	\$5,500	0%	\$5/\$45/\$90* Preventive drug not subject to deductible	Blended Aggregation
TEE0	Univera Access Silver 1**	\$3,500	\$7,000	20%	\$5/\$35/50%* Preventive drug not subject to the deductible	Blended Aggregation
TEQ2	Univera Access Silver 5	\$3,250	\$7,500	0%	\$15/\$45/\$90* Preventive drug not subject to the deductible	Blended Aggregation
TFC0	Univera Access Silver 6	\$4,500	\$6,550	20%	\$5/\$35/50%* Preventive drug not subject to the deductible	Individual Aggregation
TFE6	Univera Access Silver 7	\$6,500	\$6,500	20%	Covered at 100%* Preventive drug not subject to the deductible	Individual Aggregation
TEI2	Univera Access Bronze 1**	\$8,000	\$8,000	0%	Covered at 100%* Preventive drug not subject to the deductible	Individual Aggregation
TEM0	Univera Access Bronze 3	\$6,100	\$7,300	25%	Covered at 100%* Preventive drug not subject to the deductible	Individual Aggregation

Benefits in orange represent a cost share change from 2023 to 2024.

*Indicates benefit is subject to deductible.

**Univera Access Plus Option available with MultiPlan/PHCS national network of providers.

+Plan aggregation designates how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM).

All benefits shown are in-network.

Out-of-network benefits are available but not shown here. In and out-of-network deductibles and out-of-pocket maximums accumulate separately.

The family deductibles and out-of-pocket maximums are two times the individual amounts.

For a complete benefit summary and rate sheet, see Univera on Demand at [UniveraHealthcare.com](https://www.univerahealthcare.com)

Let's get to know our aggregation options.

Aggregation is how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM). Depending on the plan, aggregation may be determined on an individual or family basis, and these can be different for a plan's deductible or OOPM. Our plans have individual or blended aggregation. It's important to understand how these work and how they differ, as it determines who is responsible for paying medical expenses throughout the year. Let's take a closer look.

Individual Aggregation

Individual aggregation options are often more attractive to families because claims for individuals will be covered when that individual meets their single deductible, regardless of whether or not other family members have met theirs. Each covered family member only needs to satisfy their own individual deductible, not the entire family deductible, before plan benefits kick in.

For plans with individual aggregation, the same rules will apply to OOPM. With individual aggregation, each family member only needs to meet their own individual OOPM before services are covered in full.

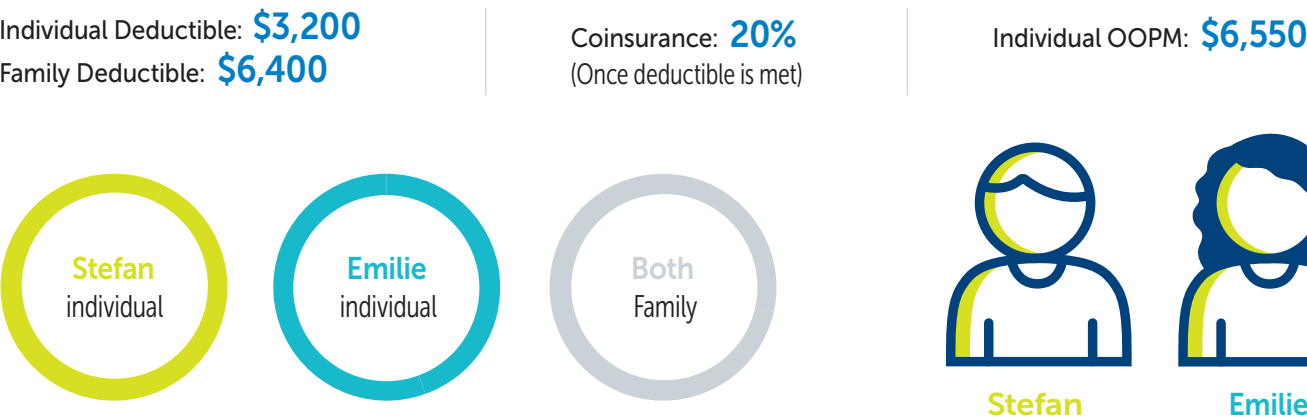
Blended Aggregation

Blended aggregation options typically help keep monthly premiums lower and apply to some of our Deductible HSA plans. Plans with a blended aggregation design apply family aggregation to the deductible and individual aggregation to the OOPM. This means the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

For plans with blended aggregation, individual aggregation applies to OOPM. This means that each family member only needs to meet their own individual OOPM (often referred to as the single deductible) before services are covered in full.

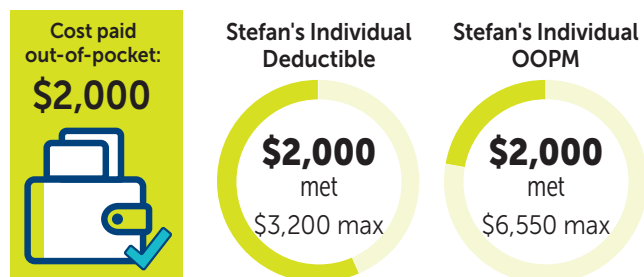
Let's take a look at an example on the next page

Consider this, Emilie and Stefan are on a family plan that includes the following cost shares:

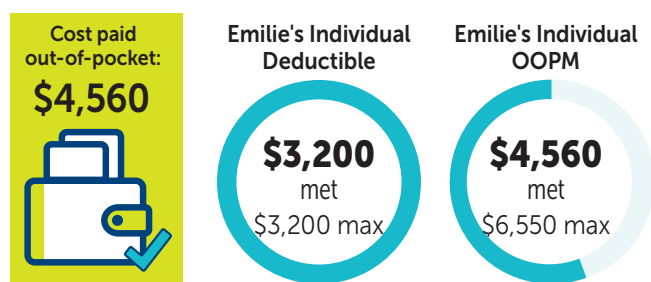


Individual Aggregation

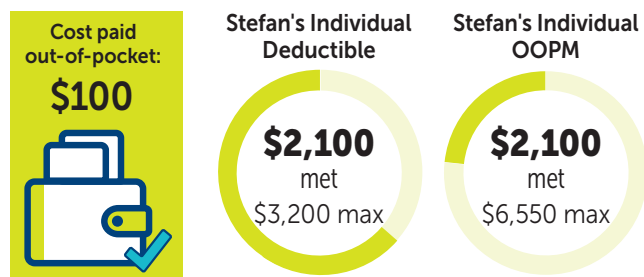
In January, **Stefan** needs a minor surgical procedure that costs \$2,000. Since this is Stefan's first medical expense this year, his individual deductible applies. **He will pay 100% of the costs (\$2,000).**



In May, **Emilie** is admitted to the hospital for an emergency procedure that costs \$10,000. Since this is Emilie's first medical expense this year, her individual deductible applies. **She will pay 100% (\$3,200)** of her deductible **plus 20% coinsurance (\$1,360)** for the remaining balance.



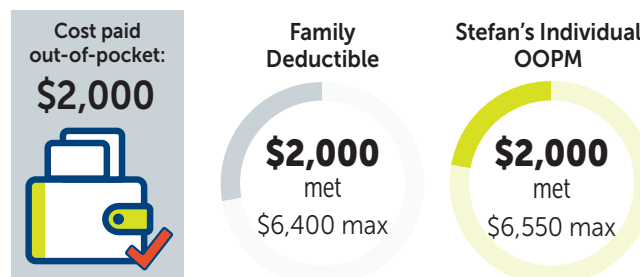
In August, **Stefan** visits the doctor, resulting in a \$100 charge. Since Stefan's deductible has not been met, he will continue to pay toward his individual deductible. He will pay **100% of the costs (\$100).**



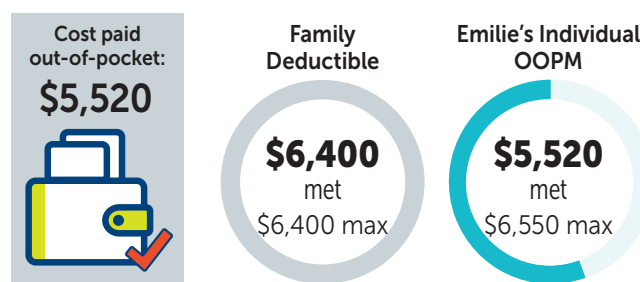
If Stefan reaches his deductible, **Univera Healthcare will start paying 80%** of covered expenses. If Emilie and/or Stefan reach their individual \$6,550 OOPM, their individual covered health care services **will be covered in full by Univera Healthcare.**

Blended Aggregation

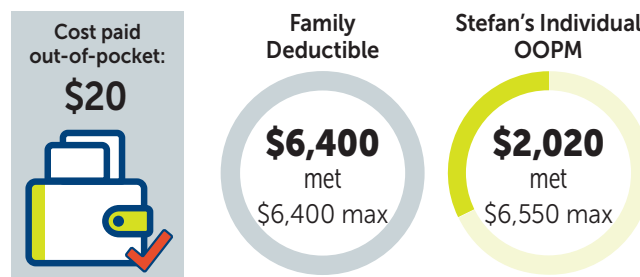
In January, **Stefan** needs a minor surgical procedure that costs \$2,000. Since this is the family's first medical expense this year, the deductible applies. He will pay **100% of the costs (\$2,000).**



In May, **Emilie** is admitted to the hospital for an emergency procedure that costs \$10,000. Since the family deductible applies, **Emilie will pay 100%** of the first \$4,400 to meet the family deductible plus **20% coinsurance (\$1,120)** for the remaining balance.



In August, **Stefan** visits the doctor, resulting in a \$100 charge. **Since the family deductible has been met, Stefan will pay 20% coinsurance (\$20)** of the total allowed cost.



When Emilie and Stefan reached their family deductible, Univera Healthcare started paying 80% of covered expenses. If Emilie and/or Stefan reach their individual \$6,550 OOPM, their individual covered health care services **will be covered in full by Univera Healthcare.**

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Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

Package options

Employers may choose to add the following options to their Univera Healthcare small business health plan for additional plan variation.

	Eligibility	Plan Variations Created With These Options
Dependent through age 29	<p>The dependent is unmarried</p> <p>Is not insured or eligible for coverage under an employer-sponsored health benefit plan</p> <p>Lives, works, or resides in New York state for our service area</p>	<p>Standard coverage is to age 26, plan options are made available with this rider to extend through age 29 for an additional cost</p>
Domestic Partner	<p>Included in the base contract</p> <p>Employers may choose not to offer this coverage</p>	<p>Plans include coverage for eligible domestic partner for no additional cost</p>
Family Planning * Benefits are mandated essential health benefits	<p>Included in the base contract</p> <p>Includes coverage for things like oral contraceptives, sterilization procedures for men, family planning, and certain travel and lodging expenses to access covered services that may not be available to you due to a law or regulation in the state where you reside</p> <p>Coverage can only be removed for groups obtaining a religious exemption</p>	<p>All plans must include sterilization for men, family planning services for women, over-the-counter and generic oral contraceptives and abortion</p>
Pediatric Dental * Benefits are mandated essential health benefits	<p>Coverage can only be removed for groups providing evidence of other qualified coverage</p>	<p>All plans cover in-network dental benefits for members to age 19</p> <p>All plans must have pediatric dental coverage that includes checkups (fluoride, sealant, fillings), basic dental care (x-rays, simple extractions), major dental (endodontics), and orthodontia (medically necessary)</p> <p>For extra coverage, you have the option to add stand-alone dental coverage for your employees' families, with options for adult dental coverage</p>

*Removal of Family Planning or Pediatric Dental benefits requires group exception or Univera Access Dental plan.

Small business plan updates for 2024

To comply with 2024 health care reform guidelines, some benefit coverage is changing. See below for a summary of what is changing. If your plan is not listed below, there were no changes to the plan.

The changes identified below will be implemented on a group’s renewal date beginning 1/1/2024. Groups and members will be notified of the changes in their Annual Rate Notice(s).

New product features:

- Vitalize, a digital home base dedicated to engaging your employees in health and wellbeing, powered by Virgin Pulse, is included in all plans.
- Virtual physical therapy for musculoskeletal (MSK) management is available as a new telemedicine benefit. Visits are covered in full, subject to deductible where applicable on all plans.
- Outpatient mental and behavioral health care visits are now covered in full, subject to deductible where applicable on Non-Standard plans.
- Primary care physician (PCP) office visit for members to age 19 are now covered in full, subject to deductible where applicable on Non-Standard plans, with the exception of Univera Clear Options Gold.

Copoly Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2023 Benefit	2024 Benefit
Univera Access Platinum 1 and Univera Access Plus Platinum 1	In-Network	Single out-of-pocket maximum	\$4,500	\$5,500
	In-Network	Urgent Care	\$45	\$50
	In-Network	Prescription Drug	\$5/\$30/50%	\$10/\$30/50%
	In-Network	Outpatient mental health care & substance use	First 3 Visits Covered in full, then \$5	Covered in full
	In-Network	Primary Care Office Visit (members to age 19)	\$5	\$0
	Out-of-Network	Coinsurance	40%	50%

Copoly Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2023 Benefit	2024 Benefit
Univera Access Platinum 2	In-Network	Primary Care Office Visit	\$5	\$10 and \$0 for members to age 19
	In-Network	Covered Therapies	\$5	\$10
	In-Network	Urgent Care	\$30	\$50
	In-Network	Prescription Drug	\$5/\$45/50%	\$10/\$45/50%
	In-Network	Outpatient mental health care & substance use	First 3 Visits Covered in full, then \$5	Covered in full
	Out-of-Network	Coinsurance	40%	50%
Univera Access Platinum 4	In-Network	Prescription Drug	\$5/\$35/\$70	\$10/\$35/50%
	In-Network	Outpatient mental health care & substance use	\$30	Covered in full
	In-Network	Primary Care Office Visit (members to age 19)	\$30	\$0
	Out-of-Network	Coinsurance	20%	50%
Univera Clear Options Gold	In-Network	Single out-of-pocket maximum	\$6,500	\$8,250
	Out-of-Network	Level 4 benefits (Including Emergency Room, Ambulance, and High tech imaging)	Level 4 - \$200	Level 4 - \$250
	In-Network	Outpatient mental health care & substance use	First 3 Visits Level 1 - Covered in full, then Level 2 - \$100	Level 1 - Covered in full



Hybrid Plan Adjustments

Plan Name	Coverage	Impacted Benefits	2023 Benefit	2024 Benefit
Healthy New York EPO	In-Network	Single out-of-pocket maximum	\$4,750	\$5,900
Univera Healthcare HMO	In-Network	Single out-of-pocket maximum	\$4,750	\$5,900
Univera Access Standard Gold	In-Network	Single out-of-pocket maximum	\$4,750	\$5,900
Univera Access Gold 2	In-Network	Urgent Care	\$50	\$75
	In-Network	Outpatient mental health care and substance use	First 3 visits covered in full, then \$10	Covered in full
	In-Network	Primary Care Office Visit (members to age 19)	\$10	\$0
	Out-of-Network	Coinsurance	40%	50%
Univera Access Platinum 5	In-Network	Urgent Care	\$25	\$50
	In-Network	Prescription Drug	\$5/\$25/\$50	\$10/\$25/50%
	In-Network	Outpatient mental health care and substance use	First 3 visits covered in full, then \$10	Covered in full
	In-Network	Primary Care Office Visit (members to age 19)	\$10	\$0
	Out-of-Network	Coinsurance	40%	50%
Univera Access Standard Silver	In-Network	Single deductible	\$1,750	\$2,100
	In-Network	Single out-of-pocket maximum	\$9,100	\$9,450
Univera Access Silver 2	In-Network	Single deductible	\$3,400	\$3,500
	In-Network	Single out-of-pocket maximum	\$8,000	\$9,000
	In-Network	Urgent Care	\$60*	\$75*
	In-Network	Prescription Drug	\$10/\$50/50%	\$15/\$50/50%
	In-Network	Outpatient mental health care and substance use	First 3 visits covered in full, then \$20*	First 3 visits covered in full, then covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	\$20*	\$0
	Out-of-Network	Coinsurance	40%	50%

* Benefit is subject to the plan deductible

Deductible Non-HSA and Deductible HSA Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2023 Benefit	2024 Benefit
Univera Access Bronze 4	In-Network	Single deductible	\$8,250	\$8,700
	In-Network	Single out-of-pocket maximum	\$8,250	\$8,700
	In-Network	Primary Care Office Visit (members to age 19)	\$25	\$30 with \$0 for members to age 19
	In-Network	Covered Therapies	\$25	\$30
Univera Access Gold 1 and Univera Access Plus Gold 1	In-Network	Single deductible	\$1,500	\$1,600
	In-Network	Single out-of-pocket maximum	\$4,000	\$4,500
	In-Network	Urgent Care	\$35*	\$50*
	In-Network	Prescription Drug	\$5/\$45/50%*	\$10/\$45/50%*
	In-Network	Outpatient mental health care and substance use	\$10*	Covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	\$10*	\$0*
	Out-of-Network	Coinsurance	40%	50%
Univera Access Gold 4	In-Network	Prescription Drug	\$5/\$45/50%*	\$10/\$45/50%*
	In-Network	Outpatient mental health care and substance use	20%*	Covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	20%*	Covered in full*
	Out-of-Network	Coinsurance	40%	50%
Univera Access Gold 5	In-Network	Urgent Care	\$40	\$50
	In-Network	Prescription Drug	\$5/\$45/\$90*	\$10/\$45/\$90*
	In-Network	Outpatient mental health care and substance use	\$25*	Covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	\$25*	\$0*
	Out-of-Network	Coinsurance	40%	50%
Univera Access Silver 1 and Univera Access Plus Silver 1	In-Network	Single deductible	\$3,200	\$3,500
	In-Network	Single out-of-pocket maximum	\$6,550	\$7,000
	In-Network	Prescription Drug	\$5/\$45/\$90*	\$5/\$35/50%*
	In-Network	Outpatient mental health care and substance use	20%*	Covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	20%*	Covered in full*
	Out-of-Network	Coinsurance	40%	50%

* Benefit is subject to the plan deductible

Deductible Non-HSA and Deductible HSA Plan Adjustments

Plan Name	Coverage	Impacted Benefits	2023 Benefit	2024 Benefit
Univera Access Silver 5	In-Network	Single deductible	\$3,000	\$3,250
	In-Network	Single out-of-pocket maximum	\$7,000	\$7,500
	In-Network	Urgent care	\$50*	\$75*
	In-Network	Prescription drug	\$5/\$45/\$90*	\$15/\$45/\$90*
	In-Network	Outpatient mental health care and substance use	\$25*	Covered in full*
	In-Network	Primary care office visit (members to age 19)	\$25*	\$0*
	Out-of-Network	Coinsurance	40%	50%
Univera Access Bronze 1 and Univera Access Plus Bronze 1	In-Network	Single deductible	\$7,500	\$8,000
	In-Network	Single out-of-pocket maximum	\$7,500	\$8,000
Univera Access Bronze 3	In-Network	Single out-of-pocket maximum	\$7,000	\$7,300
	In-Network	Outpatient mental health care and substance use	25%*	Covered in full*
	In-Network	Primary Care Office Visit (members to age 19)	25%*	Covered in full*

* Benefit is subject to the plan deductible

Retiring plans for 2024

The following package will be retired in 2024. Retired packages are those that are no longer offered. When we retire packages, we recommend a replacement package that most closely matches the benefits of the retired package.

All groups and members will be converted into the replacement package upon renewal throughout 2024 unless otherwise specified. All applicable rider selections will be applied to the package.

Availability	Retiring Package	Replacement Package
On & Off Exchange	Univera Access Silver 4	Univera Access Silver 1



Broker and Employer Tools & Resources



Broker and employer tools

Enroll and Update

Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process, and is intuitive and easy to use.

Highlights of the Enroll and Update tool:

- Add new hires; access, enroll, or decline coverage; manage terminations
- Prepare enrollment reports such as coverage detail, transaction history, and employee census
- Schedule reports
- Check the status of employees' benefits quickly and easily
- Approve employee transactions right from the home screen
- Save and come back to enrollment transactions

Enjoy More Convenience with Online Bill Pay and Invoicing

With Univera Healthcare, groups have 24/7 online access to bill payment and invoicing services. Plus, we've recently added enhanced features, redesigned our invoices, and simplified the user experience.

Improved Payment Options

- View current and past invoices or download as PDF or CSV
- Make a full or partial payment
- Set up automatic payments
- Pay invoices with different bank accounts
- View complete payment history

Simpler Invoices

We've redesigned our invoice with a cleaner, simpler design that is easier to understand and use.

Sales Hub

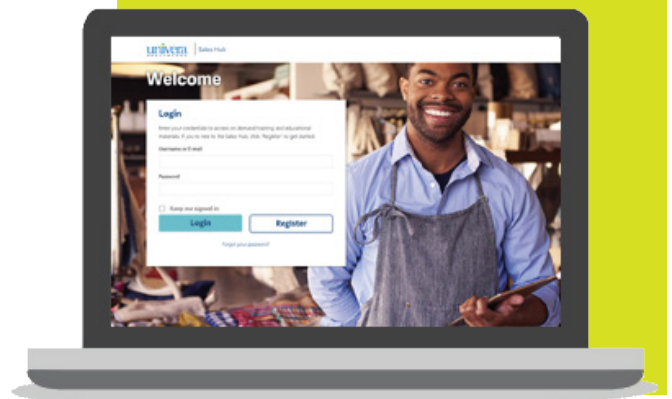
With our Sales Hub, brokers have a virtual destination for on-demand training videos and educational materials. And we recently updated the experience to make it easier to access more of the resources they need.

Topics covered include:

- New broker education
- Annual open enrollment updates
- New broker education

Explore it today at:

UniveraForBusiness.com/SalesHub



Easy-to-Manage Settings

- Get real-time payment status and balance updates
- Receive confirmation of payment or share receipts via email
- Choose to have invoices delivered on paper, online, or both
- Activate email notifications for when an invoice is available

Univera on Demand

We have coverage that's right for every group and every member. With Univera on Demand, you can narrow down the search suitable to your client's request and then select medical, dental, and vision plan(s) with the specific features needed. Enjoy expedited underwriting and enrollment processing, one rate sheet for all package selections, and other helpful tools and resources to help employees compare plans.

Great Ways to Shop

Shop by medical plans

Find information about all our available medical plans. Using this feature allows you to browse and easily compare all available options.

Build my application

Recommended if you want to easily compare all available options for medical, dental, and vision plans. This shopping experience allows you to easily generate a comprehensive open enrollment packet complete with applications for each line of business based on your selections.

Shop Univera Dental Select

Find information about all our available dental plans within Univera Dental Select, our comprehensive dental product suite. Using this feature allows you to browse and easily compare all available options.

Build a Univera Dental Select plan

Recommended if you want to tailor your dental plan design based on filterable benefits and other popular features. This shopping experience allows you to easily narrow down the search suitable to your client's request based on the features they're looking for.

Shop Univera Access Dental

Recommended if you want to easily compare all available options for ACA-compliant dental plans.



Shop our Univera Healthcare small business medical, dental, and vision plans today.

Univera on Demand

[Find a plan](#) » [Shop by All Medical Plans](#) » [Select Plan\(s\)](#)

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Select up to 4 plans and click **Compare**.

Select Rating Period & County: 07/01/2023 - 09/30/2023 Erie

Select additional plans: Name - Please Select - [Reset Plans](#) [Display Hidden Plans](#)

Filter your results: Search By... - Choose Value - [Reset Filters](#)

COMPARE

ADD TO APP

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☐ 2022 Plan [Close](#)

Download	78124NY1030329-00 (TAY2) Select Hide	78124NY1020185-00 (TAR8) Select Hide	78124NY1040233-00 (TAT4) Select Hide
Print Package SBC	Print Package SBC	Print Package SBC	Print Package SBC
Plan Type	Hybrid	Copay	Deductible HSA
HSA Eligible	No	No	Yes
Plan Name	Univera Access Silver 2 ?	Univera Access Platinum 2 ?	Univera Access Gold 1 ?

LEVEL SUMMARY

Levels Do Not Apply To This Plan

DETAIL SUMMARY

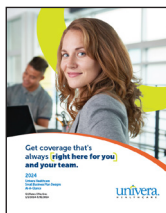
Aggregation Design	Individual Aggregation	Individual Aggregation	Blended Aggregation
Plan Highlights	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes Wellness Rewards and Dental Rewards. Members have access to our PPO network covering 39 Upstate New York counties.	Predictable out-of-pocket costs without a deductible, includes Wellness Rewards and Dental Rewards. Members have access to our PPO network covering 39 Upstate New York counties.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes Wellness Rewards and Dental Rewards. Members have access to our PPO network covering 39 Upstate New York counties.

Discover what we offer for HSA, HRA and FSA Plans [Find out more today](#)

Sales tools

Ask your Univera Healthcare account manager about our available sales tools.

Univera Access At-a-Glance

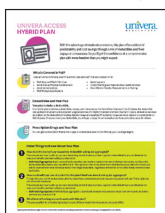


UN-2167 - Q1
UN-2968 - Q2
UN-2969 - Q3
UN-2970 - Q4

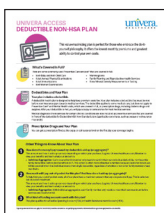
Univera Access Member Flyers



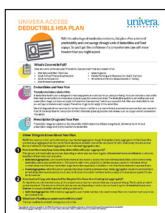
Copay
UN-3130



Hybrid Plan
UN-3133

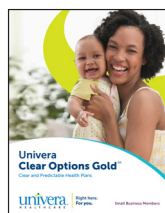


Deductible
Non-HSA Plan
UN-3132



Deductible
HSA Plans
UN-3131

Univera Clear Options



Univera Clear
Options Member
Brochure
UN-3129



Univera Clear
Options Employer
Brochure
UN-3128

Dental



Small Group
Pediatric Dental
Brochure
UN-2469



Univera Access
Dental Flyer
UN-2830



Univera Dental At-a-Glance
UN-3025 - Q1
UN-3163 - Q2
UN-3164 - Q3
UN-3165 - Q4

Vision



Univera Vision Plan
Employer Brochure
UN-3089



Univera Vision Plan
Member Sell Sheet
UN-3090

Toolkits available for employers to support their teams' overall wellbeing.

Specifically for business owners and HR teams, UniveraForBusiness.com is their source for a growing library of turnkey toolkits, downloads, videos, handouts, and fact sheets. We've built it to make sure your clients and their employees get everything they can from their health care plan.

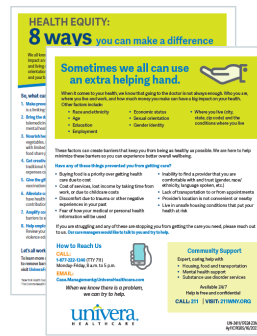
Employer toolkits include:



Diabetes



Emotional Health



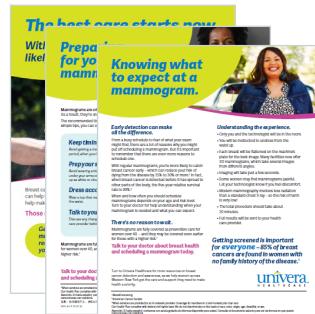
Health Equity



High Deductible Health Plan



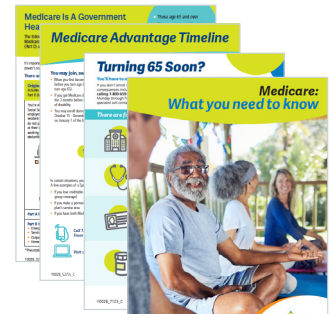
Individual Coverage



Mammogram



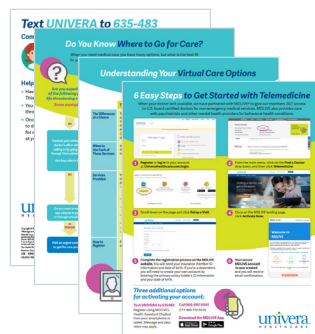
Maternity



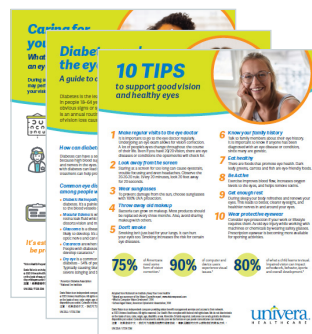
Medicare



Primary Care Provider



Telemedicine



Vision



Wellframe

Ask your Univera Healthcare account manager about the toolkit or download it from **UniveraforBusiness.com.**

Notes

Notes



TheUniveraDifference.com

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Please note, this is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract.

All benefits are subject to medical necessity.

UN-1767