

2024 Sales Tools & Resources

What's New Overview



What's New for 2024

We've got exciting changes planned that will help groups and their employees enjoy even better health and wellbeing in 2024.

Let's take a look at what's in store.*

FOR ALL GROUPS:

VitalizeSM

Introducing Vitalize, a digital homebase dedicated to engaging teams in health and wellbeing. 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.

For **Large Group**, Vitalize will be embedded in all Fully Insured plans and available as a buy-up for Self-Funded and Minimum Premium plans. Based on the experience and incentives that groups are looking to offer, we have several different reward options available.

For **Small Group**, Vitalize will be embedded in all plans, offering rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of up to \$400 per plan year.

Virtual Physical Therapy & MSK²

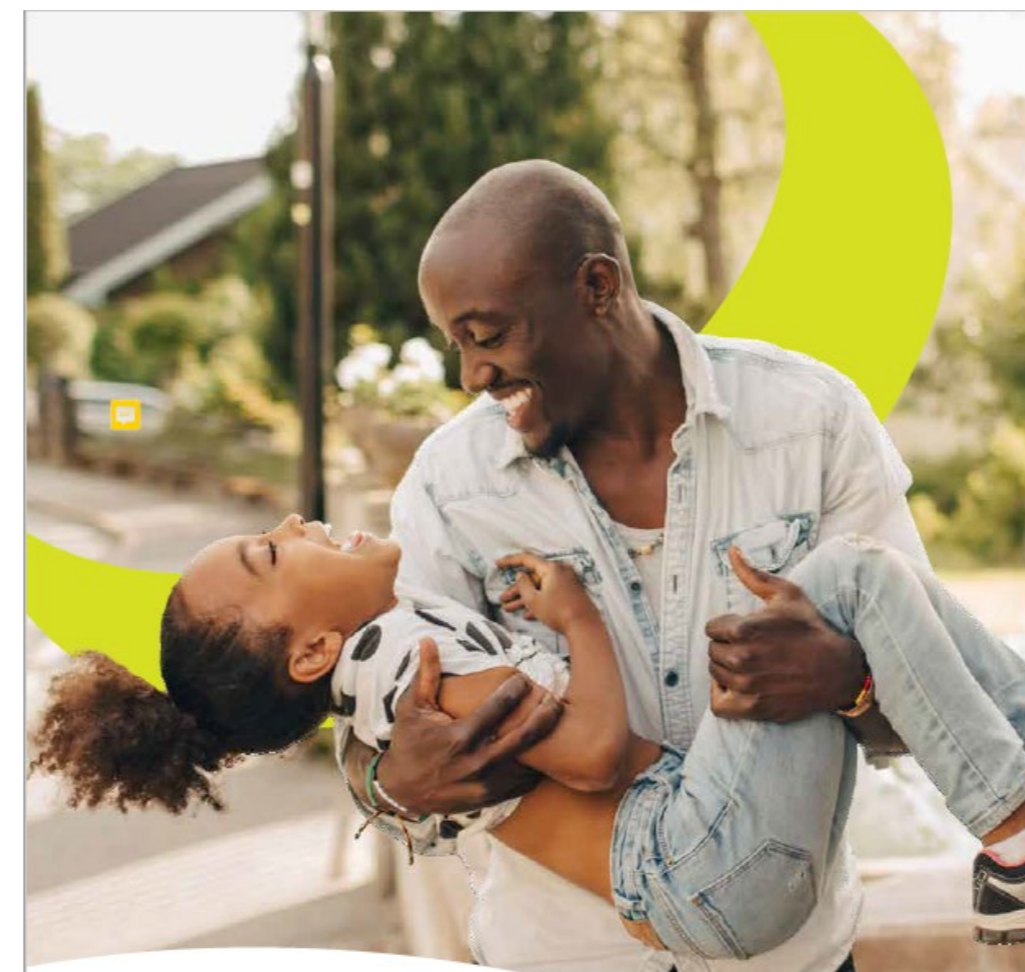
Members receive virtual access to a holistic team of specialty medical doctors, physical therapists, health coaches, and nutritionists. Virtual physical therapy visits will be covered in full (subject to deductible, where applicable), and included as a telemedicine service.

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, specifically targeting members with Stage 4 & 5 chronic kidney disease (CKD). 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.

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Understanding Aggregation

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.

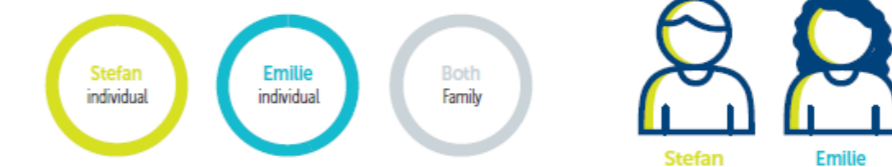
Let's take a look at an example on the next page

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

Individual Deductible: \$3,200
Family Deductible: \$6,400

Coinsurance: 20%
(Once deductible is met)

Individual OOPM: \$6,550



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Small Business

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