



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

2024

Univera Healthcare
Small Business Plan Designs
At-a-Glance

Q4 Rates Effective:
10/1/2024 – 12/31/2024

univera[®]
H E A L T H C A R E

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.

¹ Pending final vendor contract between parties

PLAN TYPE	COPAY					HYBRID	
PLAN NAME	STANDARD PLATINUM	PLATINUM 1 ³	PLATINUM 2	PLATINUM 4	UNIVERA CLEAR OPTIONS GOLD	PLATINUM 5	STANDARD GOLD
Deductible: Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$500	\$600/\$1,200
Coinsurance	N/A	N/A	N/A	N/A	N/A	20%	N/A
Out-of-Pocket Max: Individual/Family	\$2,000/\$4,000	\$5,500/\$11,000	\$5,500/\$11,000	\$6,550 /\$13,100	\$8,250/\$16,500	\$3,000/\$6,000	\$5,900/\$11,800
Plan Aggregation ⁴	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
MEDICAL							
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$15	\$5	\$10	\$30	\$50	\$10	\$25*
Specialist Visit	\$35	\$45	\$30	\$50	\$100	\$25	\$40*
Telemedicine ⁵	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full*
Hospital Facility: Inpatient	\$500	\$500	\$750	\$750	\$4,000	20%*	\$1,000*
Hospital Facility: Outpatient	\$100	\$100	\$250	\$250	\$1,000	20%*	\$100*
Urgent Care	\$55	\$50	\$50	\$50	\$100	\$50	\$60*
Emergency Room	\$100	\$100	\$250	\$250	\$250	\$150	\$150*
PHARMACY							
Prescription Drug	\$10/\$30/\$60	\$10/\$30/50%	\$10/\$45/50%	\$10/\$35/50%	\$10/\$50/\$100	\$10/\$25/50%	\$10/\$35/\$70
OUT-OF-NETWORK							
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$0/\$0	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	20%	50%	50%	50%	0%	50%	40%
Out-of-Pocket Maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$9,750/\$19,500	\$10,000/\$20,000	\$10,000/\$20,000
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental coverage. See Univera on Demand for additional rates.							
Single	\$914.78	\$899.00	\$897.84	\$884.02	\$797.57	\$879.54	\$801.80
Subscriber & Spouse	\$1,829.56	\$1,798.00	\$1,795.68	\$1,768.04	\$1,595.14	\$1,759.08	\$1,603.60
Subscriber & Child(ren)	\$1,555.13	\$1,528.30	\$1,526.33	\$1,502.83	\$1,355.87	\$1,495.22	\$1,363.06
Family	\$2,607.12	\$2,562.15	\$2,558.84	\$2,519.46	\$2,273.07	\$2,506.69	\$2,285.13
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, and family planning coverage. See Univera on Demand for additional rates.							
Single	\$912.49	\$896.77	\$895.61	\$881.83	\$795.58	\$877.33	\$799.79
Subscriber & Spouse	\$1,824.98	\$1,793.54	\$1,791.22	\$1,763.66	\$1,591.16	\$1,754.66	\$1,599.58
Subscriber & Child(ren)	\$1,551.23	\$1,524.51	\$1,522.54	\$1,499.11	\$1,352.49	\$1,491.46	\$1,359.64
Family	\$2,600.60	\$2,555.79	\$2,552.49	\$2,513.22	\$2,267.40	\$2,500.39	\$2,279.40
ENROLLMENT CODE	TDN4	TDW0	TDY6	TEJ8	TEY2	TEA2	TDQ6

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* Benefit is subject to the plan deductible

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2 For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

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5 Virtual care services from a designated virtual provider includes telemedicine, telebehavioral health services offered through our virtual care provider MDLIVE. NEW! Virtual Physical Therapy services pending final vendor contract between parties.

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PLAN TYPE	HYBRID			DEDUCTIBLE HSA			
PLAN NAME	GOLD 2	STANDARD SILVER ²	SILVER 2	GOLD 1 ³	GOLD 4	GOLD 5	NEW! GOLD 6
Deductible: Individual/Family	\$2,000/\$4,000	\$2,100/\$4,200	\$3,500/\$7,000	\$1,600/\$3,200	\$1,800/\$3,600	\$2,000/\$4,000	\$2,250/\$4,500
Coinsurance	N/A	N/A	20%	0%	20%	0%	0%
Out-of-Pocket Max: Individual/Family	\$8,000/\$16,000	\$9,450/\$18,900	\$9,000/\$18,000	\$4,500/\$9,000	\$3,600/\$7,200	\$5,500/\$11,000	\$5,500/\$11,000
Plan Aggregation ⁴	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	BLENDED	BLENDED
MEDICAL							
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$10	\$30*, First visit NSD ¹	\$20*	\$10*	20%*	\$25*	\$25*
Specialist Visit	\$50	\$65*, First visit NSD ¹	\$60*	\$35*	20%*	\$40*	\$40*
Telemedicine ⁵	Covered in full	Covered in full*, First visit NSD ¹	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*
Hospital Facility: Inpatient	\$1,200*	\$1,500*	20%*	\$500*	20%*	\$500*	\$500*
Hospital Facility: Outpatient	\$250*	\$150*	20%*	\$150*	20%*	\$150*	\$150*
Urgent Care	\$75	\$70*	\$75*	\$50*	20%*	\$50*	\$40*
Emergency Room	\$600	\$500*	\$400*	\$150*	20%*	\$150*	\$150*
PHARMACY							
Prescription Drug	\$10/40%/50%	\$15/\$40/\$75	\$15/\$50/50%	\$10/\$45/50%* ¹	\$10/\$45/50%* ¹	\$10/\$45/\$90* ¹	\$5/\$45/\$90* ¹
OUT-OF-NETWORK							
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50%	40%	50%	50%	50%	50%	50%
Out-of-Pocket Maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental coverage. See Univera on Demand for additional rates.							
Single	\$725.32	\$672.73	\$617.76	\$737.05	\$726.19	\$715.65	\$704.03
Subscriber & Spouse	\$1,450.64	\$1,345.46	\$1,235.52	\$1,474.10	\$1,452.38	\$1,431.30	\$1,408.06
Subscriber & Child(ren)	\$1,233.04	\$1,143.64	\$1,050.19	\$1,252.99	\$1,234.52	\$1,216.61	\$1,196.85
Family	\$2,067.16	\$1,917.28	\$1,760.62	\$2,100.59	\$2,069.64	\$2,039.60	\$2,006.49
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, and family planning coverage. See Univera on Demand for additional rates.							
Single	\$723.52	\$671.05	\$616.22	\$735.22	\$724.36	\$713.86	\$702.29
Subscriber & Spouse	\$1,447.04	\$1,342.10	\$1,232.44	\$1,470.44	\$1,448.72	\$1,427.72	\$1,404.58
Subscriber & Child(ren)	\$1,229.98	\$1,140.79	\$1,047.57	\$1,249.87	\$1,231.41	\$1,213.56	\$1,193.89
Family	\$2,062.03	\$1,912.49	\$1,756.23	\$2,095.38	\$2,064.43	\$2,034.50	\$2,001.53
ENROLLMENT CODE	TED4	TDO0	TEG6	TEB8	TEL4	TEZ8	TFB4

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PLAN TYPE	DEDUCTIBLE HSA						DEDUCTIBLE
PLAN NAME	SILVER 1 ³	SILVER 5	NEW! SILVER 6	NEW! SILVER 7	BRONZE 1 ³	BRONZE 3	Bronze 4
Deductible: Individual/Family	\$3,500/\$7,000	\$3,250/\$6,500	\$4,500/\$9,000	\$6,500/\$13,000	\$8,000/\$16,000	\$6,100/\$12,200	\$8,700/\$17,400
Coinsurance	20%	0%	20%	0%	0%	25%	0%
Out-of-Pocket Max: Individual/Family	\$7,000/\$14,000	\$7,500/\$15,000	\$6,550/\$13,100	\$6,500/\$13,000	\$8,000/\$16,000	\$7,300/\$14,600	\$8,700/\$17,400
Plan Aggregation ⁴	BLENDED	BLENDED	BLENDED	BLENDED	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
MEDICAL							
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Visit	20%*	\$25*	20%*	0%*	0%*	25%*	\$30
Specialist Visit	20%*	\$50*	20%*	0%*	0%*	25%*	0%*
Telemedicine ⁵	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full
Hospital Facility: Inpatient	20%*	\$1,000*	20%*	0%*	0%*	25%*	0%*
Hospital Facility: Outpatient	20%*	\$350*	20%*	0%*	0%*	25%*	0%*
Urgent Care	20%*	\$75*	20%*	0%*	0%*	25%*	0%*
Emergency Room	20%*	\$350*	20%*	0%*	0%*	25%*	0%*
PHARMACY							
Prescription Drug	\$5/\$35/50%* ¹	\$15/\$45/\$90* ¹	\$5/\$35/50%* ¹	0%/0%/0%* ¹	0%/0%/0%* ¹	\$10/\$50/50%* ¹	0%/0%/0%*
OUT-OF-NETWORK							
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	50%	50%	0%	0%	0%	0%	0%
Out-of-Pocket Maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental coverage. See Univera on Demand for additional rates.							
Single	\$602.94	\$636.60	\$596.61	\$562.51	\$505.20	\$540.63	\$523.68
Subscriber & Spouse	\$1,205.88	\$1,273.20	\$1,193.22	\$1,125.02	\$1,010.40	\$1,081.26	\$1,047.36
Subscriber & Child(ren)	\$1,025.00	\$1,082.22	\$1,014.24	\$956.27	\$858.84	\$919.07	\$890.26
Family	\$1,718.38	\$1,814.31	\$1,700.34	\$1,603.15	\$1,439.82	\$1,540.80	\$1,492.49
RATES EFFECTIVE 10/1/2024 – 12/31/2024 Rates include dependent to 26 and coverage for domestic partner, and family planning coverage. See Univera on Demand for additional rates.							
Single	\$601.44	\$635.02	\$595.13	\$561.12	\$503.94	\$539.28	\$522.36
Subscriber & Spouse	\$1,202.88	\$1,270.04	\$1,190.26	\$1,122.24	\$1,007.88	\$1,078.56	\$1,044.72
Subscriber & Child(ren)	\$1,022.45	\$1,079.53	\$1,011.72	\$953.90	\$856.70	\$916.78	\$888.01
Family	\$1,714.10	\$1,809.81	\$1,696.12	\$1,599.19	\$1,436.23	\$1,536.95	\$1,488.73
ENROLLMENT CODE	TEE0	TEQ2	TFC0	TFE6	TEI2	TEM0	TEO6

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