



The choice is yours. What to know about our **2026** Qualified Health Plans



Right here.
For you.



Understanding your coverage options

Choosing the right health plan is an important step in managing your health and financial well-being. Understanding the key differences between the following plans will help you make an informed decision on which one is right for you and your family.

- **Standard Health Plans** are required by New York State. Coverage is comprehensive and includes benefits like preventive care, emergency services and prescription drugs. The benefits and out-of-pocket costs for Standard Plans are the same, no matter which health insurer you use. However, provider networks may be different. We have a large network of doctors, hospitals and pharmacies that you know and trust.
- **Non-Standard Health Plans** offer more flexibility and may include additional benefits not found in standard plans—such as adult dental or vision coverage, or acupuncture perks. However, they may also have different cost structures.







What is covered?

While plans differ, they are all designed to meet the needs of individuals and families. You will have coverage for things like:

- Hospitalization
- Maternity and newborn care
- Urgent care visits
- No-cost preventive care
- Doctor visits
- Specialty care
- Prescription drugs*
- Laboratory coverage
- Choice of doctors and hospitals
- Telemedicine and telehealth visits
- VitalizeSM health and wellbeing benefit, in partnership with Personify Health
- Pediatric vision and dental
- Some plans may also include adult dental and vision coverage (check plan details for complete information)

* Insurance coverage for GLP-1 drugs may vary.
For more information, call 1-877-827-6027 (TTY 711).



Important terms to know

These are some of the most common words and definitions you will see when you review plan information.

Copay - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. For example, let's say your coverage includes a \$20 copay for a doctor's office visit. You go to your doctor for strep throat, you pay \$20 at the time of your visit, and we pay the rest.

Coinsurance - Your share of the costs of a covered health care service, calculated as a percent (for example, 20%). For example, let's say your child's eyeglasses are \$100. Your plan covers 80%. So, your coinsurance payment of 20% would be \$20. We would pay the rest or \$80.

Covered in full - 100% of the total cost is covered by the health insurance company and you do not have to pay anything.

Deductible - The amount of money you must pay before we will make any payments toward health care services.

Out-of-pocket maximum - A specific amount that limits how much you must pay out of your own pocket for health care services during a particular time period, not including monthly premiums.



At-A-Glance

Use this chart to help you understand the differences in each plan, and which one may best fit your needs.

Feature	HDHP	Copay Plan	Hybrid Plan
Monthly premiums	Low	Medium	High
Deductibles	High	Low	Moderate
Out-of-pocket costs	High until deductible is met	Lower with copays	Balanced
Predictability	Low	High	Moderate
HSA Eligibility	Yes	No	Depends
Best for	Healthy individuals	Frequent care users	Balanced needs

What is right for you?

Your health needs, budget, and lifestyle all play a role in choosing the right plan. Let’s look at some specifics related to these plans, so you can find the coverage that fits you best.

Regardless of whether you choose a standard plan or non-standard plan, there are different cost share arrangements you should understand.

- High-Deductible Health Plan
- Copay Plan
- Hybrid Plan



High-Deductible Health Plan (HDHP)

What it is

A High Deductible Health Plan (HDHP) features lower monthly premiums but higher deductibles. You pay most medical costs out of pocket until you meet your deductible. After that, the plan begins to share costs, often through coinsurance (a percentage of the total left to pay).

Key features

- Lower monthly premiums
- Higher deductibles (minimums set by the IRS)
- Eligible for a Health Savings Account (HSA), which allows you to save pre-tax dollars for medical expenses
- Good for people who are generally healthy or want to save on premiums
- Example: You might pay \$500/month in premiums, and have a \$6,000 deductible before insurance kicks in

Plans with a deductible

- Bronze Standard HSA
- Bronze Secure Plus 3
- Silver Select
- Bronze Standard
- Bronze Select
- Silver Select 2

Important things to remember

- 1 Preventive care is FREE** and can help you avoid getting sick and improve your health. With an HDHP, most preventive services such as routine physicals, screenings and vaccinations are covered in full.* The deductible does not apply to preventive services or preventive drugs.
- 2 Deductible applies for services other than preventive care.** This means you are responsible for paying out of pocket until you meet your deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is.
- 3 Once you reach your deductible, you will be responsible for paying either a copay or coinsurance,** depending on your plan. A copay is a set dollar amount. Coinsurance is a percentage of the remaining cost you owe. Once you pay your percentage, we will pay the rest.

Please refer to "Important terms to know" for definitions.

* In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

Copay Plan

What it is

A copay plan offers predictable costs for routine care. You pay a fixed fee (copay) for services like doctor visits or prescriptions, regardless of whether you have met your deductible.

Key features

- Higher monthly premiums
- Fixed copays for services (e.g., \$15 for a doctor visit)
- Better for people who use health care services frequently
- Example: You might pay \$1,400/month in premiums, but only \$15 per doctor visit

Plans with a copay

- Platinum Standard
- Platinum Select

Important things to remember

- 1** With a copay plan, preventive services such as routine physicals, screenings and vaccinations are covered in full.
- 2** For services other than preventive care, you are responsible for paying a flat dollar amount for most medical services, like going to the doctor when you are sick or getting a prescription filled. You will pay a copay for most covered services on the first day your coverage begins.
- 3** To help with your costs, there is an out-of-pocket maximum that limits how much you must pay out of your own pocket for health care services each year, not including monthly premiums. If you reach that maximum out-of-pocket amount, your care is then covered in full.





Hybrid Plan

What it is

A hybrid plan combines elements of both HDHPs and copay plans. These plans may offer copays for certain services (like primary care or prescriptions) while still having a higher deductible for other types of care.

Key Features

- Moderate premiums and deductibles
- Copays for some services, coinsurance for others
- Designed to balance cost predictability and savings
- Example: You might pay \$900/month in premiums, have a \$2,500 deductible, and pay \$30 for a primary care visit

Plans that are hybrid

- Silver Standard
- Gold Standard
- Gold Select

Important things to remember

- 1** Preventive services such as routine physicals, screenings, and vaccinations are covered in full.
- 2** Your plan includes a deductible. The deductible is the amount you have to reach first for all medical services, like going to the doctor when you are sick or if you have to go to the hospital. Your deductible amount may vary and is based on the type of plan you have. The deductible does not apply to most preventive services. Most of these services are covered in full on the first day your coverage begins. The deductible does apply to diabetic drugs and supplies (excluding insulin).
- 3** You can get a prescription filled at the copay level on the first day your coverage begins. You do not need to meet the deductible first. Once you reach your deductible, you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered procedure or visit, calculated as a percent. You will have to pay a percentage of that service. We cover the rest.
- 4** To help protect you from high costs, there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you must pay out of your own pocket during a certain time period.

Tax-free funding account

If you have a plan with a deductible, you may be eligible to open a tax-free Health Savings Account (HSA) which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more
- The money you put into your HSA is not subject to federal income tax when you make the deposit
- There are limits to how much you can contribute. In 2026 the maximum is:
 - \$4,400 for single coverage
 - \$8,750 for family coverage
- If you are under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus have to pay a tax penalty

What can I buy with an HSA?

An HSA will pay for many items and services, including:

- | | | |
|-----------------------|--------------------|----------------------|
| ✓ Chiropractor visits | ✓ Lab tests | ✓ Eyeglasses |
| ✓ Crutches | ✓ Contact lenses | ✓ Prescription drugs |
| ✓ Dental x-rays | ✓ Dental treatment | |

For a list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov). Coverage of all services is subject to the terms of your HDHP.

Plans that are HSA Eligible in 2026:

- | | | |
|-----------------------|------------------------|-------------------|
| • Bronze Standard HSA | • Bronze Secure Plus 3 | • Silver Select |
| • Bronze Standard | • Bronze Select | • Silver Select 2 |



Coverage you can count on



More access

- **Many providers** — a large network of hospitals and doctors from Buffalo to Rochester accept our plans
- **Telemedicine** — **NEW in 2026, Teledermatology!** Conveniently access virtual medical, dermatological, and behavioral health care from the comfort of your home. Through our partnership with MDLIVE®, you can connect with a provider by phone or video when your regular doctor is not available
- **24/7 Nurse Call Line** — Get answers to your health care questions anytime day or night



More security

- Providing quality coverage for over four decades, with free and low cost individual and family plans for all phases of life

More savings



- **No cost preventive care** — includes routine physicals, screenings and vaccinations, plus low-cost generic drugs
- **VitalizeSM** — Our health and wellbeing benefit, in partnership with Personify Health, allows you to focus on what matters to you most. Centered on the whole person, you can work on improving your eating and sleeping habits, as well as your physical activity. Earn up to \$200 or \$400 a year in Rewards Cash for completing a Health Risk Assessment and by earning reward points through healthy activities¹
- **Perks4U** — members enjoy exclusive discounts on health and wellness products and services from fitness to healthy eating to personal care, including vision and dental discounts



More convenience

- **Mobile app** — 24/7 access to your member card, claims, account information, pay your bill and more
- **Online account** — pay your bill, order member cards, track deductibles and out-of-pocket spending, find a health care provider, and access your benefits and claims information
- **Pharmacy home delivery** — Save time and money by having your prescriptions safely delivered right to your home²

¹Spouse/domestic partner benefit is not available with Essential Plan.

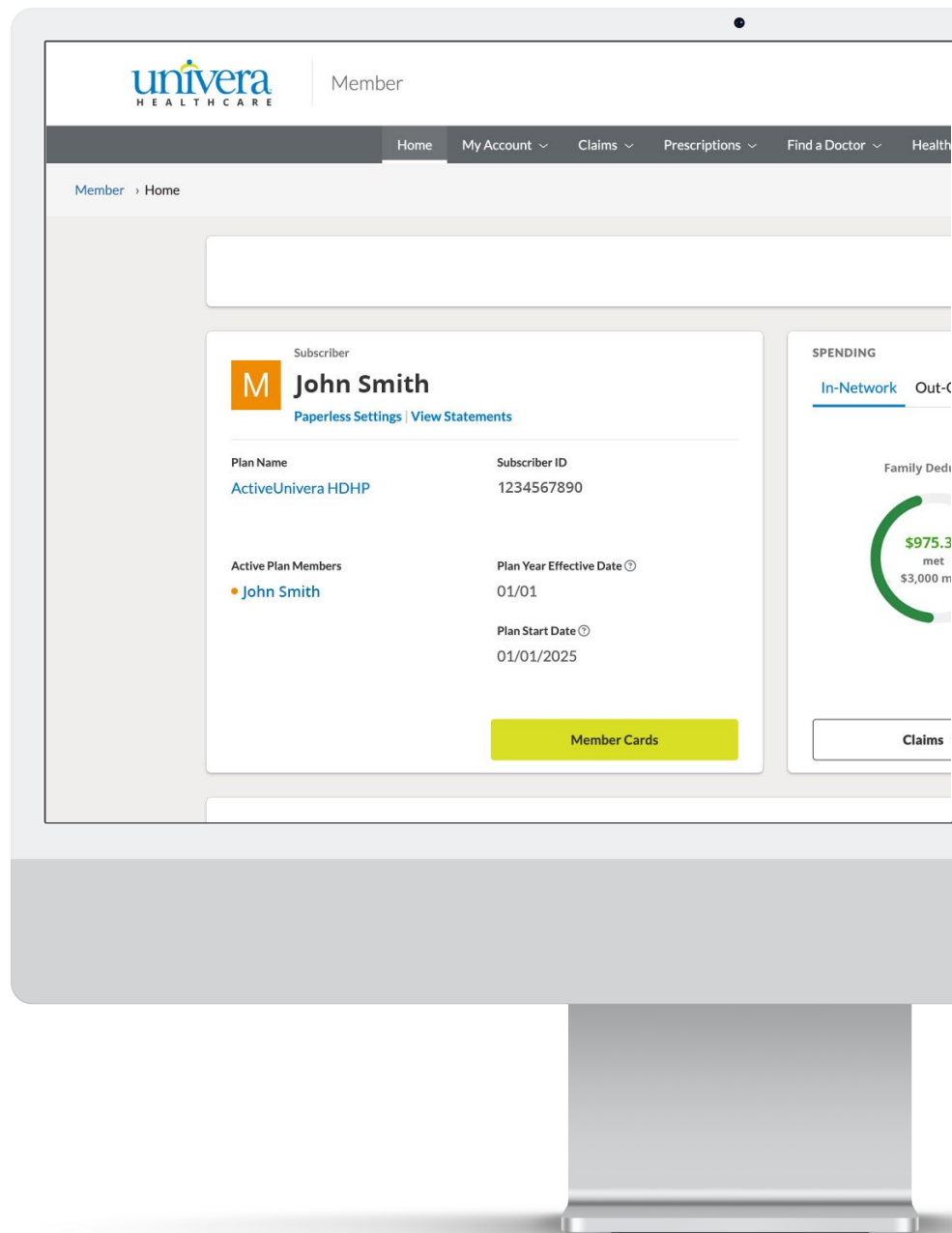
²Certain prescription drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90-day supply.

MDLIVE is an independent company, offering telehealth services in the Univera Healthcare service area. Personify Health is a separate company and offers a digital wellbeing service on behalf of Univera Healthcare.



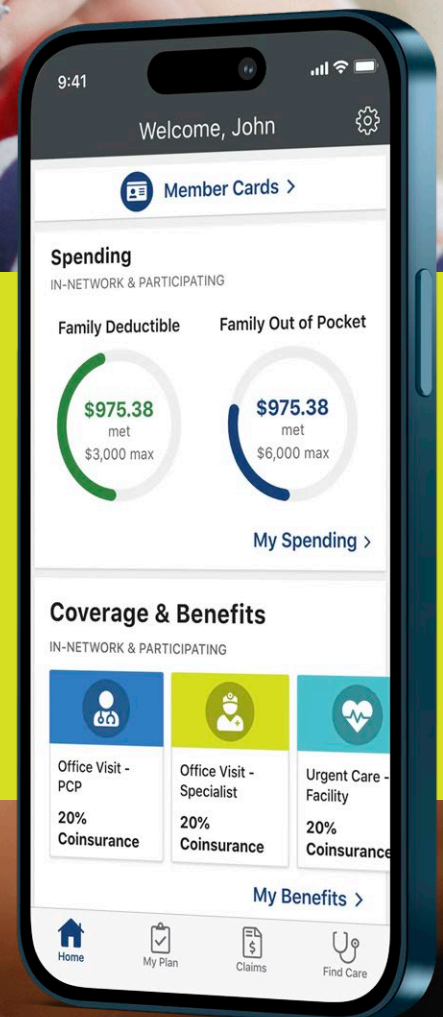
Manage your health plan online

- View and order member cards
- Access your benefits and claims information
- Track deductibles and out-of-pocket spending
- Find a health care provider
- Estimate medical costs
- Pay your premium bill



Download our mobile app

- 24/7 access to your member card, claims, account information, pay your bill, and more



Notice of Availability of Language Assistance Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. To access these services, please call us at 1-877-687-6651 (TTY: 1-800-662-1220).

ATENCIÓN: Si habla español, tiene disponible servicios gratuitos de asistencia lingüística. También hay disponible de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Para acceder a estos servicios, llámenos al 1-877-687-6651 (TTY: 1-800-662-1220).

انتباه: إذا كنت تتحدث العربية فإن خدمات مساعدة اللغة المجانية مُناحة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجاناً. للوصول إلى هذه الخدمات، يُرجى الاتصال بنا على الرقم 1-877-687-6651 (الهاتف النصي: 1-800-662-1220)

注意：如果您說中文，我們可以為您提供免費的語言幫助。我們也可以為您免費提供適當的輔助工具和服務，以無障礙格式提供資訊。要獲得這些服務，請撥打 1-877-687-6651 (TTY : 1-800-662-1220)。

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont aussi disponibles gratuitement. Pour accéder à ces services, veuillez nous appeler au 1 877 687 6651 (TTY [ATS] : 1 800 662 1220).

দ্রষ্টব্য: আপনি যদি বাংলাতে কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাসিসিযোগ্য ফরম্যাটে তথ্য দানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পিরেবালি ও বিনামূল্যে উপলব্ধ। এই পিরেবালি অ্যাসিসি করার জন্য, অনুহি কের আমাদের 1-877-687-6651 (TTY: 1-800-662-1220) নরি কল কনি।

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги языковой поддержки. Также бесплатно доступны соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Чтобы воспользоваться этими услугами, позвоните нам по номеру 1-877-687-6651 (TTY: 1-800-662-1220).

ध्यान दिनुहोस्: तपाईं नेपालबोलुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। सुलभ ढाँचा मा जानकारी दिन गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पिनर्गि नःशुल्क उपलब्ध छन्। यी सेवाहरू उपयाेग गर्न, कृपया हामीलाई 1-877-687-6651 (TTY: 1-800-662-1220) मा फोन गर्नुहोस्।

УВАГА: Якщо Ви говорите українською, Вам доступні безкоштовні послуги мовної підтримки. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також надаються безкоштовно. Щоб скористатися цими послугами, зателефонуйте нам за номером: 1-877-687-6651 (TTY [Телетайп]: 1-800-662-1220).

<p>FIIRO-GAAR AH: Haddii aad ku hadashid Soomaali, adeeggyada caawimaada luuqadda oo bilaashka ah ayaad helayso. Agabka caawimaada naafada iyo adeeggyo ku habboon oo lagu bixinaayo macluumaadka qaabab la helo karo ayaa sidoo kale lagu heli karaa bilaa lacag. Si loo helo adeegyadaan, fadlan naga soo wac 1-877-687-6651 (TTY: 1-800-662-1220).</p>
<p>ဟံသာဝတီသံသရာ- နမ့် ကတိအကလံကျိန်န့်, တာ်တိစာမေစာကျိန် တာ်မေစာတာ်မေ အကလံအိန်လာနဂီ လာနမေန့်အီသုလီ. တာ်မေစာတာ်နဟူပီးလီ ဒီး တာ်မေစာတာ်မေ လာအဘဉ်ဘျီးဘဉ်ဒါတဖဉ် ကဟုဉ်စီ တာ်ဂီ တာ်ကျိ လာကျိကျဲလာတာ်ဂီလီမေန့်အီသုတဖဉ် ၈ ကိ အိန်လာနမေန့်အီသု လာတလိဉ်ဟုဉ်အပူဘဉ်န့လီ. လာကမေန့်တာ်မေစာတာ်မေတဖဉ်အံအဂီ, ထားစူကိပူဖဲ 1-877-687-6651 (TTY: 1-800-662-1220).</p>
<p>သတိပရန်- သင် မြန်မာ ပြောဆိုလျှင် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကိုသင့်အတွက်အခမဲ့ရရှိနိုင်သည်။ မသန်စွမ်းသူများ အသုံးပြုနိုင်သည့် ဖောမတ်များဖြင့် အချက်အလက်များ ပို့မပို့သည့်သင့်လျော်သော ထောက်ပံ့မှုများဖြင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ရရှိနိုင်ပါသည်။ ဤဝန်ဆောင်မှု များကိုရရှိရန် ကံကောင်းမှုကို 1-877-687-6651 (TTY- 1-800-662-1220) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p>CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Để sử dụng các dịch vụ này, vui lòng gọi cho chúng tôi theo số 1-877-687-6651 (TTY: 1-800-662-1220).</p>
<p>ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Pou jwenn aksè nan sèvis sa yo, tanpri rele nou nan 1-877-687-6651 (TTY: 1-800-662-1220).</p>
<p>توجه: اگر بہ زبان دری صحبت می کنید، خدمات کمک زبان رایگان برای شما قابل دسترس است. کمک امدادی مناسب و خدمات برای دسترسی به معلومات در فرمت میسر بصورت مجانی ارائه می شود. برای دسترسی به این خدمات، با این شماره ها تماس حاصل کنید 1-877-687-6651 (TTY: 1-800-662-1220).</p>
<p>TAHADHARI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo zinapatikana kwa ajili yako. Misaada ya ziada inayofaa na huduma za kutoa habari katika miundo inayofikika zinapatikana pia bila malipo Ili kupata huduma hizi, tafadhali tupigie simu kwa 1-877-687-6651 (TTY: 1-800-662-1220).</p>



Enroll before the deadline. Visit **TheUniveraDifference.com**
or call **1-877-827-6027** (TTY 711)