

Coverage that works as
hard as your team does,
[Right here. For you.]

2026

Univera Healthcare
Small Business Plan Designs

univera[®]
H E A L T H C A R E



Table of Contents

What you need to know for 2026.....	4
-------------------------------------	---

SECTION 1: Our approach.....	5
---------------------------------	---

SECTION 2: Member-centric care.....	13
• Maternity Care Program	
• Wellbeing Programs	
• Pharmacy Management	
• Diabetes Management	

SECTION 3: Self-service support tools	21
• Online Tools	
• The Wellframe® App	
• Vitalize SM	
• Welvie® My Surgery SM	
• Telemedicine with MDLIVE®	
• Vori Health Virtual Physical Therapy	

SECTION 4: Elective benefits and services.....	31
• Vision	
• Dental	
• HSA/HRA/FSA Spending Accounts	
• Administrative Services	

SECTION 5: Small business plan designs.....	41
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SECTION 6: Broker and employer tools & resources.....	63
• Online Tools	
• Univera on Demand	
• Available Marketing Material	
• Employer Toolkits	

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.

Healthcare is changing but your commitment to your team hasn't, and we're right here committed to you.

Small businesses are the heart of our Western New York community—and at Univera Healthcare, we understand the challenges your organization is facing. Rising healthcare costs, coverage changes, and provider shortages can feel overwhelming. But you don't have to face it alone.

We're right here to help you navigate these changes with care and clarity. Whether it's through wellness programs, personalized support, or resources like preventive care and tier 1 drugs at no cost, we're committed to helping you offer meaningful benefits to your employees while keeping an eye on affordability.

We look forward to helping make this season a smooth one for your small business and employees.

What you need to know for 2026:



NEW! Teledermatology

Teledermatology is now available through MDLIVE and will be included with 2026 renewal for groups that currently have MDLIVE. Get a diagnosis, treatment, and prescription (as needed) from a board certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 24 hours.



VitalizeSM

Vitalize is a digital homebase dedicated to engaging teams in their health. Supported by Personify Health™, it gives employees the tools to make small everyday changes, build healthy habits, have fun with friends, and experience the lifelong rewards of better overall wellbeing.

For Small Group, Vitalize is 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.



Vori Health

Back pain can be disruptive – and 18% of those who seek help only complete one PT visit.¹ To support faster, more effective recovery, we offer digital musculoskeletal (MSK) care for back, neck and joint issues through our partner, Vori Health, a nationwide virtual-first specialty medical practice.



Enhanced Diabetes management

Our Enhanced Diabetes Education Program offers structured, personalized support for members struggling with diabetes. Guided by the American Association of Diabetes Educators curriculum, certified diabetes care and education specialists help members build essential self-management skills across seven core areas. Engaged participants experience improved quality of life, a 70% reduction in ED visits and readmissions, and a 51% increase in primary care visits.²



Core pharmacy suite

Our core pharmacy suite of back-end solutions serves as the foundation of our programs, offering clinical strategies that integrate right into your services. Through an approach that includes formulary management, cost and waste reduction, GLP-1 trend management, cancer care and specialty drug optimization, we're delivering an average savings of \$27.77 per member per month.³

¹ 2021-2022 Health plan data.

² Outcomes data is based on full year 2022 claims experience for members engaged in both the Enhanced Diabetes Education Program and the standard CM/DM for members with a primary diagnosis of Diabetes using a Pre/Post methodology.

³ Based on 2023-2024 Health Plan Data Claims. An opt-in may be associated with programs for self-funded, minimum premium and article 47 groups.

Our Approach





When you're there to help care for your people, **they'll be there for your business.**

It's a simple idea – and it's why you're committed to providing great health coverage for employees. Coverage that goes beyond basic medical care to help people live healthier lives while mitigating costs and helping to make the entire experience easy for everyone.

But as affordability continues to be a top concern and health insurance gets more complex every day, how do you stop that simple idea from becoming too complicated? That's where Univera Healthcare comes in.

Coordinated care, complete coverage, and greater value. It's all **[Right here. For you.]**

Care works best when everything – and everyone – works together. So at Univera Healthcare, we provide Western New York with a more coordinated, caring, personalized, and holistic health insurance experience. It's an approach that connects the dots for you and your employees while improving care and helping address rising costs for everyone.

How do we do it?

Our approach is built around three ideas:

1

We Put People First

We give members more control and combine medical expertise and data to address health conditions on a more personal, proactive level.

2

We Make Service Simple

We make it easier for members to understand and use their benefits, and we help make claims and processing more efficient and transparent for employers.

3

We Take Our Network to Another Level

We bring you the area's largest local network, so coverage is always there when your team needs it, where they need it.





We put people first so they can count on care that meets their needs

Plenty of health plans say it – but at Univera Healthcare, we show it in everything we do. It starts with comprehensive programs that address all aspects of wellbeing, including care management and disease management programs for:

- ✓ Diabetes
- ✓ Pharmacy utilization
- ✓ Behavioral health
- ✓ Chronic kidney disease
- ✓ Oncology
- ✓ Cardiac conditions
- ✓ High-cost claimants
- ✓ And more

We rely on referrals, direct member outreach, sophisticated data analytics, and coordination with providers, to tailor our approach to each member’s specific needs – performing a holistic assessment to develop a care plan that’s unique to them. And we focus on proactive and preventive care, encouraging members to use their plan to stay ahead of issues.

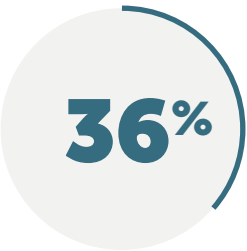
That way, members stay invested in their health, set goals, and take steps to manage their conditions and overall wellness, which drives higher overall member satisfaction.

An average baseline cost savings of



\$1,500
per engagement*

Members that engage in care management/disease management see:



decrease in ER visits**



decrease in inpatient admissions**



decrease in readmissions**



decrease in preventable inpatient admissions**

*2023 Health Plan data
** 2022 Health Plan data



People come first: member spotlight

Success built on the right support

The setting:

Tom and Joanne* were driving over an hour from their home every other week so Tom could undergo chemotherapy treatments. They wanted to receive chemo disconnect services at home to eliminate one of these trips, but Joanne was having difficulty navigating the homecare orders process at Tom's oncology infusion center.

The solution:

A Univera Healthcare case manager contacted Tom's oncology office on his behalf and located a homecare agency that was prepared to handle his chemotherapy disconnect. They also worked with Utilization Management staff to ensure orders were obtained correctly and on time, so they could be approved prior to his upcoming appointment.

The results:

Tom was able to receive his chemotherapy at home with no issues, saving him a long trip and the need to take time off from work and coaching. Both Tom and Joanne are grateful for the support and the ability to maintain a more normal routine during treatment.

94% member satisfaction with care management programs**

* Member names have been changed.
** 2023 Health Plan data

2

We make service simple so everyone can get the most from their health insurance

While strong benefits and great provider relationships are a must, adding real value to health plans requires taking it a step further. That's why everyone who engages with Univera Healthcare can count on service at a high standard.

Members trust us to help them understand their benefits, show them how and where to use them, and answer questions quickly and clearly.

Employers trust us to deliver transparency, consistency, and operational excellence at every point, including claims processing that minimizes frustrations and maximizes savings:

**29
million**

claims processed
in 2023
(~1.2 million processed
through automation)*

**99.9%
of claims**

processed within
30 days*

**\$140
million**

prepay savings
annually*

**\$135
million**

postpay savings
annually*

98%

We're here right away,
closing more than 98% of
all customer care inquiries
within 10 days.**

* 2023 Health Plan data
** 2022 Health Plan data

Great service drives great employer group results

How do we know that our more seamless approach to support makes a difference? Because we hear about it from the people we work with every day.



2023 Employer Group Satisfaction:

Pair it all with our dedicated concierge service team, and it's clear why groups that work with us tend to love us.



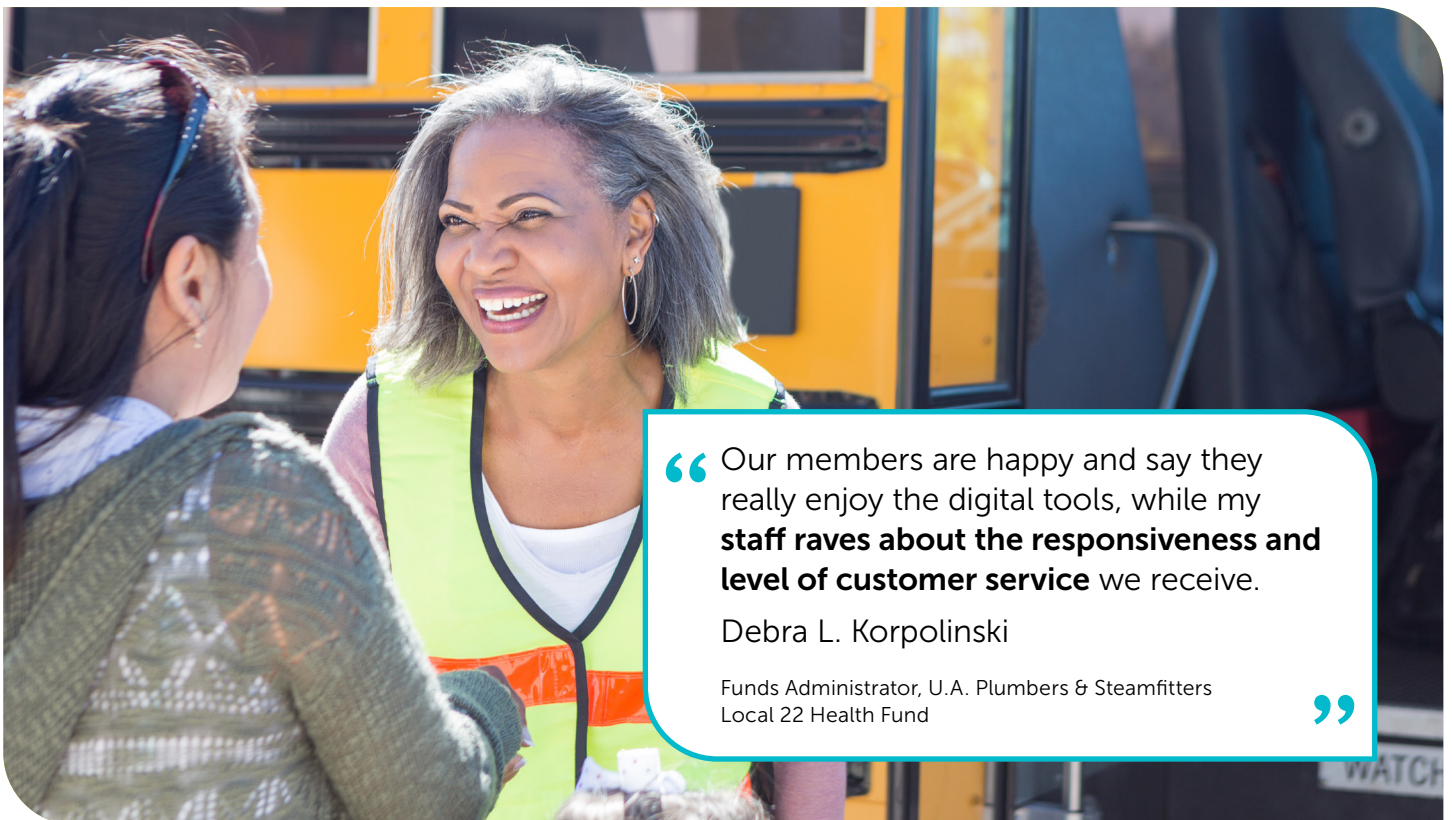
ease of doing business*



claims processing*



enrollment*



“ Our members are happy and say they really enjoy the digital tools, while my **staff raves about the responsiveness and level of customer service** we receive.

Debra L. Korpolski

Funds Administrator, U.A. Plumbers & Steamfitters
Local 22 Health Fund

”

* Health Plan data, mid/large employers (>100 contracts)



We take our network to another level so the right care is always close by

We're proud to offer the largest local network in Western New York.² But the benefits reach far beyond. It's the peace of mind that comes with knowing you have access to hospitals, doctors, nurses, and more across your home region – all 39 counties of it.



Within 39 Upstate New York counties, **more than 99% of all physicians** participate with us³



100% of major local hospitals participate with us



We have **direct contract relationships** with providers in select **neighboring Pennsylvania counties**



MultiPlan network offers access to **1.4 million providers** nationwide



It goes beyond in-person visits too:
MDLIVE

- Telemedicine for 24/7 access to both physical and behavioral health care
- Teledermatology to diagnose more than 3,000 skin, hair and nail conditions

Vori Health

- Virtual Physical Therapy for musculoskeletal (MSK) conditions⁴

2023 Employer Group Satisfaction:



satisfaction with the network¹

¹ Health Plan data, mid/large employers (>100 contracts)

² Largest local network with no access fees or claims fees, compared to WNY-based health plans

³ 2023 Health Plan data

⁴ Embedded for Fully Insured groups, Buy-up for Self-Funded group

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.

Diabetes Management

Our on-staff Diabetes Care Management Team coordinates with one another - and our provider network - to deliver the right level of support and guidance to meet each employee's needs.

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

Right here, powerful pharmacy solutions meet personalized care.

People rely on prescriptions to stay healthy, and members tend to use it more than any other part of their health plan. While you know that pharmacy benefits are a big part of taking care of employees, you also understand that they can be a big driver of costs.

That's why it's essential to make sure you're employees get the medications they need at a price they can afford. You want to know you're working with a partner who puts members first and finds new ways to better care for your team while managing costs.

Univera Healthcare puts that idea into action every day. You can be confident that quality pharmacy benefits are always right here, for you.

1. Our model is made for you

You'll get a partner with both local and national expertise, no biases or conflicts of interest, and the flexibility to create and offer the lowest-cost formulary based on your needs.



**Network
of 66,000⁺**

**national, regional, and local
independent pharmacies¹**

2. We bring you a holistic approach and a whole lot of value

We take a holistic, end-to-end approach, bringing you a complete suite of offerings and innovative programs that drive access, quality, and safety while driving toward the lowest net cost.



\$27.77 PMPM

**for employers through
our utilization
management programs²**

3. We leverage the power of partnership

Providing the best possible care for patients requires constant improvement. Whether developing new services and programs or partnering with like-minded organizations, we're proactively bringing together the best of the industry – and bringing it to you.



**\$50.6M in
Rx savings**

**achieved over a five-year
period by providers engaged
in ACQAs³**

4. We make every service experience seamless

We provide a seamless, personalized experience for members and employers at every step, whether it's simplifying compliance, integrating vendor solutions, or answering questions for members.



99%

**of pharmacy-related
customer service calls
resolved on first call⁴**

¹ 2023 Health Plan Data

² Based on 2023-2024 Health Plan Claims Data

³ Based on 2019-2023 Health Plan Data

⁴ Based on 2022-2023 Health Plan data



Experience a more comprehensive approach to pharmacy care

We offer the following programs to small group plans at no additional cost.

Advanced Opioid Management Program	This program focuses on preventing abuse, addiction and overdose of opioids before they start through point-of-sale edits, physician alerts and member education.
Automatic Prescription Discount	The automatic prescription discount program provides discounts on medications outside a member's pharmacy benefit through a seamless and automatic process at the point of sale. It lets members and their dependents pay the lowest price possible for the medications they may need.
Biosimilar Optimization	Biosimilars are an important way to help spur competition that can lower health care costs and increase access to important therapies. Univera Healthcare has been a national leader in biosimilars since their inception.
Diabetes Utilization Management	Utilization management for diabetics includes the application of prior authorization and step therapy to diabetic medications, equipment, and testing supplies under their medical benefit.
Generic Advantage Program	Under this program, if a member fills a brand-name medication when there is a generic equivalent available, the member will pay the difference between the generic medication and the higher cost brand, plus the generic copay.
Home Delivery	Members can get maintenance medications delivered right to their front door - increasing adherence and savings over the retail pharmacy.
Mandatory Mail	Member's maintenance medications are delivered directly to their homes and no longer filled at a retail pharmacy. Home delivery is the most cost effective channel and increases member savings for up to a 90-day supply of maintenance medications.
Mandatory Specialty Drug Benefit	Members buy costly specialty medications at a pharmacy that participates in our specialty pharmacy network, where we can achieve lower costs and experienced specialty services.
MEDSYNC®	Allows patients to synchronize their medications and pick up their routine prescription refills at the pharmacy on a single, convenient day each month.

Patient Assurance ProgramSM	Program aimed at combating the escalating costs of diabetic and cardiovascular therapies. Members will pay no more than \$25 per 30 days for eligible drugs. Up to \$50 is provided by manufacturer assistance and in some instances a discount by the health plan. This happens immediately at the point of sale.
Pharmacy Concierge	This program focuses on controlling costs by driving appropriate utilization of medications. It's a retrospective utilization management support program that identifies and provides voluntary insights to providers. Our core value proposition is minimal disruption.
Prior Authorization	Our clinical pharmacists and physicians review medication requests to ensure appropriate drugs and doses are being prescribed. Certain medications require prior approval before the medication is covered.
Quantity Limits	Setting quantity limits ensures an appropriate amount of medication is being used for each indication by aligning the dispensed quantity of prescription medication with FDA-approved dosage guidelines.
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.
Sempre Health	Sempre Health is an SMS text-based program that addresses prescription affordability and increases adherence for eligible members. The program provides a member copay incentive for filling their medication on time, each month.
Site of Care	This program provides outreach to members who are currently receiving certain infusion drugs at high-cost facilities and aids in transitioning members to home infusion or lower cost facilities. The goal is to promote member convenience and accessibility to care while lowering costs.
Specialty Drug Benefit Optimization	The goal of the program is to drive affordability by reducing spend for specialty drugs that can be converted from the medical benefit to the pharmacy benefit at a lower net cost.
Split Fill	Patients try expensive medications with potentially serious side effects to confirm effectiveness and tolerance before paying for a full 30-day supply.
Step Therapy	The step therapy program encourages the safe and cost-effective use of medications. Certain medications are not covered until one or more therapeutically equivalent medications have been tried first.



If you have more questions about pharmacy benefits for small group plans, please contact your dedicated account manager.

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



**Register or
Log in Today**



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

Visit
**UniveraHealthcare.com/
Register**

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

Download the
Univera Healthcare app!



Go Paperless
Receive available documents electronically



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 who
have used 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 in partnership with Personify Health

Vitalize, introduced in 2024, is a digital home base dedicated to engaging teams in health and wellbeing and supported by Personify Health.

Our partnership with Personify Health 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 Personify Health mobile app and web browser.

Personify Health is an independent company and offers a digital wellbeing service on behalf of Univera Healthcare.

Join.PersonifyHealth.com/Vitalize to get started.



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 Rewards 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 Personify Health*



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



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

\$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



reduction in absenteeism*



of high-risk hypertensive members reduced blood pressure*



of member respondents have developed more positive daily habits using Personify Health*

*2018-2023 data provided by Personify Health 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.
**\$200 per subscriber and \$200 per spouse or domestic partner



Powering informed decisions with Welvie® My SurgerySM

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 SurgerySM 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 SurgerySM 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)

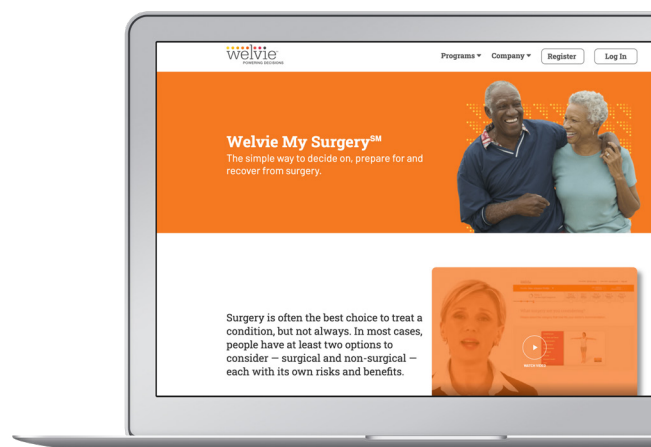
Armed with these new insights, employees can have more meaningful conversations with their caregivers about creating the best possible outcome.

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® My SurgerySM – \$25, in fact.

- Employees will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie® My SurgerySM 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

We understand that absence from work due to both office visits and illnesses alike impacts your clients' business productivity and, ultimately, their profitability. But it's as important as ever to get the necessary medical and behavioral health care when it's needed.

If their primary doctor isn't available, telemedicine may be an option for them. Univera Healthcare provides 24/7/365 access to virtual medical, physical therapy, dermatology and behavioral health care via our partner MDLIVE and Vori Health.

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.

Acute Care

If a primary care doctor is not available or instead of going to the ER/urgent care center, your employees can use the Telemedicine services through MDLIVE, which is covered in full for all members.

When to use Acute Care Telemedicine:

- Allergies
- Asthma
- Cold and Flu
- Constipation
- Diarrhea
- Joint Aches
- Nausea
- Pink Eye
- Rashes
- And more

Behavioral Health

Employees can consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of their home. Through MDLIVE Behavioral health appointments can be scheduled as needed or on a recurring basis with the same provider.

Physical Therapy

If an employee's primary doctor recommends physical therapy to decrease pain, virtual physical therapy might be a great option as a flexible way to access care. Our partnership with Vori Health works by designing a treatment plan so they can help get back to living their life.

When to use Physical Therapy Telemedicine:

- Back, joint, or muscle pain that
- Is associated with unexplained weight loss, a fever over 102F
- Loss of bladder or bowel control, loss of strength or numbness.
- Is persistent or lasts longer than four weeks
- Is not relieved by position/posture or is getting worse over time.

Dermatology

Employees can get a diagnosis, treatment, and prescription (as needed) from a board certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 24 hours using MDLIVE.

When to use Teledermatology Services

- Acne
- Alopecia (Hair Loss)
- Cold Sores
- Dermatitis
- Eczema
- Fungal Skin Infections
- Psoriasis
- Rosacea
- Suspicious Spots & Moles
- Warts
- And more

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

Plan Type	Small Business Plans	MDLIVE (Acute Care and Behavioral Health) & Vori Health (Physical Therapy) Cost Shares	MDLIVE (Teledermatology) Cost Shares
Coinsurance	Gold 7	Covered in full	Specialist cost share
Copay	Standard Platinum Platinum 1**, 4	Covered in full	Specialist cost share
Hybrid	Platinum 5 Gold 2	Covered in full	Specialist cost share
	Standard Gold Standard Silver Silver 2	If you haven't met your deductible yet, you'll pay the allowable charge: Acute Care: \$55*, Behavioral Health: No more than \$190 Digital Physical Therapy: \$200 for initial visit and \$50 for each additional visit up to 16 visits. If you've met your deductible, covered in full	Specialist cost share
Deductible Non-HSA & Deductible HSA	Bronze 4	Covered in full	Specialist cost share
	Gold 1**, 4, 5, 6 Silver 1**, 5, 6, 7 Bronze 1**, 3, 5	If you haven't met your deductible yet, you'll pay the allowable charge: Acute Care: \$55*, Behavioral Health: No more than \$190 Digital Physical Therapy: \$200 for initial visit and \$50 for each additional visit up to 16 visits. If you've met your deductible, covered in full	Specialist cost share

*The allowable cost MDLIVE Acute Care will be increasing on 6/1/2027

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

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 are the second-highest cost for the health plan. Currently, in-person physical therapy (PT) compliance is a known issue, and the lack of follow-through creates greater downstream costs and complexity. Univera Healthcare offers virtual MSK (back, neck, and joint) health care and physical therapy services to our members. These services are administered by Vori Health, an independent company.

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

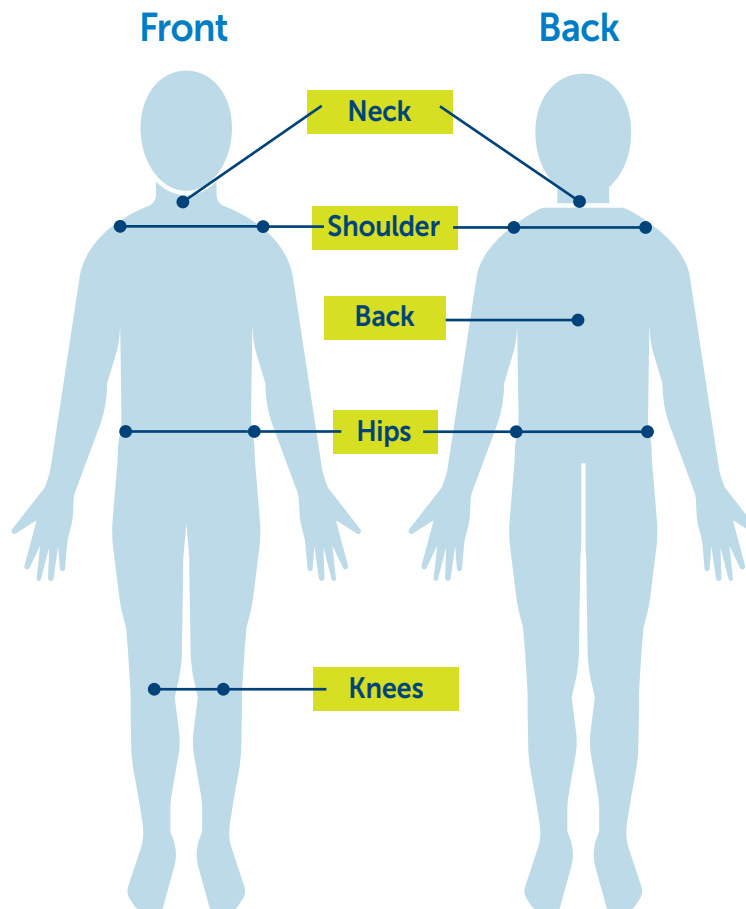
** "Work-Related Musculoskeletal Disorders and Ergonomics," Centers for Disease Control and Prevention [CDC], 2019.

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

Vori Health is a nationwide specialty medical practice delivering a virtual-first, digital MSK solution to help your employees get back to their lives faster. With Vori Health, employees will get access to:



Here are some of the common areas treated by Vori Health orthopedic specialists:



Vori Health is an independent company that offers virtual musculoskeletal (back, neck, and joint) health care and physical therapy services to Univera Healthcare members. Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium



Elective 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 150,000+ points of access nationwide, including:

- Independent eye care professionals
- Top eyewear retailers including Visionworks, Walmart, Target Optical, Pearle Vision, and Warby Parker
- Online retailers like 1-800 Contacts, and Glasses.com

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

All vision plans are standalone offerings through Davis Vision and are not embedded within the medical policy. 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

Reminder!

By combining Univera Dental packages now include DenteMax National Network for out-of-area coverage.

- DenteMax has well over 20,000 providers across the United States
- DenteMax is used when a member on a DenteMax contract goes outside the plan area.

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

Values shown reflect member responsibility

All plans offer out-of-area coverage from DenteMax

*Plan offers out-of-area coverage at UCR90

Dental Annual Maximum Rollover

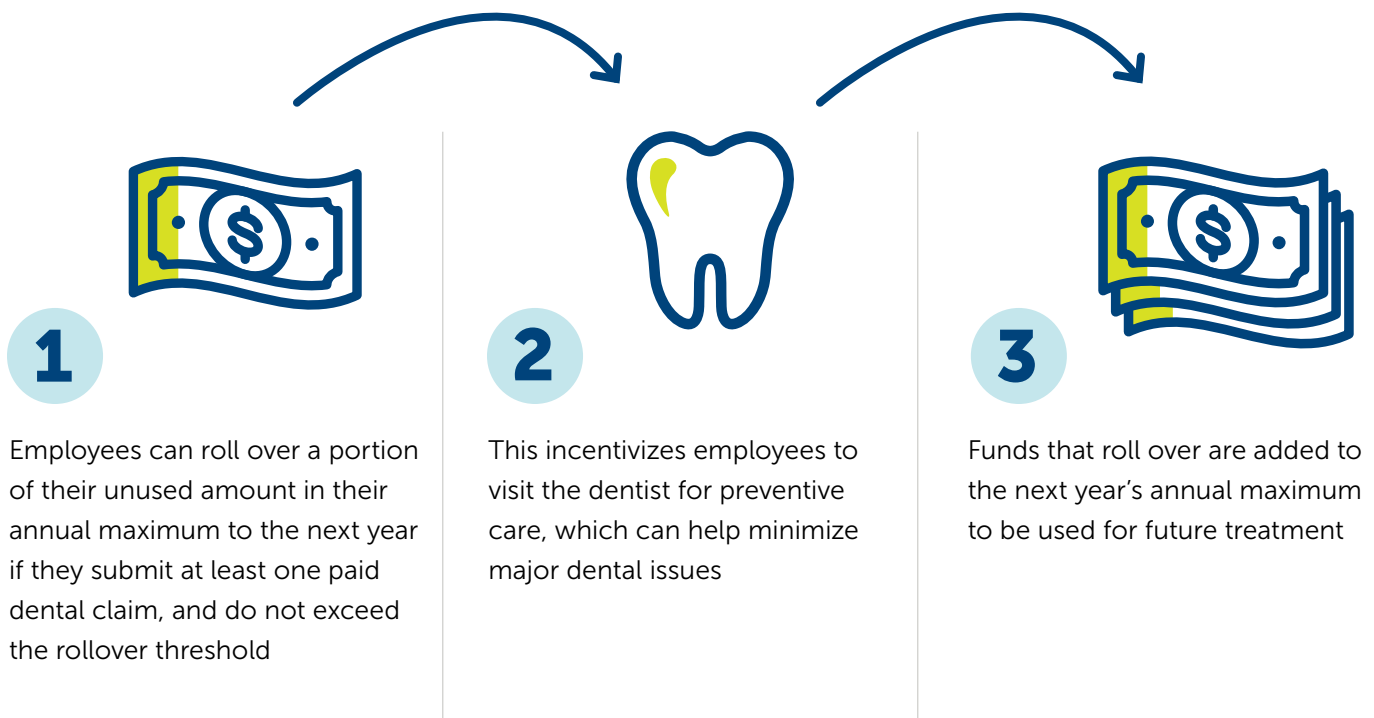
Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. Dental Annual Maximum Rollover from Univera Healthcare incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.

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

Values shown reflect member responsibility

Let's take a look at how it works:



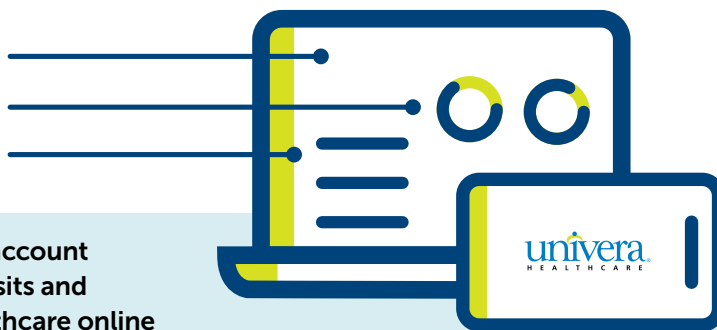
Spending accounts: An integrated approach for members

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

Administrative reporting

- Notified members
- Coverage reports
- Enrolled members
- Premium detail
- Terminated members
- Division reports
- Census 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 three product profiles. Then, simply select a plan with the specific features they need.

Stable

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.

If your client is looking for something stable and predictable, this plan might fit:

- **Copay***

Blended

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.

If your client is looking for something blended, one of these plans might fit:

- **Hybrid***

Value Maximizing

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.

If your client is looking for something value maximizing, one of these plans might fit:

- **Deductible HSA****
- **Deductible Non-HSA**
- **Coinsurance Non-Standard A**

*Standard and Non-Standard plan options are available

**Non-Standard plan option available

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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。

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		Blended		Value Maximizing	
	Designed for convenience and predictability.		A blended plan design that helps bridge the difference between traditional copay plans and high deductible plans.		Designed so members can take control of their health care dollars.	
Design Description	Copay Standard Copay Non-Standard A Copay Non-Standard C		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 A Coinsurance Non-Standard A	
	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 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 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. 	
Plan Features	Stable features include: <ul style="list-style-type: none"> \$0 annual health checkups and preventive services Low urgent care copays Telemedicine services through MDLive covered in full 		Blended features include: <ul style="list-style-type: none"> \$0 annual health checkups and preventive services Telemedicine services through MDLive 		Value maximizing features include: <ul style="list-style-type: none"> \$0 annual health checkups and preventive services Telemedicine services through MDLive 	
	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.		Blended aggregation applies to plans at lower premiums. Individual aggregation applies to plans at a slightly higher premium.	
Plan Aggregation						

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

Univera Healthcare small business portfolio

Product Classification	PPO													
Plan Types	Copay				Hybrid				Deductible		Deductible HSA			
Plan Aggregation	Individual Aggregation				Individual Aggregation				Individual Aggregation		Individual Aggregation	Blended Aggregation		
Product Design	Copay Standard	Copay Non-Standard C	Copay Non-Standard A	Coinsurance Non-Standard A	Hybrid Standard	Hybrid Non-Standard E	Hybrid Non-Standard D	Hybrid Non-Standard C	Deductible Non-HSA Non-Standard	Deductible Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard C	
Product Package	Univera Access Standard Platinum	Univera Access Platinum 1 Univera Access Plus Platinum 1	Univera Access Platinum 4	Univera Access Gold 7	Univera Access Standard Gold Univera Access Standard Silver	Univera Access Silver 2	Univera Access Gold 2	Univera Access Platinum 5	Univera Access Bronze 4	Univera Access Bronze 5	Univera Access Bronze 1 & 3 Univera Access Plus Bronze 1	Univera Access Gold 4 Univera Access Silver 1 Univera Access Plus Silver 1	Univera Access Gold 1 & 5 Univera Access Silver 5 Univera Access Plus Gold 1	
Metal Levels	Platinum Gold Silver Bronze													
Package Options	Dependent Age Family Planning Domestic Partner Pediatric Dental													

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

Our small business portfolio is designed to fit your needs and budget, ensuring your employees and their families are covered, even if they live outside of our 8-county service area. Choose from a wide variety of medical plans designed to help lower your costs and offers access to high-quality, affordable care. Our health plans cover all required essential health benefits (link to page within Product Guide) - like in-office and virtual physician visits, preventive care, hospital stays, emergency services, and prescription drugs - and include pediatric dental coverage, plus vision coverage for both adults and children.

All medical plans feature enhanced virtual care, like telemedicine, telebehavioral health, and **Teledermatology** services from MDLIVE, in addition to participating physicians and specialists who might offer these services.

View our 2026 Univera At-A-Glance brochure for complete details.

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			X
No specialist referrals needed for the highest level of benefits	X	X	X
Access to in-network nationwide coverage through MultiPlan/PHCS national PPO network	X ²		
Access to emergency and urgent care		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) 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 as noted or referrals to access care. In-network benefits are available nationwide through the PHCS/MultiPlan network on select plans.²

2

EPO plans

EPO plans give your employees access to any doctor or hospital in our PPO network, without requiring PCP selection or referrals. Out-of-network providers are not covered except for emergency and urgent care. 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 coordinates all of their care and provides referrals for services with in-network specialists. Out-of-network providers are covered only for emergency services.

4

Deductible, or high-deductible health plans (HDHPs)

Deductible plans offer members the flexibility of a PPO with lower monthly premiums, but with higher deductibles. Choose from two spending account options – either a Health Savings Account (HSA) through our preferred vendor, or a Health Reimbursement Account (HRA).



Plan types

There are five 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	There is no in-network deductible Members pay a fixed dollar amount for most services	No	No
Coinsurance	There is no in-network deductible Members pay a coinsurance amount for most services	No	No
Hybrid	Members must first pay in- and out-of-network deductibles for applicable medical care before the health plan begins to pay Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design Prescription drug fills are not subject to the medical deductible	No	No Diabetic drugs are subject to the deductible on some hybrid plans
Deductible Non-HSA	Members must first pay the deductible for applicable medical care before the health plan begins to pay Prescription drug fills are subject to the medical deductible 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.)	No	Yes
Deductible HSA	Members must first pay the deductible for all medical care before the health plan begins to pay Prescription drug fills are subject to the medical deductible Additional preventive services based on medical diagnosis will apply applicable cost share and are not subject to the deductible	Yes	Yes Preventive drug fills will not be subject to the deductible on most Non-Standard plans

Small business copay and coinsurance 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 with an out-of-pocket maximum.

Copay plans

Available Packages	Plan Features	Single Limit*										
Enrollment Code	Plan Name	Deduct	OOPM	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Rx Copay Per Tier	Plan Aggregation+	Product Design Name
GZX7	Univera Access Standard Platinum	\$0	\$2,000	\$15	\$35	\$500	\$100	\$55	\$100	\$10/\$30/\$60	Individual	Copay Standard
HCCU	Univera Access Platinum 1**	\$0	\$5,500	\$5	\$45	\$500	\$100	\$75	\$250	\$10/\$30/50%	Individual	Copay Non-Standard
HGGM	Univera Access Platinum 4	\$0	\$4,400	\$30	\$50	\$750	\$250	\$75	\$250	\$10/\$35/50%	Individual	Copay Non-Standard

Coinsurance plan

Available Packages	Plan Features	Single Limit*											
Enrollment Code	Plan Name	Deduct*	OOPM*	Coins	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Rx Copay Per Tier	Plan Aggregation+	Product Design Name
HMMQ	Univera Access Gold 7	\$0	\$7,000	50%	\$20	Coins	Coins	Coins	Coins	Coins	50%/50%/50%	Individual	Coinsurance Non-Standard A

Benefits in bold represent a cost share change from 2025 to 2026.

*Indicates benefit is subject to deductible

**Univera Access Plus Option available with MultPlan/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)

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*										
Enrollment Code	Plan Name	Deduct*	OOPM*	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Rx Copay Per Tier	Plan Aggregation*	Product Design Name
HBBO	Univera Healthcare HMO	\$775	\$10,150	\$25	\$40	\$1,000	\$100	\$60	\$150	\$10/\$35/\$70	Individual	Hybrid Standard
HAAY	Healthy New York EPO	\$775	\$10,150	\$25	\$40	\$1,000	\$100	\$60	\$150	\$10/\$35/\$70	Individual	Hybrid Standard
HKKE	Univera Access Platinum 5	\$500	\$5,700	\$10	\$25	20%*	20%*	\$75	\$150	\$10/\$25/\$50	Individual	Hybrid Non-Standard C
HAAI	Univera Access Standard Gold	\$775	\$10,150	\$25*	\$40*	\$1,000*	\$100*	\$60*	\$150*	\$10/\$35/\$70	Individual	Hybrid Standard
HEEA	Univera Access Gold 2	\$2,000	\$9,500	\$20	\$50	\$1,200*	\$250*	\$75	\$600	\$10/40%/50%	Individual	Hybrid Non-Standard D
GZZ3	Univera Access Standard Silver	\$2,450	\$10,150	\$30*	\$65*	\$1,500*	\$150*	\$70*	\$500*	\$15/\$40/\$75	Individual	Hybrid Standard
HFFG	Univera Access Silver 2	\$3,500	\$9,200	\$20*	\$60*	20%*	20%*	\$75*	\$400*	\$15/\$50/\$50	Individual	Hybrid Non-Standard E

Benefits in bold represent a cost share change from 2025 to 2026.

*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*											
Enrollment Code	Plan Name	Deduct*	OOPM*	Coins	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Rx Copay Per Tier	Plan Aggregation*	Product Design Name
HIII	Univera Access Bronze 4	\$9,000	\$9,000	0%	\$30	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	Individual	Deductible Non-HSA Non-Standard
HNNG	Univera Access Bronze 5	\$10,600	\$10,600	0%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	Individual	Deductible Non-Standard A

Benefits in bold represent a cost share change from 2025 to 2026.

*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*											
Enrollment Code	Plan Name	Deduct*	OOPM*	Coins	PCP	SPC	Inpatient	Outpatient	Urgent Care	ER	Rx Copay Per Tier	Plan Aggregation+	Product Design Name
HDDK	Univera Access Gold 1**	\$1,650	\$4,900	0%	\$20	\$35	\$500	\$200	\$75	\$200	\$10/\$45/50%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HHHC	Univera Access Gold 4	\$1,950	\$3,900	20%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$10/\$45/50%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HJJO	Univera Access Gold 5	\$2,000	\$5,500	0%	\$25	\$40	\$500	\$150	\$50	\$150	\$10/\$45/\$90* Preventive drug not subject to the deductible	Blended	Deductible HSA
HKKU	Univera Access Gold 6	\$2,700	\$5,600	0%	\$25	\$40	\$500	\$150	\$40	\$150	\$5/\$45/\$90* Preventive drug not subject to the deductible	Blended	Deductible HSA
HEEQ	Univera Access Silver 1**	\$3,550	\$7,100	20%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$15/\$50/50%* Preventive drug not subject to the deductibleCoins	Blended	Deductible HSA
HIYY	Univera Access Silver 5	\$3,100	\$8,300	0%	\$25	\$50	\$1,000	\$350	\$75	\$350	\$15/\$50/50%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HLLK	Univera Access Silver 6	\$4,500	\$6,550	20%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$15/\$50/50%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HMMA	Univera Access Silver 7	\$6,750	\$6,750	0%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	Covered at 100%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HFFW	Univera Access Bronze 1**	\$8,500	\$8,500	0%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	Covered at 100%* Preventive drug not subject to the deductible	Blended	Deductible HSA
HHHS	Univera Access Bronze 3	\$6,100	\$7,400	25%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$10/\$50/50%* Preventive drug not subject to the deductible	Blended	Deductible HSA

Benefits in bold represent a cost share change from 2025 to 2026.

*Indicates benefit is subject to deductible. Preventive drug not subject to the 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.

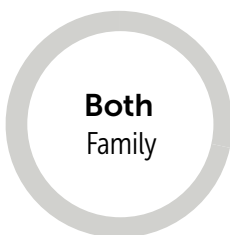
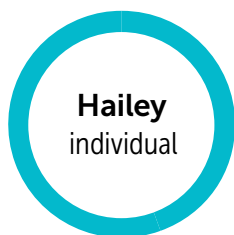
Let's take a look at an example on the next page

Consider this, Hailey and Alex 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**



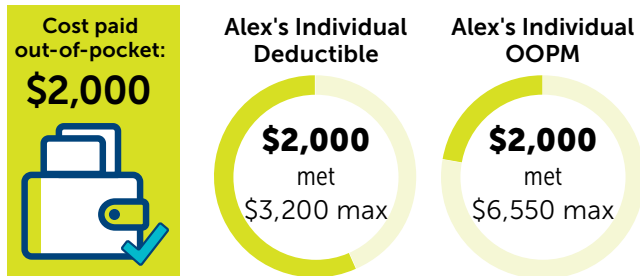
Alex



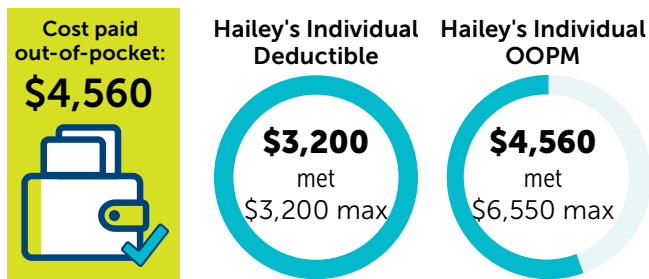
Hailey

Individual Aggregation

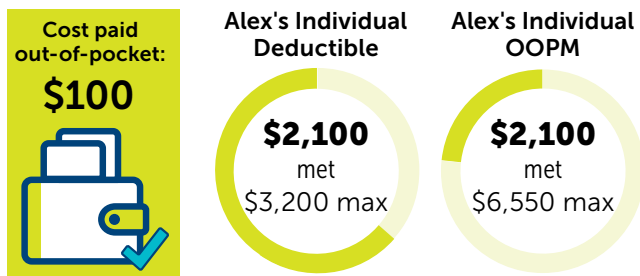
In January, **Alex** needs a minor surgical procedure that costs \$2,000. Since this is Alex's first medical expense this year, his individual deductible applies. **He will pay 100% of the costs (\$2,000).**



In May, **Hailey** is admitted to the hospital for an emergency procedure that costs \$10,000. Since this is Hailey'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.**



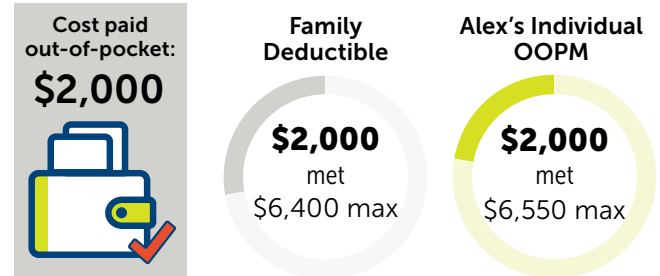
In August, **Alex** visits the doctor, resulting in a \$100 charge. Since Alex's deductible has not been met, he will continue to pay toward his individual deductible. **He will pay 100% of the costs (\$100).**



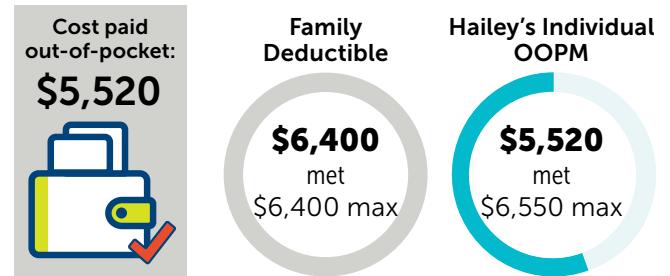
If Alex reaches his deductible, **Univera Healthcare will start paying 80%** of covered expenses. If Hailey and/or Alex reach their individual \$6,550 OOPM, their individual covered health care services **will be covered in full by Univera Healthcare.**

Blended Aggregation

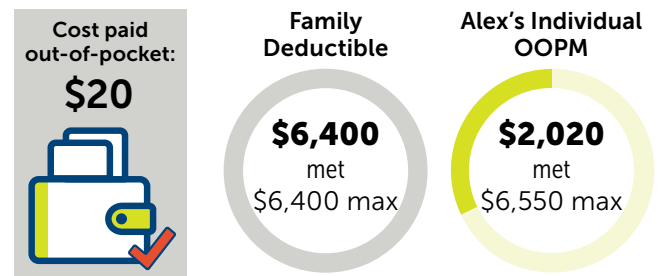
In January, **Alex** needs a minor surgical procedure that costs \$2,000. Since this is the family's first medical expense this year, the deductible applies. **He will pay 100% of the costs (\$2,000).**



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



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



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

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 2026

To comply with 2026 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 1/1/2026. Groups and members will be notified of the changes in their Annual Rate Notice(s).

New Product Features:

- **New!** Teledermatology is now available through Vitalize. You'll get a diagnosis, treatment, and prescription (as needed) from a board certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 24 hours.
- **Reminder!** Vitalize is 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.
- **Reminder!** Foodsmart Nutritional Program offers NutriQuiz among other great tools for your health and wellbeing needs.

The following plan adjustments apply to all non-standard plans

2026 Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
All Non-Standard Univera Access & Univera Access Plus Plans	In-network	Chiropractic care	PCP copay	SPC copay
		Acupuncture	PCP copay	Not covered
		Routine eye exams - adult	\$0	Not covered
		Adult eyewear allowance	\$100	Not covered
		PT/OT/ST	PCP copay	SPC copay
		Outpatient & professional mental health***	\$0	PCP copay
		Routine eye exams - kids	\$0	Ded/copay
		Tier 1 drugs for kids	\$0	Copay
		Kids office visit	\$0	PCP copay

The following plan adjustments are in addition to the 2026 plan adjustments listed above

2026 Coinsurance Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
Univera Access Gold 7***	In-network	PCP copay	\$0	\$20

2026 Copay Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
Univera Access Platinum 1**	In-network	Urgent care	\$50	\$75
		ER	\$100	\$250
		Ambulance	\$100	\$250
Univera Access Platinum 4	In-network	Out-of-pocket maximum	\$5,250	\$4,400*
		Urgent care	\$50	\$75

2026 Hybrid Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
Univera Access Platinum 5	In-network	Out-of-pocket maximum	\$6,000	\$5,700*
		Urgent care	\$50	\$75
Univera Access Standard Gold	In-network	Single deductible	\$600	\$775*
		Out-of-pocket maximum	\$7,900	\$10,150*
	Out-of-Network	Out-of-pocket maximum	\$10,000	\$10,150
Univera Access Gold 2	In-network	Out-of-pocket maximum	\$8,000	\$9,500*
		PCP copay	\$10	\$20
Univera Access Standard Silver	In-network	Single deductible	\$2,100	\$2,450*
		Out-of-pocket maximum	\$9,200	\$10,150*
	Out-of-Network	Out-of-pocket maximum	\$10,000	\$10,150
Univera Access Silver 2	In-network	Single out-of-pocket maximum	\$9,000	\$9,200*

*Benefit is subject to the plan deductible

*Indicates benefit is subject to deductible

**Univera Access Plus Option available with Multiplan National Network of providers

***Gold 7 and Bronze 4 MH/SUD will remain CIF

Continued from the previous page

2026 Deductible Non-HSA Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
Univera Access Bronze 4***	In-network	Single deductible	\$8,700	\$9,000*
		Out-of-pocket maximum	\$8,700	\$9,000*
Univera Access Bronze 5	In-network	Single deductible	\$9,200	\$10,600*
		Out-of-pocket maximum	\$9,200	\$10,600*
	Out-of-network	Single deductible	\$10,000	\$10,600
		Out-of-pocket max	\$10,000	\$10,600

2026 Deductible HSA Plan Adjustments				
Plan Name	Coverage	Impacted Benefits	2025 Benefit	2026 Benefit
Univera Access Gold 1**	In-Network	Out-of-pocket maximum	\$4,500	\$4,900*
		PCP copay	\$10	\$20
		ER	\$150	\$200
		Ambulance	\$150	\$200
		Urgent care	\$50	\$75
		Outpatient copay/ambulatory surgery	\$150	\$200
Univera Access Gold 4	In-Network	Single deductible	\$1,800	\$1,950*
		Out-of-pocket maximum	\$3,600	\$3,900*
Univera Access Gold 6	In-Network	Single deductible	\$2,500	\$2,700*
		Out-of-pocket maximum	\$5,500	\$5,600*
		High tech image	\$100	\$150
Univera Access Silver 1**	In-Network	Single deductible	\$3,500	\$3,550*
		Out-of-pocket maximum	\$7,000	\$7,100*
		Rx copay per tier	5/\$35/50%* Preventive drug not subject to the deductible	\$15/\$50/50%* Preventive drug not subject to the deductible
Univera Access Silver 5	In-Network	Single deductible	\$2,750	\$3,100*
		Out-of-pocket maximum	\$8,000	\$8,300*
		Rx copay per tier	\$15/\$45/50%* Preventive drug not subject to the deductible	\$15/\$50/50%* Preventive drug not subject to the deductible
Univera Access Silver 6	In-Network	Rx copay per tier	\$5/\$35/50%* Preventive drug not subject to the deductible	\$15/\$50/50%* Preventive drug not subject to the deductible
Univera Access Silver 7	In-Network	Single deductible	\$6,250	\$6,750*
		Out-of-pocket maximum	\$6,250	\$6,750*
Univera Access Bronze 1**	In-Network	Single deductible	\$8,300	\$8,500*
		Out-of-pocket maximum	\$8,300	\$8,500*
Univera Access Bronze 3	In-Network	Out-of-pocket maximum	\$7,300	\$7,400*

Benefits in bold represent a cost share change from 2025 to 2026.

*Indicates benefit is subject to deductible

**Univera Access Plus Option available with Multiplan National Network of providers

***Gold 7 and Bronze 4 MH/SUD will remain CIF

Retiring Plans for 2026

The following Univera Dental Select packages will be retiring in 2026. 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 2026 unless otherwise specified.

Availability	Retiring Package	Replacement Package
On & Off Exchange	Univera Access Platinum 2	Univera Access Platinum 1
On & Off Exchange	Univera Clear Options Gold	Univera Access Gold 2





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

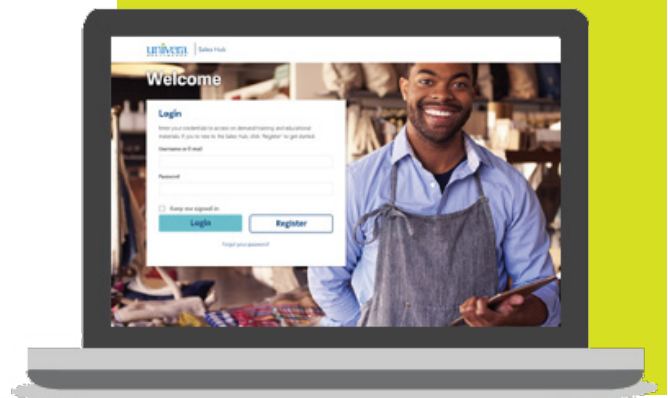
With our Sales Hub, brokers have a virtual destination for on-demand training videos and educational materials. And we recently updated the experience to make it easier to access more of the resources they need.

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)

Rating Region: Western NY | Version updated: 10/30/2024 View Updates

1 Select Plan(s)

Confirm Details

Change Package Options

See All Plans

Print Page Summary

Data Export Tool

Enrollment File Download

Discover what we offer and shop our dental and vision plans

Discover what we offer and shop our dental and vision plans

Select up to 4 plans and click Compare.

Select Rating Period & County: 07/01/2025 - 09/30/2025 Erie

Select additional plans: Name Please Select

View NY State of Health Small Business Marketplace (SHOP) plans

Filter your results: Search By... Choose Value... Reset Filters

COMPARE

ADD TO APP

2024 Plan Close

78124NY1040377-00 (THW0)

78124NY1020169-00 (TH10)

78124NY1040233-00 (THLR)

Download

Print Package SBC

Print Package SBC

Print Package SBC

Plan Type

Deductible HSA

Copay

Deductible HSA

HSA Eligible

Yes

No

Yes

Plan Name

Univera Access Bronze 2

Univera Access Platinum 1

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 and prescription drugs. Preventive services are covered in full. Plan includes Vitalize. Members have access to our PPO network covering 39 Upstate New York counties.

Predictable out-of-pocket costs without a deductible, includes Vitalize. Members have access to our PPO network covering 39 Upstate New York counties.

A deductible is applied to all covered medical benefits and prescription drugs. Preventive services are covered in full. Plan includes Vitalize. Members have access to our PPO network covering 39 Upstate New York counties.

Single

\$577.29

\$946.47

\$776.85

Family

\$1,645.28

\$2,697.44

\$2,214.02

Quote Effective

07/01/2025 - 09/30/2025

07/01/2025 - 09/30/2025

07/01/2025 - 09/30/2025

Primary Care Office Visit

Covered at 75% per visit, subject to the deductible; PCP copay for members to age 19 covered in full, subject to the deductible

\$5 PCP copay and \$0 PCP copay for members to age 19 per visit

\$10 copay and \$0 PCP copay for members to age 19 per visit, subject to the deductible

Specialist Office Visit

Covered at 75%, subject to the deductible

\$45 copay per visit

\$25 Specialist copay per visit, subject to the deductible

Deductible

In-Network: \$6,100 Individual / \$12,200 Family

None

In-Network: \$1,450 Individual / \$3,300 Family

Coinsurance

Covered at 75%

None

Applicable where noted

Sales tools

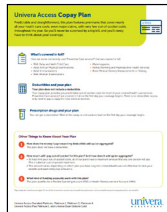
Ask your Univera Healthcare account manager about our available sales tools.

Univera Access **At-a-Glance**

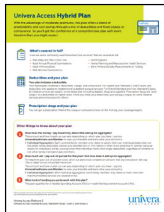


UN-2167 - Q1
UN-2968 - Q2
UN-2969 - Q3
UN-2970 - Q4

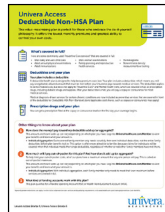
Univera Access **Member Flyers**



Copay
UN-3130



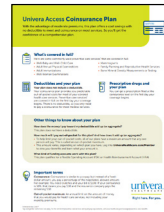
Hybrid Plan
UN-3133



Deductible
Non-HSA Plan
UN-3132



Deductible
HSA Plans
UN-3131



Coinsurance Plan
UN-3682y25

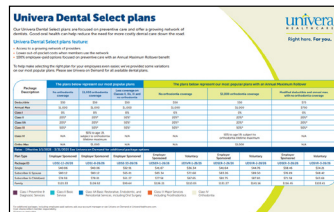
Dental



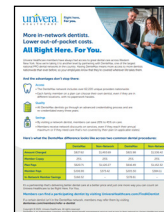
Small Group
Pediatric Dental
Brochure
UN-2469



Univera Access
Dental Flyer
UN-2830



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



DenteMax Brochure
UN-3829

Vision



Univera Vision Plan
Employer Brochure
UN-3089



Univera Vision Plan
Member Sell Sheet
UN-3090

Wellbeing



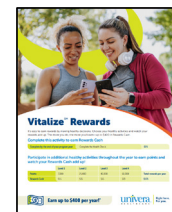
Vitalize
Employer Brochure
UN_3498y25



Vitalize
Overview Flyer
UN_3469y25



Quick Start Guide
UN-3571y25



Vitalize
Rewards Flyer
UN-3514y25

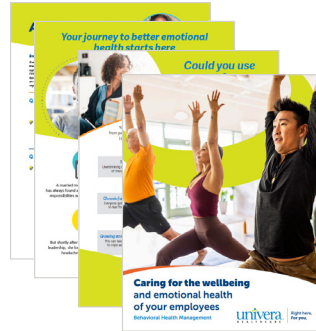
Toolkits available for employers to support their teams' overall wellbeing.

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



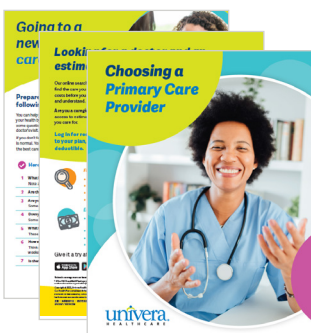
Mammogram



Maternity Care



Medicare



Primary Care Provider



Telemedicine



Vision



Wellframe

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



Right here. For you.

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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 / 21046-25M