

Small business takes more. You get it with Univera.

Let's face it. It takes more for a small business to succeed. More courage to seize opportunities. More creativity to overcome obstacles. More innovation. More insight.

No one understands this better than us.

That's why we're giving businesses in Western New York more to help keep employees healthy. Like new tools that put their own care in the palm of their hand and access to more resources than ever before. We're finding creative ways to help small businesses give the most to their employees, so they can give you more in return.

- **Rates as low as \$330/mo** for small business.
- **No-cost Telemedicine** – Telemedicine visits are now covered in full with no cost to the member (subject to the deductible where applicable).
- **Wellframe® App** – A new, convenient way for our Care Managers to provide confidential, proactive, one-on-one, text-based outreach to members using a smartphone or tablet.
- **Help Where It's Needed Most** – Mental health and substance use disorders are now covered under the primary care physician cost share.
- **More Dental Options** – Introducing Univera Access Dental, a dental plan option tailored specifically for small groups.
- **Reward Programs** – Through our Wellness Rewards and Dental Rewards programs members can earn money doing healthy things like going to the gym or having an annual dental check up.



UniveraHealthcare.com

univera
HEALTHCARE

UN-2167 / 13350-19M 1Q

Get more from your plan.

Univera Access
2020 Plans At-A-Glance

Q1 Rates:
Effective 1/1/20 – 3/31/20

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HEALTHCARE

PLAN TYPE	COPAY					HYBRID				DEDUCTIBLE HSA										DEDUCTIBLE		
PLAN NAME	PLATINUM STANDARD	PLATINUM 1	PLATINUM 2	PLATINUM 3	PLATINUM 4	GOLD STANDARD	GOLD 2	SILVER STANDARD	SILVER 2	GOLD 1	GOLD 3	GOLD 4	SILVER 1	SILVER 3	SILVER 4	SILVER 5	BRONZE STANDARD	BRONZE 1	BRONZE 2	BRONZE 3	BRONZE STANDARD	BRONZE 4
2020 Enrollment Code	SSD9	SSQ7	SSS3	STD5	STF1	SSI7	SSV5	SSH1	SSY7	SST9	STG7	STI3	SSX1	STJ9	STL5	STQ3	SSF5	STA3	STB9	STN1	SSP1	STO7
Deductible: Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$600/\$1,200	\$1,800/\$3,600	\$1,300/\$2,600	\$3,200/\$6,400	\$1,400/\$2,800	\$1,700/\$3,400	\$1,800/\$3,600	\$2,450/\$4,900	\$3,200/\$6,400	\$3,600/\$7,200	\$2,250/\$4,500	\$5,500/\$11,000	\$6,750/\$13,500	\$4,500/\$9,000	\$4,500/\$9,000	\$4,425/\$8,850	\$7,250/\$14,500
Out-of-Pocket Maximum: Individual/Family	\$2,000/\$4,000	\$4,500/\$9,000	\$5,500/\$11,000	\$6,550/\$13,100	\$6,550/\$13,100	\$4,000/\$8,000	\$7,500/\$15,000	\$7,900/\$15,800	\$8,000/\$16,000	\$2,800/\$5,600	\$3,400/\$6,800	\$3,600/\$7,200	\$6,750/\$13,500	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,750/\$13,500	\$6,550/\$13,100	\$6,750/\$13,500	\$8,150/\$16,300	\$7,250/\$14,500
Aggregation Design	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	INDIVIDUAL	INDIVIDUAL
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	20%	20%	20%	20%	20%	N/A	50%	0%	50%	25%	50%	0%
MEDICAL																						
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$15	\$5	\$5	\$25	\$30	\$25*	\$5	\$30*	\$5*	\$5*	20%*	20%*	20%*	20%*	20%*	\$25*	50%*	0%*	50%*	25%*	50%*	\$25
Specialist Visit	\$35	\$45	\$30	\$40	\$50	\$40*	\$45	\$50*	\$50*	\$35*	20%*	20%*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	50%*	0%*
MDLive Telemedicine Visit	\$0	\$0	\$0	\$0	\$0	\$0*	\$0	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0
Hospital Facility: Inpatient/Outpatient	\$500/\$100	\$500/\$100	\$500/\$150	\$750/\$250	\$750/\$250	\$1,000*/\$100*	\$1,000*/\$150*	\$1,500*/\$150*	\$1,000*/\$200*	\$500*/\$150*	20%*/20%*	20%*/20%*	20%*/20%*	20%*/20%*	20%*/20%*	\$500*/\$300*	50%/50%*	0%*/0%*	50%*/50%*	25%*/25%*	50%*/50%*	0%*/0%*
Urgent Care	\$55	\$45	\$30	\$40	\$50	\$60*	\$45	\$70*	\$50*	\$35*	20%*	20%*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	50%*	0%*
Emergency Room Visit	\$100	\$100	\$150	\$250	\$250	\$150*	\$400	\$250*	\$350*	\$150*	20%*	20%*	20%*	20%*	20%*	\$300*	50%*	0%*	50%*	25%*	50%*	0%*
PHARMACY																						
Prescription Copayment	\$10/\$30/\$60	\$5/\$30/50%	\$5/\$45/\$50	\$5/\$35/\$70	\$5/\$35/\$70	\$10/\$35/\$70	\$5/\$50/50%	\$10/\$35/\$70	\$5/\$50/50%	\$5/\$45/\$50* preventive drugs not sub to deductible	\$5/\$35/\$70* preventive drugs not sub to deductible	\$5/\$45/\$90* preventive drugs not sub to deductible	\$5/\$45/\$90* preventive drugs not sub to deductible	\$5/\$45/\$90* preventive drugs not sub to deductible	\$5/\$35/\$70* preventive drugs not sub to deductible	\$5/\$45/\$90* preventive drugs not sub to deductible	\$10/\$35/\$70*	0%*	50%* preventive drugs not sub to deductible	\$5/\$45/\$90* preventive drugs not sub to deductible	\$10/\$35/\$70*	0%*
OUT-OF-NETWORK COVERAGE																						
Deductible: Individual/Family	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$600/\$1,200	\$3,600/\$7,200	\$1,300/\$2,600	\$6,400/\$12,800	\$2,800/\$5,600	\$3,400/\$6,800	\$3,600/\$7,200	\$4,900/\$9,800	\$6,400/\$12,800	\$7,200/\$14,400	\$4,500/\$9,000	\$5,500/\$11,000	\$13,500/\$27,000	\$9,000/\$18,000	\$9,000/\$18,000	\$4,425/\$8,850	\$14,500/\$29,000
Out-of-Pocket Maximum: Individual/Family	\$2,000/\$4,000	\$9,000/\$18,000	\$11,000/\$22,000	\$13,100/\$26,200	\$13,100/\$26,200	\$4,000/\$8,000	\$15,000/\$30,000	\$7,900/\$15,800	\$16,000/\$32,000	\$5,600/\$11,200	\$6,800/\$13,600	\$7,200/\$14,400	\$13,500/\$27,000	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$6,550/\$13,100	\$13,500/\$27,000	\$13,100/\$26,200	\$13,500/\$27,000	\$8,150/\$16,300	\$14,500/\$29,000
Coinsurance	20%	40%	40%	20%	20%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	50%	0%	50%	50%	50%	40%
RATES EFFECTIVE 1/1/2020 – 3/31/2020 Rates include dependent to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. See Univera on Demand for other rates.																						
Single	\$642.40	\$628.89	\$639.47	\$621.77	\$615.50	\$555.36	\$541.90	\$489.98	\$450.91	\$521.09	\$506.49	\$499.92	\$431.91	\$409.90	\$398.45	\$444.71	\$349.09	\$341.28	\$365.44	\$363.50	\$351.21	\$333.62
Subscriber & Spouse	\$1,284.80	\$1,257.78	\$1,278.94	\$1,243.53	\$1,231.00	\$1,110.73	\$1,083.81	\$979.96	\$901.82	\$1,042.19	\$1,012.97	\$999.83	\$863.82	\$819.80	\$796.91	\$889.41	\$698.18	\$682.57	\$730.88	\$727.00	\$702.42	\$667.25
Subscriber & Children	\$1,092.08	\$1,069.11	\$1,087.10	\$1,057.00	\$1,046.35	\$944.12	\$921.24	\$832.97	\$766.55	\$885.86	\$861.03	\$849.86	\$734.25	\$696.84	\$677.37	\$756.00	\$593.45	\$580.18	\$621.25	\$617.95	\$597.06	\$567.16
Family	\$1,830.84	\$1,792.34	\$1,822.49	\$1,772.04	\$1,754.17	\$1,582.79	\$1,544.43	\$1,396.44	\$1,285.09	\$1,485.11	\$1,443.49	\$1,424.76	\$1,230.94	\$1,168.22	\$1,135.59	\$1,267.41	\$994.91	\$972.66	\$1,041.50	\$1,035.97	\$1,000.95	\$950.83



Notes:

Benefits in magenta represent a cost-share change from 2019 to 2020.

*Benefit is subject to the plan deductible

Aggregation Designs Defined:

Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible and/or out of pocket maximum, not the entire family amounts, before the health plan begins to contribute.

Family Aggregation: For family coverage, the entire family's annual deductible and/or out-of-pocket maximum must be met by one or any combination of covered members before the health plan begins to contribute.

This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program.

Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical necessity.