Welcome to Univera on Demand

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an excellus company

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Univera on Demand

This presentation will provide a tutorial on the following features in Univera on Demand:

- What plans are available
- How to shop for plans
- Where to find tools for selling
- Where to find forms to enroll groups and members:
  - Plan-specific enrollment applications
  - Required Underwriting documentation
  - Product & Wellness brochures

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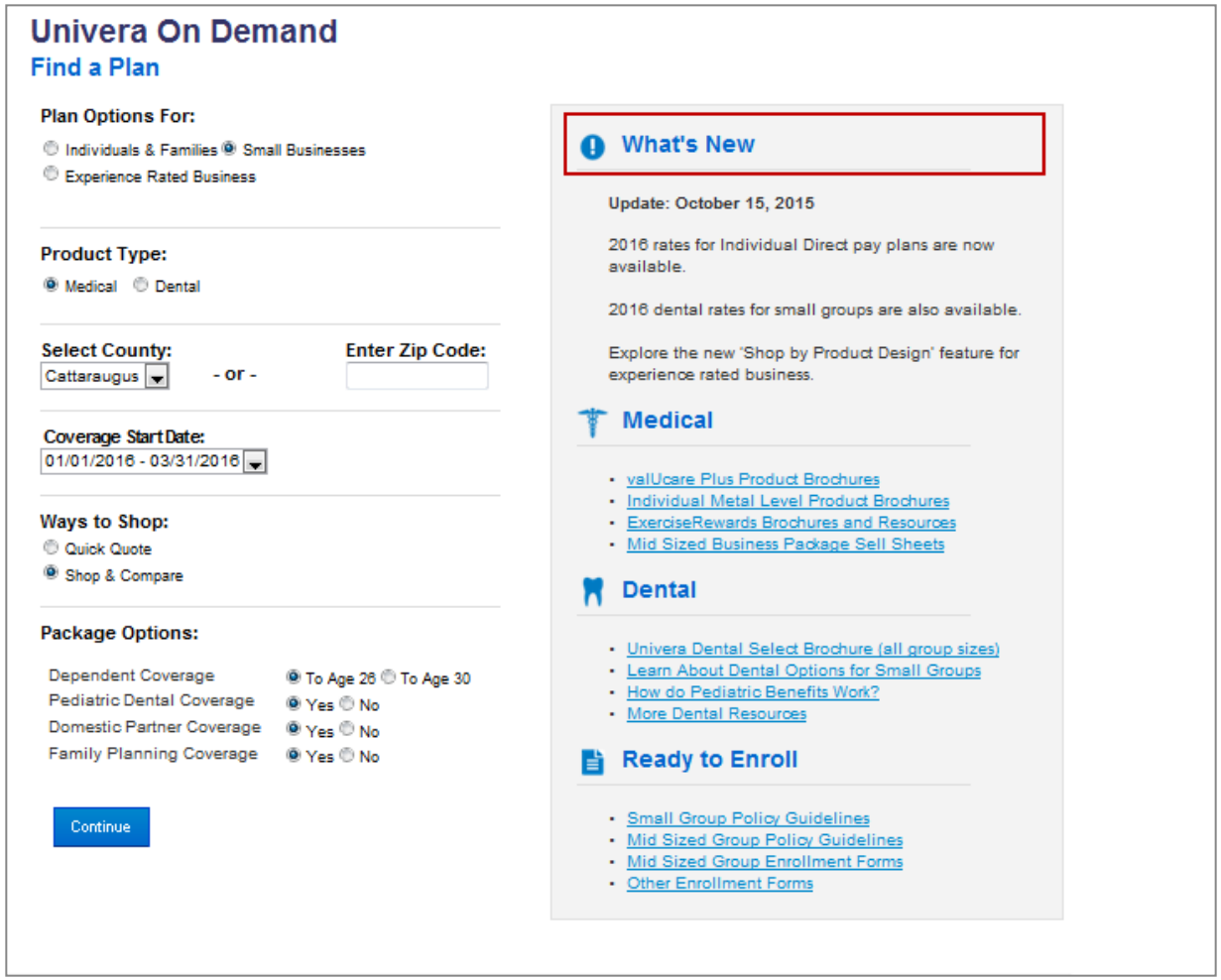
Let’s start at the Homepage

Univera on Demand – Homepage



- Univera on Demand is available @ UniveraHealthCare.com for Employer Groups & Brokers (Employer Group & Brokers access may differ).
- You can always find out the latest updates in the **'What's New'** section of the homepage.

- Be sure to bookmark Univera on Demand @ univerahealthcare.com/compareoptions

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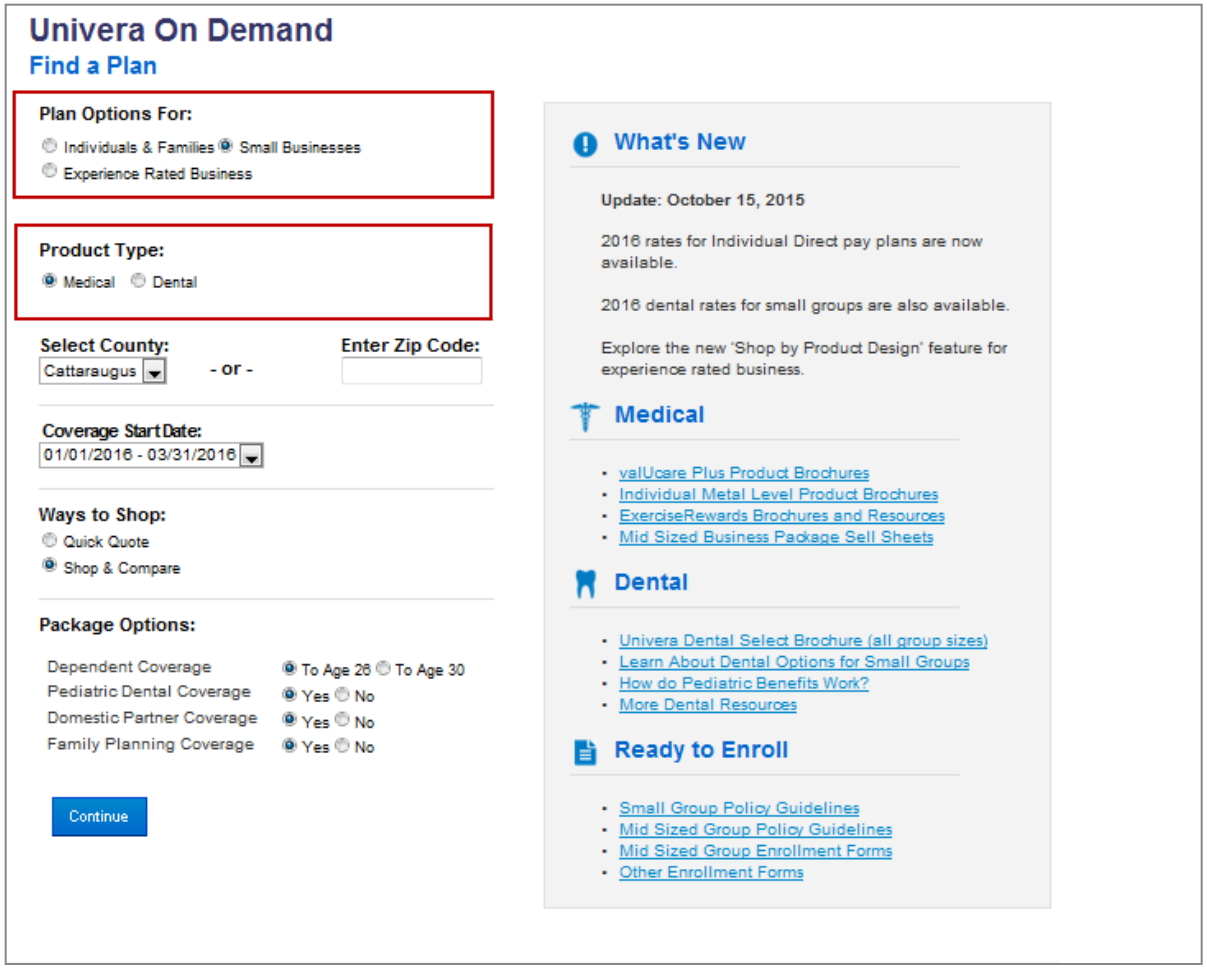
Univera on Demand - Homepage

The homepage is the starting point for all activity in Univera on Demand. What you choose here drives your plan selections through the tool.



First, select the group size and product type you are shopping for.

You can shop for:

- **Individuals & Families**
- **Small Businesses**
- **Experience Rated groups**
- **Medical Plans and Dental Plans**

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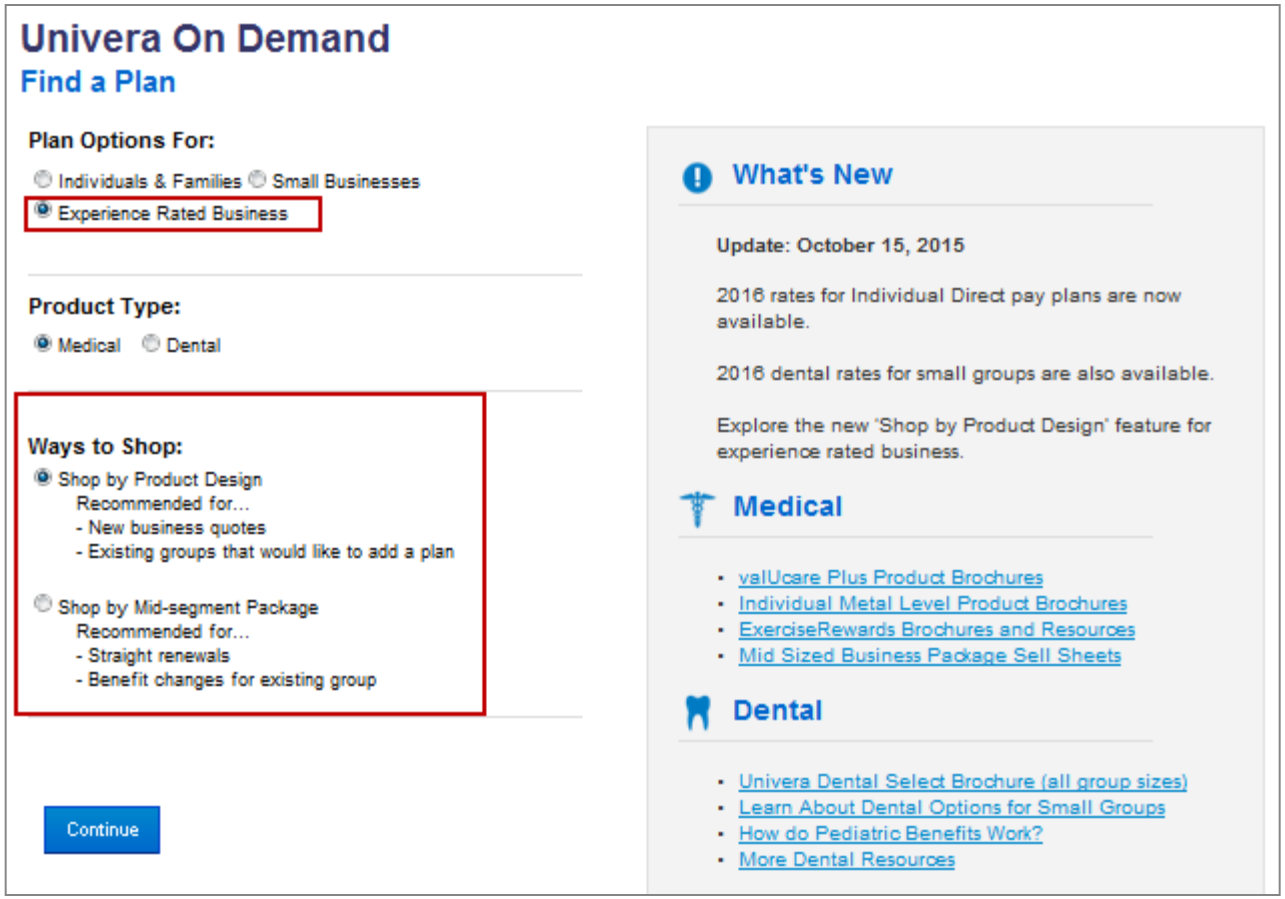
Univera on Demand - Homepage

If you are shopping for Experience rated business, there are two ways:



1. Shop by Product Design

Recommended for new business & existing groups adding a plan. Go to slide 27 to see how.

2. Shop by Mid-segment Package

Recommended for straight renewals in an MSP or benefit changes for existing groups. See the following slides to see how.

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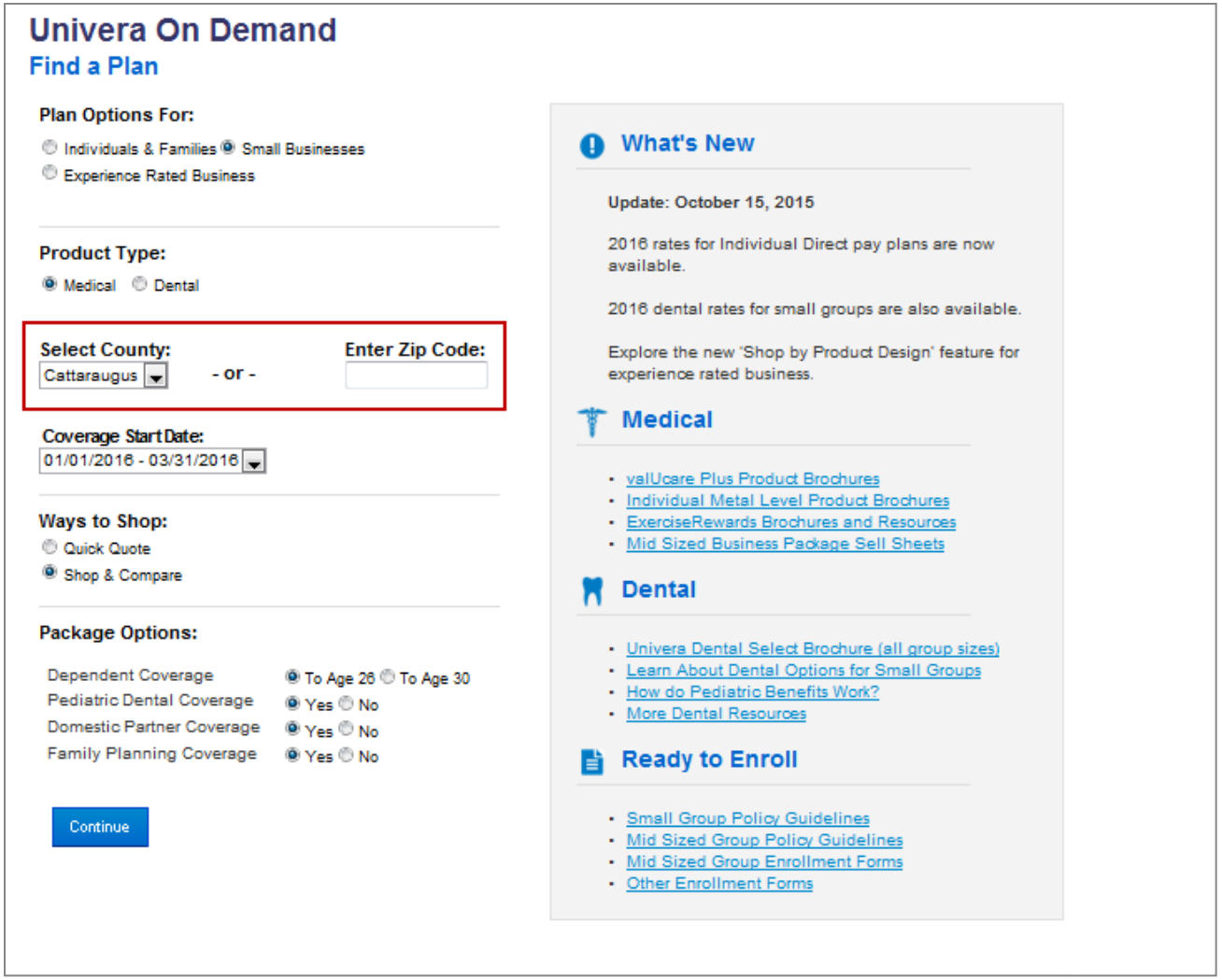
Univera on Demand - Homepage



Next, select the **County or Zip Code** of your business headquarters or residence of an Individual member.

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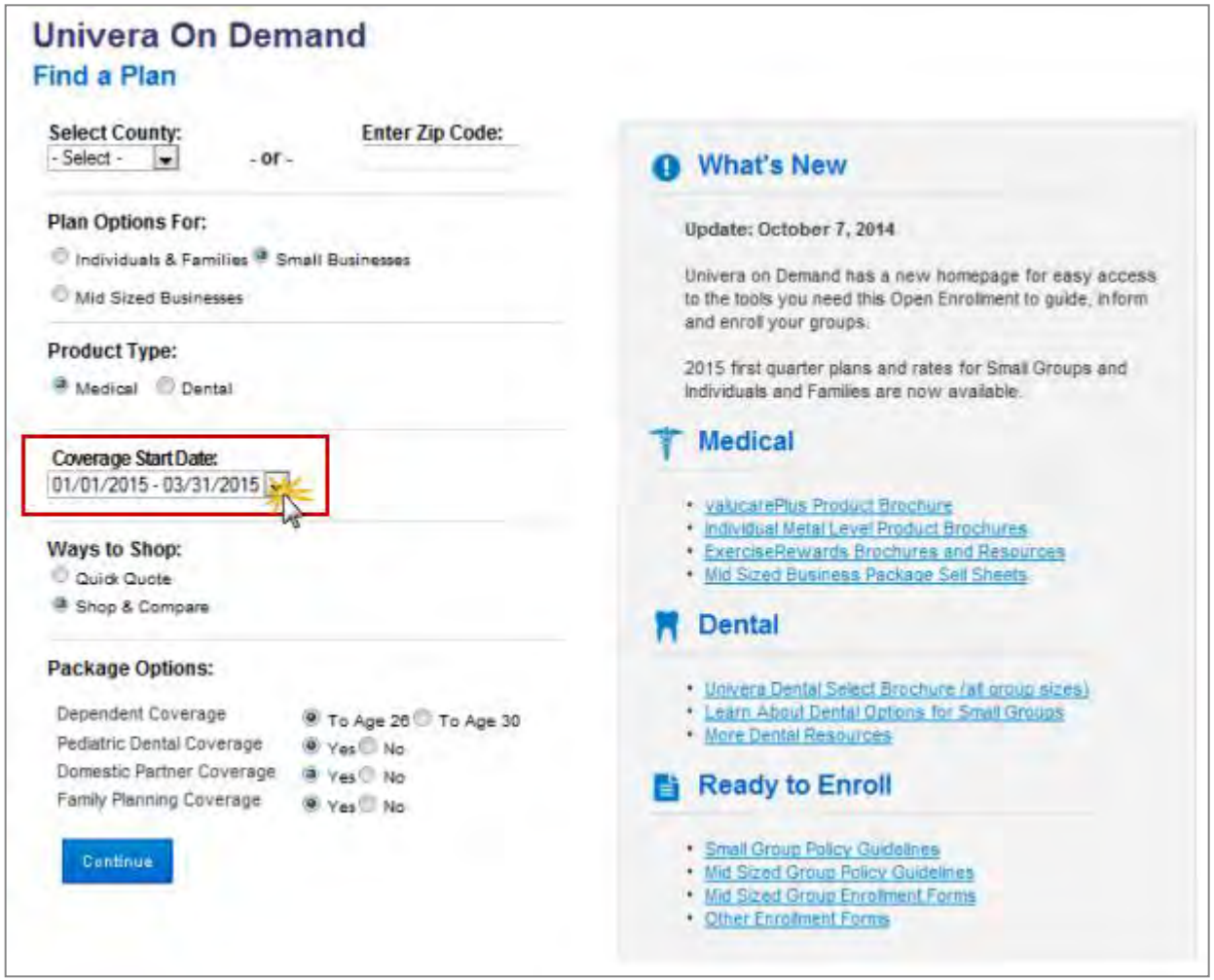
Univera on Demand - Homepage

Coverage start date selection is next:



- Plans for Individuals & Families have annual rates.
- Medical plans for small businesses can be quoted quarterly.

Coverage Start Date is not required for Experienced Rated Business.

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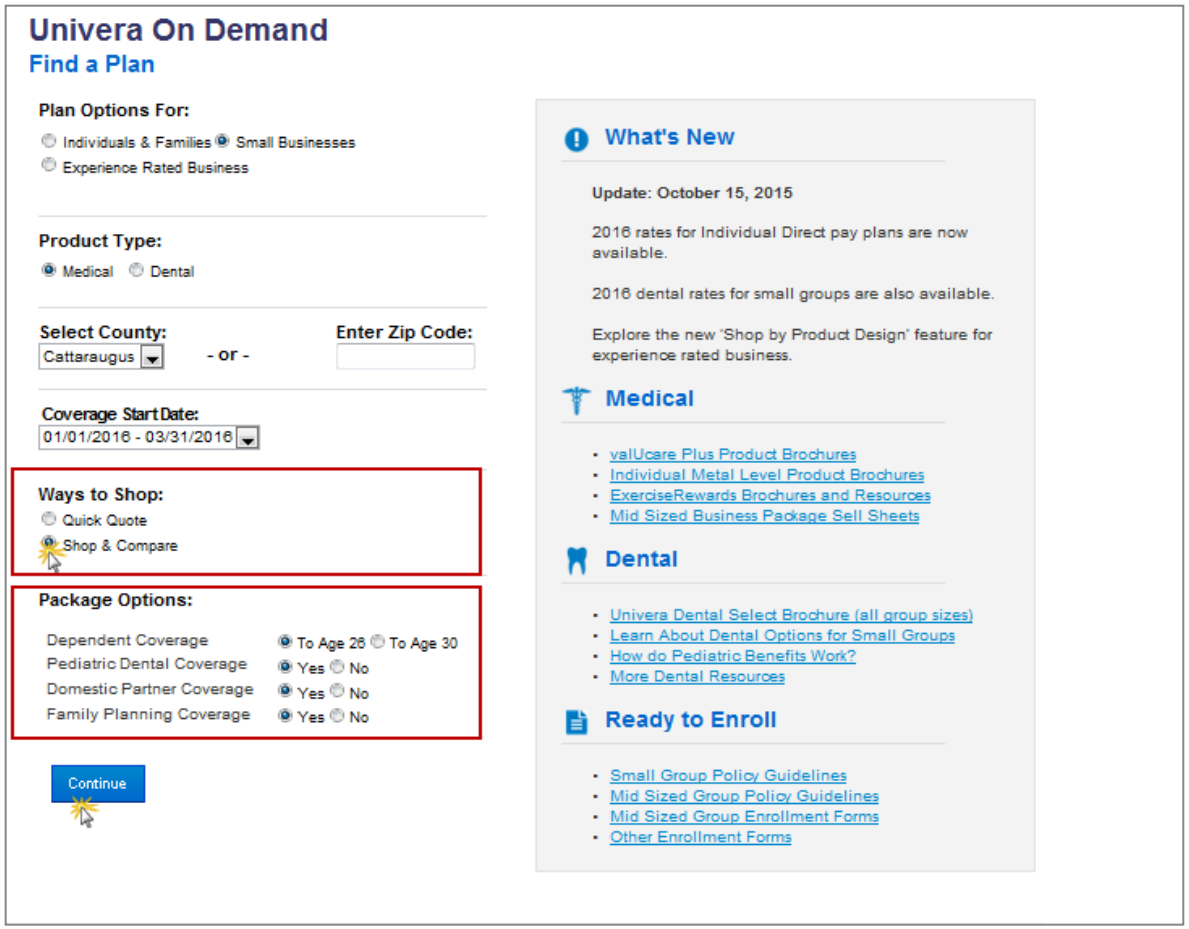
Univera on Demand - Homepage

For Individuals & Families and Small Groups choose '**Shop & Compare**' to display available plans. You will have a few more choices on options or simply click continue if you do not wish to change any package options.



Package options may include:

- Dependent coverage to age 26 or 30
- Pediatric Dental Coverage*
- Domestic Partner Coverage
- Family Planning Services Coverage*

*Mandated benefits that required documentation to exclude coverage - Please note the attestation to exclude pediatric dental coverage and the exemption form to exclude family planning services exception form is located in Resource Center on the homepage.

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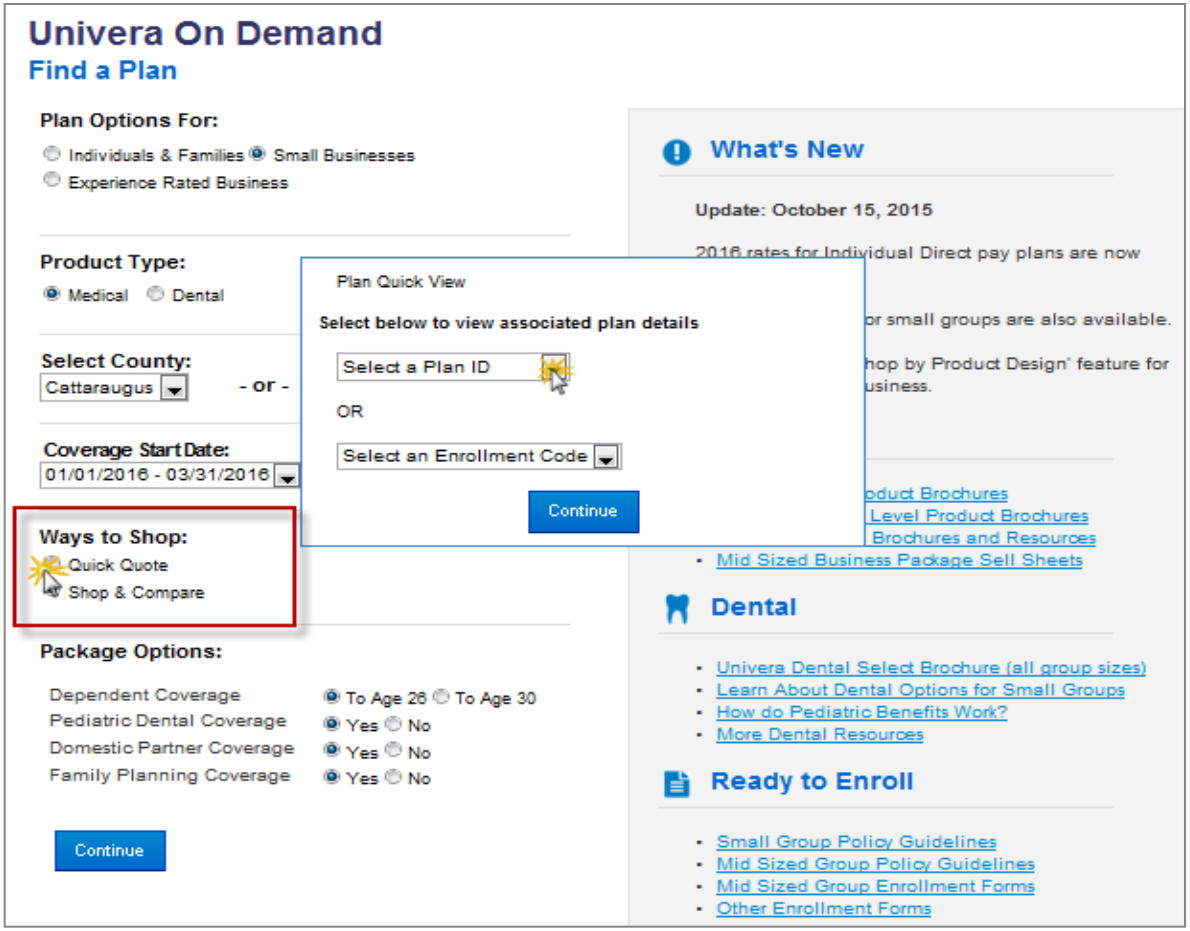
Univera on Demand - Homepage

For Individuals & Families and Small Groups there is also a **'Quick Quote'** feature. Use this if you know the Plan ID or Enrollment Code you are shopping for. This skips steps to get the information you need faster.



- Plans for Individuals & Families will populate the plan you selected in the summary view.
- Plans for Small Groups will populate a enrollment packet for the plan you select.

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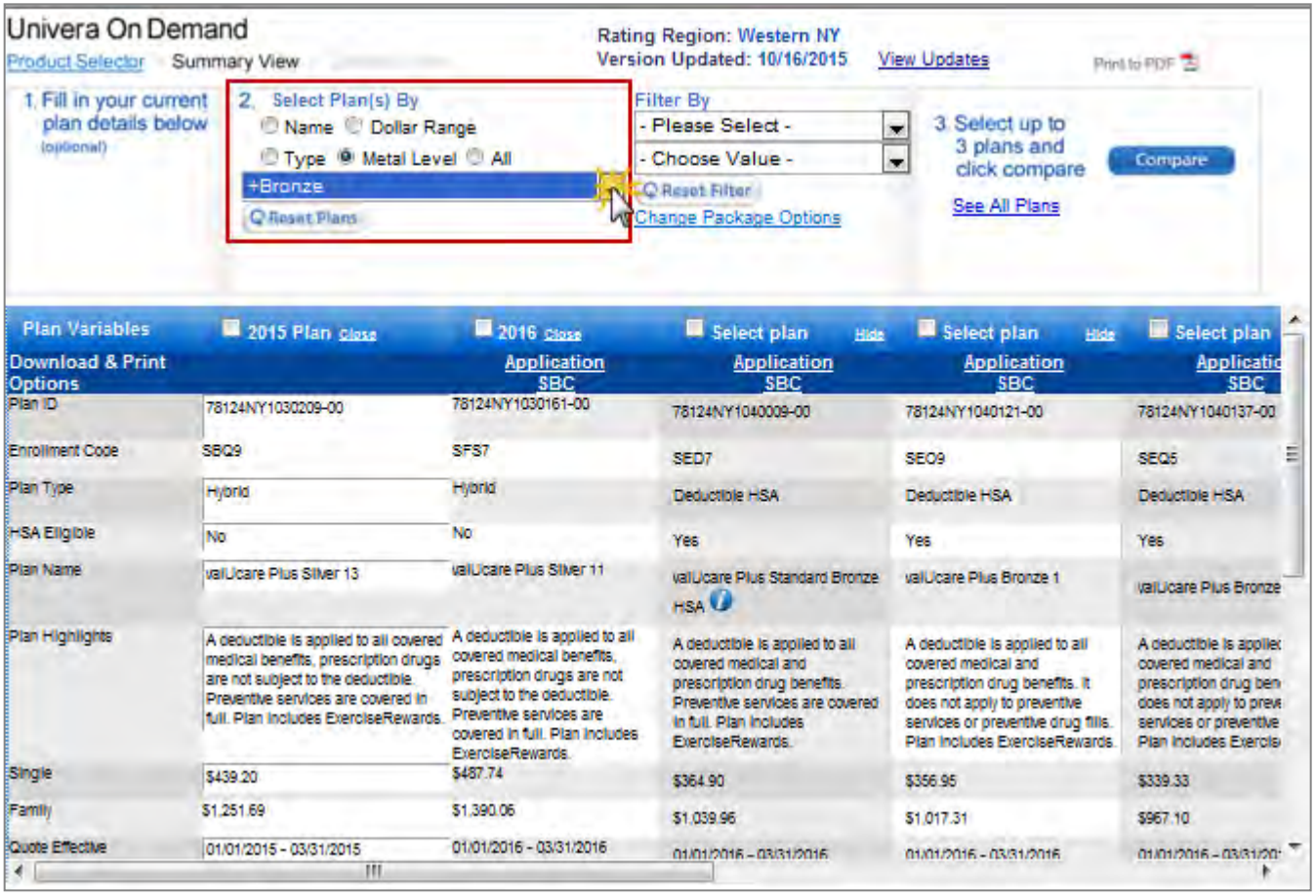
Moving to the Summary View page

Univera on Demand – Summary view

The summary view page allows you to see a snap shot of benefits, it has several features. Let's start with how to shop and compare plan options.



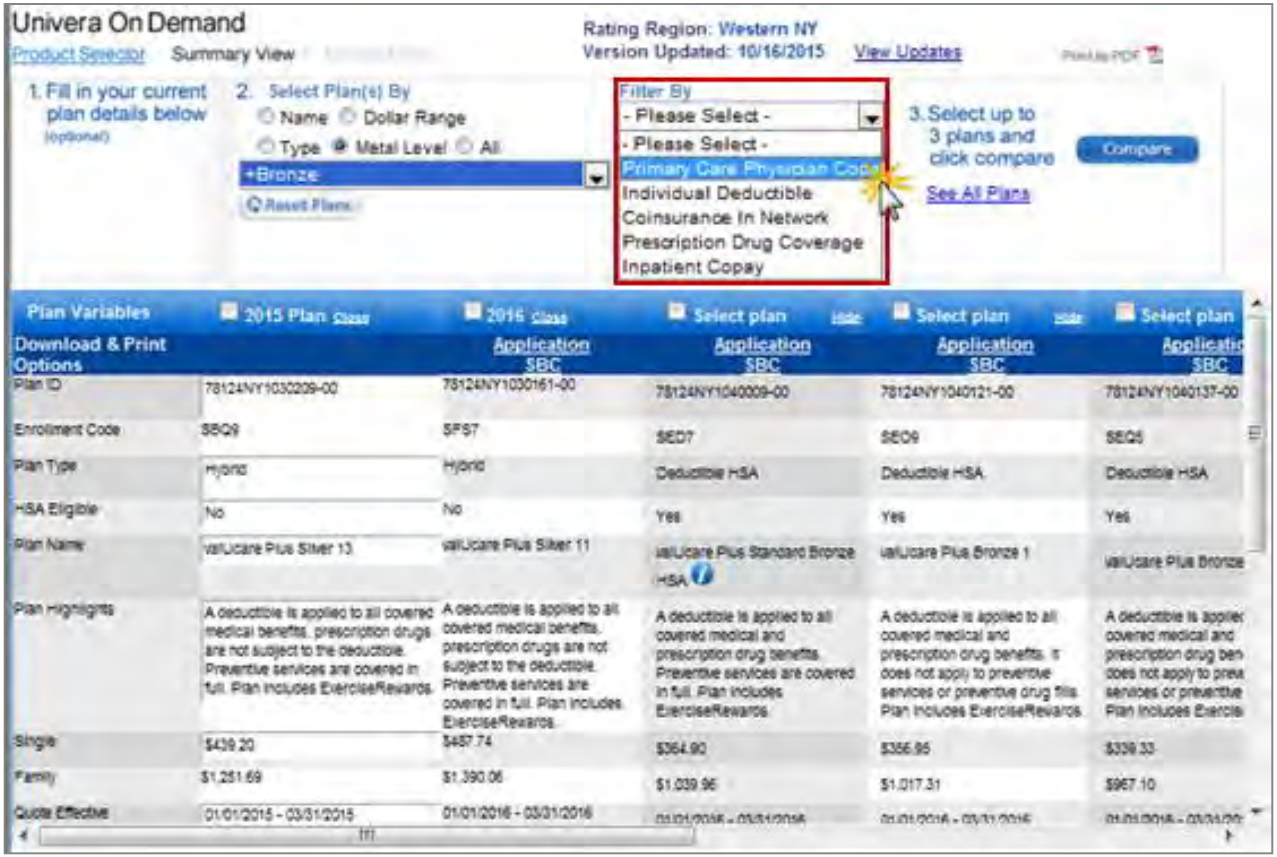
Select Plans by:

- Plan Name
- Plan Type
- Metal Level
- Dollar Range
- All plans

Plan Selection may differ for Experienced Rated Business.

Univera on Demand – Summary view

You can use additional filters to help narrow your search.



Filters Plans by:

- PCP Copay
- Single Deductible
- Coinsurance
- Prescription Drug Coverage
- Inpatient Copay

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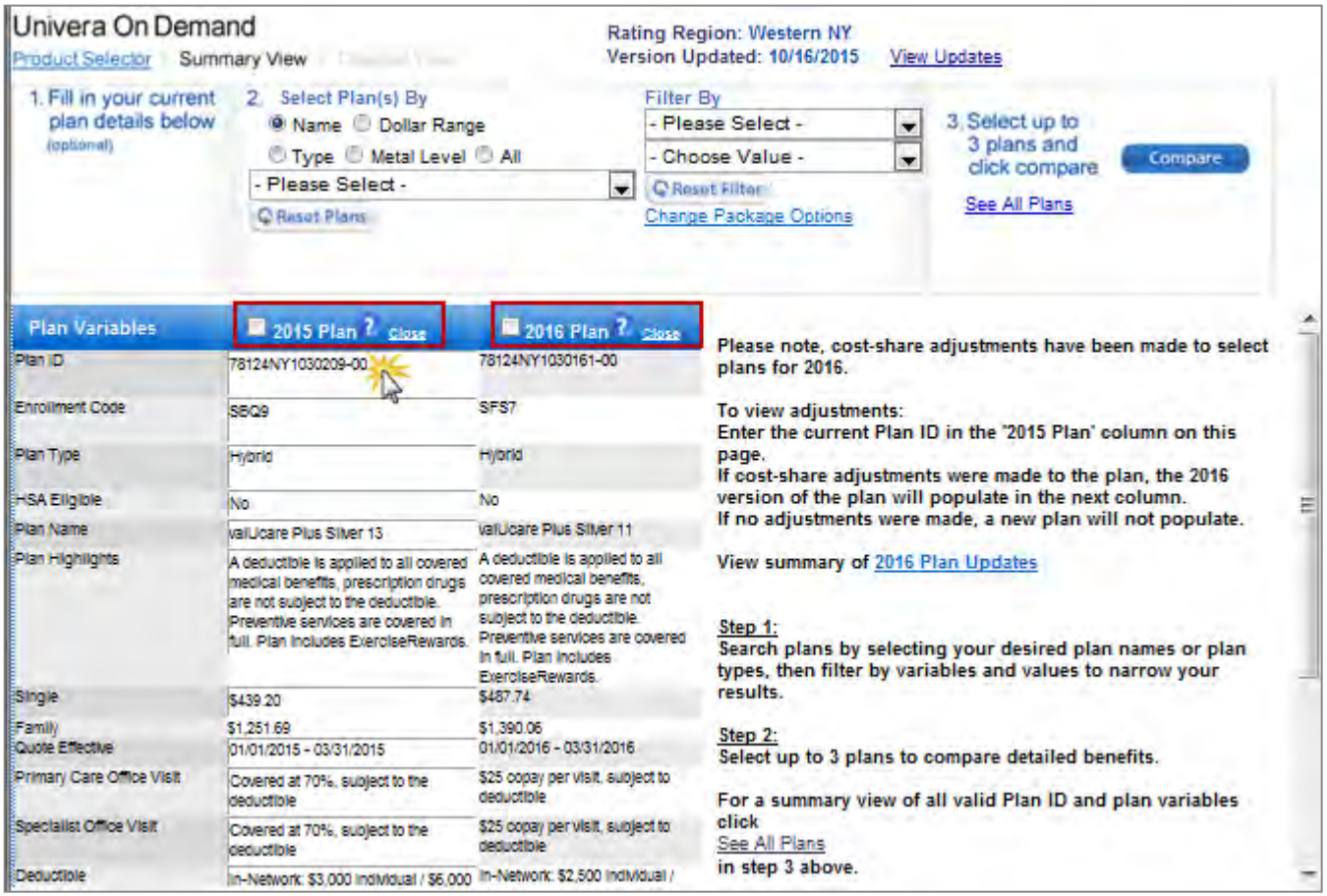
Univera on Demand – Summary view

You can also use this tool to identify the benefit changes when **comparing plans from 2015 to 2016**. Simply type the group's current Plan ID in the 2015 plan column and 2016 plan will display in the next column IF there are benefit changes.



Note that:

- The 2015 and 2016 columns will always match package options (ex. Pediatric dental, domestic partner coverage).
- You can enter any 2015 plan in that column, it does not follow the package options you selected on the homepage.
- The 2015 & 2016 plan columns may differ from the other plans you have displayed if you have not selected the same package options on the homepage.

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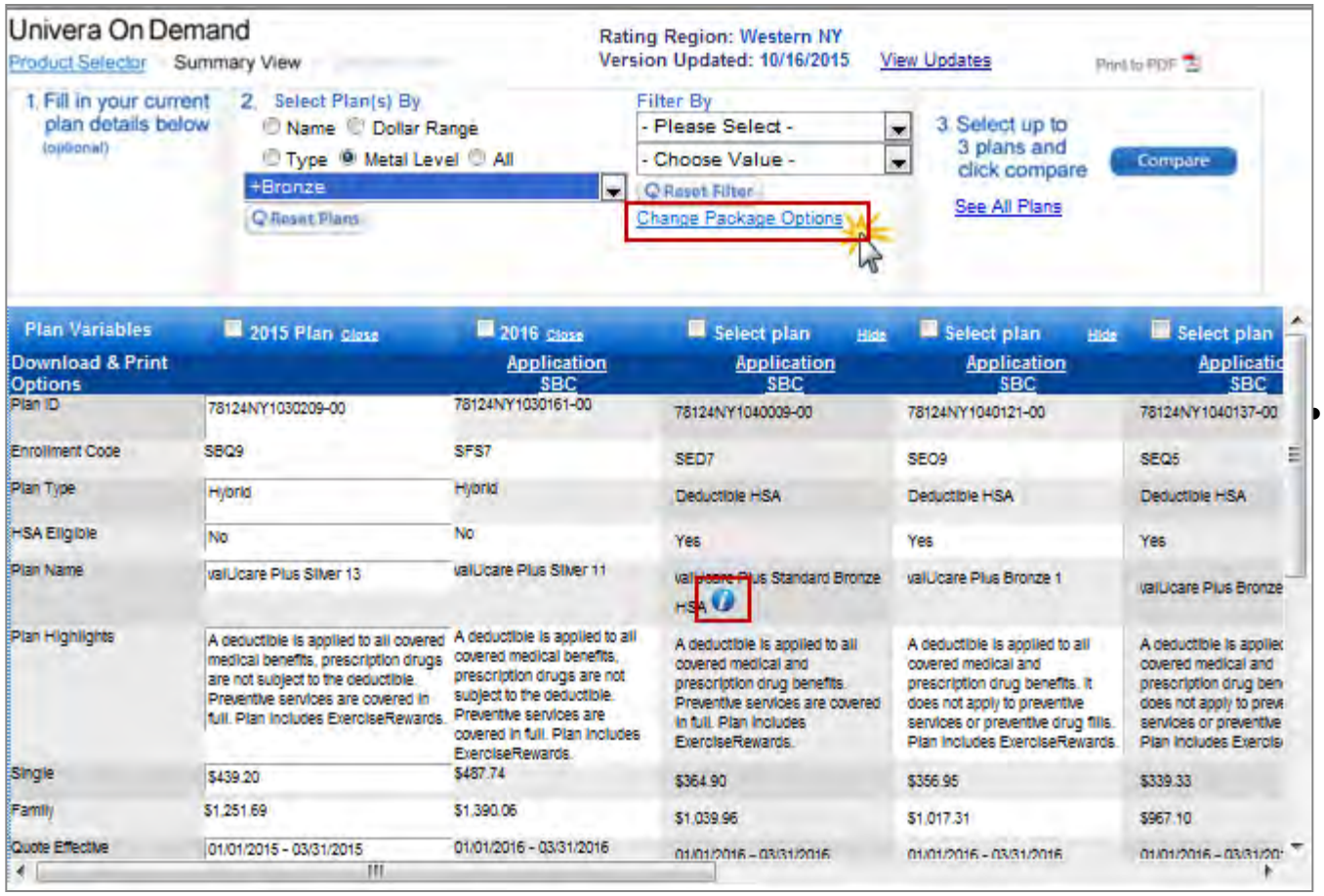
Univera on Demand – Summary view

A few other noteworthy items on this page:



- You can '**change package options'** from this page (ex. Dependent age or pediatric dental coverage)
- The '**I**' informational icon signifies the plan is also available through the NYSOH marketplace.

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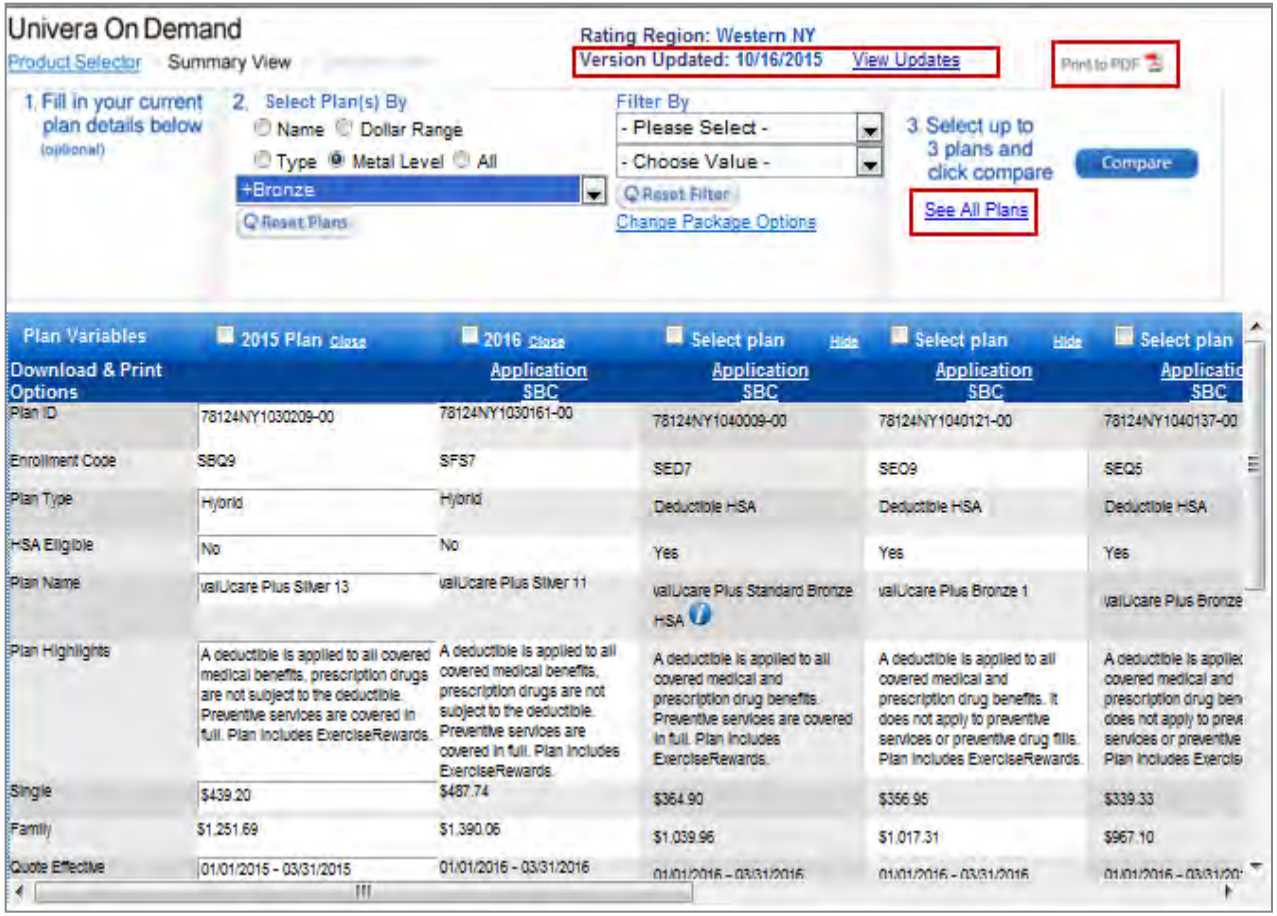
Univera on Demand – Summary view

Other features to note on the Summary view page include:



- To generate a PDF of all of the available plans click **'See All Plans'**
- The **'Print to PDF'** icon generates a file of the plans on your screen
- For details on updates that have been made in Univera on Demand click **'View Updates'**

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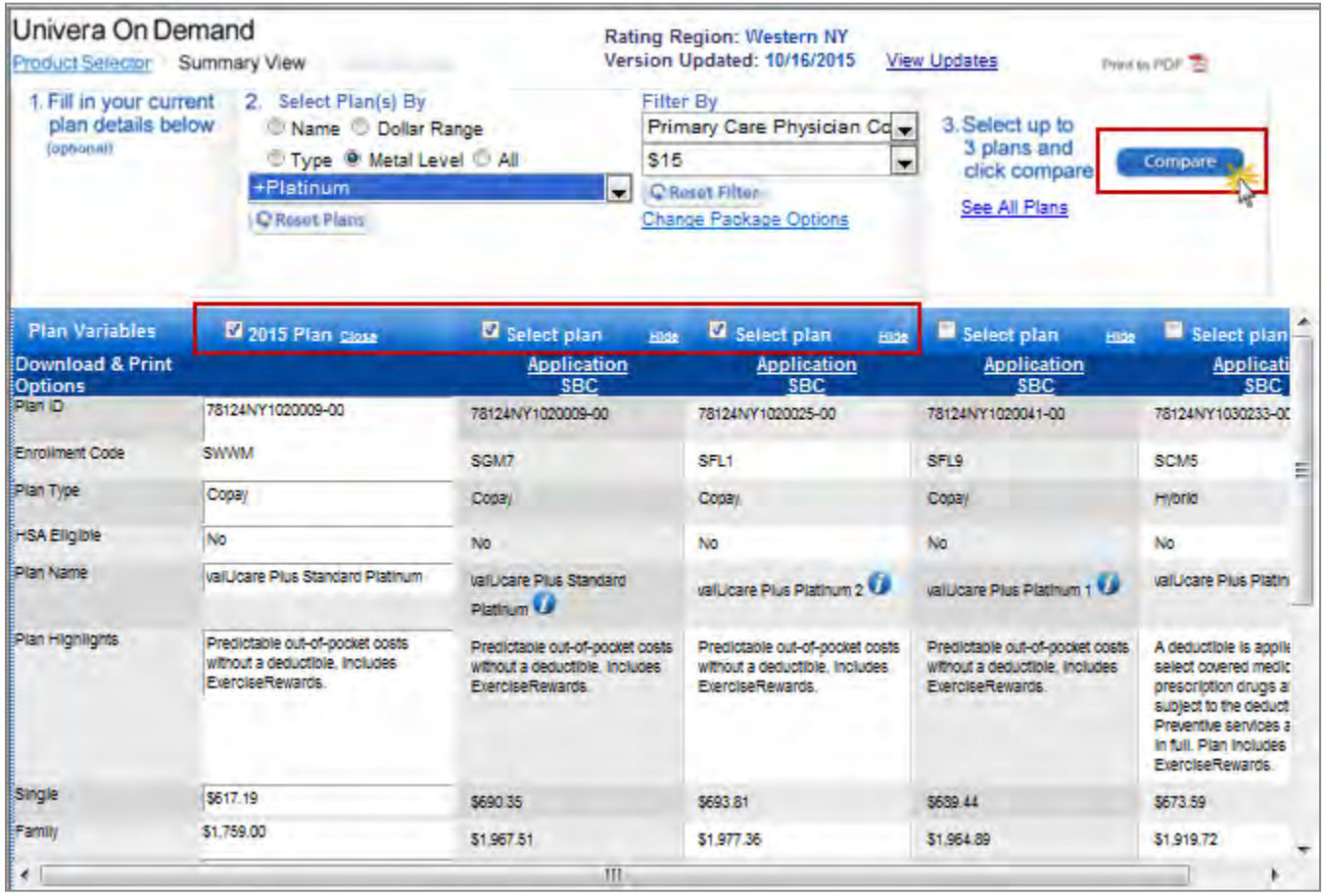
Univera on Demand – Summary view

When you have your plan selection narrowed down, select up to three plans to compare the benefits and rates in more detail.



To do this:

- Select your plans in the Plan Variable row
- Click '**Compare**' to advance to the detail view page

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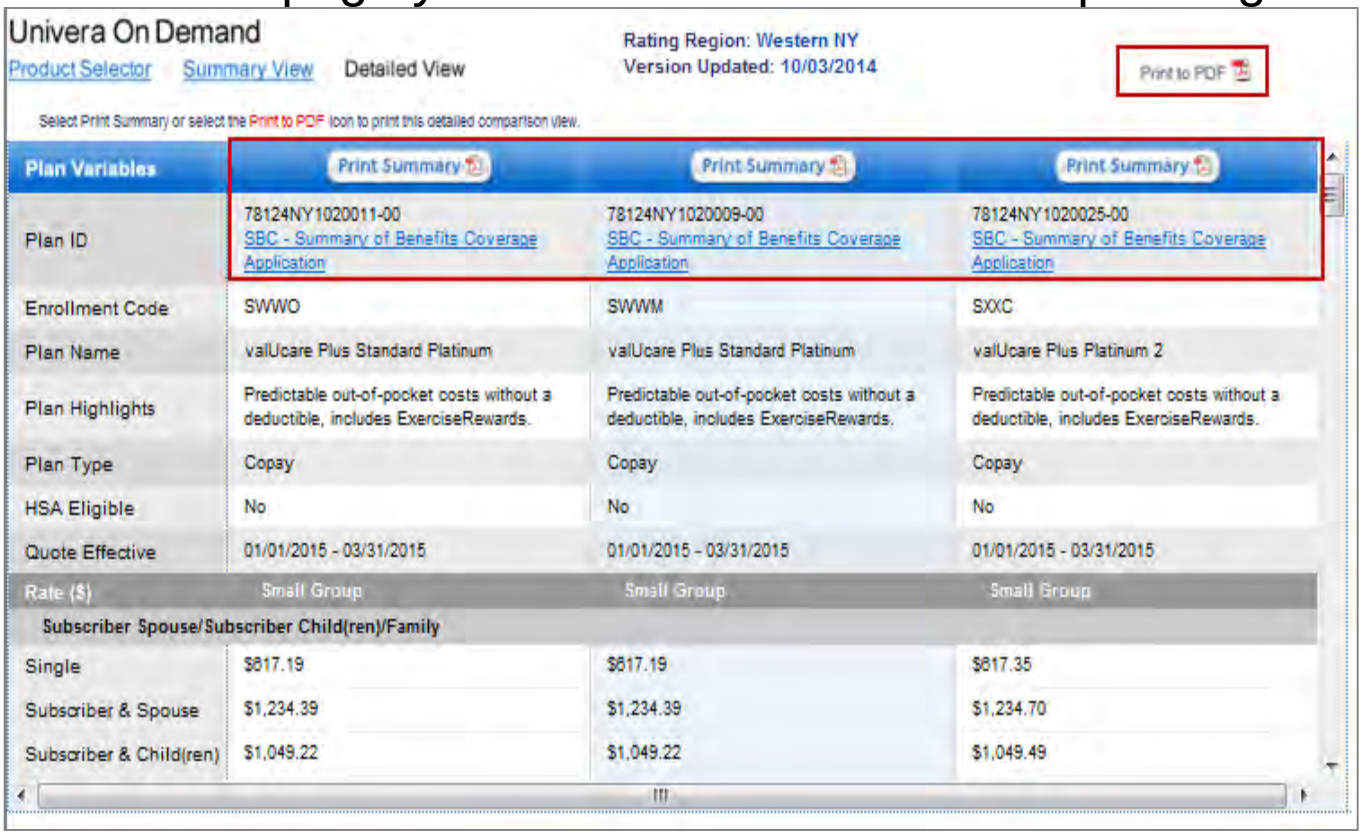
Now let's look at the Detail View page

Univera on Demand – Detail view

The **detail view** page allows you to view more benefit detail & rate information on selected plans.

On this page you can also click the corresponding links to generate:



Univera On Demand

Product Selector | Summary View | Detailed View

Rating Region: Western NY
Version Updated: 10/03/2014

Print to PDF

Select Print Summary or select the Print to PDF icon to print this detailed comparison view.

Plan Variables	Print Summary	Print Summary	Print Summary
Plan ID	78124NY1020011-00 SBC - Summary of Benefits Coverage Application	78124NY1020009-00 SBC - Summary of Benefits Coverage Application	78124NY1020025-00 SBC - Summary of Benefits Coverage Application
Enrollment Code	SWWO	SWWM	SXXC
Plan Name	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Platinum 2
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.
Plan Type	Copay	Copay	Copay
HSA Eligible	No	No	No
Quote Effective	01/01/2015 - 03/31/2015	01/01/2015 - 03/31/2015	01/01/2015 - 03/31/2015
Rate ($)	Small Group	Small Group	Small Group
Subscriber Spouse/Subscriber Child(ren)/Family			
Single	$617.19	$617.19	$617.35
Subscriber & Spouse	$1,234.39	$1,234.39	$1,234.70
Subscriber & Child(ren)	$1,049.22	$1,049.22	$1,049.49

- Print Summary: Rate sheet & a detailed benefit summary
- Summary of Benefits Coverage (SBC)
- Pre-populated Application

Note: Pre-populated fields in the application are plan-specific, be sure you have selected the correct plan when printing enrollment applications. Not applicable to Experience Rated quotes

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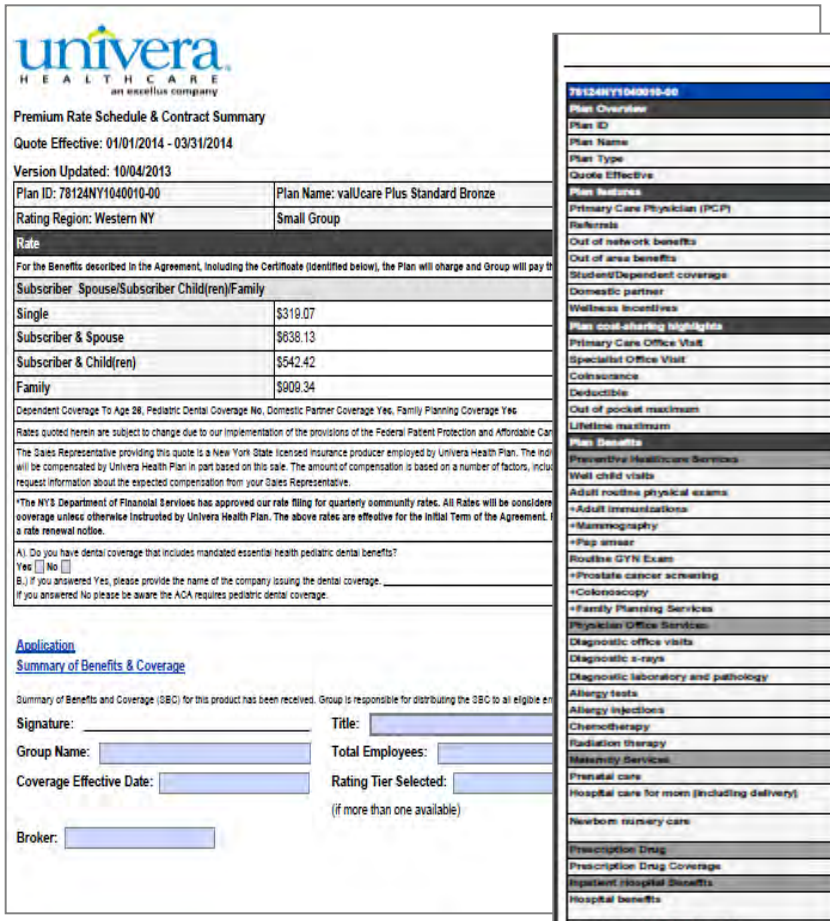
Univera on Demand – Detail view

Here is a sample of what you can generate:

Rate sheet



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Premium Rate Schedule & Contract Summary

Quote Effective: 01/01/2014 - 03/31/2014

Version Updated: 10/04/2013

Plan ID: 78124NY1040010-00	Plan Name: valUcare Plus Standard Bronze
Rating Region: Western NY	Small Group
Rate	
For the Benefits described in the Agreement, including the Certificate (identified below), the Plan will charge and Group will pay th	
Subscriber Spouse/Subscriber Child(ren)/Family	
Single	$319.07
Subscriber & Spouse	$638.13
Subscriber & Child(ren)	$542.42
Family	$909.34
Dependent Coverage To Age 26, Pediatric Dental Coverage No, Domestic Partner Coverage Yes, Family Planning Coverage Yes	
Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Car	
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Univera Health Plan. The indi will be compensated by Univera Health Plan in part based on this sale. The amount of compensation is based on a number of factors, inclu request information about the expected compensation from your Sales Representative.	
*The NYS Department of Financial Services has approved our rate filing for quarterly community rates. All Rates will be considere coverage unless otherwise instructed by Univera Health Plan. The above rates are effective for the initial Term of the Agreement. a rate renewal notice.	
A\ Do you have dental coverage that includes mandated essential health pediatric dental benefits? Yes ☐ No ☐ B.) If you answered Yes, please provide the name of the company issuing the dental coverage. _____ If you answered No please be aware the ACA requires pediatric dental coverage.	

Application
Summary of Benefits & Coverage

Summary of Benefits and Coverage (SBC) for this product has been received. Group is responsible for distributing the SBC to all eligible en

Signature: _____ Title:

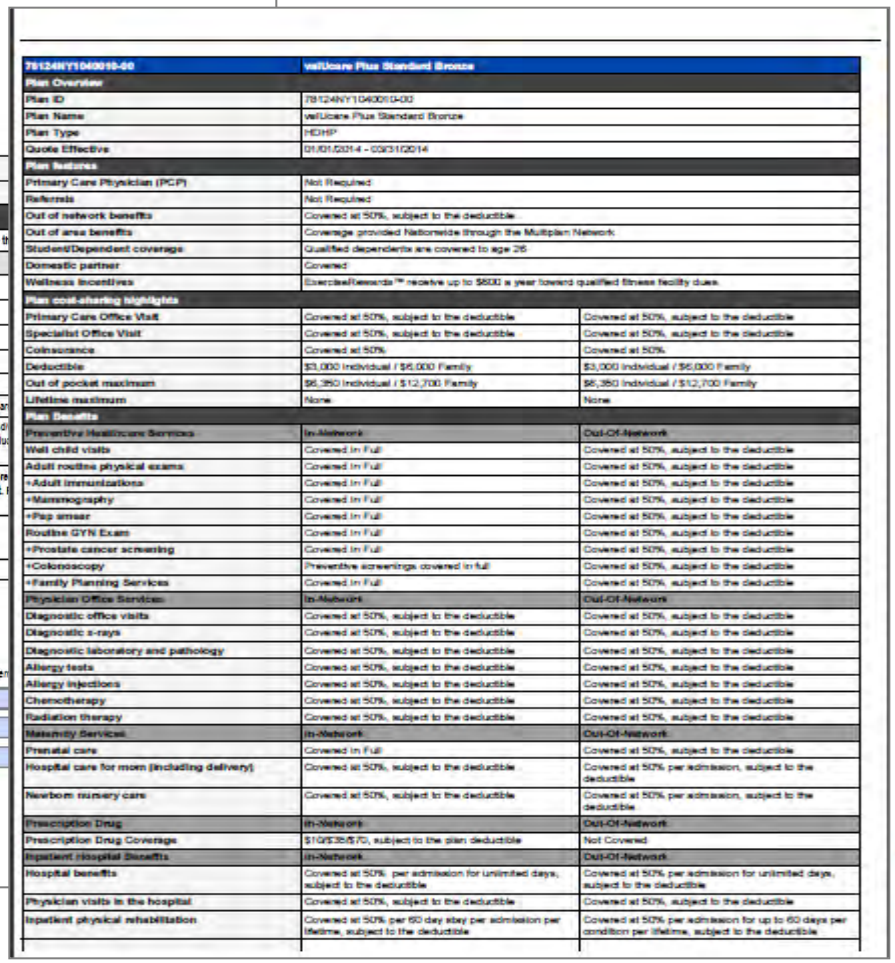
Group Name: Total Employees:

Coverage Effective Date: Rating Tier Selected:

(if more than one available)

Broker:

Benefit Summary



78124NY1040010-00	valUcare Plus Standard Bronze	
Plan Overview		
Plan ID	78124NY1040010-00	
Plan Name	valUcare Plus Standard Bronze	
Plan Type	HDHP	
Quote Effective	01/01/2014 - 03/31/2014	
Plan features		
Primary Care Physician (PCP)	Not Required	
Referrals	Not Required	
Out of network benefits	Covered at 50%, subject to the deductible	
Out of area benefits	Coverage provided Nationwide through the Multiplan Network	
Student/Dependent coverage	Qualified dependents are covered to age 26	
Domestic partner	Covered	
Wellness incentives	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues.	
Plan cost-sharing highlights		
Primary Care Office Visit	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Specialist Office Visit	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Coinsurance	Covered at 50%	Covered at 50%
Deductible	$3,000 Individual / $6,000 Family	$3,000 Individual / $6,000 Family
Out of pocket maximum	$6,350 Individual / $12,700 Family	$6,350 Individual / $12,700 Family
Lifetime maximum	None	None
Plan Benefits		
Preventive Healthcare Services	In-Network	Out-Of-Network
Well child visits	Covered In Full	Covered at 50%, subject to the deductible
Adult routine physical exams	Covered In Full	Covered at 50%, subject to the deductible
+Adult immunizations	Covered In Full	Covered at 50%, subject to the deductible
+Mammography	Covered In Full	Covered at 50%, subject to the deductible
+Pap smear	Covered In Full	Covered at 50%, subject to the deductible
Routine GYN Exam	Covered In Full	Covered at 50%, subject to the deductible
+Prostate cancer screening	Covered In Full	Covered at 50%, subject to the deductible
+Colonoscopy	Preventive screenings covered in full	Covered at 50%, subject to the deductible
+Family Planning Services	Covered In Full	Covered at 50%, subject to the deductible
Physician Office Services	In-Network	Out-Of-Network
Diagnostic office visits	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Diagnostic x-rays	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Diagnostic laboratory and pathology	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Allergy tests	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Allergy injections	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Chemotherapy	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Radiation therapy	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Maternity Services	In-Network	Out-Of-Network
Prenatal care	Covered In Full	Covered at 50%, subject to the deductible
Hospital care for mom (including delivery)	Covered at 50%, subject to the deductible	Covered at 50% per admission, subject to the deductible
Newborn nursery care	Covered at 50%, subject to the deductible	Covered at 50% per admission, subject to the deductible
Prescription Drug	In-Network	Out-Of-Network
Prescription Drug Coverage	$10/$35/$70, subject to the plan deductible	Not Covered
Inpatient Hospital Benefits	In-Network	Out-Of-Network
Hospital benefits	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible
Physician visits in the hospital	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Inpatient physical rehabilitation	Covered at 50% per 60 day stay per admission per lifetime, subject to the deductible	Covered at 50% per admission for up to 60 days per condition per lifetime, subject to the deductible

We recommend you always access these documents directly from Univera on Demand.

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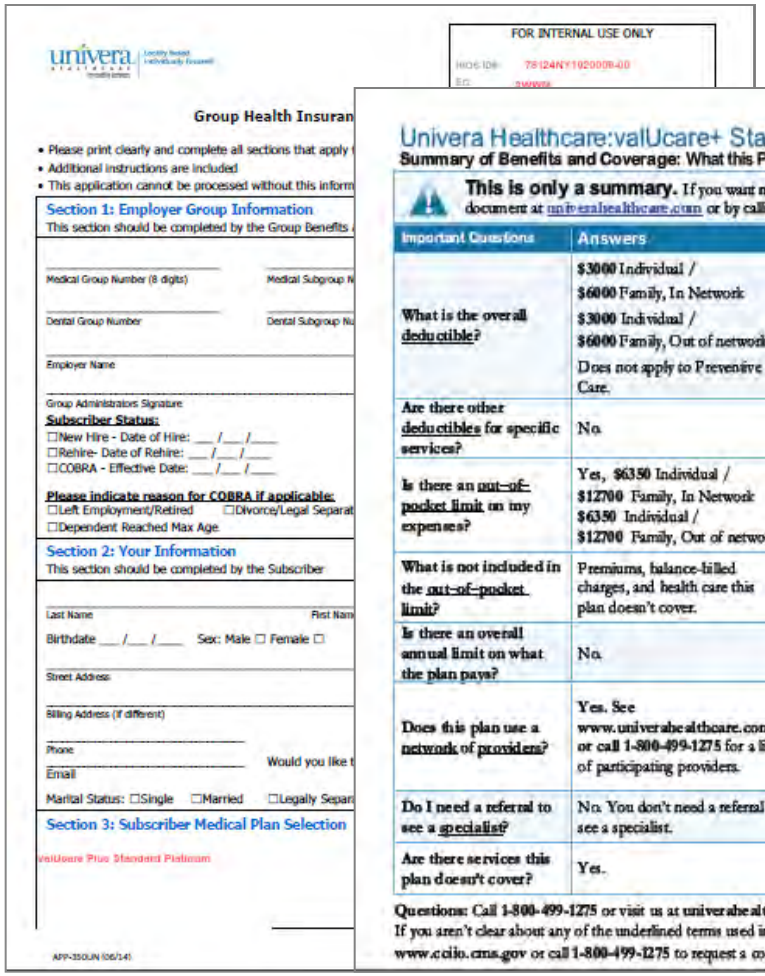
Univera on Demand – Detail view

More Samples:

Enrollment Application



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Group Health Insuran

- Please print clearly and complete all sections that apply
- Additional instructions are included
- This application cannot be processed without this inform

Section 1: Employer Group Information
This section should be completed by the Group Benefits

Medical Group Number (8 digits) | Medical Subgroup N
Dental Group Number | Dental Subgroup Nu
Employer Name
Group Administrators Signature
Subscriber Status:
☐New Hire - Date of Hire: ___/___/____
☐Rehire- Date of Rehire: ___/___/____
☐COBRA - Effective Date: ___/___/____
Please indicate reason for COBRA if applicable:
☐Left Employment/Retired ☐Divorce/Legal Separat
☐Dependent Reached Max Age

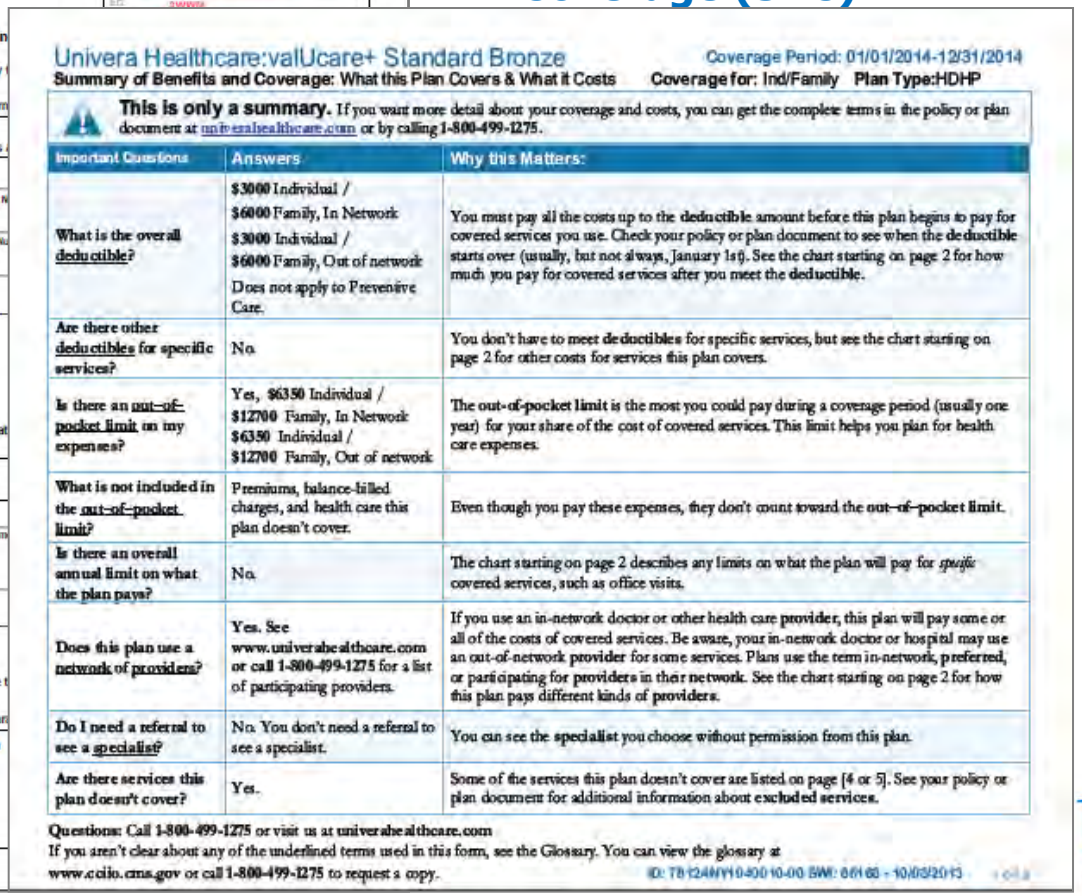
Section 2: Your Information
This section should be completed by the Subscriber

Last Name | First Nam
Birthdate ___/___/____ Sex: Male ☐ Female ☐
Street Address
Billing Address (If different)
Phone | Would you like t
Email
Marital Status: ☐Single ☐Married ☐Legally Separ

Section 3: Subscriber Medical Plan Selection
ValUcare Plus Standard Platinum

APP-350JUN (06/14)

Summary of Benefits Coverage (SBC)



Univera Healthcare:valUcare+ Standard Bronze — Coverage Period: 01/01/2014-12/31/2014
Summary of Benefits and Coverage: What this Plan Covers & What it Costs — Coverage for: Ind/Family — Plan Type:HDHP

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at universalhealthcare.com or by calling 1-800-499-1275.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$3000 Individual / $6000 Family, In Network $3000 Individual / $6000 Family, Out of network Does not apply to Preventive Care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, $6350 Individual / $12700 Family, In Network $6350 Individual / $12700 Family, Out of network	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.universahealthcare.com or call 1-800-499-1275 for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page [4 or 5]. See your policy or plan document for additional information about excluded services.

Questions: Call 1-800-499-1275 or visit us at universahealthcare.com
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the glossary at www.cciio.cms.gov or call 1-800-499-1275 to request a copy.

ID: 78124NY0400010-00 BMI: 6/1/60 - 10/03/2013

We recommend you always access these documents directly from Univera on Demand.

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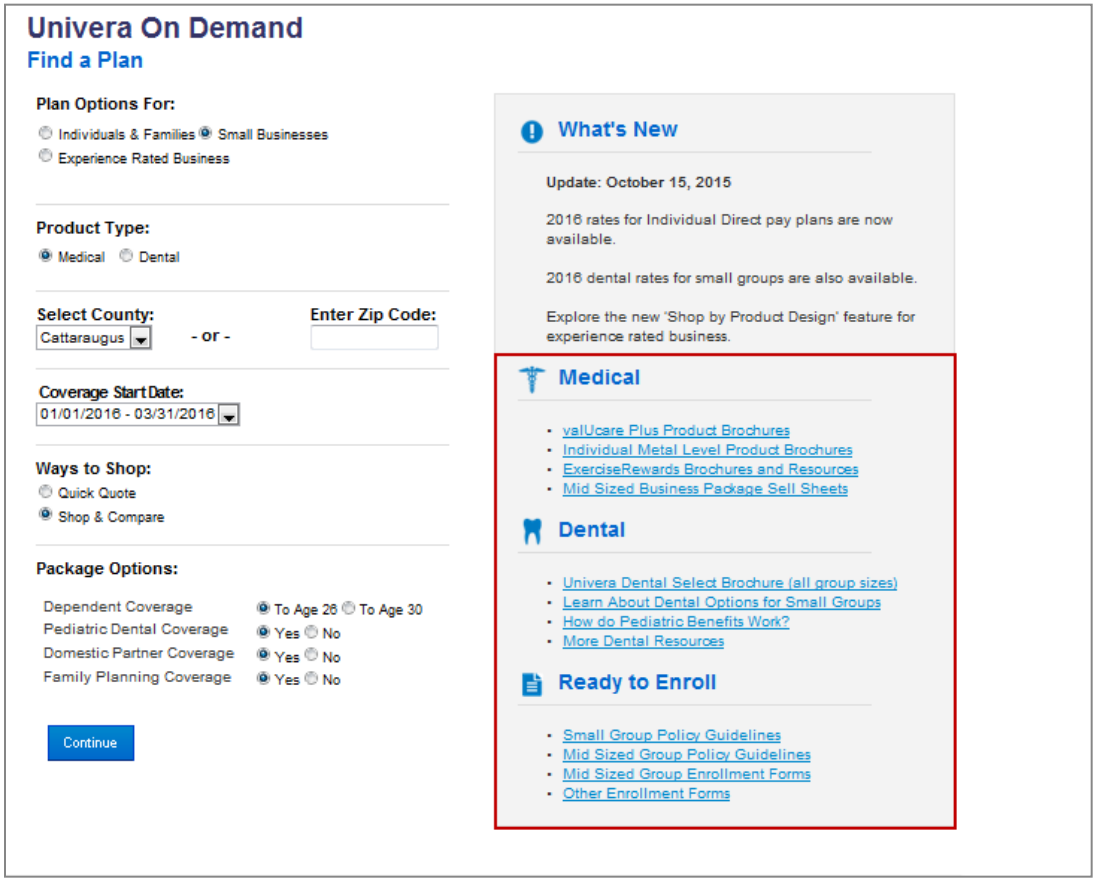
See what's in the Resource Center

Univera on Demand – Resource Center

One remaining feature to cover is the **Resource Center** located on the homepage. Here you can access many useful tools to help guide clients and enroll groups and members.



Find the resources you need by section:

- **Medical**
- **Dental**
- **Ready to enroll**

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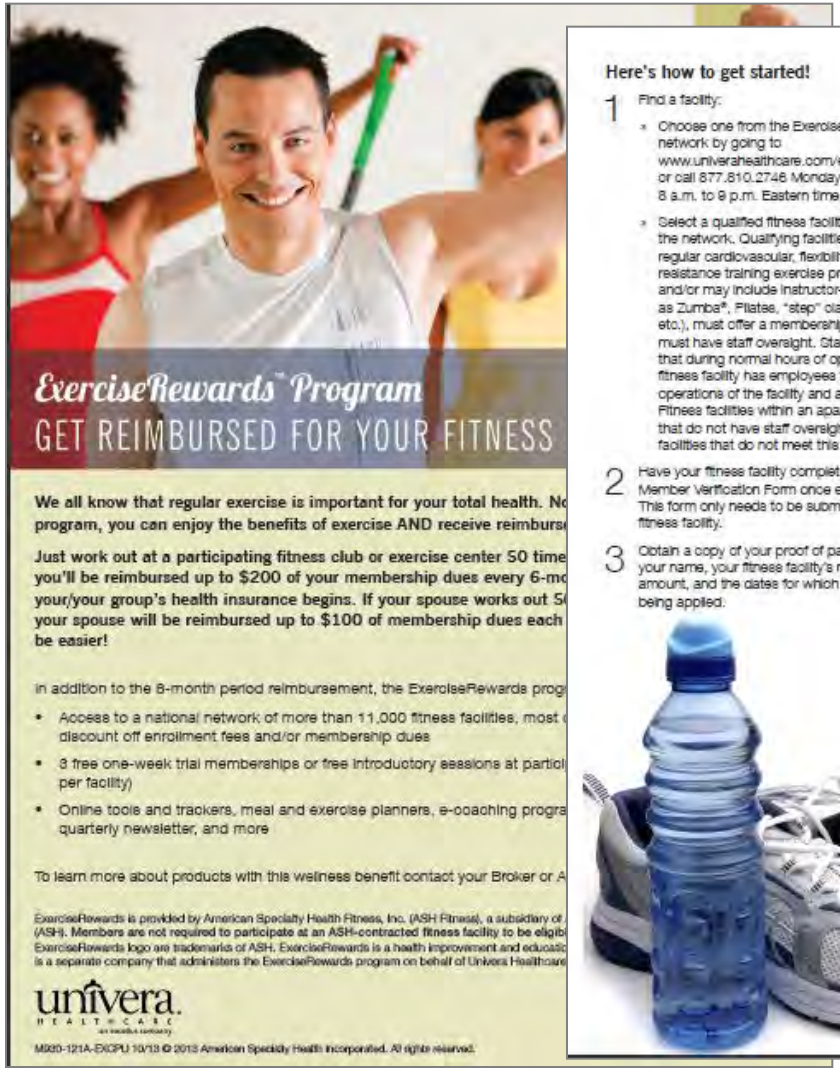
Univera on Demand – Resource Center

Also access Small Group & Individual plan brochures by product design in the **Medical** Section. Some Examples:

Univera on Demand – Resource Center

Access **ExerciseRewards** brochures and forms in the Medical Section



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ExerciseRewards.

Fitness Facility Member Verification Form

Fill in your full name below, and then have your fitness facility complete the rest of the form. Submit this form with your ExerciseRewards™ Reimbursement Request Form and proof of payment to:
ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117
Please be advised that a copy of your fitness facility agreement may be requested.

Last Name _____ First Name _____ M.I. _____

Fitness Facility Information

Facility Name _____
Facility Address (Number, Street, Suite) _____
City _____ County _____
State _____ ZIP+4 _____ - _____

Type of Arrangement

☐ Fitness Facility Agreement
☐ Signed Application
☐ Other - Please Explain _____

Membership
☐ Individual membership ☐ Family membership - If family membership, list names below

Membership Term

Amount Paid for Membership $ _____

☐ Month-to-Month Start Date _____ End Date _____
☐ Annual Membership Start Date _____ End Date _____
☐ Other _____ Start Date _____ End Date _____

Fitness Facility Attestation:

I, _____ (fitness facility representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness facility.

Fitness facility representative signature _____
Date _____

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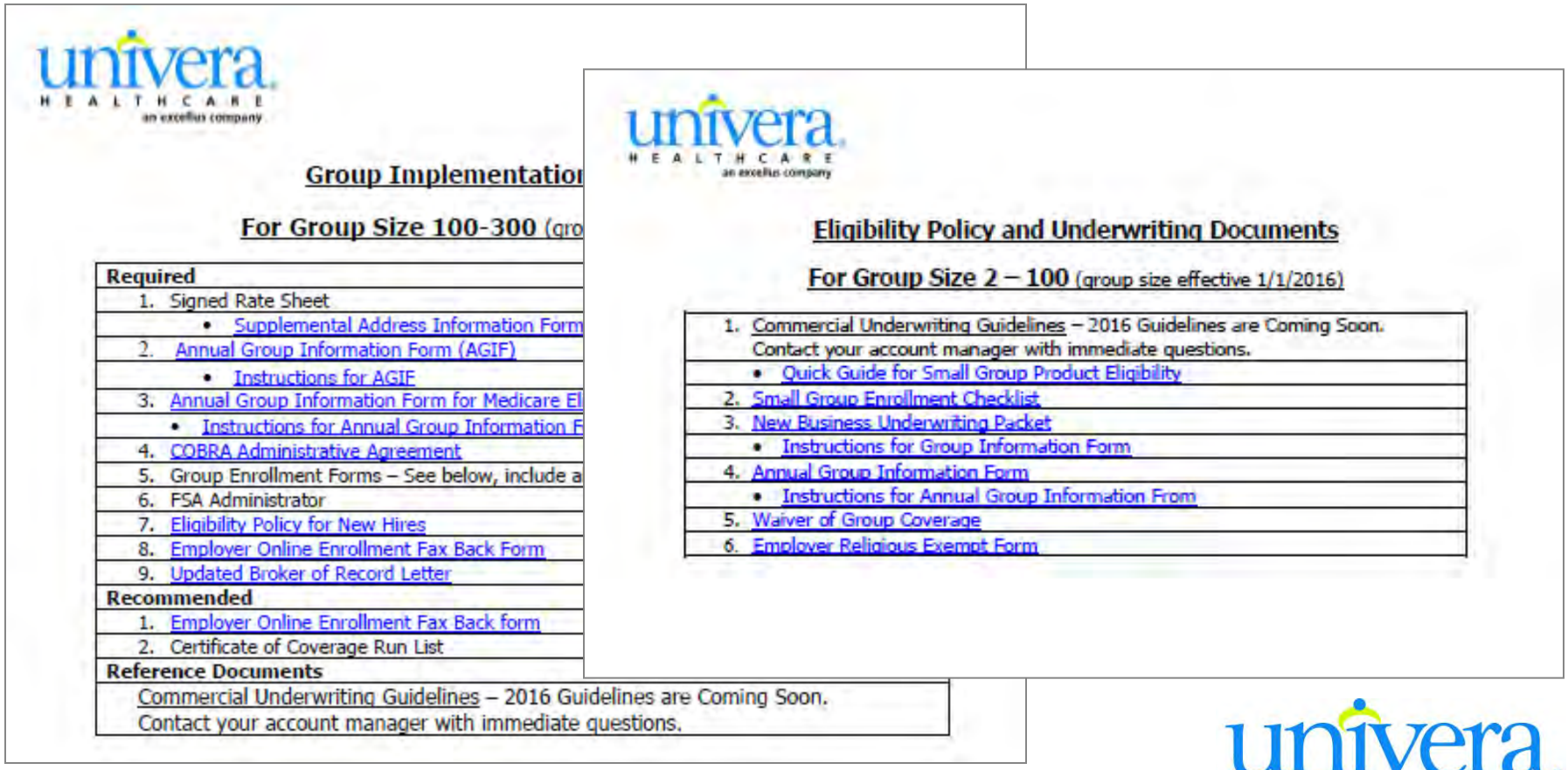
Univera on Demand – Resource Center

Go to **Ready to Enroll** to access group enrollment guidelines Underwriting Documentation and more…..



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Group Implementatio

For Group Size 100-300 (gro

Required
1. Signed Rate Sheet
• Supplemental Address Information Form
2. Annual Group Information Form (AGIF)
• Instructions for AGIF
3. Annual Group Information Form for Medicare El
• Instructions for Annual Group Information F
4. COBRA Administrative Agreement
5. Group Enrollment Forms – See below, include a
6. FSA Administrator
7. Eligibility Policy for New Hires
8. Employer Online Enrollment Fax Back Form
9. Updated Broker of Record Letter
Recommended
1. Employer Online Enrollment Fax Back form
2. Certificate of Coverage Run List
Reference Documents
Commercial Underwriting Guidelines – 2016 Guidelines are Coming Soon. Contact your account manager with immediate questions.

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Eligibility Policy and Underwriting Documents

For Group Size 2 – 100 (group size effective 1/1/2016)

1. Commercial Underwriting Guidelines – 2016 Guidelines are Coming Soon. Contact your account manager with immediate questions.
• Quick Guide for Small Group Product Eligibility
2. Small Group Enrollment Checklist
3. New Business Underwriting Packet
• Instructions for Group Information Form
4. Annual Group Information Form
• Instructions for Annual Group Information From
5. Waiver of Group Coverage
6. Employer Religious Exempt Form

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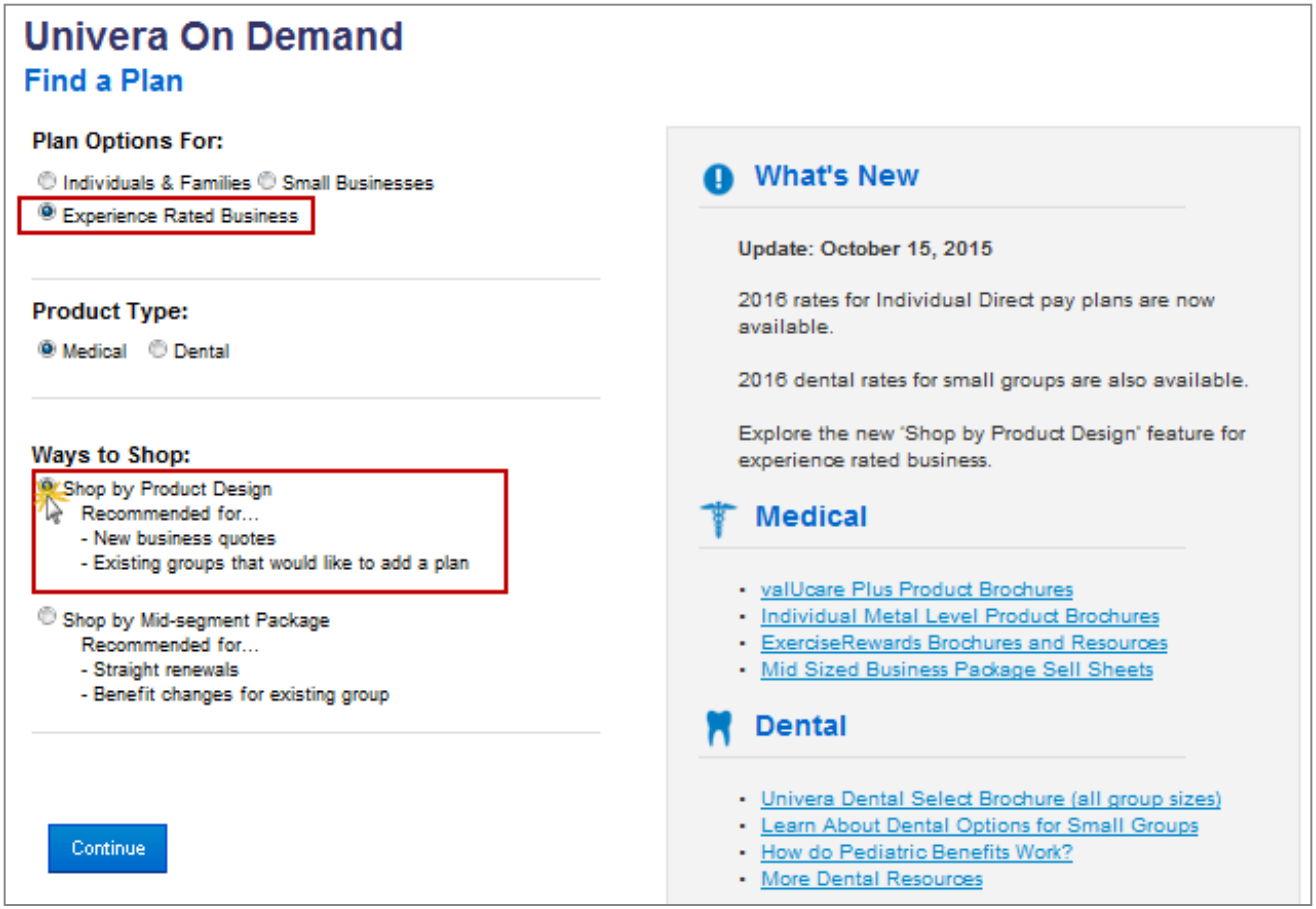
Shop by Design
For Experience rated groups

Shop by Design

Select “Experience rated” and then “Shop by Design”



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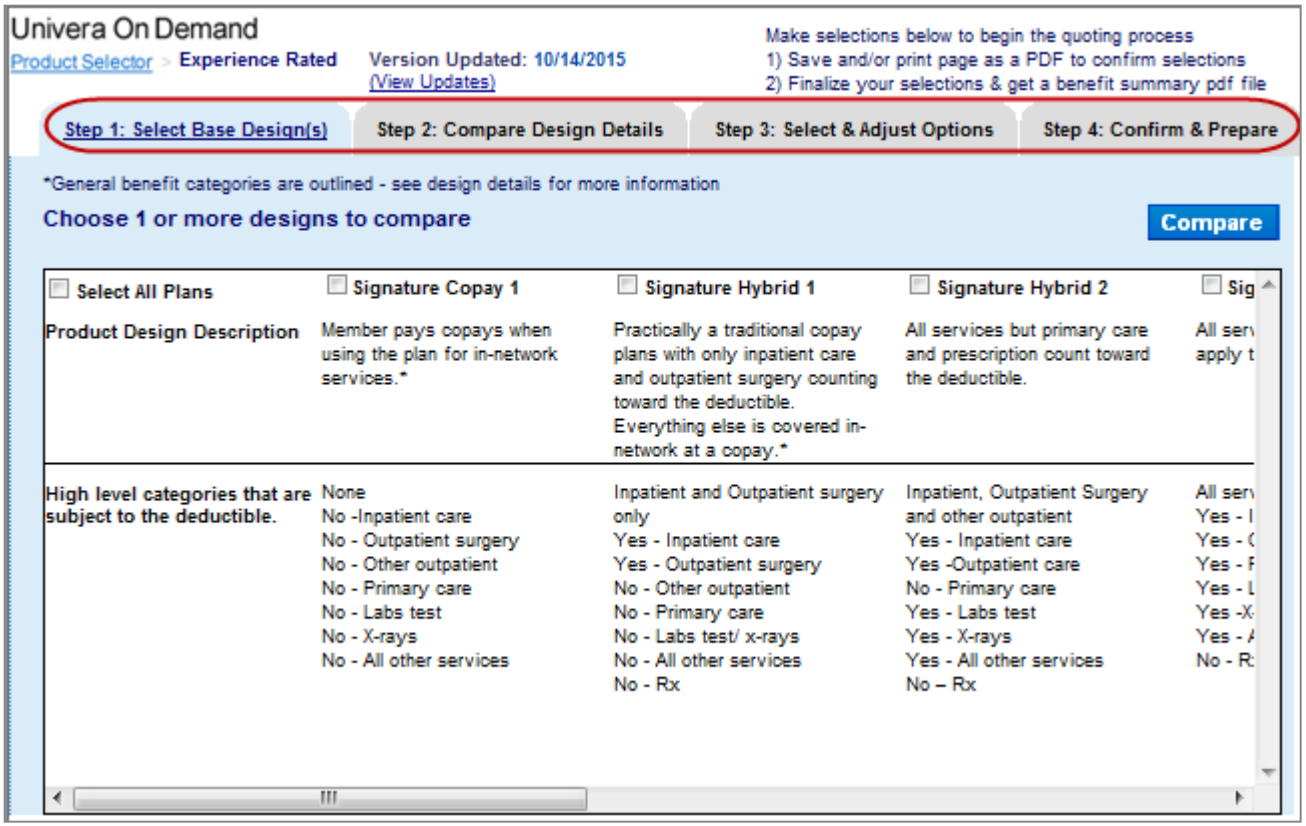
Shop by Design

There are four easy steps to follow in order to get a quote....



1. Select a base design
2. Compare designs
3. Select & adjust
4. Confirm and prepare in order to get a quote.

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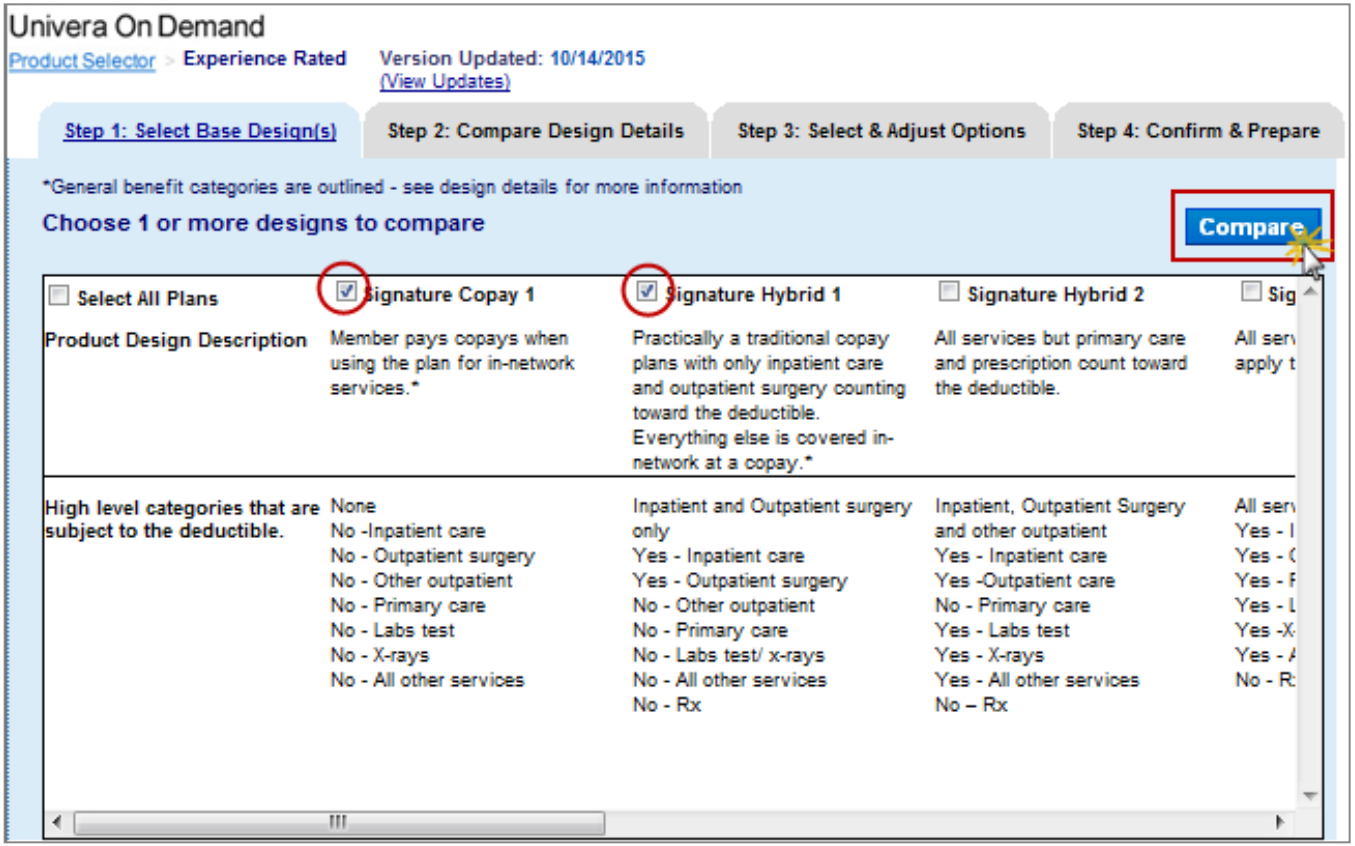
Shop by design – 1. Select base design

Check the boxes to see more details on each designs then hit "Compare".



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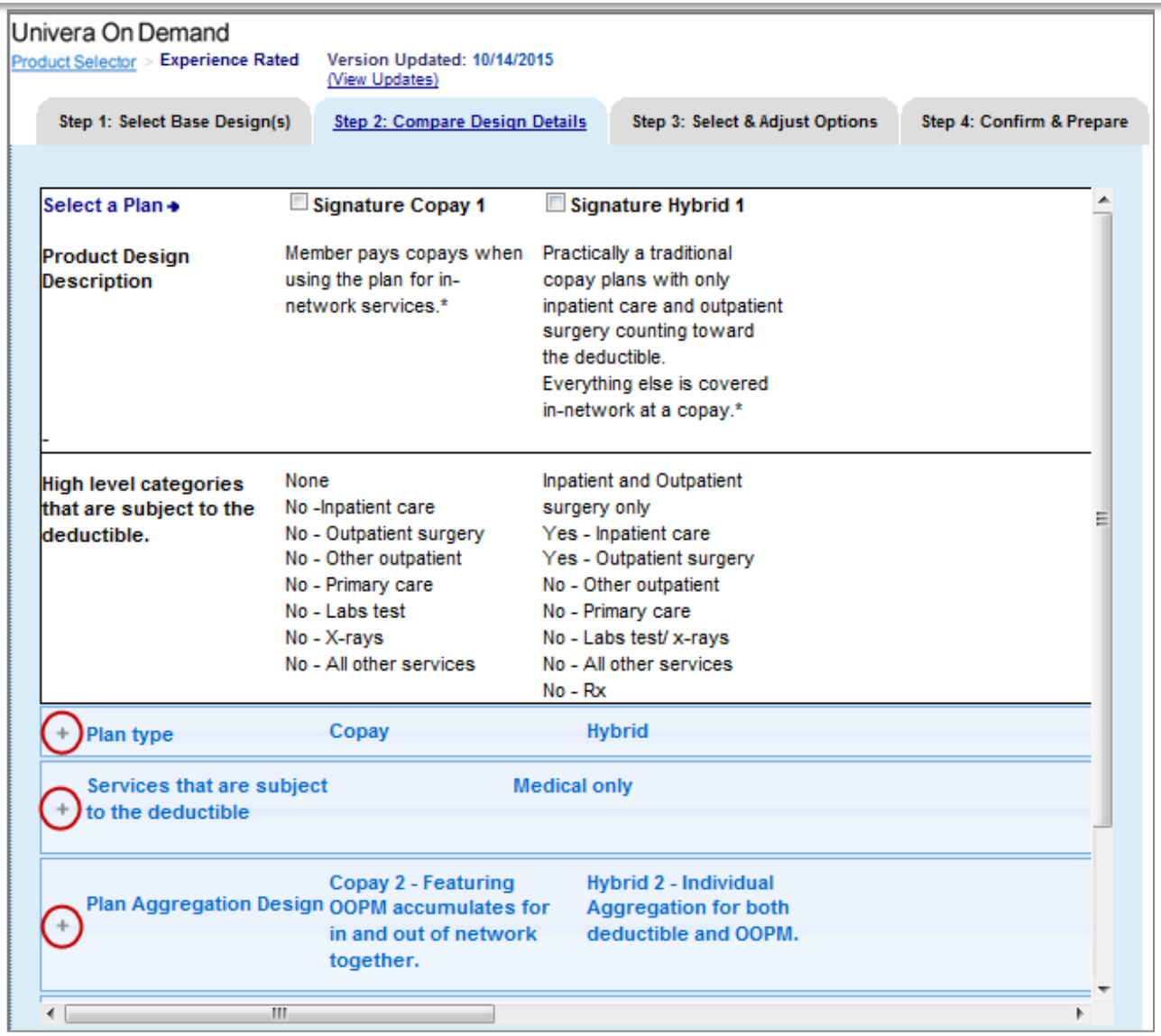
Shop by Design – 2. Compare Designs



Click on the accordions to see more information about each design.

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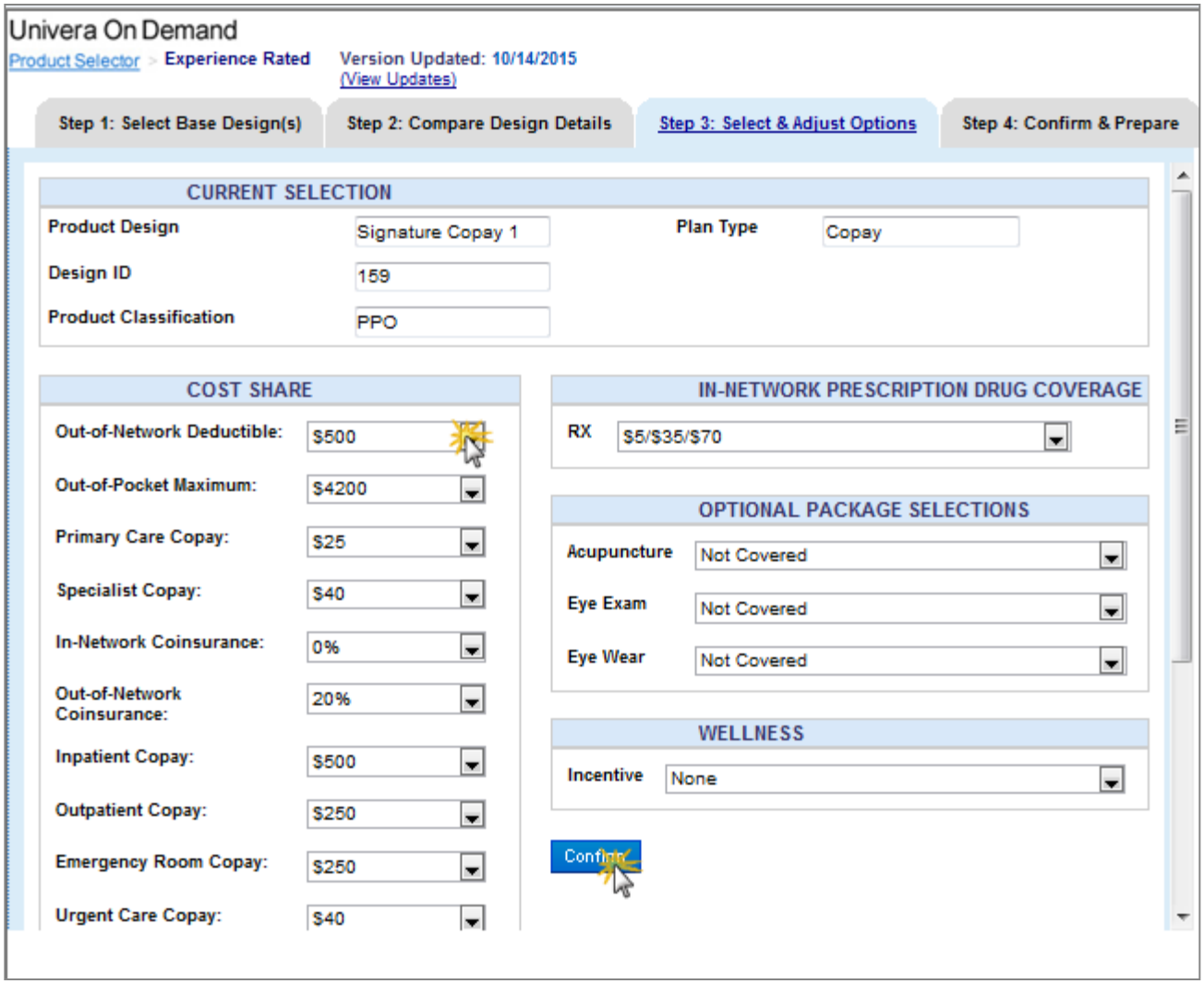
Shop by Design – 3. Select & Adjust



- Select the drop-down to select and adjust the options as desired.
- Select confirm once final benefit selections have been made.

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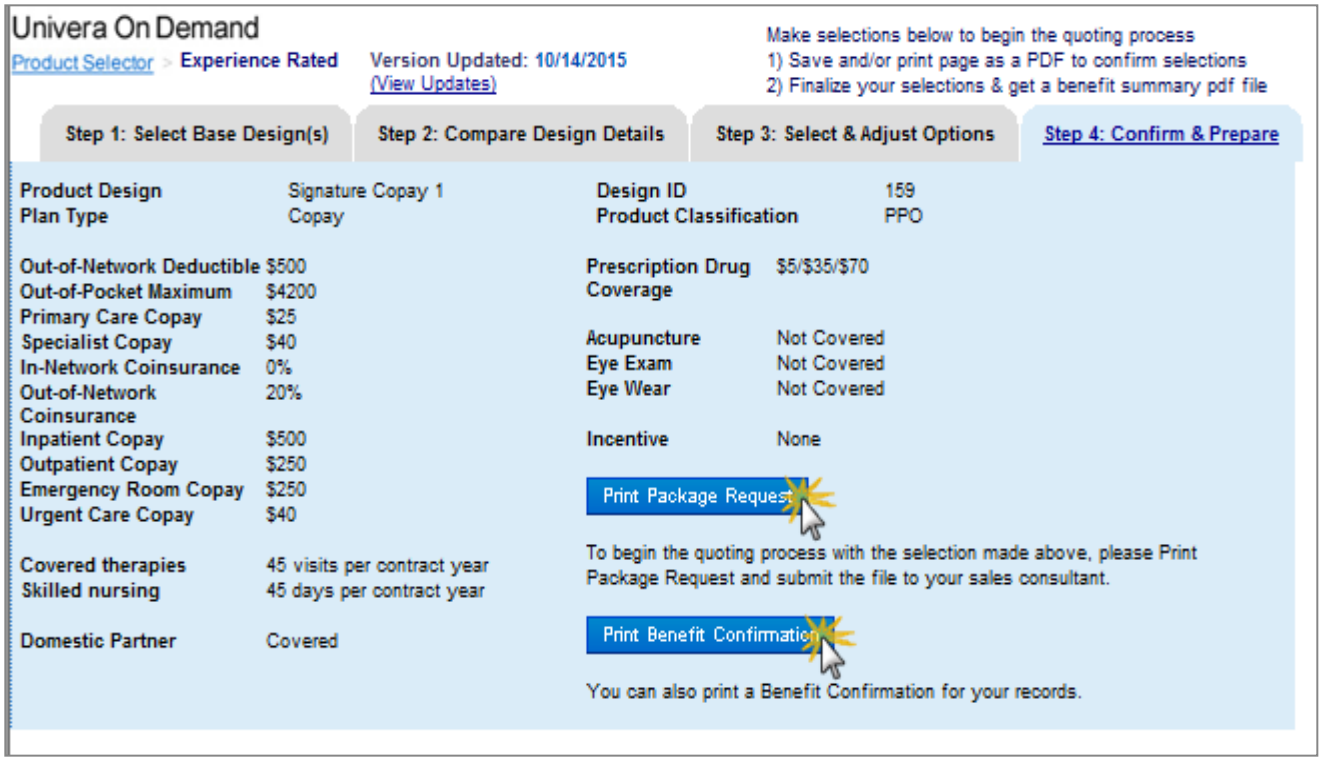
Shop by Design – 4. Confirm & Prepare



- Select "Print Package Request" to print a PDF that can be emailed to you Account Consultant.
- Select "Print Benefit Confirmation" to print highlights of the design selected and the option selected.

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Shop by Design – Printable documents

Example Print Package Request PDF

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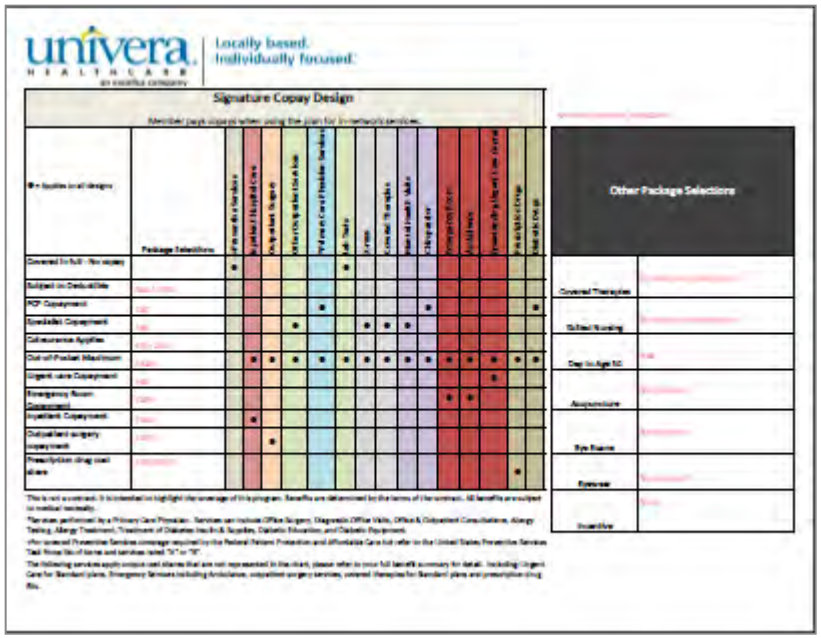
Version Updated: 10/14/2015

Product Design	Signature Copay 1	Design ID	159
Plan Type	Copay	Product Classification	PPO

Out-of-Network Deductible	$500	Prescription Drug Coverage	$5/$35/$70
Out-of-Pocket Maximum	$4200		
Primary Care Copay	$25		
Specialist Copay	$40	Acupuncture	Not Covered
In-Network Coinsurance	0%	Eye Exam	Not Covered
Out-of-Network Coinsurance	20%	Eye Wear	Not Covered
Inpatient Copay	$500		
Outpatient Copay	$250	Incentive	None
Emergency Room Copay	$250		
Urgent Care Copay	$40		
Covered therapies	45 visits per contract year		
Skilled nursing	45 days per contract year		
Domestic Partner	Covered		

This document is submitted to your Account Service Representative get a quote.

Example Benefit Confirmation PDF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Signature Copay Design

Other Package Selections

This document can be kept for your/your clients records that show the high level benefits and cost share selected for each.

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Thank you. We hope you found this guide helpful.

Please contact your Broker or an Account Service representative for further assistance.