Hybrid Plan (Copay + Deductible)

Take control of your health care costs
Understanding your hybrid plan

A hybrid plan may work a little differently than other health insurance plans you’ve had in the past.

This plan is designed to meet the needs of individuals and families. You’ll have coverage for things like:

- Hospitalization
- Maternity and newborn care
- Urgent care visits
- Free preventive care
- Doctor visits
- Specialty care
- Prescription drug
- Laboratory coverage
- Choice of doctors and hospitals

To help you understand your plan, this brochure provides explanations and examples.

Let’s start with the basics

Your plan is hybrid because it is a blend of two types of plans which include:

- A deductible that has to be paid first for all medical care
- A copay for medical care such as when you go to your doctor when you are sick

About the plan:

PREVENTIVE CARE can help you avoid getting sick and improve your health. Preventive services such as routine physicals, screenings and vaccinations are covered in full. The deductible does not apply to preventive services; they are covered in full from the first day your coverage begins.

YOUR PLAN INCLUDES A DEDUCTIBLE. You have to reach your deductible first for all medical services, like going to the doctor when you are sick or if you have to go to the hospital. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

YOU CAN GET A PRESCRIPTION FILLED at the copay level on the first day your coverage begins. You do not need to meet the deductible first.

ONCE YOU REACH YOUR DEDUCTIBLE, you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered health service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

TO HELP PROTECT YOU FROM HIGH COSTS, there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you have to pay out of your own pocket for health care services during a particular time period.
**Important terms to know:**

**Deductible** - The amount of money you have to pay before the health insurance company will make any payments towards health care services. Your deductible amount varies and is based on the type of plan you have.

**Co-payment** - This is a fixed amount you pay each time you use a medical service, such as a doctor’s office visit, prescription refill or a hospital stay. For example, if your prescription drug coverage includes a $20 copay, you pay $20 for each prescription and your insurance pays the balance.

**Coinsurance** - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your daughter’s eyeglasses are $100 and you’ve met your deductible, your coinsurance payment of 20% would be $20. The health insurance company would pay the rest, or $80.

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

**Out-of-pocket maximum** - An annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.

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**How does it work?**

For example, your plan could include:

- $25 primary care copays / $40 specialist copays
- $250 outpatient copays / $750 inpatient copays
- $600 individual
  $1200 family deductible
- 0% coinsurance for most benefits
- $4,000 individual / $8,000 family out-of-pocket maximum
- Prescription drug coverage $5 / $35 / $70

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**Below are a few examples of how a copay + deductible plan works:**

<table>
<thead>
<tr>
<th>You visit your primary physician for your Annual Physical</th>
<th>Your spouse needs a minor surgical procedure done in an outpatient setting</th>
<th>You need an antibiotic prescription filled</th>
<th>Your spouse is admitted to the hospital for an emergency procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost: $200</td>
<td>Actual cost: $2,500</td>
<td>Actual cost: $40</td>
<td>Actual cost: $10,000</td>
</tr>
<tr>
<td>Plan pays: $200</td>
<td>Spouse’s deductible: $600</td>
<td>Plan pays: $35</td>
<td>Spouse’s deductible: Met</td>
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<td></td>
<td>Leaving a balance of: $1,900</td>
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<tr>
<td></td>
<td>Spouse’s copay: $250</td>
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<td>Spouse’s copay: $750</td>
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<td>Plan pays: $1,650</td>
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<td>Plan pays: $9,250</td>
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<td>After this out-of-pocket payment, your spouse will have $3,150 remaining to pay before reaching the individual out-of-pocket maximum. Once met all remaining covered benefits will be in full.</td>
<td></td>
<td>The out-of-pocket maximum for your spouse is now reduced to $2,400</td>
</tr>
<tr>
<td>Preventive services are covered in full</td>
<td>Most hospital-related services are subject to the deductible and copay but always protected by the out-of-pocket maximum</td>
<td>Prescription drug copays apply toward the out-of-pocket maximum</td>
<td>Inpatient stays are subject to the deductible, but your spouse has met the individual deductible so he only had to pay the inpatient copay.</td>
</tr>
</tbody>
</table>

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the member contract.
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- **Take Steps** - Fitness and nutrition to improve health through physical activity and healthy eating
- **24/7 Health Coaching** - Answers to your health care questions
- **6,000+ Health Topics** - Instant access to expert information online
- **Ask the Pharmacist** - Ask questions about your medications
- **Health Risk Assessment** - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement
- **ExerciseRewards™ Program** - is a fitness facility reimbursement program with reduced fees at participating facilities and online interactive fitness and wellness tools available at no cost to help you meet your goals
- **MultiPlan®** - Nationwide coverage when you travel

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