

Small businesses get more with Univera.

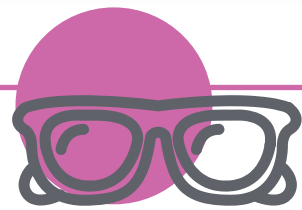
We're giving businesses in Western New York more to help keep employees healthy. Like exciting new program enhancements and access to more care than ever before. We're finding creative ways to help small businesses give the most to their employees, so they can give you more in return.

What's new for 2022:



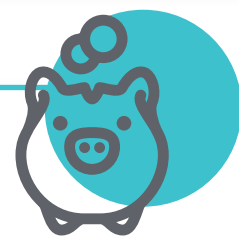
Univera Clear Options

Plan offers employers an innovative, budget-friendly copay option while giving employees an easy-to-understand plan with predictable health care costs.



Univera Vision Plans

New group vision plans that include low-cost eye exams, benefits for fully covered and low-cost corrective eyewear, and a large network of providers.



Chiropractic Coverage at PCP Cost Share

The in-network benefit for chiropractic care is now a PCP cost share, lowering the total cost of care for the entire spinal care treatment at a chiropractor. This applies to all Non-Standard Univera Access designs that apply a Specialist Copay for chiropractic care.



Dental Annual Maximum Rollover

New pooled Univera Dental Select package options available that include an Annual Maximum Rollover benefit.



Preventive Services Ahead of Deductible on HDHP Plans

New medical diagnosis-driven services are now covered in front of the deductible. The cost share for the services are the same as if the member had satisfied the deductible. Applies to all Non-Standard Deductible plans.

UniveraHealthcare.com

Get more from your plan.



2022
Univera
Small Business
Plans At-A-Glance

Q4 Rates:
Effective 10/1/22 – 12/31/22

univera
HEALTHCARE

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HEALTHCARE

PLAN TYPE	COPAY						HYBRID				DEDUCTIBLE HSA											DEDUCTIBLE
PLAN NAME	PLATINUM STANDARD	PLATINUM 1**	PLATINUM 2	PLATINUM 3	PLATINUM 4	NEW! UNIVERA CLEAR OPTIONS GOLD	GOLD STANDARD	GOLD 2	SILVER STANDARD	SILVER 2	GOLD 1**	GOLD 4	NEW! GOLD 5	SILVER 1**	SILVER 3	SILVER 4	SILVER 5	BRONZE STANDARD HSA	BRONZE 1**	BRONZE 2	BRONZE 3	BRONZE 4
2022 Enrollment Code	SZJ9	SZV1	SZW7	TDDA	TDDQ	TKKM	SZO7	SZZ9	SZN1	TBBE	SZY3	TEEG	TLLC	TAAO	TEEX	TFFN	THHJ	SZL5	TBBU	TCKK	TGGD	TGGT
Deductible: Individual/Family	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$600/ \$1,200	\$2,000/ \$4,000	\$1,300/ \$2,600	\$3,400/ \$6,800	\$1,400/ \$2,800	\$1,800/ \$3,600	\$2,000/ \$4,000	\$2,600/ \$5,200	\$3,200/ \$6,400	\$3,600/ \$7,200	\$2,500/ \$5,000	\$6,100/ \$12,200	\$7,000/ \$14,000	\$5,500/ \$11,000	\$6,100/ \$12,200	\$8,250/ \$16,500
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	\$6,500/ \$13,000	\$4,000/ \$8,000	\$8,000/ \$16,000	\$8,500/ \$17,000	\$8,000/ \$16,000	\$4,000/ \$8,000	\$3,600/ \$7,200	\$6,000/ \$12,000	\$7,000/ \$14,000	\$6,550/ \$13,100	\$6,550/ \$13,100	\$7,000/ \$14,000	\$6,900/ \$13,800	\$7,000/ \$14,000	\$7,000/ \$14,000	\$7,000/ \$14,000	\$8,250/ \$16,500
Aggregation Design	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	FAMILY	FAMILY	FAMILY	INDIVIDUAL	INDIVIDUAL	FAMILY	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	INDIVIDUAL
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	20%	0%	20%	20%	20%	0%	50%	0%	50%	25%	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	\$50	\$25*	\$10	\$30*	\$10*	\$10*	20%*	\$25*	20%*	20%*	20%*	\$25*	50%*	0%*	50%*	25%*	\$25
Specialist Visit	\$35	\$45	\$30	\$40	\$50	\$100	\$40*	\$50	\$50*	\$50*	\$35*	20%*	\$40*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	0%*
Telehealth	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full
Hospital Facility: Inpatient	\$500	\$500	\$500	\$750	\$750	\$6,500	\$1,000*	\$1,200*	\$1,500*	\$1,000*	\$500*	20%*	\$500*	20%*	20%*	20%*	\$500*	50%*	0%*	50%*	25%*	0%*
Hospital Facility: Outpatient	\$100	\$100	\$150	\$250	\$250	\$1,000	\$100*	\$250*	\$150*	\$200*	\$150*	20%*	\$150*	20%*	20%*	20%*	\$300*	50%*	0%*	50%*	25%*	0%*
Urgent Care	\$55	\$45	\$30	\$40	\$50	\$100	\$60*	\$50	\$70*	\$50*	\$35*	20%*	\$40*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	0%*
Emergency Room Visit	\$100	\$100	\$150	\$250	\$250	\$200	\$150*	\$600	\$300*	\$350*	\$150*	20%*	\$150*	20%*	20%*	20%*	\$300*	50%*	0%*	50%*	25%*	0%*
PHARMACY																						
Prescription Copayment	\$10/\$30/\$60	\$5/\$30/50%	\$5/\$45/50%	\$5/\$35/\$70	\$5/\$35/\$70	\$10/\$50/\$100	\$10/\$35/\$70	\$10/\$50/50%	\$10/\$35/\$70	\$10/\$50/50%	\$5/\$45/50%*†	\$5/\$45/50%*†	\$5/\$45/\$90*†	\$5/\$45/\$90*†	\$5/\$45/\$50%*†	\$5/\$35/50%*†	\$5/\$45/\$90*†	\$10/\$35/\$70*	0%*	50%*†	\$10/\$50/50%*†	0%*
OUT-OF-NETWORK COVERAGE																						
Deductible: Individual/Family	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$0/ \$0	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000
Out-of-Pocket Maximum: Individual/Family	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$9,750/ \$19,500	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000
Coinsurance	20%	40%	40%	20%	20%	0%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	0%	0%	0%	0%	0%
RATES EFFECTIVE 10/1/2022–12/31/2022 Rates include dependent to age 26 and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.																						
Single	\$762.16	\$747.82	\$769.69	\$748.96	\$741.78	\$644.36	\$660.34	\$588.73	\$577.07	\$494.61	\$622.21	\$602.00	\$580.96	\$520.18	\$506.50	\$494.41	\$531.33	\$409.44	\$418.29	\$421.14	\$405.00	\$394.51
Subscriber & Spouse	\$1,524.32	\$1,495.64	\$1,539.38	\$1,497.92	\$1,483.56	\$1,288.72	\$1,320.68	\$1,177.46	\$1,154.14	\$989.22	\$1,244.42	\$1,204.00	\$1,161.92	\$1,040.36	\$1,013.00	\$988.82	\$1,062.66	\$818.88	\$836.58	\$842.28	\$810.00	\$789.02
Subscriber & Child(ren)	\$1,295.67	\$1,271.29	\$1,308.47	\$1,273.23	\$1,261.03	\$1,095.41	\$1,122.58	\$1,000.84	\$981.02	\$840.84	\$1,057.76	\$1,023.40	\$987.63	\$884.31	\$861.05	\$840.50	\$903.26	\$696.05	\$711.09	\$715.94	\$688.50	\$670.67
Family	\$2,172.16	\$2,131.29	\$2,193.62	\$2,134.54	\$2,114.07	\$1,836.43	\$1,881.97	\$1,677.88	\$1,644.65	\$1,409.64	\$1,773.30	\$1,715.70	\$1,655.74	\$1,482.51	\$1,443.53	\$1,409.07	\$1,514.29	\$1,166.90	\$1,192.13	\$1,200.25	\$1,154.25	\$1,124.35
RATES EFFECTIVE 10/1/2022–12/31/2022 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.																						
Single	\$760.28	\$745.96	\$767.77	\$747.09	\$739.94	\$642.75	\$658.68	\$587.27	\$575.63	\$493.37	\$620.67	\$600.50	\$579.50	\$518.88	\$505.23	\$493.18	\$530.02	\$408.42	\$417.25	\$420.10	\$403.99	\$393.54
Subscriber & Spouse	\$1,520.56	\$1,491.92	\$1,535.54	\$1,494.18	\$1,479.88	\$1,285.50	\$1,317.36	\$1,174.54	\$1,151.26	\$986.74	\$1,241.34	\$1,201.00	\$1,159.00	\$1,037.76	\$1,010.46	\$986.36	\$1,060.04	\$816.84	\$834.50	\$840.20	\$807.98	\$787.08
Subscriber & Child(ren)	\$1,292.48	\$1,268.13	\$1,305.21	\$1,270.05	\$1,257.90	\$1,092.68	\$1,119.76	\$998.36	\$978.57	\$838.73	\$1,055.14	\$1,020.85	\$985.15	\$882.10	\$858.89	\$838.41	\$901.03	\$694.31	\$709.33	\$714.17	\$686.78	\$669.02
Family	\$2,166.80	\$2,125.99	\$2,188.14	\$2,129.21	\$2,108.83	\$1,831.84	\$1,877.24	\$1,673.72	\$1,640.55	\$1,406.10	\$1,768.91	\$1,711.43	\$1,651.58	\$1,478.81	\$1,439.91	\$1,405.56	\$1,510.56	\$1,164.00	\$1,189.16	\$1,197.29	\$1,151.37	\$1,121.59

Notes:

*Benefit is subject to the plan deductible

**Univera Access Plus plans with Multiplan National Network available, please contact your Account Manager for details and rates

† Preventive drugs are not subject to the 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.

