



2023
Univera Healthcare
Small Business Plans
At-A-Glance

Q1 Rates Effective:
1/1/2023-3/31/2023

***Get confidence
from your plan.***

Small businesses get more confidence with Univera Healthcare.

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 2023:



Calm®

New to all Small Group plans, the Calm app is a digital stress management program to help members build resilience through better sleep, mindfulness, and meditation. All participating plans will include a premium subscription to the Calm app.



Univera Healthy Baby Connection

All Small Group plans will include Univera Healthy Baby Connection, our new Maternity Care program that will provide information and assistance to expectant women, pre- and post- delivery, through our Care Management team.

Updates and enhancements for 2023:



Covered Therapies at PCP Cost Share

The in-network benefit for physical, occupational, and speech therapy care will now be a PCP cost share, lowering the total cost of care, eliminating barriers, and making it more accessible. This applies to all Non-Standard plans that have a specialist copay for this benefit (subject to deductible, where applicable).



Pediatric Vision

Pediatric routine eye exams will be covered in full on all Non-Standard plans. Previously, this was covered at a Specialist copay (subject to deductible, where applicable).



Acupuncture at PCP Cost Share

Introducing coverage at a PCP cost share option that will help make acupuncture care more accessible and affordable. For Small Groups, acupuncture visits will now be covered at the PCP cost share, or coinsurance, limited to 10 visits per year (subject to deductible, where applicable). Previously not covered for Small Group, this update applies to all Non-Standard plans.



Reduced Cost Share for Univera Clear Options Gold

Starting in 2023, there will be a lower level 6 copay on the Univera Clear Options Gold plan for Small Groups! Introduced last year, Univera Clear Options gives groups the benefit of the predictability of a copay plan – without the higher premiums.



Aggregation Design Updates

Introducing a new blended aggregation design that applies Family Aggregation to the Deductible and Individual Aggregation to the Out-of-Pocket Maximum on select Deductible HSA plans.

PLAN TYPE	COPAY				
PLAN NAME	PLATINUM STANDARD	PLATINUM 1**	PLATINUM 2	PLATINUM 4	UNIVERA CLEAR OPTIONS GOLD
2023 Enrollment Code	TAG6	TAQ2	TAR8	TBB4	TBR4
Deductible: Individual/Family	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0
Out-of-Pocket Maximum: Individual/Family	\$2,000/ \$4,000	\$4,500/ \$9,000	\$5,500/ \$11,000	\$6,550/ \$13,100	\$6,500/ \$13,000
Aggregation Design	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Coinsurance	N/A	N/A	N/A	N/A	N/A
MEDICAL					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$15	\$5	\$5	\$30	\$50
Specialist Visit	\$35	\$45	\$30	\$50	\$100
Telemedicine with MDLive	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Hospital Facility: Inpatient	\$500	\$500	\$750	\$750	\$4,000
Hospital Facility: Outpatient	\$100	\$100	\$250	\$250	\$1,000
Urgent Care	\$55	\$45	\$30	\$50	\$100
Emergency Room Visit	\$100	\$100	\$250	\$250	\$200
PHARMACY					
Prescription Copayment	\$10/\$30/\$60	\$5/\$30/50%	\$5/\$45/50%	\$5/\$35/\$70	\$10/\$50/\$100
OUT-OF-NETWORK COVERAGE					
Deductible: Individual/Family	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$0/ \$0
Out-of-Pocket Maximum: Individual/Family	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$9,750/ \$19,500
Coinsurance	20%	40%	40%	20%	0%
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.					
Single	\$783.39	\$773.54	\$788.68	\$765.54	\$669.54
Subscriber & Spouse	\$1,566.78	\$1,547.07	\$1,577.37	\$1,531.08	\$1,339.08
Subscriber & Children	\$1,331.77	\$1,315.01	\$1,340.76	\$1,301.42	\$1,138.22
Family	\$2,232.66	\$2,204.58	\$2,247.75	\$2,181.79	\$1,908.20
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.					
Single	\$781.44	\$771.61	\$786.72	\$763.63	\$667.86
Subscriber & Spouse	\$1,562.89	\$1,543.21	\$1,573.43	\$1,527.26	\$1,335.73
Subscriber & Children	\$1,328.45	\$1,311.73	\$1,337.42	\$1,298.18	\$1,135.37
Family	\$2,227.12	\$2,199.08	\$2,242.14	\$2,176.35	\$1,903.42

Notes:

Benefits in magenta represent a change from 2022 to 2023.

*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

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Aggregation Designs Defined:

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NEW! Blended Aggregation: The entire family's annual deductible must be met by one or any combination of covered members, while each covered family member only needs to satisfy his or her individual out of pocket maximum, not the entire family amount, before the health plan begins to contribute.

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PLAN TYPE	HYBRID				
PLAN NAME	NEW! PLATINUM 5	GOLD STANDARD	GOLD 2	SILVER STANDARD	SILVER 2
2023 Enrollment Code	TBU6	TAJ8	TAU0	TAI2	TAY2
Deductible: Individual/Family	\$250/ \$500	\$600/ \$1,200	\$2,000/ \$4,000	\$1,750/ \$3,500	\$3,400/ \$6,800
Out-of-Pocket Maximum: Individual/Family	\$3,000/ \$6,000	\$4,750/ \$9,500	\$8,000/ \$16,000	\$9,100/ \$18,200	\$8,000/ \$16,000
Aggregation Design	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Coinsurance	20%	N/A	N/A	N/A	20%
MEDICAL					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$10	\$25*	\$10	\$30*, First visit NSD¹	\$20*
Specialist Visit	\$25	\$40*	\$50	\$65*, First visit NSD¹	\$60*
Telemedicine with MDLive	Covered in full	Covered in Full*	Covered in Full	Covered in Full*, First visit NSD¹	Covered in Full*
Hospital Facility: Inpatient	20%*	\$1,000*	\$1,200*	\$1,500*	20%*
Hospital Facility: Outpatient	20%*	\$100*	\$250*	\$150*	20%*
Urgent Care	\$25	\$60*	\$50	\$70*	\$60*
Emergency Room Visit	\$150	\$150*	\$600	\$500*	\$400*
PHARMACY					
Prescription Copayment	\$5/\$25/\$50	\$10/\$35/\$70	\$10/ 40% /50%	\$15/\$40/\$75	\$10/\$50/50%
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
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
Coinsurance	40%	40%	40%	40%	40%
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.					
Single	\$767.37	\$676.96	\$587.57	\$560.33	\$504.99
Subscriber & Spouse	\$1,534.74	\$1,353.91	\$1,175.13	\$1,120.67	\$1,009.98
Subscriber & Children	\$1,304.53	\$1,150.83	\$998.86	\$952.57	\$858.48
Family	\$2,187.01	\$1,929.32	\$1,674.57	\$1,596.95	\$1,439.22
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.					
Single	\$765.46	\$675.27	\$586.09	\$558.94	\$503.73
Subscriber & Spouse	\$1,530.93	\$1,350.54	\$1,172.18	\$1,117.88	\$1,007.46
Subscriber & Children	\$1,301.29	\$1,147.96	\$996.36	\$950.19	\$856.34
Family	\$2,181.57	\$1,924.52	\$1,670.36	\$1,592.98	\$1,435.62

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PLAN TYPE	DEDUCTIBLE HSA				
PLAN NAME	GOLD 1**	GOLD 4	GOLD 5	SILVER 1**	SILVER 4
2023 Enrollment Code	TAT4	TBC0	TBS0	TAW6	TBE6
Deductible: Individual/Family	\$1,500/ \$3,000	\$1,800/ \$3,600	\$2,000/ \$4,000	\$3,200/ \$6,400	\$3,600/ \$7,200
Out-of-Pocket Maximum: Individual/Family	\$4,000/ \$8,000	\$3,600/ \$7,200	\$5,500/ \$11,000	\$6,550/ \$13,100	\$6,550/ \$13,100
Aggregation Design	BLENDED	BLENDED	BLENDED	BLENDED	INDIVIDUAL
Coinsurance	0%	20%	0%	20%	20%
MEDICAL					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$10*	20%*	\$25*	20%*	20%*
Specialist Visit	\$35*	20%*	\$40*	20%*	20%*
Telemedicine with MDLive	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
Hospital Facility: Inpatient	\$500*	20%*	\$500*	20%*	20%*
Hospital Facility: Outpatient	\$150*	20%*	\$150*	20%*	20%*
Urgent Care	\$35*	20%*	\$40*	20%*	20%*
Emergency Room Visit	\$150*	20%*	\$150*	20%*	20%*
PHARMACY					
Prescription Copayment	\$5/\$45/50%*†	\$5/\$45/50%*†	\$5/\$45/\$90*†	\$5/\$45/\$90*†	\$5/\$35/50%*†
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
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
Coinsurance	40%	40%	40%	40%	40%
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.					
Single	\$636.43	\$619.25	\$599.61	\$513.53	\$508.88
Subscriber & Spouse	\$1,272.85	\$1,238.49	\$1,199.22	\$1,027.05	\$1,017.77
Subscriber & Children	\$1,081.92	\$1,052.71	\$1,019.34	\$872.99	\$865.11
Family	\$1,813.82	\$1,764.85	\$1,708.89	\$1,463.55	\$1,450.32
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.					
Single	\$634.84	\$617.70	\$598.11	\$512.24	\$507.61
Subscriber & Spouse	\$1,269.68	\$1,235.41	\$1,196.22	\$1,024.47	\$1,015.23
Subscriber & Children	\$1,079.23	\$1,050.10	\$1,016.79	\$870.80	\$862.94
Family	\$1,809.29	\$1,760.46	\$1,704.61	\$1,459.87	\$1,446.70

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PLAN TYPE	DEDUCTIBLE HSA			DEDUCTIBLE
PLAN NAME	SILVER 5	BRONZE 1**	BRONZE 3	BRONZE 4
2023 Enrollment Code	TBJ4	TAZ8	TBG2	TBH8
Deductible: Individual/Family	\$3,000/ \$6,000	\$7,500/ \$15,000	\$6,100/ \$12,200	\$8,250/ \$16,500
Out-of-Pocket Maximum: Individual/Family	\$7,000/ \$14,000	\$7,500/ \$15,000	\$7,000/ \$14,000	\$8,250/ \$16,500
Aggregation Design	BLENDED	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Coinsurance	0%	0%	25%	0%
MEDICAL				
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Visits	\$25*	0%*	25%*	\$25
Specialist Visit	\$50*	0%*	25%*	0%*
Telemedicine with MDLive	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full
Hospital Facility: Inpatient	\$1,000*	0%*	25%*	0%*
Hospital Facility: Outpatient	\$350*	0%*	25%*	0%*
Urgent Care	\$50*	0%*	25%*	0%*
Emergency Room Visit	\$350*	0%*	25%*	0%*
PHARMACY				
Prescription Copayment	\$5/\$45/\$90*†	0%*	\$10/\$50/50%*†	0%*
OUT-OF-NETWORK COVERAGE				
Deductible: Individual/Family	\$5,000/ \$10,000	\$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
Coinsurance	40%	0%	0%	0%
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.				
Single	\$526.25	\$416.87	\$429.13	\$406.37
Subscriber & Spouse	\$1,052.50	\$833.74	\$858.25	\$812.75
Subscriber & Children	\$894.62	\$708.67	\$729.52	\$690.83
Family	\$1,499.82	\$1,188.08	\$1,223.01	\$1,158.16
RATES EFFECTIVE 1/1/2023–3/31/2023 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.				
Single	\$524.94	\$415.83	\$428.05	\$405.36
Subscriber & Spouse	\$1,049.88	\$831.66	\$856.10	\$810.71
Subscriber & Children	\$892.41	\$706.91	\$727.69	\$689.11
Family	\$1,496.09	\$1,185.12	\$1,219.95	\$1,155.26

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