



Take the next step

Your Benefit Plan Details

Group Name

Daemen College

Plan Type

Univ PPO Sig Copay 1 (DAA)

Univ PPO Sig Deduct 3 HDHP (DAG)

205 park club lane
buffalo, ny 14221-5239

univerahealthcare.com



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Daemen College

Univ PPO Sig Copay 1 (DAA)

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Covered
Coverage Period	06/01/20-05/31/21
Office visit copay (Primary Care Physician)	\$25 Copayment
Office visit copay (Specialist)	\$25 Copayment
Out of pocket maximum	Single \$6,350 / Family \$12,700

Questions? For assistance call (800) 427-8490,
Call our TTYphone at 1 (800) 421-1220,
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Daemen College

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$0	\$1,000	
Deductible - Family	\$0	\$2,000	Each individual does not exceed the single deductible.
Coinsurance	0%	20%	
Annual Out of Pocket Maximum - Single	\$6,350	\$5,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$12,700	\$10,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	\$25 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Specialist	\$25 Copayment	20% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Plan Year Benefits
Diabetic Preauthorization and Step Therapy			Applies

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	\$500 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	\$500 Copayment	20% Coinsurance Subject to Deductible	
Substance Use Detoxification	\$500 Copayment	20% Coinsurance Subject to Deductible	
Skilled Nursing Facility	\$500 Copayment	20% Coinsurance Subject to Deductible	50 Days per contract year Limits are combined INN and OON.
Physical Rehabilitation	\$500 Copayment	20% Coinsurance Subject to Deductible	60 Days per contract year Limits are combined INN and OON.
Maternity Care	Covered in Full	20% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - Covered in Full	Covered in Full	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	\$75 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	\$25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	\$25 Copayment	20% Coinsurance Subject to Deductible	
Chemotherapy	\$25 Copayment	20% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	\$25 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	\$25 Copayment \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	\$25 Copayment \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	\$25 Copayment	20% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).
Home Infusion Therapy	\$25 Copayment	20% Coinsurance Subject to Deductible	

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	\$25 Copayment	20% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - \$25 Copayment \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - \$25 Copayment \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	\$0 Kids Copay applies to PCP and Specialist
Maternity Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - Covered in Full \$0 PCP Copay for members to age 19.	Not Covered	Covers online internet consultations between the member and the providers who participate in our telemedicine program for medical conditions that are not an emergency condition.
Chiropractic Care	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Allergy Testing	PCP/Specialist - \$25 Copayment \$0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	1 Exam per contract year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	\$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	\$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	\$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Immunizations	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Bone Density Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Facility	\$25 Copayment	20% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP/Specialist - \$25 Copayment	20% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - Covered in Full	50% Coinsurance Subject to Deductible	
Medical Supplies	PCP/Specialist - 20% Coinsurance	20% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	\$50 Copayment	\$50 Copayment	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	\$50 Copayment	\$50 Copayment	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	\$35 Copayment	\$35 Copayment	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Eye Exams - Routine	Covered in Full	25% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered
Pediatric Eye Exams - Routine	Covered in Full	25% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$10/\$50/\$100, \$0 Gen for Kids

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2.5		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

Daemen College

Univ PPO Sig Deduct 3 HDHP (DAG)

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Covered
Coverage Period	06/01/20-05/31/21
Office visit copay (Primary Care Physician)	20% Coinsurance Subject to Deductible
Office visit copay (Specialist)	20% Coinsurance Subject to Deductible
Coinsurance	20%
Deductible	Single \$1,500 / Family \$3,000
Out of pocket maximum	Single \$4,000 / Family \$8,000

Questions? For assistance call (800) 427-8490,
Call our TTYphone at 1 (800) 421-1220,
or visit us at www.univerahealthcare.com

Daemen College

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$1,500	\$1,500	
Deductible - Family	\$3,000	\$3,000	
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	\$4,000	\$5,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$8,000	\$10,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Plan Year Benefits
Diabetic Preauthorization and Step Therapy			Applies

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per contract year Limits are combined INN and OON.
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per contract year Limits are combined INN and OON.
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - 0% Coinsurance Subject to Deductible	Not Covered	Covers online internet consultations between the member and the providers who participate in our telemedicine program for medical conditions that are not an emergency condition.
Chiropractic Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Allergy Testing	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per contract year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Immunizations	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Eye Exams - Routine	Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered
Pediatric Eye Exams - Routine	Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$10/\$50/\$100 Integrated Rx, \$0 Gen for Kids

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2.5		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.



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HIOS ID# _____

EC _____

Commercial Group Health Insurance Application/Change Form**CONFIDENTIAL**

Please print clearly and complete all sections that apply. Signatures are required. Additional instructions included on Page 4.

Section 1: Employer Group & Benefit Information To be completed with your Group Administrator

Employer Name _____		Association/Chamber Name (if applicable) _____		Check Desired Action <input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change	
Group Administrator's Signature (required) _____		Date _____		Employee Number _____	Department Number _____
Medical Information Medical Group Number (8 digits) _____ Medical Subgroup Number (4 digits) _____ Medical Class Number (e.g. A001) _____	If enrolling in a Medical plan, who do you need coverage for? <input type="checkbox"/> Self Only <input type="checkbox"/> Self & Child(ren) <input type="checkbox"/> Self & Spouse, or Self & Domestic Partner <input type="checkbox"/> Family _____/_____/_____ Medical Effective Date	Subscriber Status: <input type="checkbox"/> Actively Working <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Canceled <input type="checkbox"/> COBRA	Dental Information Dental Group Number _____ Dental Subgroup Number _____ Dental Class _____	If enrolling in a Dental plan, who do you need coverage for? <input type="checkbox"/> Self Only <input type="checkbox"/> Self & Child(ren) <input type="checkbox"/> Self & Spouse, or Self & Domestic Partner <input type="checkbox"/> Family _____/_____/_____ Dental Effective Date]	
Medical Plan Selection			Dental Plan Selection		

Section 2: Subscriber's Information

<div style="height: 40px; margin-bottom: 10px;"></div> Last Name	Birthdate: ____/____/____
<div style="height: 40px; margin-bottom: 10px;"></div> First Name	Gender assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="height: 40px; margin-bottom: 10px;"></div>Middle Initial</div><div style="width: 55%;"><div style="height: 40px; margin-bottom: 10px;"></div>Title (e.g., Jr, Sr, III, etc.)</div></div>	Gender identity (optional): <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Prefer to self-describe: _____
<div style="height: 40px; margin-bottom: 10px;"></div> Social Security Number** _____	
<div style="height: 40px; margin-bottom: 10px;"></div> Date of Hire/Rehire: ____/____/____	
<div style="height: 40px; margin-bottom: 10px;"></div> Retirement Date: ____/____/____	
<div style="height: 40px; margin-bottom: 10px;"></div> Street Address	
<div style="height: 40px; margin-bottom: 10px;"></div> City	<div style="height: 40px; margin-bottom: 10px;"></div> State
<div style="height: 40px; margin-bottom: 10px;"></div> Zip Code	<div style="height: 40px; margin-bottom: 10px;"></div> Phone
<div style="height: 40px; margin-bottom: 10px;"></div> Subscriber's Medicare Number (if applicable) _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="height: 40px; margin-bottom: 10px;"></div>Medicare Part A Effective Date</div><div style="width: 55%;"><div style="height: 40px; margin-bottom: 10px;"></div>Medicare Part B Effective Date</div></div>	

Section 3: Reason for enrollment or change To be completed by the Group Administrator Not required for cancellations**Enrollment Opportunity:** ☐ New Hire ☐ Rehire ☐ Open Enrollment ☐ Medicare eligible**Special Enrollment Opportunity:** ☐ Newly Eligible Dependent: ☐ Newborn ☐ Marriage ☐ Other _____☐ Change in employment status ☐ A move in or out of the service area☐ Involuntary loss of coverage ☐ Former dependent regains eligibility**Date of Event** ____ / ____ / ____**COBRA Election - Please indicate the reason for COBRA if applicable:**☐ Left Employment/Retired ☐ Divorce/Legal Separation ☐ Loss of Student Status ☐ Death of Spouse☐ Disability ☐ Dependent Reached Max Age ☐ Other: _____**Demographic Change:** ☐ Address ☐ Birthdate ☐ Subscriber Name ☐ Dependent Name ☐ Phone Number**Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?****Subscriber****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Cancel Codes:**

SB02-Left Employment SB05-Per Group Request SB06-Subscriber Request (voluntary) SB07-Deceased SB09-Enrolled in Error

Dependent(s)**Dependent Name:****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Cancel Codes:**M001-Per Group Request M004-Enrolled in Error M008-Moved Out of Area M013-Ineligible
M002-Deceased M005-Divorced M010-Overage Dependent M014-YAO Ineligible
M003-Per Subscriber Request M007-Per Member Request (voluntary) M011-No Longer a Student M040-Mx Same Group**Section 5: Information about who you would like coverage for (dependent information)**☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Disabled Dependent Child (Separate application form required)
☐ Other _____**Last Name** (if different) _____ **Title** _____ **First Name** _____ **MI** _____ **Social Security Number **** _____**Gender assigned at birth:** ☐ Male ☐ Female **Birthdate** ____ / ____ / ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ Yes ☐ No

If yes, please provide name of college/university _____

Expected Graduation Date: ____ / ____ / ____

Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+ ☐ Disability ☐ End Stage Renal *

Part A Effective Date: ____ / ____ / ____

Part B Effective Date: ____ / ____ / ____

Medicare Number (if applicable) _____

↓ Additional Dependent(s) ↓☐ Dependent Child ☐ Disabled Dependent Child (Separate application form required) ☐ Other _____**Last Name** (if different) _____ **Title** _____ **First Name** _____ **MI** _____ **Social Security Number **** _____**Gender assigned at birth:** ☐ Male ☐ Female **Birthdate** ____ / ____ / ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ Yes ☐ No

If yes, please provide name of college/university _____

Expected Graduation Date: ____ / ____ / ____

Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+ ☐ Disability ☐ End Stage Renal *

Part A Effective Date: ____ / ____ / ____

Part B Effective Date: ____ / ____ / ____

Medicare Number (if applicable) _____

☐ Dependent Child ☐ Disabled Dependent Child (Separate application form required) ☐ Other _____

Last Name (if different) _____ **Title** _____ **First Name** _____ **MI** _____ **Social Security Number **** _____
Gender assigned at birth: ☐ Male ☐ Female **Birthdate** ____ / ____ / ____
Gender identity (optional): ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____
 Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ Yes ☐ No Expected Graduation Date: ____ / ____ / ____
 If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐ Yes ☐ No
 Medicare Eligible ☐ Yes ☐ No If yes, indicate reason ☐ Age 65+ ☐ Disability ☐ End Stage Renal *
 _____ Part A Effective Date: ____ / ____ / ____ Part B Effective Date: ____ / ____ / ____
 Medicare Number (if applicable) _____

Note: Use an additional application [or addendum] if more than three dependents need coverage.

Section 6: Other coverage information (Required) - You may be contacted for additional information

Have you or any member of your family been enrolled in other medical or dental coverage? ☐ Yes ☐ No
 If yes, what type of coverage? ☐ Medical ☐ Dental
 What is the effective date of the other coverage? ☐ Medical: ____ / ____ / ____ ☐ Dental: ____ / ____ / ____
 What is the name of the other carrier? _____
 Are you keeping the coverage? ☐ Yes ☐ No
 If no, when will the coverage end? ☐ Medical: ____ / ____ / ____ ☐ Dental: ____ / ____ / ____
 Policyholder's name _____ ID#(s) _____
 Who did the insurance cover? ☐ Self Only ☐ Self & Spouse/Domestic Partner ☐ Self & Child(ren) ☐ Family

Section 7: Release - You must sign and date this form to be eligible for health insurance

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgment and agreement on behalf of myself and each other person who accepts coverage under the terms of the contract applicable to my coverage (who may include, for example my spouse and my eligible family dependents).

I hereby accept responsibility for payment of any portion of the premium.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Univera Healthcare plan, you agree to enroll in the dental plan offered to you by your employer.

PREFERRED PROVIDER ORGANIZATION (PPO)

I understand that the Preferred Provider Organization (PPO) coverage is comprised of an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.

I have thoroughly read, understand and agree to comply with the terms of the release in this section.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Subscriber Signature _____ **Date** _____

Please return to P.O. Box 211256 Eagan, MN 55121-2656
 If you have questions, please contact your Group Administrator. Or, visit us at: UniveraHealthcare.com

Instructions for completing the Group Health Insurance Application/Change Form

Section 1: Employer Group & Benefit Information

This section should be completed with your Group Administrator. Group Administrator's signature is required. Medical and/or dental group numbers and information must be populated. Select who you need coverage for on the medical and/or dental plan(s) and indicate the subscriber's status. Next, select the medical and/or dental plan(s) you are enrolling in. All products may not be applicable to your employer group. Please check with your Group Administrator.

Section 2: Subscriber's Information

This section should be completed by the Subscriber. **We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act. * There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

Gender and gender identity: Univera Healthcare does not discriminate on the basis of gender identity, gender expression or behavior. In order to ensure that you are receiving access to high quality, affordable health care based on your individual needs, we ask that you consider completing this **optional gender identity section** of the application. Univera Healthcare will not limit coverage or impose any additional cost-sharing for any otherwise-covered services that are ordinarily available to individuals of one sex, to a transgender individual, based on the fact that an individual's sex assigned at birth, gender identity, gender expression or behavior or gender otherwise recorded is different from the gender for which health care services are ordinarily available.

Section 3: Reason for enrollment or change

Select the box(es) that describe(s) the reason for this enrollment or change regarding health insurance coverage and include the date of the event. An event is a specific occurrence, due to change in status, marriage, divorce, birth or adoption, group's anniversary date, or rate change. Your request must be received within 30 days of the event date. Please see your Group Administrator for events that fall outside the 30-day period. You may be required to provide documentation of certain events.

Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?

If you are canceling coverage, complete the appropriate section for who you are canceling. List the cancel code and enter the date(s) the coverage is to be canceled. List each applicable dependent to be canceled.

Section 5: Information about who you would like coverage for (dependent information)

Please include information about all the people who you would like coverage for.

Use an additional application or addendum if more than three dependents need coverage.

If your dependents are Medicare eligible, complete the questions regarding Medicare coverage.

Qualified guidelines for coverage include:

- A legal spouse/domestic partner (An ex-spouse no longer qualifies as of the date court documents are stamped and filed with the county clerk)
- Must be under the eligible child age for your employer group including natural, adopted or stepchild(ren)
- Child(ren) Only coverage is available for children up to age 26 or 29 depending on the employer group coverage.
- There are additional eligibility requirements for dependents pending adoption, for which you are the legal guardian, and/or a disabled dependent who is over the maximum dependent age. Please contact your Group Administrator for the appropriate form.

**We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act.

* There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

A separate Adult Disabled Dependent application form is required for applicable dependents. Please contact your Group Administrator for the appropriate forms.

Section 6: Other coverage information (Required)

Please include accurate information in this section. This could affect the processing of your application and/or claims.

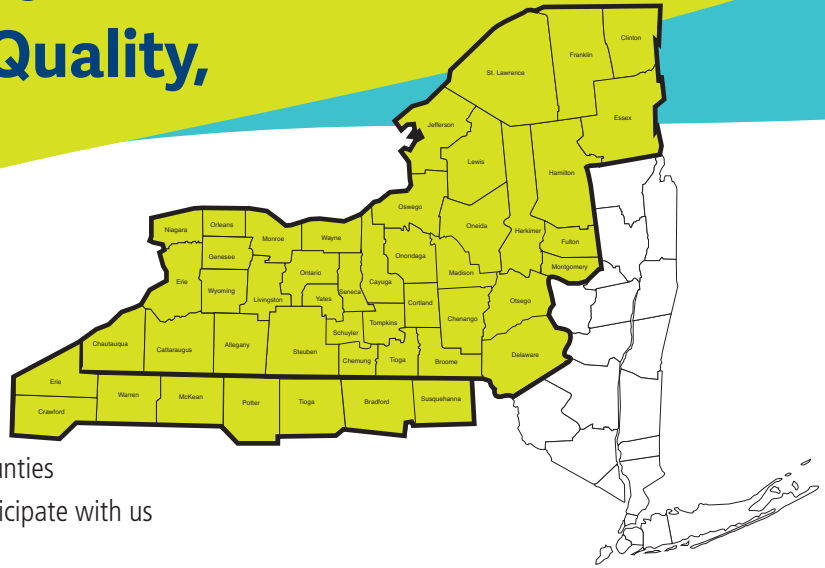
Section 7: Release

Subscriber signature and date are required in this section. The subscriber must sign the application prior to or within 30 days of the effective date or qualifying event date.

The Univera Healthcare Network Means High Quality, Easy to Find Coverage

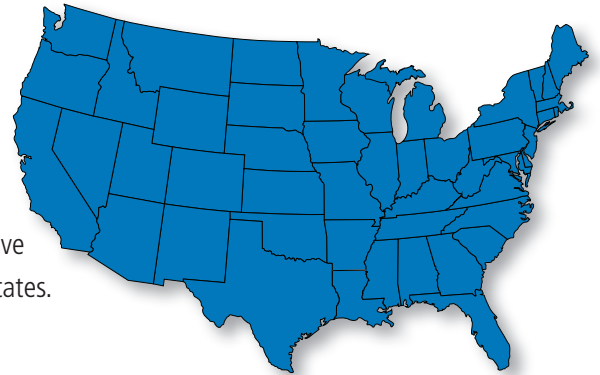
Univera Healthcare offers the largest network in Upstate New York:

- The Univera PPO network covers 39 Upstate New York counties
- More than 98% of all providers within these counties participate with us
- Includes all major hospitals and strategic physician groups
- Offers competitively negotiated rates for increased savings and value
- More direct contract relationships with providers in 8 Pennsylvania counties for unparalleled access for Southern Tier members



Peace of Mind with Nationwide Coverage

When members need care outside of our 39 county local network, Univera Healthcare offers access to more than 876,000 practitioners and 5,000 acute care facilities through the PHCS/MultiPlan system. Using PHCS/Multiplan, members get the same in-network benefit when they receive care from a PHCS/MultiPlan participating provider throughout the United States.



Navigating our Nationwide Network

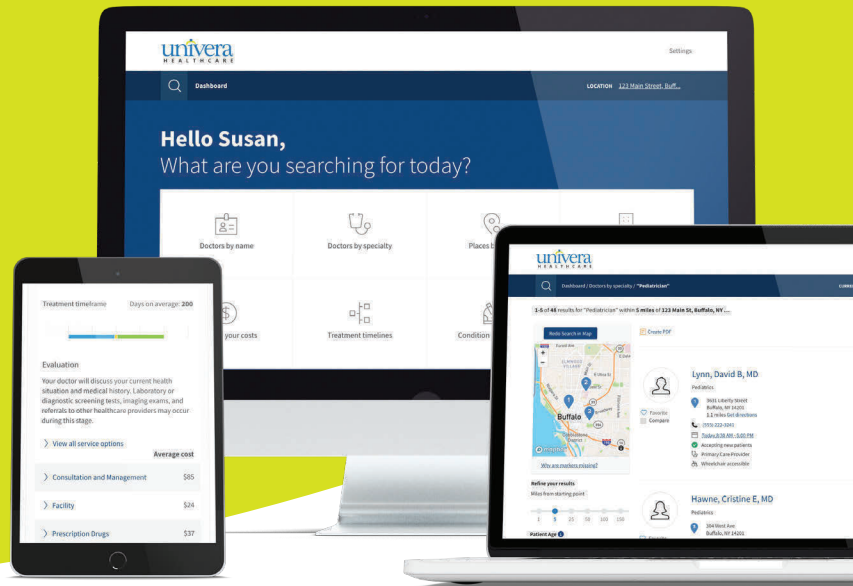
We know it can be stressful to locate a new provider. Whether you live outside of our local area, are traveling for work or vacation, or are looking for a doctor your college-age child can rely on while at school, our dedicated Network Navigator is available to assist you in finding participating providers and facilities, answer claims questions, and help resolve questions or issues that may arise. For personalized, one-on-one assistance with network access outside of the Western New York region please contact Patricia Brooker at patricia.brooker@univerahealthcare.com.

Looking for a doctor and an estimate of costs?

You're in luck.

Our new-and-improved online search tool helps you quickly find the care you need and estimate medical costs before you see a bill. It's easy to use and understand.

Log in for results personalized to your plan, spending, and deductible.



Find a Doctor Who's Right for You

- Search local doctors and hospitals*
- Filter results by specialty, languages spoken, if accepting new patients, and more
- See a side-by-side comparison of providers
- Create a PDF of results to save, share, or print



Estimate Costs to Help Plan for Expenses

- Log in for average estimated out-of-pocket medical costs based on your year-to-date spending and deductible
- Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
- Filter results by cost, treatments provided, location, and more
- Access treatment timelines to understand the stages of care and costs along the way

Give it a try at **UniveraHealthcare.com/FindCare.**



Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

* If the PHCS and MultiPlan logo is present on the back of your Member Card, your plan also provides access to a national primary preferred provider organization (PPO) as a complement to Univera Healthcare's regional network.

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Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

UN-2847



Managing a High Deductible Health Plan

We spend all kinds of time making sure what we buy fits us. Test driving cars. Attending open houses. Trying on (at least) four styles of jeans.

Just like anything else in life, managing a high deductible health plan, also known as an HDHP, is based on personal comfort. We can help you understand how your plan fits so you can get back to doing the things that are important to you.

Example of How a Deductible Plan Works

Plan: High Deductible Health Plan

Deductible: \$3,000

Coinsurance: 20%

This means...



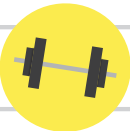
On the first day of your plan you need to pick up a prescription refill. You pay \$100, for the cost of the medicine.

Leaving \$2,900 before you reach your deductible.



Later on you get an MRI. You have to pay \$1,000 for the cost of the test.

Leaving \$1,900 before you reach your deductible.



Then you start physical therapy. You pay the cost of those appointments until you have \$0 remaining to reach your deductible.

Now that you've met your deductible, you will pay a **coinsurance** (a percentage of the total bill).

If your coinsurance is 20%, the next time you visit your doctor and the bill is for \$100, you will only pay \$20 and we pay \$80.

Managing a Deductible and Out-of-Pocket Maximum

Deductible and out-of-pocket maximum - two key terms for you to understand. A deductible is the amount you pay first before sharing your costs with us. Out-of-pocket maximum is the annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.

Here's the breakdown:

You Pay Everything

When your plan starts, you pay all of your medical costs until you reach a fixed amount, called a deductible. You won't have to pay for preventive care like screenings and immunizations.

We Pay 80%

Once you reach that fixed amount, you will only pay a percentage of the cost of your medical bill when you get care.

You Pay 20%

We Pay Everything

Any deductible, copay, coinsurance or out-of-pocket expense for covered services goes toward an out-of-pocket maximum. If you reach this amount, all you need to do is pay your monthly premium. Then, we'll pick up the tab for all of your covered services.

To find out information on your deductible, check out your Summary of Benefits and Coverage (known as an SBC), your monthly health statement or your online account at UniveraHealthcare.com.

How Much Will You Pay?

A lot goes into that. First, is how much your provider charges for a service.

At Univera Healthcare, we've negotiated with providers so our members pay less than if you went to your doctor uninsured.

There are a few other things you can do to help figure out how much you're going to pay when you need care:

1. Use our [cost estimator](https://UniveraHealthcare.com/EstimateCosts) at UniveraHealthcare.com/EstimateCosts. This tool provides an estimate of what a procedure might cost among different doctors.
2. [Call your doctor or specialist](#) ahead of time and ask how much the anticipated service will cost.
3. [Log into your member account](#) at UniveraHealthcare.com to check your benefits or call our Customer Care Advocates at the number listed on the back of your member card.

3-tier prescription drug benefit

Your three-tier prescription drug benefit makes it easy for you to make informed choices and encourages savings when choosing your medications. Your co-payment will vary based on the tier placement of your prescription drug.

- **Tier One drugs** are typically, generic drugs. Generic drugs have the same active ingredients, strength and effectiveness as their brand-name counterparts but at a substantially lower cost. There may be instances where brand-name drugs may be placed in Tier One for clinical reasons.
- **Tier Two drugs** are typically, brand-name products selected because of their overall value. There may be instances where generic drugs may be placed in Tier Two for clinical reasons.
- **Tier Three drugs** are all other prescription drugs. This includes FDA-approved drugs that are pending placement by Univera Healthcare's Pharmacy and Therapeutics Committee. There may be instances where generic drugs may be placed in Tier Three for clinical reasons.

Visit UniveraHealthcare.com to view our current Tier Three Formulary Guide.

Special Features:

- Your prescription benefit includes a \$0 Co-pay for kids up to age 19 for generic (Tier 1) medications.
- Through Express Scripts® or Wegmans Home Delivery Service Pharmacy, you can get up to 3 months supply of your medication for only 2 copayments.

Where Can I Purchase My Prescription Medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including all national chains and most independent chains. Just show your ID card at any participating pharmacy-it identifies you as having prescription drug coverage and eligible for online claims processing. The pharmacy will transmit your prescription claim online to us and we'll immediately send a message to the pharmacist with your co-payment amount.

Home Delivery Service

Get your prescriptions delivered right to your door! When you use our mail service pharmacy, Express Scripts® or Wegmans Home Delivery Service, you get the convenience of home delivery, up to a three month's supply of medication and the ease of ordering new prescriptions and refills either by phone or via our website.

Using mail service pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Scripts® or Wegmans Home Delivery Service, please visit our website or contact the Pharmacy Help Desk.

Specialty Pharmacy Benefit

Specialty medications are designed for conditions that are difficult to treat with traditional medications like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others. These medications are self-administered, either taken orally or by injection. Specialty pharmacies work exclusively with specialty medications and are experts in handling and administering these complex medications.

Your prescription drug benefit provides coverage for certain specialty medications only when purchased at pharmacies participating in the Specialty Pharmacy Network. If you don't use a participating specialty pharmacy for your new and refill prescriptions, you will be responsible for the full cost of the prescription. However, the first time you fill a new prescription for a specialty medication, you may have it filled at any participating network retail pharmacy of choice.

A complete listing of participating specialty pharmacies is available at UniveraHealthcare.com.



Drug Benefits

Prior Authorization

Prior authorization helps assure that a prescribed drug is safe and appropriate for your medical condition.

Certain medications require prior authorization, which means that your doctor will contact us to get approval before the medication is covered.

Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Step Therapy

Step Therapy is a program where you must first try a certain drug to treat your condition before another drug will be covered. Your medication treatment moves along a series of "steps." Generic drugs are usually the first step. This first step lets you begin treatment with a prescription drug that is proven safe and cost effective. If the first step drug does not

work for you, then move to the next "step." Brand-name drugs are usually in the second step and have a higher co-payment.

The goal of step therapy is to minimize risk and control costs.

Generic Advantage Program (GAP)

The Generic Advantage Program promotes the use of generic medications. Under this program, if a member chooses a brand-name medication when a generic equivalent is available, the member will pay the generic co-payment or coinsurance amount, plus the difference between the brand-name cost and the generic cost.

For more information about the above programs or to get a specific list of drugs or pharmacies for any of the programs:

- Visit the prescription drug section of our website at UniveraHealthcare.com
- Dial the prescription drug number located on the back of your member ID card.
- Dial the Univera Healthcare Pharmacy Help Desk toll free at **1-800-724-5033** or (TTY) **585-454-2845**.

24/7 Nurse Call Line support you need, whenever you need it

Our Member Care Management program provides support and education for members with chronic or complex health conditions, other targeted conditions and general health issues in multiple ways, providing access to our 24/7 Nurse Call Line.



You can contact a nurse by phone anytime – 24 hours a day, seven days a week with general health questions. Nurse care managers can provide support on the phone or through follow-up educational mailings.

If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

Key features:

- 24/7 Nurse Call Line available for all individuals
- Decision making support and education when you need it most
- Triage to appropriate level of care
- Assistance with finding participating providers
- Nutritional information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Member Care Management program for enhanced care management by a dedicated care manager
- Welcome mailing sent to all households newly eligible for the program

All Univera Healthcare members are able to access these programs.

Ask a Nurse Today! Call 1-800-348-9786.

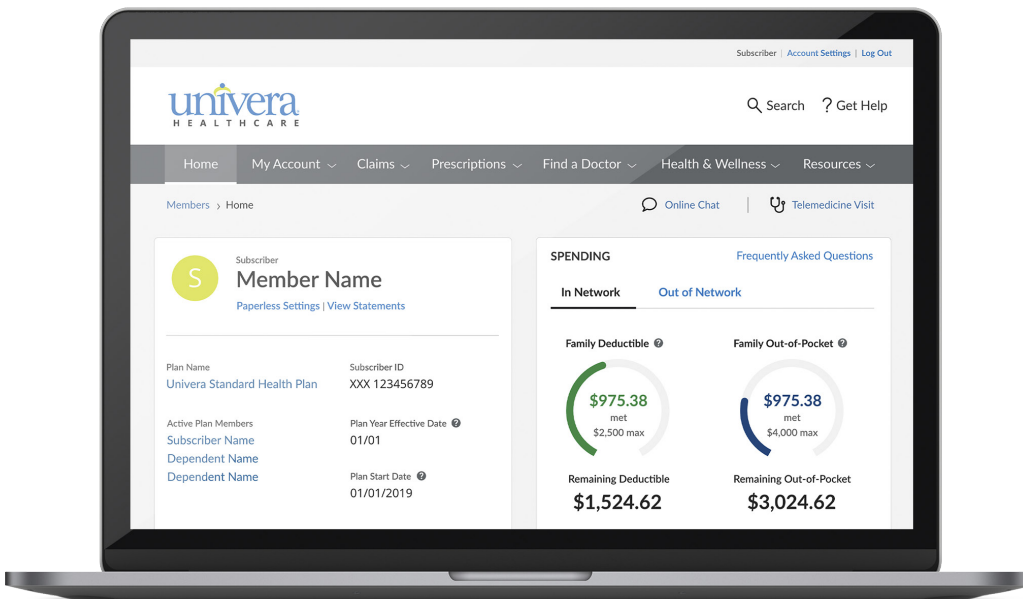
UniveraHealthcare.com

The 24/7 Nurse Call Line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a physician directly.

Simpler health plan? Check.

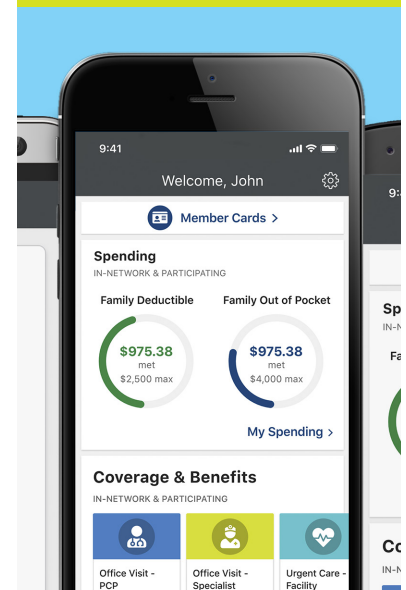


You know that feeling when you check the last thing off your to-do list? We do, too. That's why we've made it easier to save time, save money, and get things done by creating your Univera Healthcare online member account. Sign up today and keep tabs on your plan from any device.



Download the Univera Healthcare App.

Take your health plan with you for on-the-go access 24/7.



View your member card.

-
- Track deductibles and out-of-pocket spending.
-
- Find a provider or medical facility.
-
- Access your benefits and claims information.

Download on the App Store

GET IT ON Google Play

- 1 My Account**
Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.
- 2 Find a Doctor/Dentist**
Locate a provider in our extensive 39 county regional network.*
- 3 Spending**
Get a breakdown of your health care spending.
- 4 Coverage & Benefits**
View a summary of your plan details.
- 5 Claims**
View and submit claims.
- 6 Get Rewards**
Enjoy quick access to spending and rewards programs.
- 7 Estimate Medical Costs**
Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.

Visit Member.UniveraHealthcare.com to register today.


*If the PHCS and MultiPlan logo is present on the back of your Member Card, your plan also provides access to a national primary preferred provider organization (PPO) as a complement to Univera Healthcare's regional network.

***Get care that's always
there in 5 easy steps.***

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

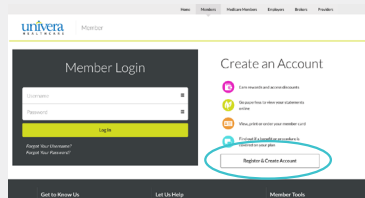
**1 In Your Browser, Type
Member.UniveraHealthcare.com**

This will take you directly to the registration screen.

 Enter Address


2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



3 Complete the Form

You'll need your Subscriber ID,
so be sure you have your
Member Card handy.

		PLAN NAME	
Subscriber Name			
XXXXXXXX, XXXXXXXX			
Subscriber ID			
000000000			
Effective Date	XXXXXXXXXX	Plan	XXX
RollIn	000000	PCP Copy	\$00
ReACH	00000	Specialist Copy	\$00
PAYC/D ID	XXXXXX	Emergency Copy	\$000

4 Choose a Username and Password

You'll also choose a pair of security questions in case you forget either of these.

Username*

Password*

5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



**Don't forget
to download
the app**

Log in to see more features, tools, and resources online.



View a Summary
of Benefits and
Coverage



Find a Doctor
or Dentist



Track Deductible and Out-of-Pocket Spending



View and
Submit Claims



Estimate Medical Costs



View Online
Member Cards



Download
Statements
and Forms

Create your account at Member.UniveraHealthcare.com today for anytime, anywhere access to your health plan.

Health Improvement Programs

Work on your healthier lifestyle 24/7!

Health Improvement Programs will help you build a strategy for lifelong health. Get the tools you need to start on the path to a healthier lifestyle.

Go at your own pace and explore the many health features at your fingertips.



Get started and get healthy

Whether your goal is to increase your fitness, improve your nutrition or take preventive steps to reduce the risks associated with heart disease, smoking, stress and diabetes – we can help you reach your goals.

- **Your own personal Health Page:**

Visit your own personalized health page each day. Get daily articles, health tips, interactive calendars and more based on your personal interests and lifestyle. Update it as often as you want.

- **Health Risk Assessment (HRA):**

Family history, diet, fitness and lifestyle all have an impact on your health both today and in the future. Take a simple and confidential online questionnaire and you will be able to review your results immediately in your Personal Wellness Report. Update it each year, compare results, note your progress and share with your healthcare provider.

- **Personalized Preventive Care**

Plan: Get your personal preventive health plan today and start living for tomorrow. Complete the confidential online questionnaire (HRA) and receive a personalized plan with recommendations specifically for you based on your lifestyle, family history and ethnicity. Individual preventive care plans include specific recommendations for:

- Lab tests
- Physical examinations
- Special medical procedures
- Advisable self-care
- Mental health
- Screening results and biometrics
- Nutritional needs
- Physical activity
- Substance use
- Personal injury prevention

- **Interactive Tools:** Online health calculators and health challenges are activities designed to teach, instill, and reinforce new healthy behaviors and make it fun to monitor your health improvement. Includes quizzes, progress tracking and completion history.

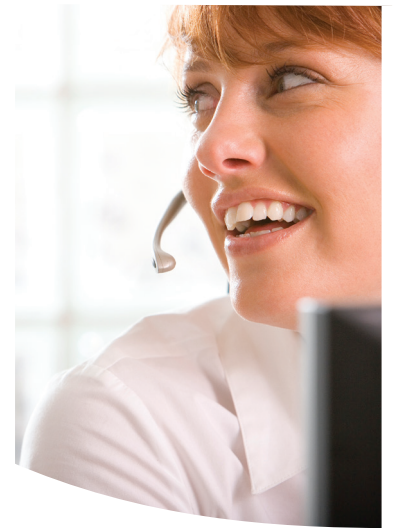
Get Started Today

1. Go to UniveraHealthcare.com
2. Click on "member home"
3. Click on "for your health"
4. Click on "health improvement programs"
5. Click on "click here to begin"

Start your Health Improvement Program today by visiting UniveraHealthcare.com

Member Care Management

As an Univera Healthcare member, you have access to health care professionals and resources to help you live a healthier life, at no additional cost.



The Power of a Team-Based Approach

When it comes to your health, we believe in an integrated approach. By coordinating our internal resources and communicating regularly with you and your health care providers, we can help to maintain or improve your health.

Staying Healthy

We can help you to stay healthy by sending you reminders about preventive health screenings and immunizations. We'll also provide you with materials and resources to help you make the most of your health care benefits. That way, you'll have the information you need to avoid the most common health conditions affecting Americans today.

Getting Better

If you have a chronic illness, you are not alone. We offer specialized programs for members who have diabetes, coronary artery disease, congestive heart failure, chronic

obstructive pulmonary disease, asthma and depression. We'll help keep you on track with your doctor's treatment plan and encourage your progress toward improved health.

Serious conditions such as cancers and neurological diseases require extra time, energy and resources. We can work with you, your caregiver and your doctor to provide valuable information and suggest ideas for improving your health.

Access to 24/7 Professional Advice

We offer you the convenience of a 24 hour-per-day/7 day-per-week Nurse Call Line for those times when you need information or advice right away. You have direct phone access to a medical professional who can assist you with symptoms management, condition education or even determining the most appropriate level of care that you need. The Nurse Call Line phone number is 1-800-348-9786. The TTY number is 1-800-421-1220.

Visit Our Website to Learn About Health

Visit our website at UniveraHealthcare.com to gain access to information on more than 6,000 health topics. A wide range of information about symptoms, conditions and medications is available to you with just a few clicks of your mouse. The more you learn about health, the more likely you are to be as healthy as you can be.

Make the Connection!!

If you have a chronic or complex condition, you may receive a call from us. Our programs have been developed with input from doctors in the communities we serve, and your doctor may refer you to us. You are also welcome to call us directly if you would like help with a health condition. Contact our Member Care Management team between 8 a.m. and 4:30 p.m. at 1-800-860-2619. The TTY number is 1-800-421-1220.



Prevention is the Best Medicine

**Preventive health can help you and your family stay healthy and prevent disease.
Preventive care includes immunizations, also known as vaccines.
They are safe and effective.**

The following vaccines are especially important to consider. The information is based on recommendations from the Centers for Disease Control and Prevention. For more information and a complete listing of recommended vaccines visit the CDC website at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).



Tdap:

This vaccine protects against tetanus, diphtheria and pertussis (whooping cough). Immunity to whooping cough wears off over time, so one dose of Tdap to replace one TD booster is recommended for those ages 11 and older, including adults age 65 and older

In response to a recent spike in the number of Pertussis cases, the CDC and the American Academy of Pediatrics recommend that women get a booster dose of Tdap vaccine during each pregnancy, ideally between 27 and 36 weeks, regardless of previous Tdap history. If not administered during pregnancy, Tdap should be administered immediately postpartum.

Varicella (chicken pox), MMR (measles, mumps and rubella), Hepatitis A and Hepatitis B vaccines:

These vaccines are needed for adults who did not have these diseases or vaccines when they were children. Talk to your health care provider to determine if you need updates.

**HPV:**

HPV (human papillomavirus) vaccine is important because it can help prevent cases of cervical cancer in females if given before exposure to the virus. It may be given to males and females. It is recommended to be given starting at approximately age 11 years, and can be administered up to age 26 years. Talk to your child's doctor about your child having the HPV vaccine.

**Meningococcal:**

Meningococcal disease is a serious bacterial illness. Meningitis is an infection of the covering of the brain and the spinal cord. Adolescents and those with certain health conditions should be routinely immunized with the meningitis vaccine. Speak with your health care provider to learn more about this important vaccine.

**Flu:**

Flu vaccine is recommended for everyone older than 6 months. The best results for children ages 6 months through 8 years are two doses given four weeks apart if receiving the flu vaccine for the first time.

**Pneumonia:**

Infants, very young children and older persons are at highest risk for complications from pneumonia. It is recommended that those with chronic health conditions receive a pneumonia vaccine. Talk to your doctor about the benefit of a pneumonia vaccine.

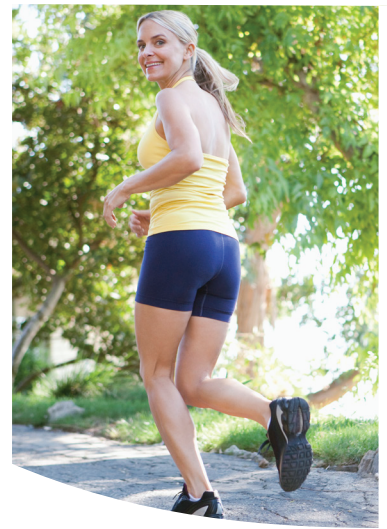


**For more information on immunizations,
age-appropriate health screenings and more visit:**

UniveraHealthcare.com/StayHealthy

The Quit For Life® Program

Finally, a “quit tobacco” program that works!



The Quit For Life® Program is an award-winning support program to help you quit using tobacco. The program offers one-on-one coaching from highly trained Quit Coaches, Quit Guides to help you stay on track between calls and nicotine replacement products such as the patch or gum, if recommended. And, our Quit Coaches will help you plan your quit and give you lots of support along the way.

How it works

The Quit For Life® Program is designed to give you all the tools you need to successfully quit tobacco. Once you're in the program, you and your Quit Coach will design a plan that is just right for you. The program includes:

- One-on-one counseling with a professional Quit Coach
- Toll-free access to Quit Coaches seven days a week
- Medication recommendations, if appropriate
- Nicotine replacement products (patch, or gum) supplied and delivered FREE of charge to your home, if recommended
- Easy-to-use Quit Guides to help you stay on track
- Online tools and discussion forums available 24/7
- Help guide for family and friends

Get started today — it's FREE

Join the thousands of people who have successfully quit by calling **1-800-483-3075** today. TTY is available at **1-877-777-6534**. Quit Coaches are available 24 hours a day, seven days a week. The Quit For Life® Program is FREE to all eligible Univera Healthcare members 18 years or older.

It's not too late to stop! Within the first 20 minutes of quitting, the healing process begins. The benefits of quitting smoking will continue to improve your health and quality of life for years.

Time since last cigarette	Health benefit
20 Minutes	Pulse rate drops; Blood pressure decreases; body temperature of hands and feet return to normal
12 hours	Carbon monoxide level in bloodstream drops to normal
Two weeks to three months	<ul style="list-style-type: none">• Circulation improves• Lung function increases• Walking becomes easier
One to nine months	Coughing, sinus congestion, fatigue and shortness of breath decreases
One year	Added risk of coronary heart disease is half that of a smoker's
Five to 15 years	Stroke risk is reduced to that of a non-smoker's
10 years	Lung cancer death rate is about half that of a smoker's; risk of cancers of the mouth, throat, esophagus, bladder, kidney and pancreas decrease
15 years	Risk of coronary heart disease is back to that of a non-smoker's

When to go to Urgent Care

Ask your doctor at your next visit about how to respond to medical problems.

Care Needed Quickly: Urgent Care Centers

Urgent care centers are for treatment of non-life-threatening illness or injury that requires immediate care such as:

- Sore throats
- Ear infections
- Broken bones, strains and sprains

Urgent care centers are not intended for:

- Routine care provided by your own healthcare provider
- Life-threatening illness or injury that requires an emergency room visit



To find an urgent care center visit UniveraHealthcare.com.

Emergency Care Now: 911 or Nearest ER

Emergency rooms are for life-threatening illness or injury (chest pain, signs of stroke, difficulty breathing/moving).

Immediately call 911 or go to the nearest emergency room if your health is in jeopardy.



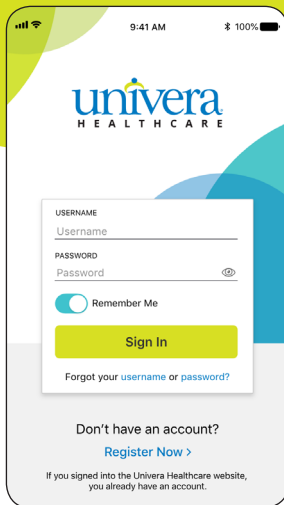
Find doctors, hospitals, and urgent care centers in our Preferred networks at UniveraHealthcare.com or via the Univera Healthcare Mobile app

Get ready for better care – anywhere

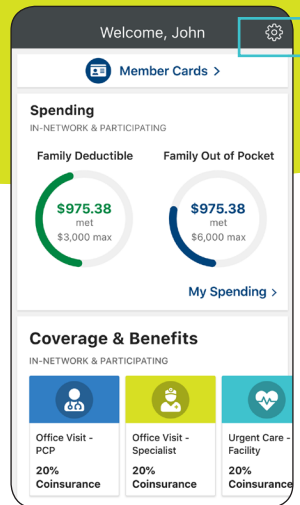
Your Wellframe® Quick Start Guide

Free to all Univera Healthcare members, the Wellframe® app gives you instant access to our dedicated team of nurses, dietitians, and other health care professionals to help you get healthier on your schedule.

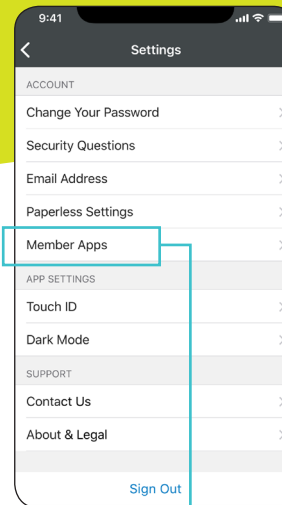
Here's all you have to do:



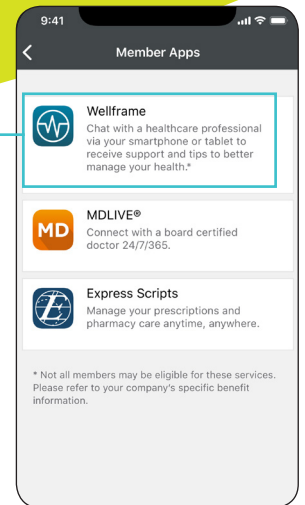
- 1 Download the **Univera Healthcare** app and register your online account.



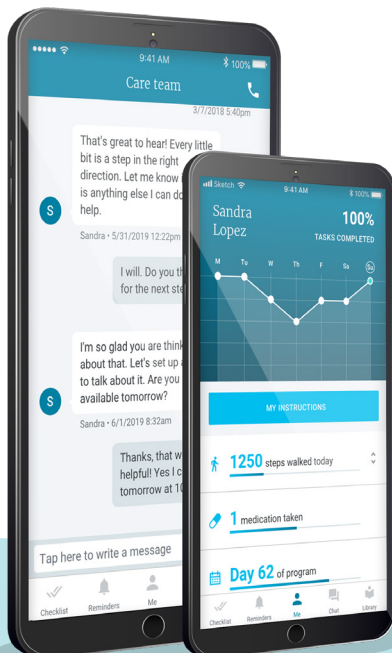
- 2 Open your **Univera Healthcare** app and click the settings icon on the top right.



- 3 Click **Member Apps** from the settings menu.



- 4 Click **Wellframe®** and enter code "UNIVERA" to download.



Health care experts and support at your fingertips

Once you download Wellframe®, you're ready to:

- Connect with and text our dedicated team of health care professionals at any time
- Create a personalized health plan and track progress
- Receive daily tips, reminders, and videos
- Join programs within the app for additional support



Copyright © 2019, Univera Healthcare. All rights reserved.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

UN-2818

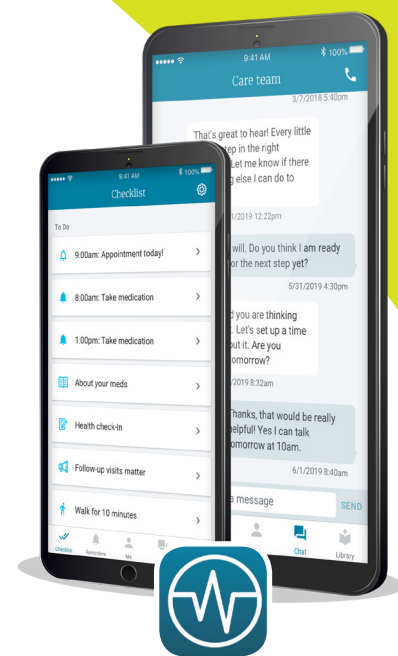
univera
HEALTHCARE

Caring. Now available anywhere.

Caring for your people isn't something you only do from 9 to 5. So in this 24/7 world we're helping you help employees manage their health each and every day with the Wellframe® app.

It's an easy way for our dedicated team of health care professionals to give confidential, text-based, one-on-one help to members using a smartphone or tablet. They'll get guidance, support, and a personalized care plan to help achieve their health care goals.

- Employees and their families connect conveniently via text with licensed health care professionals when they need advice or support
- Employees get guidance for things like general wellness, weight loss, smoking cessation, diabetes, high blood pressure, and more
- Using these one-on-one conversations and member data, we develop personalized care plans to keep healthy employees healthy and complex conditions in check, **lowering medical costs by \$500–\$2,000+*** per Univera Healthcare member based on risk tier
- **80% of Univera Healthcare members on Wellframe**** have successfully addressed a health issue
- Through a **10X increase in contact opportunities,*** we've made it easier than ever to stay engaged



*Free mobile health support
for smartphone or tablet*

univera
HEALTHCARE

"My cholesterol is down, my triglycerides went from 600 to 300, my blood pressure is 118/52. These results are all because of you, who got me started, gave me the information that I needed, and kept me going along the way. Thank you."

–Univera Healthcare Wellframe® user



\$500–\$2,000+

saved per Univera Healthcare member based on risk tier*



Employees average

49 texts

with care managers compared to just 4.5 phone calls, and stay connected longer*

Care on their terms

Wellframe® can give your employees free access to help manage issues like these:

- Substance Abuse
- Anxiety
- Depression
- Coronary Artery Disease
- Congestive Heart Failure
- Diabetes Management and Prevention
- Maternal Health
- High Blood Pressure
- Asthma
- Stress Management
- Weight Loss
- Smoking Cessation

To learn more about how Wellframe® can improve outcomes and control costs, talk to your broker or Univera Healthcare Account Manager today.

*2018 Health Plan data provided by Wellframe®

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Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

UN-2817



Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at: <https://www.univerahealthcare.com> and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION TO UNIVERA HEALTHCARE ("HEALTH PLAN")
TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

☐ Check here only if you are authorizing access to psychotherapy notes. If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE
PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)				
NAME OF PERSON/ORGANIZATION			ADDRESS	
NAME OF PERSON/ORGANIZATION			ADDRESS	
PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> At my request</div><div><input type="checkbox"/> Other: _____</div></div>				
PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION <i>(select D-1 <u>or</u> D-2 and if applicable, D-3)</i> NOTE: Skip this section if psychotherapy was checked at the top of this form				
<p>D-1. <input type="checkbox"/> I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.</p> <p style="text-align: center;">- OR -</p> <p>D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Enrollment <i>(e.g. eligibility, address, dependents, birth date)</i></div><div style="width: 50%;"><input type="checkbox"/> Benefit <i>(e.g. benefit coverage, usage, limits)</i></div><div style="width: 50%;"><input type="checkbox"/> Claim <i>(e.g. status, provider, dates, payment, diagnosis)</i></div><div style="width: 50%;"><input type="checkbox"/> Clinical records <i>(e.g. doctor/facility, case management)</i></div><div style="width: 50%;"><input type="checkbox"/> Other limitation: _____</div><div style="width: 50%;"><input type="checkbox"/> Date Range _____ to _____</div></div> <p style="text-align: center;">- AND, IF APPLICABLE -</p> <p>D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Genetic testing</div><div style="width: 33%;"><input type="checkbox"/> Substance use disorder</div><div style="width: 33%;"><input type="checkbox"/> Mental health <i>(excluding psychotherapy notes)</i></div><div style="width: 33%;"><input type="checkbox"/> Sexually transmitted diseases</div><div style="width: 33%;"><input type="checkbox"/> Abortion</div></div> <p>Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm</p>				
CONTINUED ON THE NEXT PAGE				

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature: _____ **Date:** _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney* ☐ Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

Return form to:

**Univera Healthcare
P.O. Box 211256
Eagan, MN 55121**

or Fax: 315-671-7079

PLEASE KEEP A COPY FOR YOUR RECORDS

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anviòn la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אפנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

The Right Support When and Where You Need It

Everyone needs a little support now and then. But concerns over cost, access, and confidentiality can stand in the way of people getting the help they need.

Through our partnership with MDLIVE, you can schedule a consultation with a psychiatrist or therapist 24/7 via phone, tablet, or computer — wherever and whenever you need to.

Whether you're traveling for work, on vacation, need a weekend appointment, or just struggle to fit therapy into your busy schedule, behavioral health telemedicine makes it easy to connect with the care you may need:

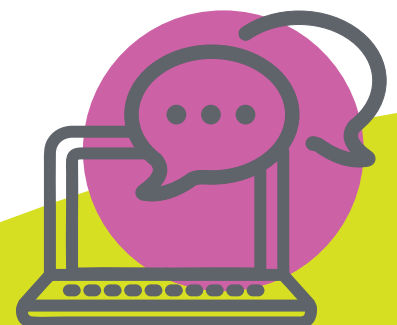
- 1 Convenient, confidential therapy sessions from your home, office, or on the go**
- 2 Wait times are 3–4x shorter than traditional in-person appointments**
- 3 Therapists are available on your schedule, including nights and weekends**
- 4 Option to schedule recurring appointments with one therapist**

For the Big Stuff, Little Stuff, and Everything in Between

Our highly trained psychiatrists, psychologists, and social workers can help you through a wide range of conditions, including:

- Addiction
- Eating Disorders
- Panic Disorders
- Bipolar Disorders
- Grief and Loss
- Stress
- Depression
- LGBTQ Support
- Trauma and PTSD

Not sure therapy is right for you? Take the first step with one of our free, no-obligation online assessments at MDLIVE.com/BH-Assessments.



Telemedicine Is Covered Just Like a Trip to the Doctor

If your doctor's office visit is...	Then your medical and behavioral health telemedicine program benefit cost share is...
Covered with a copay	Covered in full.
Covered with copay/deductible	Covered in full once deductible is met.*
Covered deductible/covered in full	Covered in full once deductible is met.*
Covered with deductible/coinsurance	Covered in full once deductible is met.*
Covered with coinsurance only	Covered in full once deductible is met.*

*If you haven't met your deductible, you will pay the allowable charge for Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$150. This means a member who has not met their deductible will not pay more than \$150.

Activating Telemedicine Today Ensures Help Is at Your Fingertips Tomorrow

It's fast and easy. And once you set up your account, you'll also have access to a doctor 24/7/365, so you can receive care for any minor, non-life-threatening illnesses or conditions wherever and whenever you need to.

Don't wait until you need it. There are four easy ways to activate telemedicine today.

WEB - Register/Log in at UniveraHealthcare.com/Member

APP - Download the MDLIVE app

TEXT - Text UNIVERA to 635483

VOICE - Call 1-866-914-8426

A Better Solution

93%

patient satisfaction rate¹

86%

of patients come back for a second session¹

80%

of patients show improvement over time¹

¹ Based on MDLIVE data, 2016.

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MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/terms-of-use. MDLIVE is an independent company, offering telehealth services in the Univera Healthcare service area.

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UN-2674 / 13937-20M

Get up to **\$500**

with **Wellness Your Way**



With Wellness Your Way you can receive up to \$500* annually to be used on programs and services to help keep you and your family healthy.

Whether saving time through healthy food home delivery services, taking advantage of the 24/7 convenience of online fitness classes, or simply signing the kids up for sports and healthy activities – you can use your Wellness Your Way rewards in whatever way best fits your family's needs and lifestyle.

Claiming your rewards is easy

Wellness Your Way provides each family with up to \$500* annually as a reward, just for being members. There's no complicated activity tracking or reimbursement forms to send in. Simply register online and your Wellness Your Way debit card will be sent in the mail.

1. Log in/Register at UniveraHealthcare.com
2. Go to the **Rewards & Incentive** area under **Health and Wellness**
3. Click the **Wellness Your Way** tab to request your debit card which is to be used for wellness related purchases
4. Your rewards card is in the mail!

Use your rewards for any wellness activities you see fit!

Your Wellness Your Way card can be used wherever MasterCard is accepted*, including online merchants. This gives you the flexibility of choosing the healthy programs that are right for you.

Use your Wellness Your Way rewards on things like:

- Gym memberships
- Exercise equipment
- Kids sports & activities
- Community Supported Agriculture (CSA)
- Weight management programs
- Meal kit delivery services
- Smoking cessation programs
- And much more!

For more information visit UniveraHealthcare.com

* Wellness Your Way program payment is \$500 per family contract, \$250 per single contract. For an individual policy, the subscriber will receive a debit card for \$250. The \$500 reward applies to family policies where there is a subscriber and a spouse covered by the contract. Both subscriber and spouse are eligible for the \$250 reward, which is issued in one \$500 debit card in the subscriber's name.

Wellness Your Way MasterCard rewards cards will arrive in active status and are ready to use. When making a transaction, always select "credit" at the point of purchase. Cards will not work at ATMs or gas stations.

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HEALTHCARE
an excellus company

UN-2652/12961-19M

Health plan terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms.

Primary Care Physician (PCP)—A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

Referral—Instructions provided by a PCP for specialty care. Most plans do not require referrals.

In-network coverage—The coverage available when you receive services from a provider who participates in your health plan.

Out-of-network coverage—The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

Out-of-area—Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

Copay—A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Allowed Amount—The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

Coinsurance—A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

Deductible—A set dollar amount you pay for covered services you receive before your insurer will make a payment.

Out-of-pocket maximum—The maximum amount of deductible and coinsurance payments that you will pay for health services each calendar year.

*Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.

