

Univera Access Deductible Non-HSA Plan



This value-maximizing plan is perfect for those who embrace the do-it-yourself philosophy. It offers the lowest monthly premiums and greatest ability to control your own costs.



What's covered in full?

Here are some commonly used Preventive Care services* that are covered in full:

- Well-baby and well-child care
- Adult annual physical examinations
- Adult immunizations
- Well-woman examinations
- Family planning and reproductive health services
- Mammograms
- Bone mineral density measurements or testing



Deductibles and your plan

Your plan includes a deductible.

A deductible health plan is designed to help keep premium costs low. Your plan includes a deductible, which means you will pay a negotiated, allowed amount that must be met before your insurance pays towards medical services. The deductible applies to some medical care, but does not apply to Preventive Care* and Mental Health visits, which are covered in full, or prescription drugs, including diabetic drugs and supplies. After your deductible is met, you will pay a copay or coinsurance for most medical services.

Medical diagnosis-driven services for certain chronic conditions are now included as preventive services that are covered in front of the deductible for Deductible HSA Non-Standard plans (applicable cost shares, such as copays or coinsurance may apply).



Prescription drugs and your plan

You can get a prescription filled at the copay or coinsurance level on the first day your coverage begins.

Other things to know about your plan

- 1 How does the money I pay toward my deductible add up (or aggregate)?**

This amount and how it adds up can vary depending on which plan you have. Log into [UniveraHealthcare.com/Member](https://www.univerahealthcare.com/Member) to view your benefits and learn what your amount is.

 - **Individual Aggregation:** Each covered family member only needs to satisfy their own individual deductible, not the entire family deductible, before plan benefits kick in. This option is often more attractive to families because claims for individuals will be covered when that individual meets their single deductible, regardless of whether or not other family members have met theirs.
- 2 How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?**

To help limit your out-of-pocket costs, all of our plans have a maximum amount that any one person will pay. This is called an out-of-pocket maximum.

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 - **Individual Aggregation:** With individual aggregation, each family member only needs to meet their own maximum before services are covered in full.
- 3 What kind of funding accounts work with this plan?**

This plan qualifies for a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA).

*Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit www.healthcare.gov/coverage/preventive-care-benefits.

Important terms

Copays: A fixed amount you pay each time you use a medical service, like a doctor's visit. For example: If your plan's coverage includes a \$20 copay for a Primary Care Provider (PCP), you pay \$20 for each visit to your PCP, and the insurance company pays for the rest.

Coinsurance: Coinsurance is similar to a copay, but instead of a fixed-dollar amount, you pay a percentage of the negotiated, allowed amount. For example: You need crutches and your bill is \$100. If your coinsurance is 15%, that means you pay \$15 and the insurance company pays the remaining \$85.

Deductible: An amount of money you have to pay before the health insurance company will make any payment toward your health care services. For example: If you have a \$3,000 deductible, you pay 100% of the negotiated, allowed amount of your first \$3,000 in medical bills. After you reach your deductible amount, you may pay a portion of your health care costs and your health insurance company will pay the rest.

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

Member benefits

NEW! Teledermatology: Now available through MDLIVE, Teledermatology services. You'll get a diagnosis, treatment, and prescription (as needed) from a board certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 24 hours.

VitalizeSM: Introduced in 2024, Vitalize is a digital homebase dedicated to engaging teams in health and wellbeing. Our partnership with Personify Health gives employees the tools to make small everyday changes to their wellbeing that are focused on the area they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

Vitalize is embedded in all plans, offering rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of up to \$400 per plan year.

Foodsmart nutritional program: Foodsmart, embedded in the Personify Health platform, is a nutrition offering where members can take the 'NutriQuiz' for personalized health insights, browse a comprehensive recipe library, set dietary preferences, and save recipe ingredients to an exportable grocery list feature.

Mobile app: Download our mobile app and get instant access to your health plan information.

Perks 4UTM: Discounts on health-related products and services, including acupuncture, massages, gym memberships, and more.

Pharmacy home delivery: Save time and money by having your prescriptions delivered to your home.

Telemedicine: Our partnership with MDLIVE gives you convenient access to medical and behavioral health care 24/7/365 from the comfort of your home — and the visits are covered in full.

Wellframe[®] app: A convenient way for our Care Managers to provide confidential, proactive, one-on-one, text-based outreach to members using a smartphone or tablet.

Welvie[®] My SurgerySM: To inform, empower, and give employees and their covered family members what they need to make the best choices possible.



Access to the doctors you trust

Univera Healthcare gives you access to 98% of area physicians. With our Univera Access Plus plans that include our National MultiPlan Network, you also have access to a complement of doctors nationwide. To see whether your doctor is in the Univera Healthcare network, go to **UniveraHealthcare.com/FindProvider**.



Healthy every day

When you have questions about your health, we have answers at **UniveraHealthcare.com**. You can check symptoms. Research conditions. Contact a registered nurse or pharmacist. Your membership even gives you exclusive access to discounts and savings from local and national wellness brands to keep you healthy.



Learn more about your benefits and register your account

UniveraHealthcare.com/Member

- View your benefits
- Check your claims
- Check referrals and authorizations