

## Small business takes more. You get it with Univera.

Let's face it. It takes more for a small business to succeed. More courage to seize opportunities. More creativity to overcome obstacles. More innovation. More insight.

No one understands this better than us.

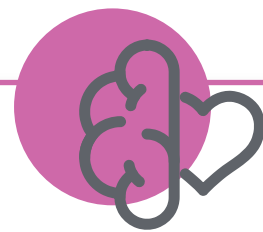
That's why we're giving businesses in Western New York more to help keep employees healthy. Like exciting new program enhancements and access to more care than ever before. We're finding creative ways to help small businesses give the most to their employees, so they can give you more in return.

### What's new for 2021:



#### Expanded Network Coverage

New plan options with Multiplan National Network of providers available.



#### Three mental health visits

are now covered in full for Non-Standard Non-HSA plans. After your first three visits, PCP copay will apply\*.



#### Enhanced vision benefits

Adult vision exams are now covered in full\* with Non-Standard plans. The eyewear allowance has been increased to \$100.

**univera**  
HEALTHCARE

UN-2167 / 14361-20M 1Q

\*Subject to deductible where applicable.

UniveraHealthcare.com

# Get more from your plan.

2021  
Univera Small Business  
Plans At-A-Glance

Q1 Rates:  
Effective 1/1/21 - 3/31/21

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HEALTHCARE





PLAN TYPE	COPAY					HYBRID				DEDUCTIBLE HSA										DEDUCTIBLE
PLAN NAME	PLATINUM STANDARD	PLATINUM 1**	PLATINUM 2	PLATINUM 3	PLATINUM 4	GOLD STANDARD	GOLD 2	SILVER STANDARD	SILVER 2	GOLD 1**	GOLD 4	SILVER 1**	SILVER 3	SILVER 4	SILVER 5	BRONZE STANDARD	BRONZE 1**	BRONZE 2	BRONZE 3	BRONZE 4
<b>2020 Enrollment Code</b>	SVT5	SWE7	SWG3	SWR5	SWT1	SVY3	SWJ5	SVW7	SWM7	SWH9	SWU7	SWL1	SWW3	SWX9	SXC7	SVV1	SWO3	SWP9	SWZ5	SXB1
Deductible: Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$600/\$1,200	\$2,000/\$4,000	\$1,300/\$2,600	\$3,400/\$6,800	\$1,400/\$2,800	\$1,800/\$3,600	\$2,600/\$5,200	\$3,200/\$6,400	\$3,600/\$7,200	\$2,500/\$5,000	\$6,100/\$12,200	\$7,000/\$14,000	\$5,500/\$11,000	\$6,100/\$12,200	\$8,250/\$16,500
Out-of-Pocket Maximum: Individual/Family	\$2,000/\$4,000	\$4,500/\$9,000	\$5,500/\$11,000	\$6,550/\$13,100	\$6,550/\$13,100	\$4,000/\$8,000	\$8,000/\$16,000	\$8,500/\$17,000	\$8,000/\$16,000	\$4,000/\$8,000	\$3,600/\$7,200	\$7,000/\$14,000	\$6,550/\$13,100	\$6,550/\$13,100	\$7,000/\$14,000	\$6,900/\$13,800	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$8,250/\$16,500
Aggregation Design	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	FAMILY	FAMILY	INDIVIDUAL	INDIVIDUAL	FAMILY	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	INDIVIDUAL
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	20%	20%	20%	20%	N/A	50%	0%	50%	25%	0%
<b>MEDICAL</b>																				
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$15	\$5	\$5	\$25	\$30	\$25*	\$10	\$30*	\$10*	\$10*	20%*	20%*	20%*	20%*	\$25*	50%*	0%*	50%*	25%*	\$25
Specialist Visit	\$35	\$45	\$30	\$40	\$50	\$40*	\$50	\$50*	\$50*	\$35*	20%*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	0%*
Telehealth	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full
Hospital Facility: Inpatient/Outpatient	\$500/\$100	\$500/\$100	\$500/\$150	\$750/\$250	\$750/\$250	\$1,000*/\$100*	\$1,200*/\$250*	\$1,500*/\$150*	\$1,000*/\$200*	\$500*/\$150*	20%*/20%*	20%*/20%*	20%*/20%*	20%*/20%*	\$500*/\$300*	50%*	0%*	50%*	25%*	0%*
Urgent Care	\$55	\$45	\$30	\$40	\$50	\$60*	\$50	\$70*	\$50*	\$35*	20%*	20%*	20%*	20%*	\$50*	50%*	0%*	50%*	25%*	0%*
Emergency Room Visit	\$100	\$100	\$150	\$250	\$250	\$150*	\$600	\$300*	\$350*	\$150*	20%*	20%*	20%*	20%*	\$300*	50%*	0%*	50%*	25%*	0%*
<b>PHARMACY</b>																				
Prescription Copayment	\$10/\$30/\$60	\$5/\$30/50%	\$5/\$45/50%	\$5/\$35/\$70	\$5/\$35/\$70	\$10/\$35/\$70	\$10/\$50/50%	\$10/\$35/\$70	\$10/\$50/50%	\$5/\$45/50%*†	\$5/\$45/50%*†	\$5/\$45/\$90*†	\$5/\$45/50%*†	\$5/\$35/50%*†	\$5/\$45/\$90*†	\$10/\$35/\$70*	0%*	50%*†	\$10/\$50/50%*†	0%*
<b>OUT-OF-NETWORK COVERAGE</b>																				
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Out-of-Pocket Maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	20%	40%	40%	20%	20%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	50%	0%	0%	0%	0%
<b>RATES EFFECTIVE 1/1/2021–3/31/2021 Rates include dependent to age 26, and coverage for domestic partner, family planning, and pediatric dental. See Univera on Demand for other rates.</b>																				
Single	\$663.08	\$649.03	\$668.57	\$650.95	\$644.51	\$574.29	\$511.88	\$501.69	\$428.90	\$540.41	\$523.44	\$452.11	\$435.48	\$423.08	\$461.18	\$355.56	\$362.58	\$365.74	\$351.69	\$342.53
Subscriber & Spouse	\$1,326.17	\$1,298.07	\$1,337.15	\$1,301.90	\$1,289.02	\$1,148.58	\$1,023.76	\$1,003.39	\$857.80	\$1,080.83	\$1,046.87	\$904.22	\$870.96	\$846.17	\$922.35	\$711.12	\$725.15	\$731.49	\$703.39	\$685.07
Subscriber & Children	\$1,127.25	\$1,103.36	\$1,136.57	\$1,106.62	\$1,095.67	\$976.29	\$870.19	\$852.88	\$729.13	\$918.70	\$889.84	\$768.60	\$740.32	\$719.25	\$784.00	\$604.45	\$616.37	\$621.77	\$597.88	\$582.31
Family	\$1,889.79	\$1,849.75	\$1,905.44	\$1,855.20	\$1,836.86	\$1,636.73	\$1,458.85	\$1,429.82	\$1,222.37	\$1,540.18	\$1,491.79	\$1,288.52	\$1,241.13	\$1,205.79	\$1,314.35	\$1,013.35	\$1,033.34	\$1,042.38	\$1,002.33	\$976.22
<b>RATES EFFECTIVE 1/1/2021–3/31/2021 Rates include dependent to age 26 and coverage for domestic partner and family planning. See Univera on Demand for other rates.</b>																				
Single	\$661.43	\$647.42	\$666.91	\$649.32	\$642.91	\$572.86	\$510.59	\$500.45	\$427.83	\$539.06	\$522.13	\$450.98	\$434.40	\$422.02	\$460.03	\$354.67	\$361.68	\$364.84	\$350.82	\$341.68
Subscriber & Spouse	\$1,322.86	\$1,294.84	\$1,333.82	\$1,298.65	\$1,285.82	\$1,145.72	\$1,021.19	\$1,000.89	\$855.66	\$1,078.12	\$1,044.26	\$901.96	\$868.80	\$844.04	\$920.05	\$709.34	\$723.35	\$729.67	\$701.63	\$683.37
Subscriber & Children	\$1,124.43	\$1,100.62	\$1,133.75	\$1,103.85	\$1,092.94	\$973.87	\$868.01	\$850.76	\$727.31	\$916.40	\$887.62	\$766.67	\$738.49	\$717.44	\$782.05	\$602.94	\$614.85	\$620.22	\$596.39	\$580.86
Family	\$1,885.09	\$1,845.15	\$1,900.69	\$1,850.57	\$1,832.29	\$1,632.65	\$1,455.19	\$1,426.28	\$1,219.32	\$1,536.32	\$1,488.07	\$1,285.29	\$1,238.04	\$1,202.76	\$1,311.08	\$1,010.81	\$1,030.78	\$1,039.79	\$999.82	\$973.80

Notes:

Benefits in magenta represent a cost-share change from 2020 to 2021.

\*Benefit is subject to the plan deductible

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

† Preventive drugs are not subject to the deductible.

Aggregation Designs Defined:

Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible and/or out of pocket maximum, not the entire family amounts, before the health plan begins to contribute.

Family Aggregation: For family coverage, the entire family's annual deductible and/or out-of-pocket maximum must be met by one or any combination of covered members before the health plan begins to contribute.

This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program.

Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical necessity.



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