

# ***Making the move to Medicare easier***

Univera Healthcare Advantage Gold<sup>SM</sup>



**univera**<sup>®</sup>  
H E A L T H C A R E



# Understanding the Univera Healthcare Advantage Gold<sup>SM</sup> Plan



**Univera Healthcare Advantage Gold** may work a little differently than other health insurance plans you've had in the past. It's modeled after one of our popular Medicare Advantage plans, which is intended to help make your future transition to Medicare a little easier. **This plan might be a good fit for you if:**

- You retired early and need coverage while waiting to age into Medicare
- Your spouse/domestic partner is still working, and you are not
- Your spouse/domestic partner is already on Medicare, but you are not

**You'll have coverage for things like:**

- No-cost preventive care
- Doctor visits
- Specialty care
- Urgent care visits
- Hospitalization
- Prescription drugs
- Laboratory coverage
- Telemedicine & Telehealth visits
- Mammograms
- Diabetes & bone density screenings
- Flu shots, pneumonia & shingles vaccines
- Colorectal, prostate, & cervical cancer screenings
- ExerciseRewards® & Active&Fit Direct® fitness benefits
- Adult eye exams
- \$50 eyewear allowance
- Dental Rewards

To help you understand how the plan works, this brochure provides explanations and examples.

# About the plan:

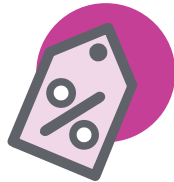


**Preventive care** can help you avoid getting sick and improve your health. Most preventive services such as routine physicals, screenings and vaccinations are covered in full. The deductible does not apply to preventive services or preventive drugs.



**Your plan includes a split deductible.** There is a separate deductible for medical services and a separate deductible for prescription drugs. The deductible amounts will vary based on your plan, so make sure you know what that amount is.

- For medical services other than preventive care, you are responsible for paying out of your pocket until you meet your medical deductible.
- The same goes for most prescription drugs. You are responsible for paying out of your pocket for prescriptions until you meet your prescription drug deductible.



**Once you reach your medical and/or prescription drug deductible,** you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered health service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.



**To help protect you from high costs,** there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you have to pay out of your own pocket for health care services during a particular time period.

## For example:



Let's say your medical deductible is **\$950.**



You go to your doctor for low back pain. **You pay \$100 for the visit.** You still have to pay **\$850** more to reach your deductible.



Your doctor orders an **MRI** of your lower back. **You pay \$500 for the MRI.** You still have to pay **\$350** more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have **\$0** left to reach your deductible.



Now you will pay a percentage of cost, **called coinsurance,** or **fixed copays** depending on the service.

**Remember preventive care is covered in full and is not subject to the deductible.**



**Deductible** - The amount of money you have to pay before we will make any payments toward health care services. Your deductible amount varies and is based on which of these plans you have.

**Copay** - This is a fixed dollar amount you pay for covered health care services. We cover the rest. **For example**, your doctor visit costs \$100. You pay \$20 for the visit. We cover the remaining \$80. If you haven't met your deductible: You pay the full \$100.

Please note: Copay amounts can vary for different services depending on your plan.

**Coinsurance** - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. **For example**, if your eyeglasses are \$100 and you've met your deductible, your coinsurance payment of 50% would be \$50. We would pay the rest, or \$50.

**Covered in full** - 100% of the total cost is covered by us and you do not have to pay anything.

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

## The top 4 things to know

### 1 What benefits are free?

- Preventive care for you and your family is covered in full on the first day your coverage begins.

### 2 Does my plan have a deductible? If so, what does it apply to?

#### NEW for 2022:

- Yes, this plan has a deductible which is split between medical services and prescription drugs.
- The medical deductible will apply to all medical care besides preventive care, and the prescription drug deductible applies to most prescription drugs.
- The deductible does NOT apply to preventive prescription drugs – including insulin and glucometers – nor to some additional medical preventive services for chronic conditions including diabetes, asthma, heart disease, liver disease, and bleeding disorders. Coinsurance will apply from day one; you do not need to meet your deductible first.

### 3 How does the money I pay toward my deductible add up (or aggregate)?

- When only covering yourself, you will pay the single deductible amount.
- When covering more than one person, the family deductible is met for everyone on the plan when one or any combination of members reaches the family deductible amount.
- Once you meet your deductible, the plan begins paying on your claims. Depending on the service, the plan may cover the claim in full or you may be responsible for a copay or coinsurance, while the plan covers the rest.

### 4 How much will I pay out-of-pocket for this plan? And how does it add-up (or aggregate)?

- All of our plans have a limit on the amount any one person will pay. This is called an out-of-pocket maximum. This amount varies, depending on the plan you have. You will want to know what that amount is.
- If you are covering more than one person (similar to the deductible), one or any combination of family members will need to pay the full family maximum. Once this amount is met, care is covered in full for everyone on the plan. Any individual on a plan covering more than one person will not pay more than \$7,000.



# Ways to stretch your health care dollars

Our plans come with access to programs and online resources to help you stay healthy and get the most value for your dollar.



**You can manage your health care costs online at [Member.UniveraHealthcare.com](https://Member.UniveraHealthcare.com)**

View and order member cards, track deductibles and out-of-pocket spending, find a health care provider, access your benefits and claims information, estimate medical costs, pay your premium bill, and more.

**Download Our Mobile App** - 24/7 access to your member card, claims, account information, pay your bill, and more.



## Member Benefits and Health Perks

**Our Network** - Access more top-quality doctors, hospitals and pharmacies.

**Preventive Care** - Free preventive care screenings, immunizations and more to help keep you healthy.

**Dental Rewards program** - You and your spouse or partner earn \$50 per year for getting your annual dental cleaning and exam.

**Telehealth and Telemedicine** - See a doctor from the comfort of your home. Telehealth services through your in-network provider, as well as 24/7 telemedicine through MDLIVE, are covered in full after deductible.

**Wellframe® App** - Text with health professionals for advice and guidance, create medication reminders, make daily "to-do" lists, access educational materials, and more.

**ExerciseRewards® Program†** - You and your spouse can earn a maximum total of \$600 annually just for working out at a qualifying fitness facility. Simply complete at least 50 workouts each 6-month reward period to earn your rewards. Online fitness and wellness tools are also available at no additional cost.

**Active&Fit Direct® Program†** - Offers fitness center memberships to 13,000+ fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and tax, where applicable).

**24/7 Nurse Call Line** - Get answers to your health care questions anytime day or night.

**Pharmacy Home Delivery** - Save time and money by having your prescriptions delivered to your home.\*

**Perks 4 U** - Receive discounts on healthy programs and services.

**Health Risk Assessment** - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement.



**Enroll Today!**

**Visit [TheUniveraDifference.com](https://TheUniveraDifference.com) or call 1-877-827-6027**

\*Certain Prescription Drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.

†The ExerciseRewards Program and the Active&Fit Direct Program are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ExerciseRewards and the Active&Fit Direct Program are trademarks of ASH and used with permission herein. Consult a physician before beginning or changing your exercise or fitness routine.

## 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.

אויפֿמערקזאַם: 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 libheng 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.



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