



Gold Select

Hybrid Plan

univera[®]
H E A L T H C A R E

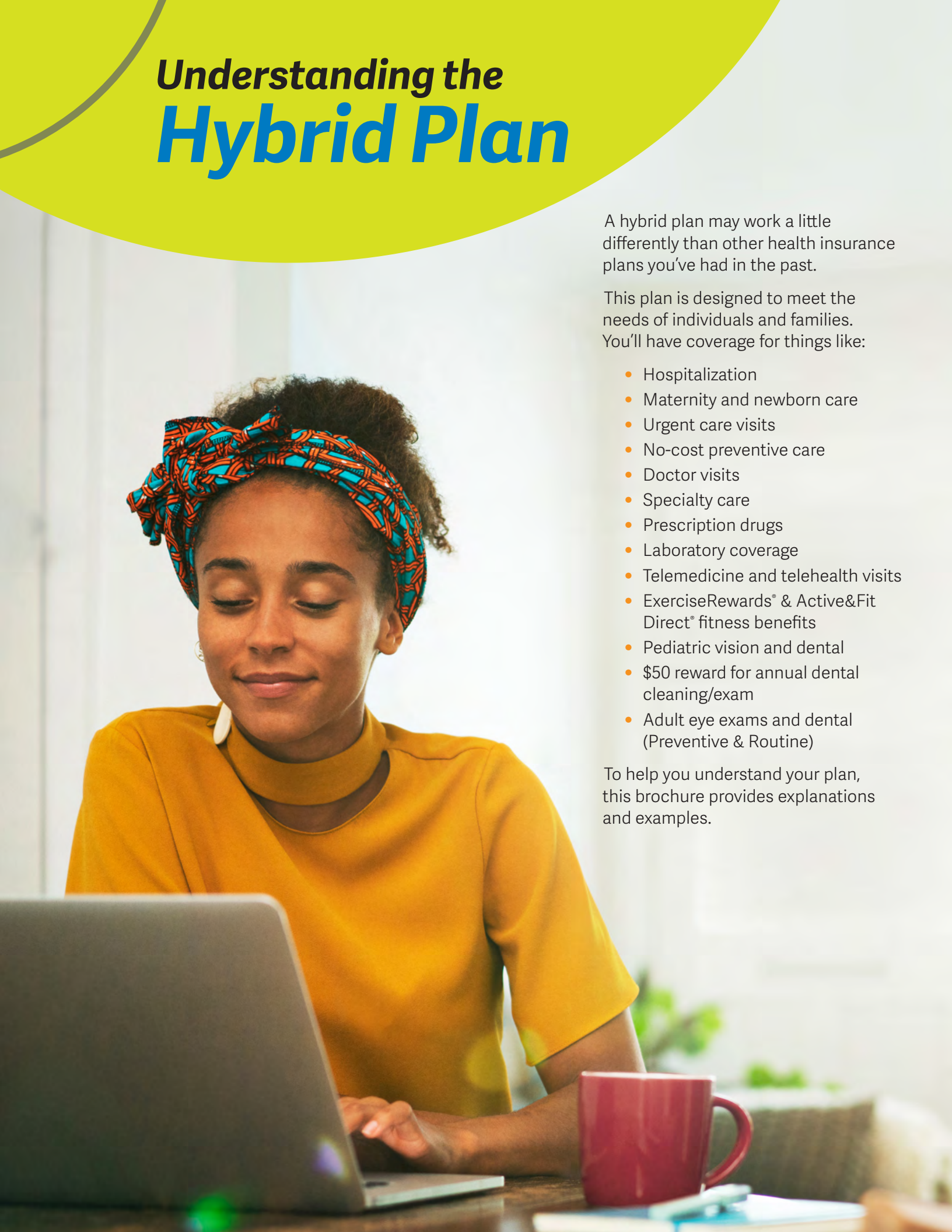
Understanding the *Hybrid Plan*

A hybrid plan may work a little differently than other health insurance plans you've had in the past.

This plan is designed to meet the needs of individuals and families. You'll have coverage for things like:

- Hospitalization
- Maternity and newborn care
- Urgent care visits
- No-cost preventive care
- Doctor visits
- Specialty care
- Prescription drugs
- Laboratory coverage
- Telemedicine and telehealth visits
- ExerciseRewards® & Active&Fit Direct® fitness benefits
- Pediatric vision and dental
- \$50 reward for annual dental cleaning/exam
- Adult eye exams and dental (Preventive & Routine)

To help you understand your plan, this brochure provides explanations and examples.



Let's start with the basics:

Your plan is hybrid because it is a blend of two types of plans which include:

- A deductible that has to be paid first for all medical care, including diabetic drugs and supplies.
- A copay or coinsurance for medical care such as when you go to your doctor when you are sick.

About the plan:



Preventive care can help you avoid getting sick and improve your health. Preventive services such as routine physicals, screenings and vaccinations are covered in full. The deductible does not apply to preventive services; they are covered in full from the first day your coverage begins.



Your plan includes a deductible. You have to reach your deductible first for all medical services, like going to the doctor when you are sick or if you have to go to the hospital.

The deductible also applies to diabetic drugs and supplies. The deductible does not apply to preventive services. They are covered in full from the first day your coverage begins.



You can get a prescription filled at the copay level on the first day your coverage begins. You do not need to meet the deductible first.



Once you reach your 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.



Deductible - The amount of money you have to pay before the health insurance company will make any payments towards health care services.

Copayment (or copay) - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. **For example,** if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and your insurance pays the balance.

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 daughter's eyeglasses are \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.

Covered in full - 100% of the total cost is covered by the health insurance company 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?

- Yes, this plan has a deductible.
- The deductible will apply to all medical care, including diabetic drugs and supplies.
- The deductible does NOT apply to prescription drugs.

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

- Each person only has to pay their own individual deductible. Once an individual meets their deductible, the plan begins paying on their claims.
- When covering more than one person, the family deductible is met for everyone on the plan once any combination of members reaches the family deductible amount.

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 maximum amount that any one person will pay called an Out-of-Pocket Maximum (OOPM).
- Just like with the deductible, each person will only have to pay their own OOPM amount. Once that amount is reached, care is covered in full for that person.
- When covering more than one person, care is covered in full for everyone once any combination of members reaches the family OOPM.

How does it work?

For example, your plan could include:

- \$25 primary care copays / \$40 specialist copays
- \$350 outpatient copays / \$1,000 inpatient copays
- \$750 individual / \$1,500 family deductible
- 0% coinsurance for most benefits
- \$8,000 individual / \$16,000 family out-of-pocket maximum
- \$10 / \$35 / \$70 Prescription drug copays



Below is an example of how a hybrid plan works:

You visit your primary physician for your Annual Physical	Your spouse needs a minor surgical procedure done in an outpatient setting	Your spouse needs an antibiotic prescription filled	Your spouse is admitted to the hospital for an emergency procedure
Cost: \$200	Cost: \$2,500	Cost: \$40	Cost: \$10,000
Your deductible: Does not apply	Spouse's deductible applies: \$750 Leaving a balance of: \$1,750	Spouse's deductible: Does not apply	Spouse's deductible applies: Met
Plan pays: \$200	Spouse's copay: \$350 Plan pays: \$1,400	Spouse's copay: \$10 Plan pays: \$30	Spouse's copay: \$1,000 Plan pays: \$9,000
You pay out-of-pocket: \$0	Spouse pays out-of-pocket: \$1,100	Spouse pays out-of-pocket: \$10	Spouse pays out-of-pocket: \$1,000
	After this out-of-pocket payment, your spouse will have \$6,900 remaining to pay before reaching the individual out-of-pocket maximum. Once met, all remaining benefits will be covered in full.	The out-of-pocket maximum for your spouse is now reduced to \$6,890.	The out-of-pocket maximum for your spouse is now reduced to \$5,890.
Preventive services are covered in full	Most hospital-related services are subject to the deductible and copay but always protected by the out-of-pocket maximum	Prescription drug copays apply toward the out-of-pocket maximum	Inpatient stays are subject to the deductible, but your spouse has met the individual deductible so he only had to pay the inpatient copay.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the member contract.

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

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
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 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.

attached document in 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.

