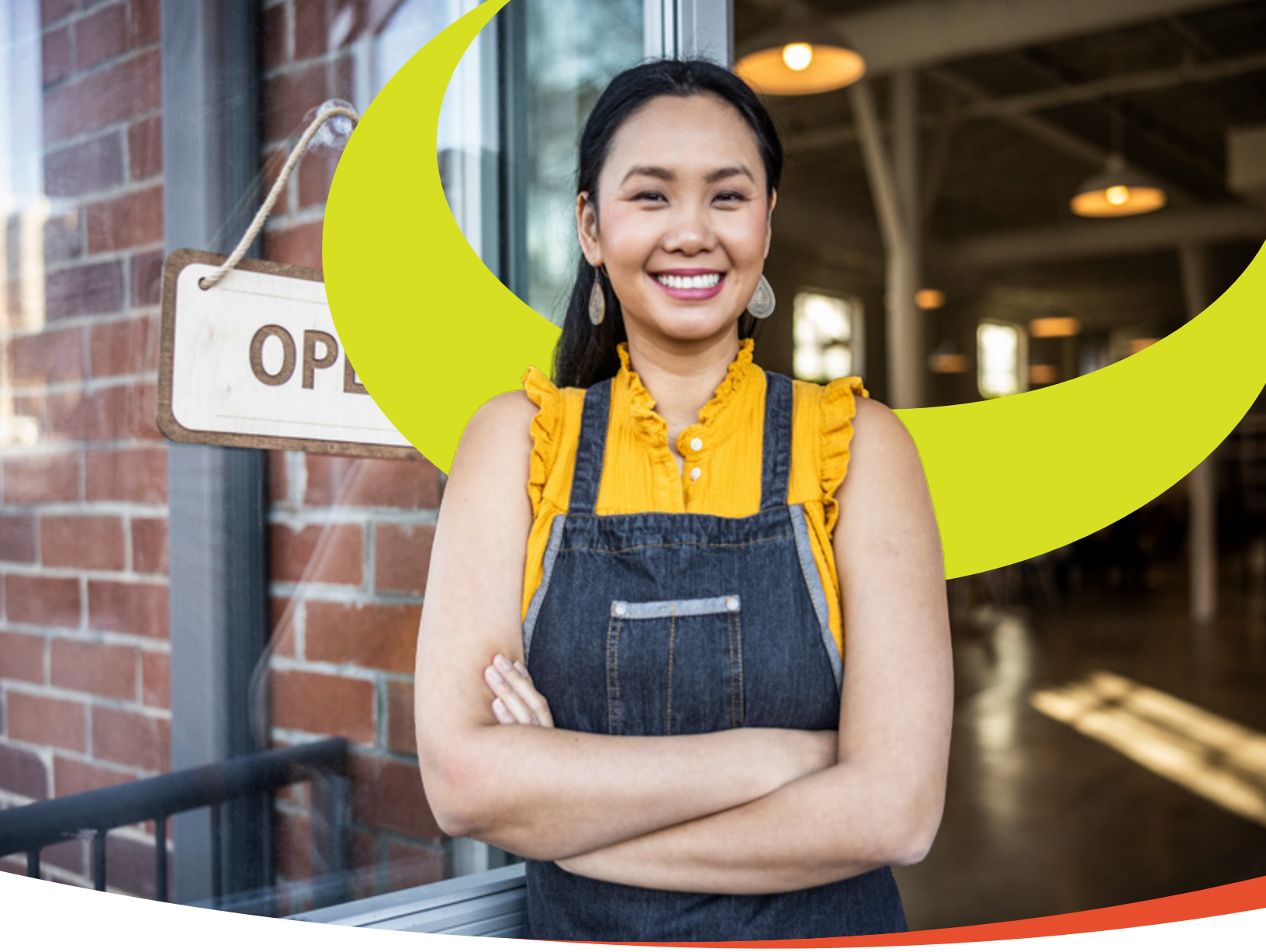


Univera Access
Deductible HSA Plan

With the advantage of moderate premiums, this plan offers a blend of predictability and cost savings through a mix of deductibles and fixed copays. So you'll get the confidence of a comprehensive plan with more freedom than you might expect.

Univera Access Gold 1, Gold 5, Gold 6
Silver 1, Silver 5, Silver 7, Bronze 1, Bronze 3
Univera Access Plus Gold 1, Silver 1, Bronze 1

univera® HEALTHCARE

What's covered in full?

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

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

Deductibles and your plan

Your plan includes a deductible.

A deductible health plan is designed to help keep premium costs low for you and your family. Your plan includes a deductible, which means you will pay a negotiated, allowed amount that must be met before the insurance company pays for covered services. The deductible applies to all medical care and prescription drugs, but does not apply to Preventive Care services,* which are covered in full. After your deductible is met, you will pay coinsurance and copays. Preventive drugs do not apply to the deductible.

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 and/or coinsurance may apply).

Prescription drugs and your plan

Prescription drugs are subject to the deductible, which means you will pay a negotiated, allowed amount for your prescription drugs until you've reached the deductible.

Other things to know about your plan

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

This amount and how it adds up can vary depending on which plan you have. Log into **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.
- **Family Aggregation:** While this option typically helps keep monthly premiums lower, family aggregation means the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

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. This amount and how it adds up can vary depending on which plan you have. Log into **UniveraHealthcare.com/Member** to view your benefits and learn what your amount is.

- **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 Health Savings Account (HSA).

* 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.

[1] Select Deductible HSA plans may have a blended aggregation design that applies Family Aggregation to the Deductible and Individual Aggregation to the Out-of-Pocket Maximum.

Member benefits

New! Woman and family health support through Ovia Health by Labcorp

Ovia Health is a comprehensive solution that supports women and families through every stage of life — from fertility and pregnancy to postpartum, parenting and menopause. With personalized guidance, digital tools and 1:1 access to specialists and/or licensed health care professionals, Ovia Health connects members to the care and support they need for better health outcomes and greater confidence throughout their journey. Ovia Health is embedded for all Small Groups.

New! Pharmacy Concierge

A high-touch program designed to control costs by optimizing medication use. Pharmacy Concierge leverages a dedicated, in-house team of pharmacists who proactively review pharmacy claims to identify savings opportunities across the population.

This team works directly with prescribing physicians to recommend lower-cost, clinically appropriate alternatives — ensuring members receive effective treatment at the best possible value.

Our comprehensive approach delivers measurable savings. The Pharmacy Concierge team evaluates a wide range of optimization opportunities, including:

- Channel optimization
- Dosage form optimization
- Dose efficiency
- High-cost generics
- Multi-source brands
- Specialty medications

New! Sempre Health

A smarter way for group plans to boost adherence and reduce costs for members managing chronic conditions. Sempre Health is an SMS-based program that helps eligible members save on prescriptions while improving medication adherence.

Enrollment is easy. Once signed up, members unlock copay discounts at their regular pharmacy by refilling their medications on time. With text reminders and increasing incentives, members are rewarded for staying adherent and keeping their refills on schedule.

New! Updating our preventive drug list for smarter, more sustainable coverage

Effective January 1, 2027, Univera Healthcare will update the preventive drug list to better align coverage on high value, clinically appropriate preventive medications. As part of this update, select non preferred drugs, multi source brands and high cost generics will no longer be included on the preventive drug list. These changes are designed to support more sustainable pharmacy costs while maintaining access to effective preventive care. This policy change applies to all groups regardless of renewal date.

Telemedicine

Our partnership with MD Live® virtual care gives you convenient access to urgent care and behavioral health care 24/7/365 from the comfort of your home — and the visits are covered in full. Members enrolled in a deductible plan can now access telemedicine 24/7 before meeting their deductible.

Vitalize℠

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.

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.

Dermatology

Available through MD Live dermatology services, before deductible where applicable. 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.

Perks 4U™

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.

Mobile app

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

Welvie® My Surgery℠

To inform, empower and give employees and their covered family members what they need to make the best choices possible.

Health Savings Account (HSA)

When you enroll in an HSA-qualified plan you are eligible to open a tax-free health savings account, which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, and more.
- The money you put into your HSA is not subject to federal income tax when you make the deposit.
- If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus pay a tax penalty.

What can I buy with a Health Savings Account?

An HSA will pay for many items and services, including:

- Chiropractor visits
- Contact lenses
- Crutches
- Dental treatments
- Dental X-rays
- Eyeglasses
- Lab tests
- Prescription drugs

For a complete list of qualified medical expenses, visit IRS.gov. Coverage of all services is subject to the terms of your HDHP.

Who owns my HSA?

You.

Who funds my HSA?

You and/or your employer.

Are there contribution limits?

In 2027, the maximum is $4,500 for single coverage and $9,000 for family.

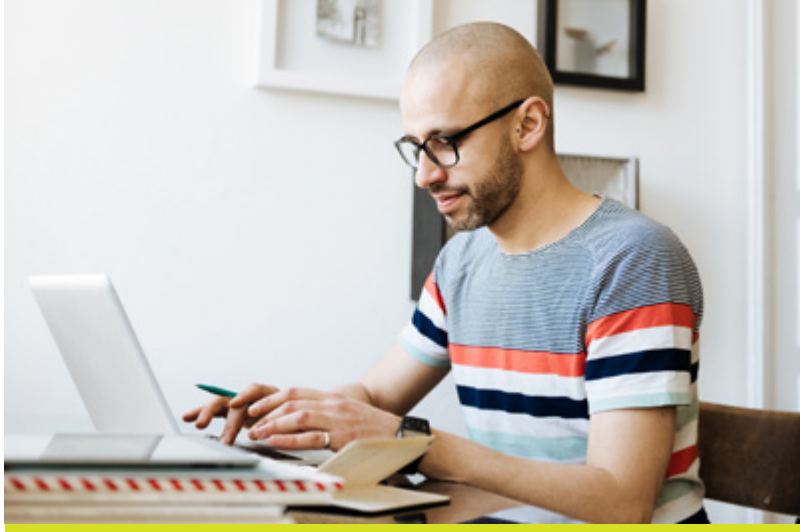
Can I transfer my HSA if I switch jobs?

Yes, you own the account.

Learn more about your benefits and register your account

UniveraHealthcare.com/Member

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



Important terms

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.

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.

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.

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