Coverage that works as hard as your team does **right here for you.**

2027 Univera Healthcare Small Business Plan Designs At A Glance

univera® HEALTHCARE

Right here. **For you.**

Take a look at **what's new for 2027**[1], along with helpful reminders about current benefits

Wellbeing and incentive programs

Univera Healthcare offers members access to a wide range of reward and incentive programs, with savings on fitness, weight loss, travel and more.

Build healthy habits and earn rewards with Vitalize℠

Vitalize is a digital home base designed to engage teams in their health journey. Supported by Personify Health, it empowers employees to make small everyday changes, build healthy habits, have fun with friends and enjoy the lifelong rewards of improved overall wellbeing.

Care management

Personalized care management is at the core of our approach, building meaningful employee connections while supporting physical and emotional well being through flexible, individualized programs.

New! Woman and family health support through Ovia Health[2] 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 will be embedded in all plans.

Connect with a personalized care manager with Wellframe®

Wellframe provides employees with personalized, on demand care management through an easy to use mobile app. Members have direct access to a dedicated care manager, nurses, and dietitians, all in one place. With personalized care plans, secure messaging, progress tracking, and proactive tips and reminders, Wellframe helps employees stay engaged, supported and on track with their health goals.

Pharmacy programs

We offer proven programs that make medications more affordable, support proper use, improve member health and deliver the lowest net cost.

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 change applies to all groups regardless of renewal date.

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:

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

Integrated benefits and services

Our partner, Lifetime Benefit Solutions[3] (LBS), a company that offers administrative services, is a national leader in workplace management solutions, providing tools and support that help groups remain compliant while improving efficiency and financial performance.

Health Savings Accounts (HSAs)

HSAs help employers keep health coverage affordable by offering a tax advantaged way for employees to save for current and future health care expenses, with no "use it or lose it" requirement. Through LBS, employers and employees can manage HSAs — along with eligible FSAs and HRAs — on a single, integrated platform. LBS delivers simple administration, flexible contributions and 24/7 access to account funds through an online portal or debit card.

To learn more about 2027 Open Enrollment, contact your sales consultant.

[1] Subject to DFS approval
[2] Subject to final contract terms
[3] Lifetime Benefit Solutions is a company offering administrative services in the Univera Healthcare service area.

Virtual care and digital resources

Our suite of digital tools and other resources gives members instant access to benefits, tools and member-only resources.

New! Deductible removed for telemedicine

Members enrolled in a deductible plan can now access telemedicine 24/7 before meeting their deductible, improving access to timely, personalized care that is more convenient and affordable.

Members can take advantage of a broad range of telemedicine services, with the ability to connect to board-certified providers by phone or video — often within minutes.

MD Live® virtual care

- **Urgent care ($0 before deductible)** Care for common conditions like colds, flu, sinus infections, cough, allergies and more.
- **Behavioral health support ($0 before deductible)** Access to mental health therapy and psychiatry.
- **Dermatology (specialist cost share before deductible)** Connect with board-certified dermatologists for thousands of skin, hair and nail conditions, including acne, rashes and eczema.

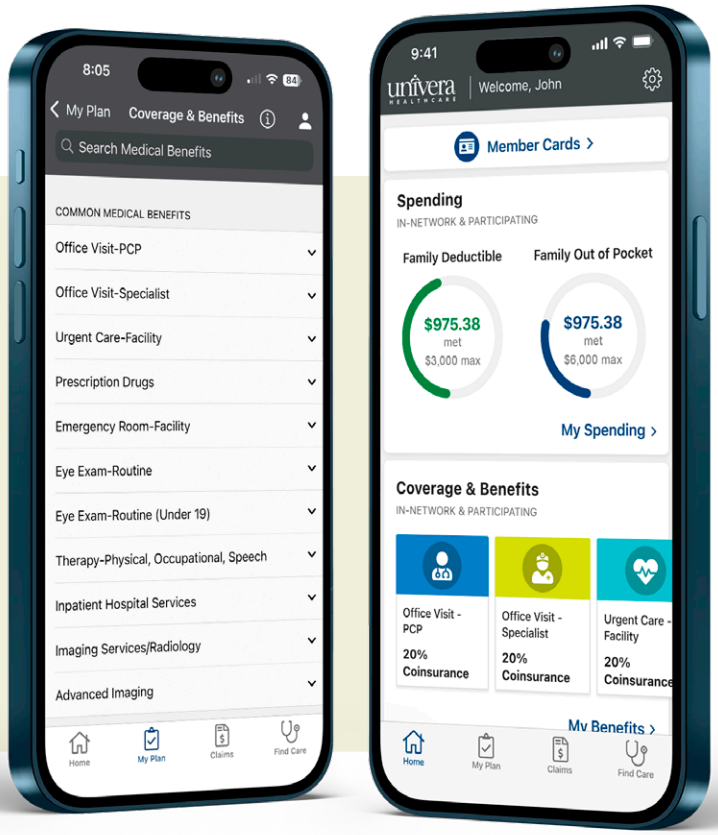
Vori Health: virtual musculoskeletal care

- **Personalized care for back, neck and joint pain ($0 before deductible)** Virtual access to board-certified physical therapists and specialists who provide an individualized treatment plan, along with ongoing support to help reduce pain, restore movement and avoid unnecessary tests or procedures.

Members can take their health plan with them *24/7*

With the Univera Healthcare app, members can easily connect to care anytime, anywhere, making it simple to find support and manage their health in one convenient place.

Access 24/7 telemedicine, check benefits and coverage, view claims, use digital ID cards, find a doctor and more.



Personify Health is an independent company and offers a digital wellbeing service on behalf of Univera Healthcare.
Ovia Health by Labcorp is an independent company offering digital women's health solutions to Univera Healthcare members. Pending contract finalization.
Wellframe is an independent company that provides a health and wellness support mobile app to Univera Healthcare members.
Vori Health is an independent company that offers virtual musculoskeletal (back, neck and joint) health care and physical therapy services to Univera Healthcare members.
MDLIVE Medical Group (DE), P.A, MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live.
MD Live is an independent company providing virtual care services to Univera Healthcare members.

2027

Univera Healthcare Small Business Plan Designs At A Glance

Q1 rates effective:

1/1/2027 – 3/31/2027

Q1 2027 Plans for Small Employer Groups - **Platinum plans**

PLAN TYPE	COPAY		
Plan name	**Standard Platinum**	**Platinum 1[3]**	**Platinum 4**
Deductible: individual/family	$0/$0	$0/$0	$0/$0
Coinsurance	N/A	N/A	N/A
Out-of-pocket max: individual/family	**$4,000/$8,000**	$5,500/$11,000	$4,400/$8,800
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical			
Preventive care	Covered in full	Covered in full	Covered in full
Primary care visit	$15	$5	$30
Specialist visit	$35	$45	$50
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$35	$45	$50
Hospital facility: inpatient	$500	$500	$750
Hospital facility: outpatient	$100	$100	$250
Urgent care	$55	$75	$75
Emergency room visit	$100	$250	$250
Pharmacy			
Prescription drug	$10/$30/$60	$10/$30/50%	$10/$35/50%
Out-of-network			
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	20%	50%	50%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,139.16	$1,113.18	$1,111.23
Subscriber & spouse	$2,278.32	$2,226.36	$2,222.46
Subscriber & child(ren)	$1,936.58	$1,892.40	$1,889.09
Family	$3,246.61	$3,172.55	$3,167.00
Enrollment code	**TNT0**	**TOD6**	**TON2**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,136.32	$1,110.40	$1,108.46
Subscriber & spouse	$2,272.64	$2,220.81	$2,216.93
Subscriber & child(ren)	$1,931.74	$1,887.69	$1,884.39
Family	$3,238.51	$3,164.65	$3,159.12
Enrollment code (no pediatric dental)	**TNU1**	**TOD7**	**TON3**

Q1 2027 Plans for Small Employer Groups - **Gold plans**

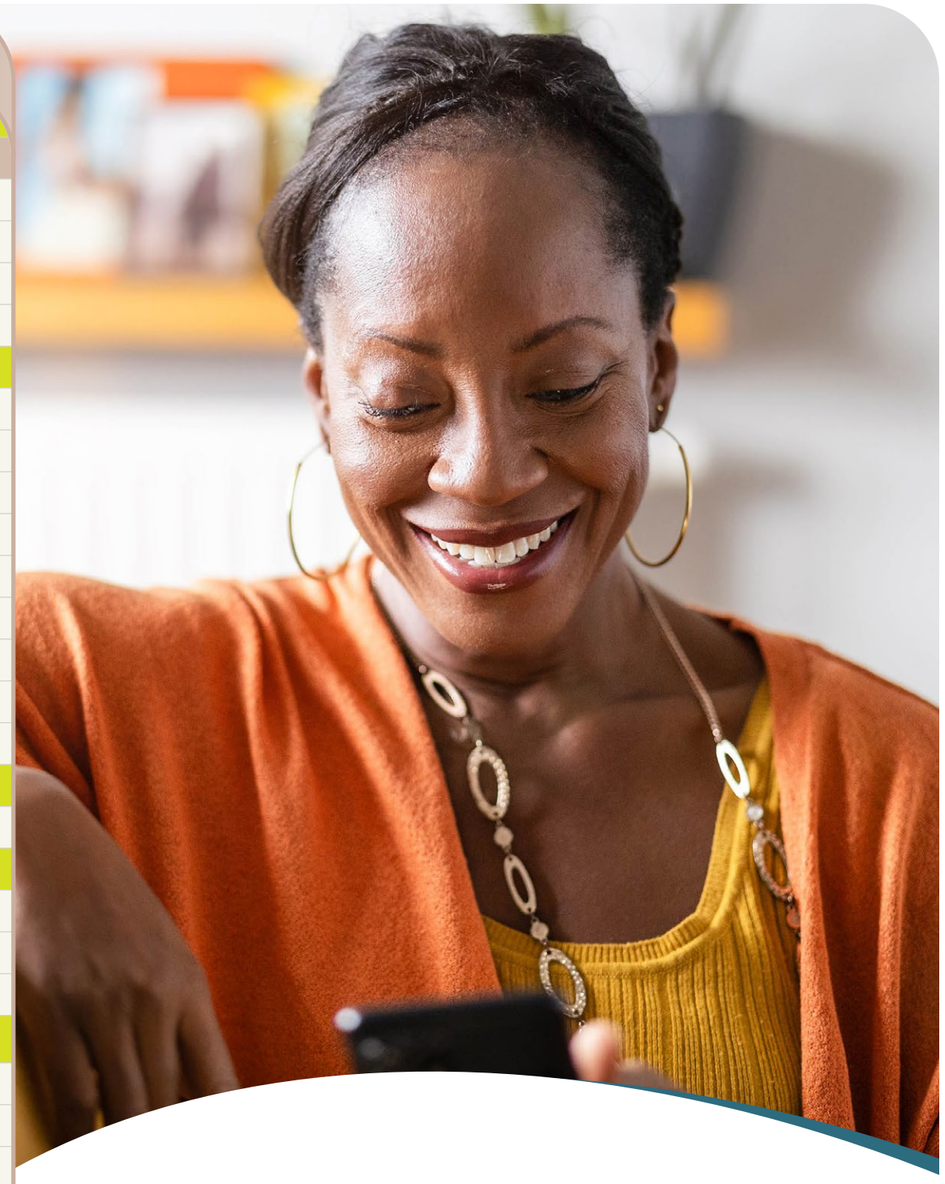
PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Gold**	**Gold 2**	**Gold 1[3]**	**Gold 5**	**Gold 6**
Deductible: individual/family	**$1,200/$2,400**	$2,000/$4,000	$1,700/$3,400	$2,000/$4,000	$2,700/$5,400
Coinsurance	N/A	N/A	0%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$9,500/$19,000	$4,900/$9,800	$5,500/$11,000	$5,600/$11,200
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	BLENDED
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$25*	$20	$20*	$25*	$25*
Specialist visit	$40*	$50	$35*	$40*	$40*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$40	$50	$35	$40	$40
Hospital facility: inpatient	$1,000*	$1,200*	$500*	$500*	$500*
Hospital facility: outpatient	$100*	$250*	$200*	$150*	$150*
Urgent care	$60*	$75	$75*	$50*	$40*
Emergency room visit	$150*	$600	$200*	$150*	$150*
Pharmacy					
Prescription drug	$10/$35/$70[6]	$10/40%/50%	$10/$45/50%*[1]	$10/$45/$90*[1]	$5/$45/$90*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	40%	50%	50%	50%	50%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$973.16	$906.77	$930.88	$915.84	$880.73
Subscriber & spouse	$1,946.32	$1,813.54	$1,861.76	$1,831.68	$1,761.46
Subscriber & child(ren)	$1,654.38	$1,541.50	$1,582.49	$1,556.93	$1,497.24
Family	$2,773.50	$2,584.29	$2,653.00	$2,610.14	$2,510.07
Enrollment code	**TNX2**	**TOG8**	**TOF2**	**TOZ0**	**TPB6**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$970.73	$904.51	$928.56	$913.56	$878.54
Subscriber & spouse	$1,941.47	$1,809.02	$1,857.12	$1,827.12	$1,757.07
Subscriber & child(ren)	$1,650.25	$1,537.66	$1,578.55	$1,553.05	$1,493.51
Family	$2,766.59	$2,577.85	$2,646.40	$2,603.65	$2,503.82
Enrollment code (no pediatric dental)	**TNX3**	**TOG9**	**TOF3**	**TPA1**	**TPB7**

Q1 2027 Plans for Small Employer Groups - **Silver plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Silver[2]**	**Silver 2**	**Silver 1[3]**	**Silver 5**	**Silver 7**
Deductible: individual/family	**$3,750/$7,500**	$3,500/$7,000	$3,550/$7,100	**$3,250/$6,500**	**$7,350/$14,700**
Coinsurance	N/A	20%	20%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$10,750/$21,500**	**$8,000/$16,000**	**$8,700/$17,400**	**$7,350/$14,700**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$30*, First visit NSD[1]	$20*	20%*	$25*	0%*
Specialist visit	$65*, First visit NSD[1]	$60*	20%*	$50*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$65	$60	20%	$50	0%
Hospital facility: inpatient	$1,500*	20%*	20%*	$1,000*	0%*
Hospital facility: outpatient	$150*	20%*	20%*	$350*	0%*
Urgent care	$70*	$75*	20%*	$75*	0%*
Emergency room visit	$500*	$400*	20%*	$350*	0%*
Pharmacy					
Prescription drug	$15/$40/$75[6]	$15/$50/50%[6]	$15/$50/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	40%	50%	50%	50%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$798.66	$787.55	$771.90	$806.95	$704.83
Subscriber & spouse	$1,597.32	$1,575.10	$1,543.80	$1,613.91	$1,409.66
Subscriber & child(ren)	$1,357.72	$1,338.84	$1,312.23	$1,371.82	$1,198.22
Family	$2,276.18	$2,244.52	$2,199.92	$2,299.82	$2,008.77
Enrollment code	**TNV6**	**TOJ0**	**TOI4**	**TOR0**	**TPD2**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$796.67	$785.59	$769.98	$804.95	$703.07
Subscriber & spouse	$1,593.34	$1,571.18	$1,539.96	$1,609.89	$1,406.15
Subscriber & child(ren)	$1,354.34	$1,335.50	$1,308.96	$1,368.41	$1,195.23
Family	$2,270.51	$2,238.93	$2,194.45	$2,294.10	$2,003.76
Enrollment code (no pediatric dental)	**TNV7**	**TOK1**	**TOI5**	**TOS1**	**TPD3**

Q1 2027 Plans for Small Employer Groups - **Bronze plans**

PLAN TYPE	DEDUCTIBLE HSA		DEDUCTIBLE	
Plan name	**Bronze 1[3]**	**Bronze 3**	**Bronze 4**	**Bronze 5**
Deductible: individual/family	**$8,700/$17,400**	$6,100/$12,200	**$9,700/$19,400**	**$11,750/$23,500**
Coinsurance	0%	25%	0%	0%
Out-of-pocket max: individual/family	**$8,700/$17,400**	**$8,500/$17,000**	**$9,700/$19,400**	**$11,750/$23,500**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	0%*	25%*	$30	0%*
Specialist visit	0%*	25%*	0%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	0%	25%	0%	0%
Hospital facility: inpatient	0%*	25%*	0%*	0%*
Hospital facility: outpatient	0%*	25%*	0%*	0%*
Urgent care	0%*	25%*	0%*	0%*
Emergency room visit	0%*	25%*	0%*	0%*
Pharmacy				
Prescription drug	0%/0%/0%*[1]	$10/$50/50%*[1]	0%/0%/0%*	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Coinsurance	0%	0%	0%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$643.72	$694.12	$652.33	$549.05
Subscriber & spouse	$1,287.44	$1,388.24	$1,304.67	$1,098.09
Subscriber & child(ren)	$1,094.32	$1,180.01	$1,108.97	$933.38
Family	$1,834.60	$1,978.24	$1,859.15	$1,564.78
Enrollment code	**TOL6**	**TOO8**	**TOQ4**	**TPE8**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$642.12	$692.39	$650.71	$547.68
Subscriber & spouse	$1,284.23	$1,384.79	$1,301.43	$1,095.36
Subscriber & child(ren)	$1,091.60	$1,177.07	$1,106.21	$931.05
Family	$1,830.03	$1,973.32	$1,854.54	$1,560.89
Enrollment code (no pediatric dental)	**TOL7**	**TOO9**	**TOQ5**	**TPE9**



Benefits in dark blue represent a cost-share change from 2026 to 2027.

*Benefit is subject to the plan deductible

[1]Preventive drugs are not subject to the deductible.

[2]For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

[3]Select plans, Univera Access Platinum Plus 1, Bronze Plus 1, Gold Plus 1, and Silver Plus 1, have access to our MultiPlan/PHCS national network. The remainder of the plans do not include access to our national plan options.

[4]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.

Blended Aggregation: The entire family's annual deductible must be met by one or any combination of covered members, while each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family amount, before the health plan begins to contribute.

[5]Telemedicine services from a designated virtual provider includes telemedicine, including urgent care, telebehavioral health services offered through our virtual care provider MDLIVE. Vori Health provides virtual physical therapy/MSK treatment services.

[6]For Hybrid Standard and Non-Standard E plans, all medical services are subject to the deductible (including diabetic drugs and supplies).

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.

2027 Univera Healthcare Small Business Plan Designs At A Glance

Q2 rates effective:

4/1/2027 – 6/30/2027

Q2 2027 Plans for Small Employer Groups - **Platinum plans**

PLAN TYPE	COPAY		
Plan name	**Standard Platinum**	**Platinum 1[3]**	**Platinum 4**
Deductible: individual/family	$0/$0	$0/$0	$0/$0
Coinsurance	N/A	N/A	N/A
Out-of-pocket max: individual/family	**$4,000/$8,000**	$5,500/$11,000	$4,400/$8,800
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical			
Preventive care	Covered in full	Covered in full	Covered in full
Primary care visit	$15	$5	$30
Specialist visit	$35	$45	$50
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$35	$45	$50
Hospital facility: inpatient	$500	$500	$750
Hospital facility: outpatient	$100	$100	$250
Urgent care	$55	$75	$75
Emergency room visit	$100	$250	$250
Pharmacy			
Prescription drug	$10/$30/$60	$10/$30/50%	$10/$35/50%
Out-of-network			
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	20%	50%	50%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,173.20	$1,146.45	$1,144.44
Subscriber & spouse	$2,346.40	$2,292.90	$2,288.88
Subscriber & child(ren)	$1,994.44	$1,948.97	$1,945.55
Family	$3,343.62	$3,267.38	$3,261.65
Enrollment code	**TNT0**	**TOD6**	**TON2**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,170.28	$1,143.58	$1,141.58
Subscriber & spouse	$2,340.56	$2,287.16	$2,283.16
Subscriber & child(ren)	$1,989.48	$1,944.09	$1,940.69
Family	$3,335.30	$3,259.20	$3,253.50
Enrollment code (no pediatric dental)	**TNU1**	**TOD7**	**TON3**

Q2 2027 Plans for Small Employer Groups - **Gold plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Gold**	**Gold 2**	**Gold 1[3]**	**Gold 5**	**Gold 6**
Deductible: individual/family	**$1,200/$2,400**	$2,000/$4,000	$1,700/$3,400	$2,000/$4,000	$2,700/$5,400
Coinsurance	N/A	N/A	0%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$9,500/$19,000	$4,900/$9,800	$5,500/$11,000	$5,600/$11,200
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	BLENDED
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$25*	$20	$20*	$25*	$25*
Specialist visit	$40*	$50	$35*	$40*	$40*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$40	$50	$35	$40	$40
Hospital facility: inpatient	$1,000*	$1,200*	$500*	$500*	$500*
Hospital facility: outpatient	$100*	$250*	$200*	$150*	$150*
Urgent care	$60*	$75	$75*	$50*	$40*
Emergency room visit	$150*	$600	$200*	$150*	$150*
Pharmacy					
Prescription drug	$10/$35/$70[6]	$10/40%/50%	$10/$45/50%*[1]	$10/$45/$90*[1]	$5/$45/$90*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	40%	50%	50%	50%	50%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$1,002.24	$933.87	$958.70	$943.21	$907.05
Subscriber & spouse	$2,004.48	$1,867.74	$1,917.40	$1,886.42	$1,814.10
Subscriber & child(ren)	$1,703.81	$1,587.58	$1,629.79	$1,603.46	$1,541.99
Family	$2,856.38	$2,661.53	$2,732.30	$2,688.15	$2,585.09
Enrollment code	**TNX2**	**TOG8**	**TOF2**	**TOZ0**	**TPB6**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$999.74	$931.54	$956.31	$940.86	$904.79
Subscriber & spouse	$1,999.48	$1,863.08	$1,912.62	$1,881.72	$1,809.58
Subscriber & child(ren)	$1,699.56	$1,583.62	$1,625.73	$1,599.46	$1,538.14
Family	$2,849.26	$2,654.89	$2,725.48	$2,681.45	$2,578.65
Enrollment code (no pediatric dental)	**TNX3**	**TOG9**	**TOF3**	**TPA1**	**TPB7**

Q2 2027 Plans for Small Employer Groups - **Silver plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Silver[2]**	**Silver 2**	**Silver 1[3]**	**Silver 5**	**Silver 7**
Deductible: individual/family	**$3,750/$7,500**	$3,500/$7,000	$3,550/$7,100	**$3,250/$6,500**	**$7,350/$14,700**
Coinsurance	N/A	20%	20%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$10,750/$21,500**	**$8,000/$16,000**	**$8,700/$17,400**	**$7,350/$14,700**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$30*, First visit NSD[1]	$20*	20%*	$25*	0%*
Specialist visit	$65*, First visit NSD[1]	$60*	20%*	$50*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$65	$60	20%	$50	0%
Hospital facility: inpatient	$1,500*	20%*	20%*	$1,000*	0%*
Hospital facility: outpatient	$150*	20%*	20%*	$350*	0%*
Urgent care	$70*	$75*	20%*	$75*	0%*
Emergency room visit	$500*	$400*	20%*	$350*	0%*
Pharmacy					
Prescription drug	$15/$40/$75[6]	$15/$50/50%[6]	$15/$50/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	40%	50%	50%	50%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$822.53	$811.08	$794.97	$831.06	$725.89
Subscriber & spouse	$1,645.06	$1,622.16	$1,589.94	$1,662.12	$1,451.78
Subscriber & child(ren)	$1,398.30	$1,378.84	$1,351.45	$1,412.80	$1,234.01
Family	$2,344.21	$2,311.58	$2,265.66	$2,368.52	$2,068.79
Enrollment code	**TNV6**	**TOJ0**	**TOI4**	**TOR0**	**TPD2**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$820.48	$809.07	$792.99	$829.00	$724.08
Subscriber & spouse	$1,640.96	$1,618.14	$1,585.98	$1,658.00	$1,448.16
Subscriber & child(ren)	$1,394.82	$1,375.42	$1,348.08	$1,409.30	$1,230.94
Family	$2,338.37	$2,305.85	$2,260.02	$2,362.65	$2,063.63
Enrollment code (no pediatric dental)	**TNV7**	**TOK1**	**TOI5**	**TOS1**	**TPD3**

Q2 2027 Plans for Small Employer Groups - **Bronze plans**

PLAN TYPE	DEDUCTIBLE HSA		DEDUCTIBLE	
Plan name	**Bronze 1[3]**	**Bronze 3**	**Bronze 4**	**Bronze 5**
Deductible: individual/family	**$8,700/$17,400**	$6,100/$12,200	**$9,700/$19,400**	**$11,750/$23,500**
Coinsurance	0%	25%	0%	0%
Out-of-pocket max: individual/family	**$8,700/$17,400**	**$8,500/$17,000**	**$9,700/$19,400**	**$11,750/$23,500**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	0%*	25%*	$30	0%*
Specialist visit	0%*	25%*	0%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	0%	25%	0%	0%
Hospital facility: inpatient	0%*	25%*	0%*	0%*
Hospital facility: outpatient	0%*	25%*	0%*	0%*
Urgent care	0%*	25%*	0%*	0%*
Emergency room visit	0%*	25%*	0%*	0%*
Pharmacy				
Prescription drug	0%/0%/0%*[1]	$10/$50/50%*[1]	0%/0%/0%*	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Coinsurance	0%	0%	0%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$662.96	$714.86	$671.82	$565.46
Subscriber & spouse	$1,325.92	$1,429.72	$1,343.64	$1,130.92
Subscriber & child(ren)	$1,127.03	$1,215.26	$1,142.09	$961.28
Family	$1,889.44	$2,037.35	$1,914.69	$1,611.56
Enrollment code	**TOL6**	**TOO8**	**TOQ4**	**TPE8**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$661.31	$713.08	$670.16	$564.05
Subscriber & spouse	$1,322.62	$1,426.16	$1,340.32	$1,128.10
Subscriber & child(ren)	$1,124.23	$1,212.24	$1,139.27	$958.89
Family	$1,884.73	$2,032.28	$1,909.96	$1,607.54
Enrollment code (no pediatric dental)	**TOL7**	**TOO9**	**TOQ5**	**TPE9**

Benefits in dark blue represent a cost-share change from 2026 to 2027.

*Benefit is subject to the plan deductible

[1] Preventive drugs are not subject to the deductible.

[2] For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

[3] Select plans, Univera Access Platinum Plus 1, Bronze Plus 1, Gold Plus 1, and Silver Plus 1, have access to our MultiPlan/PHCS national network. The remainder of the plans do not include access to our national plan options.

[4] 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.

Blended Aggregation: The entire family's annual deductible must be met by one or any combination of covered members, while each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family amount, before the health plan begins to contribute.

[5] Telemedicine services from a designated virtual provider includes telemedicine, including urgent care, telebehavioral health services offered through our virtual care provider MDLIVE. Vori Health provides virtual physical therapy/MSK treatment services.

[6] For Hybrid Standard and Non-Standard E plans, all medical services are subject to the deductible (including diabetic drugs and supplies).

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2027 Univera Healthcare Small Business Plan Designs At A Glance

Q3 rates effective:

7/1/2027 – 9/30/2027

Q3 2027 Plans for Small Employer Groups - **Platinum plans**

PLAN TYPE	COPAY		
Plan name	**Standard Platinum**	**Platinum 1[3]**	**Platinum 4**
Deductible: individual/family	$0/$0	$0/$0	$0/$0
Coinsurance	N/A	N/A	N/A
Out-of-pocket max: individual/family	**$4,000/$8,000**	$5,500/$11,000	$4,400/$8,800
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical			
Preventive care	Covered in full	Covered in full	Covered in full
Primary care visit	$15	$5	$30
Specialist visit	$35	$45	$50
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$35	$45	$50
Hospital facility: inpatient	$500	$500	$750
Hospital facility: outpatient	$100	$100	$250
Urgent care	$55	$75	$75
Emergency room visit	$100	$250	$250
Pharmacy			
Prescription drug	$10/$30/$60	$10/$30/50%	$10/$35/50%
Out-of-network			
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	20%	50%	50%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,208.26	$1,180.71	$1,178.64
Subscriber & spouse	$2,416.52	$2,361.42	$2,357.28
Subscriber & child(ren)	$2,054.04	$2,007.21	$2,003.69
Family	$3,443.54	$3,365.02	$3,359.12
Enrollment code	**TNT0**	**TOD6**	**TON2**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,205.25	$1,177.75	$1,175.69
Subscriber & spouse	$2,410.50	$2,355.50	$2,351.38
Subscriber & child(ren)	$2,048.93	$2,002.18	$1,998.67
Family	$3,434.96	$3,356.59	$3,350.72
Enrollment code (no pediatric dental)	**TNU1**	**TOD7**	**TON3**

Q3 2027 Plans for Small Employer Groups - **Gold plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Gold**	**Gold 2**	**Gold 1[3]**	**Gold 5**	**Gold 6**
Deductible: individual/family	**$1,200/$2,400**	$2,000/$4,000	$1,700/$3,400	$2,000/$4,000	$2,700/$5,400
Coinsurance	N/A	N/A	0%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$9,500/$19,000	$4,900/$9,800	$5,500/$11,000	$5,600/$11,200
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	BLENDED
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$25*	$20	$20*	$25*	$25*
Specialist visit	$40*	$50	$35*	$40*	$40*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$40	$50	$35	$40	$40
Hospital facility: inpatient	$1,000*	$1,200*	$500*	$500*	$500*
Hospital facility: outpatient	$100*	$250*	$200*	$150*	$150*
Urgent care	$60*	$75	$75*	$50*	$40*
Emergency room visit	$150*	$600	$200*	$150*	$150*
Pharmacy					
Prescription drug	$10/$35/$70[6]	$10/40%/50%	$10/$45/50%*[1]	$10/$45/$90*[1]	$5/$45/$90*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	40%	50%	50%	50%	50%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$1,032.19	$961.78	$987.35	$971.40	$934.16
Subscriber & spouse	$2,064.38	$1,923.56	$1,974.70	$1,942.80	$1,868.32
Subscriber & child(ren)	$1,754.72	$1,635.03	$1,678.50	$1,651.38	$1,588.07
Family	$2,941.74	$2,741.07	$2,813.95	$2,768.49	$2,662.36
Enrollment code	**TNX2**	**TOG8**	**TOF2**	**TOZ0**	**TPB6**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$1,029.62	$959.38	$984.89	$968.98	$931.83
Subscriber & spouse	$2,059.24	$1,918.76	$1,969.78	$1,937.96	$1,863.66
Subscriber & child(ren)	$1,750.35	$1,630.95	$1,674.31	$1,647.27	$1,584.11
Family	$2,934.42	$2,734.23	$2,806.94	$2,761.59	$2,655.72
Enrollment code (no pediatric dental)	**TNX3**	**TOG9**	**TOF3**	**TPA1**	**TPB7**

Q3 2027 Plans for Small Employer Groups - **Silver plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Silver[2]**	**Silver 2**	**Silver 1[3]**	**Silver 5**	**Silver 7**
Deductible: individual/family	**$3,750/$7,500**	$3,500/$7,000	$3,550/$7,100	**$3,250/$6,500**	**$7,350/$14,700**
Coinsurance	N/A	20%	20%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$10,750/$21,500**	**$8,000/$16,000**	**$8,700/$17,400**	**$7,350/$14,700**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$30*, First visit NSD[1]	$20*	20%*	$25*	0%*
Specialist visit	$65*, First visit NSD[1]	$60*	20%*	$50*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$65	$60	20%	$50	0%
Hospital facility: inpatient	$1,500*	20%*	20%*	$1,000*	0%*
Hospital facility: outpatient	$150*	20%*	20%*	$350*	0%*
Urgent care	$70*	$75*	20%*	$75*	0%*
Emergency room visit	$500*	$400*	20%*	$350*	0%*
Pharmacy					
Prescription drug	$15/$40/$75[6]	$15/$50/50%[6]	$15/$50/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	40%	50%	50%	50%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$847.11	$835.32	$818.73	$855.90	$747.58
Subscriber & spouse	$1,694.22	$1,670.64	$1,637.46	$1,711.80	$1,495.16
Subscriber & child(ren)	$1,440.09	$1,420.04	$1,391.84	$1,455.03	$1,270.89
Family	$2,414.26	$2,380.66	$2,333.38	$2,439.32	$2,130.60
Enrollment code	**TNV6**	**TOJ0**	**TOI4**	**TOR0**	**TPD2**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$845.00	$833.25	$816.69	$853.77	$745.72
Subscriber & spouse	$1,690.00	$1,666.50	$1,633.38	$1,707.54	$1,491.44
Subscriber & child(ren)	$1,436.50	$1,416.53	$1,388.37	$1,451.41	$1,267.72
Family	$2,408.25	$2,374.76	$2,327.57	$2,433.24	$2,125.30
Enrollment code (no pediatric dental)	**TNV7**	**TOK1**	**TOI5**	**TOS1**	**TPD3**

Q3 2027 Plans for Small Employer Groups - **Bronze plans**

PLAN TYPE	DEDUCTIBLE HSA		DEDUCTIBLE	
Plan name	**Bronze 1[3]**	**Bronze 3**	**Bronze 4**	**Bronze 5**
Deductible: individual/family	**$8,700/$17,400**	$6,100/$12,200	**$9,700/$19,400**	**$11,750/$23,500**
Coinsurance	0%	25%	0%	0%
Out-of-pocket max: individual/family	**$8,700/$17,400**	**$8,500/$17,000**	**$9,700/$19,400**	**$11,750/$23,500**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	0%*	25%*	$30	0%*
Specialist visit	0%*	25%*	0%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	0%	25%	0%	0%
Hospital facility: inpatient	0%*	25%*	0%*	0%*
Hospital facility: outpatient	0%*	25%*	0%*	0%*
Urgent care	0%*	25%*	0%*	0%*
Emergency room visit	0%*	25%*	0%*	0%*
Pharmacy				
Prescription drug	0%/0%/0%*[1]	$10/$50/50%*[1]	0%/0%/0%*	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Coinsurance	0%	0%	0%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$682.77	$736.22	$691.90	$582.36
Subscriber & spouse	$1,365.54	$1,472.44	$1,383.80	$1,164.72
Subscriber & child(ren)	$1,160.71	$1,251.57	$1,176.23	$990.01
Family	$1,945.89	$2,098.23	$1,971.92	$1,659.73
Enrollment code	**TOL6**	**TOO8**	**TOQ4**	**TPE8**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$681.07	$734.39	$690.19	$580.91
Subscriber & spouse	$1,362.14	$1,468.78	$1,380.38	$1,161.82
Subscriber & child(ren)	$1,157.82	$1,248.46	$1,173.32	$987.55
Family	$1,941.05	$2,093.01	$1,967.04	$1,655.59
Enrollment code (no pediatric dental)	**TOL7**	**TOO9**	**TOQ5**	**TPE9**

Benefits in dark blue represent a cost-share change from 2026 to 2027.

*Benefit is subject to the plan deductible

[1] Preventive drugs are not subject to the deductible.

[2] For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

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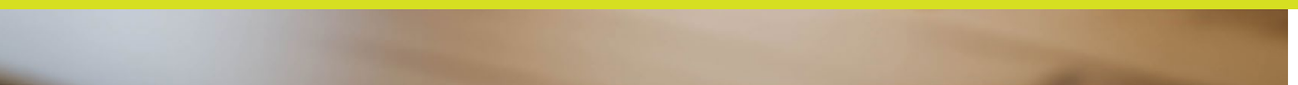
2027

Univera Healthcare Small Business Plan Designs At A Glance

Q4 rates effective:

10/1/2027 – 12/31/2027



Q4 2027 Plans for Small Employer Groups - **Platinum plans**

PLAN TYPE	COPAY		
Plan name	**Standard Platinum**	**Platinum 1[3]**	**Platinum 4**
Deductible: individual/family	$0/$0	$0/$0	$0/$0
Coinsurance	N/A	N/A	N/A
Out-of-pocket max: individual/family	**$4,000/$8,000**	$5,500/$11,000	$4,400/$8,800
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical			
Preventive care	Covered in full	Covered in full	Covered in full
Primary care visit	$15	$5	$30
Specialist visit	$35	$45	$50
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$35	$45	$50
Hospital facility: inpatient	$500	$500	$750
Hospital facility: outpatient	$100	$100	$250
Urgent care	$55	$75	$75
Emergency room visit	$100	$250	$250
Pharmacy			
Prescription drug	$10/$30/$60	$10/$30/50%	$10/$35/50%
Out-of-network			
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	20%	50%	50%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,244.37	$1,215.99	$1,213.86
Subscriber & spouse	$2,488.74	$2,431.98	$2,427.72
Subscriber & child(ren)	$2,115.43	$2,067.18	$2,063.56
Family	$3,546.45	$3,465.57	$3,459.50
Enrollment code	**TNT0**	**TOD6**	**TON2**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.		
Single	$1,241.27	$1,212.95	$1,210.82
Subscriber & spouse	$2,482.54	$2,425.90	$2,421.64
Subscriber & child(ren)	$2,110.16	$2,062.02	$2,058.39
Family	$3,537.62	$3,456.91	$3,450.84
Enrollment code (no pediatric dental)	**TNU1**	**TOD7**	**TON3**

Q4 2027 Plans for Small Employer Groups - **Gold plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Gold**	**Gold 2**	**Gold 1[3]**	**Gold 5**	**Gold 6**
Deductible: individual/family	**$1,200/$2,400**	$2,000/$4,000	$1,700/$3,400	$2,000/$4,000	$2,700/$5,400
Coinsurance	N/A	N/A	0%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$9,500/$19,000	$4,900/$9,800	$5,500/$11,000	$5,600/$11,200
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	BLENDED
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$25*	$20	$20*	$25*	$25*
Specialist visit	$40*	$50	$35*	$40*	$40*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$40	$50	$35	$40	$40
Hospital facility: inpatient	$1,000*	$1,200*	$500*	$500*	$500*
Hospital facility: outpatient	$100*	$250*	$200*	$150*	$150*
Urgent care	$60*	$75	$75*	$50*	$40*
Emergency room visit	$150*	$600	$200*	$150*	$150*
Pharmacy					
Prescription drug	$10/$35/$70[6]	$10/40%/50%	$10/$45/50%*[1]	$10/$45/$90*[1]	$5/$45/$90*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	40%	50%	50%	50%	50%
Out-of-pocket max: individual/family	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$1,063.04	$990.52	$1,016.86	$1,000.43	$962.08
Subscriber & spouse	$2,126.08	$1,981.04	$2,033.72	$2,000.86	$1,924.16
Subscriber & child(ren)	$1,807.17	$1,683.88	$1,728.66	$1,700.73	$1,635.54
Family	$3,029.66	$2,822.98	$2,898.05	$2,851.23	$2,741.93
Enrollment code	**TNX2**	**TOG8**	**TOF2**	**TOZ0**	**TPB6**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$1,060.39	$988.05	$1,014.32	$997.94	$959.68
Subscriber & spouse	$2,120.78	$1,976.10	$2,028.64	$1,995.88	$1,919.36
Subscriber & child(ren)	$1,802.66	$1,679.69	$1,724.34	$1,696.50	$1,631.46
Family	$3,022.11	$2,815.94	$2,890.81	$2,844.13	$2,735.09
Enrollment code (no pediatric dental)	**TNX3**	**TOG9**	**TOF3**	**TPA1**	**TPB7**

Q4 2027 Plans for Small Employer Groups - **Silver plans**

PLAN TYPE	HYBRID		DEDUCTIBLE HSA		
Plan name	**Standard Silver[2]**	**Silver 2**	**Silver 1[3]**	**Silver 5**	**Silver 7**
Deductible: individual/family	**$3,750/$7,500**	$3,500/$7,000	$3,550/$7,100	**$3,250/$6,500**	**$7,350/$14,700**
Coinsurance	N/A	20%	20%	0%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$10,750/$21,500**	**$8,000/$16,000**	**$8,700/$17,400**	**$7,350/$14,700**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical					
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$30*, First visit NSD[1]	$20*	20%*	$25*	0%*
Specialist visit	$65*, First visit NSD[1]	$60*	20%*	$50*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$65	$60	20%	$50	0%
Hospital facility: inpatient	$1,500*	20%*	20%*	$1,000*	0%*
Hospital facility: outpatient	$150*	20%*	20%*	$350*	0%*
Urgent care	$70*	$75*	20%*	$75*	0%*
Emergency room visit	$500*	$400*	20%*	$350*	0%*
Pharmacy					
Prescription drug	$15/$40/$75[6]	$15/$50/50%[6]	$15/$50/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network					
Deductible: individual/family	**$6,000/$12,000**	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	40%	50%	50%	50%	0%
Out-of-pocket max: individual/family	**$12,000/$24,000**	**$12,000/$24,000**	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$872.42	$860.28	$843.20	$881.48	$769.92
Subscriber & spouse	$1,744.84	$1,720.56	$1,686.40	$1,762.96	$1,539.84
Subscriber & child(ren)	$1,483.11	$1,462.48	$1,433.44	$1,498.52	$1,308.86
Family	$2,486.40	$2,451.80	$2,403.12	$2,512.22	$2,194.27
Enrollment code	**TNV6**	**TOJ0**	**TOI4**	**TOR0**	**TPD2**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.				
Single	$870.25	$858.15	$841.10	$879.28	$768.00
Subscriber & spouse	$1,740.50	$1,716.30	$1,682.20	$1,758.56	$1,536.00
Subscriber & child(ren)	$1,479.43	$1,458.86	$1,429.87	$1,494.78	$1,305.60
Family	$2,480.21	$2,445.73	$2,397.14	$2,505.95	$2,188.80
Enrollment code (no pediatric dental)	**TNV7**	**TOK1**	**TOI5**	**TOS1**	**TPD3**

Q4 2027 Plans for Small Employer Groups - **Bronze plans**

PLAN TYPE	DEDUCTIBLE HSA		DEDUCTIBLE	
Plan name	**Bronze 1[3]**	**Bronze 3**	**Bronze 4**	**Bronze 5**
Deductible: individual/family	**$8,700/$17,400**	$6,100/$12,200	**$9,700/$19,400**	**$11,750/$23,500**
Coinsurance	0%	25%	0%	0%
Out-of-pocket max: individual/family	**$8,700/$17,400**	**$8,500/$17,000**	**$9,700/$19,400**	**$11,750/$23,500**
Aggregation design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	0%*	25%*	$30	0%*
Specialist visit	0%*	25%*	0%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	0%	25%	0%	0%
Hospital facility: inpatient	0%*	25%*	0%*	0%*
Hospital facility: outpatient	0%*	25%*	0%*	0%*
Urgent care	0%*	25%*	0%*	0%*
Emergency room visit	0%*	25%*	0%*	0%*
Pharmacy				
Prescription drug	0%/0%/0%*[1]	$10/$50/50%*[1]	0%/0%/0%*	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Coinsurance	0%	0%	0%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	**$12,000/$24,000**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$703.17	$758.22	$712.58	$599.76
Subscriber & spouse	$1,406.34	$1,516.44	$1,425.16	$1,199.52
Subscriber & child(ren)	$1,195.39	$1,288.97	$1,211.39	$1,019.59
Family	$2,004.03	$2,160.93	$2,030.85	$1,709.32
Enrollment code	**TOL6**	**TOO8**	**TOQ4**	**TPE8**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$701.42	$756.34	$710.82	$598.27
Subscriber & spouse	$1,402.84	$1,512.68	$1,421.64	$1,196.54
Subscriber & child(ren)	$1,192.41	$1,285.78	$1,208.39	$1,017.06
Family	$1,999.05	$2,155.57	$2,025.84	$1,705.07
Enrollment code (no pediatric dental)	**TOL7**	**TOO9**	**TOQ5**	**TPE9**

Benefits in dark blue represent a cost-share change from 2026 to 2027.

* Benefit is subject to the plan deductible

[1] Preventive drugs are not subject to the deductible.

[2] For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

[3] Select plans, Univera Access Platinum Plus 1, Bronze Plus 1, Gold Plus 1, and Silver Plus 1, have access to our MultiPlan/PHCS national network. The remainder of the plans do not include access to our national plan options.

[4] 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.

Blended Aggregation: The entire family's annual deductible must be met by one or any combination of covered members, while each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family amount, before the health plan begins to contribute.

[5] Telemedicine services from a designated virtual provider includes telemedicine, including urgent care, telebehavioral health services offered through our virtual care provider MDLIVE. Vori Health provides virtual physical therapy/MSK treatment services.

[6] For Hybrid Standard and Non-Standard E plans, all medical services are subject to the deductible (including diabetic drugs and supplies).

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.

For **Plus plans**

When you need care outside of Western New York, Univera Healthcare offers access to more than

1.4 million practitioners and **5,600 hospitals**

through our partner, PHCS/MultiPlan.

Peace of mind with nationwide coverage

The PHCS and/or MultiPlan logos on your Univera Healthcare member card mean that you'll get the same in-network benefit when you receive care from a PHCS/MultiPlan participating provider throughout the United States.

Navigating our nationwide network

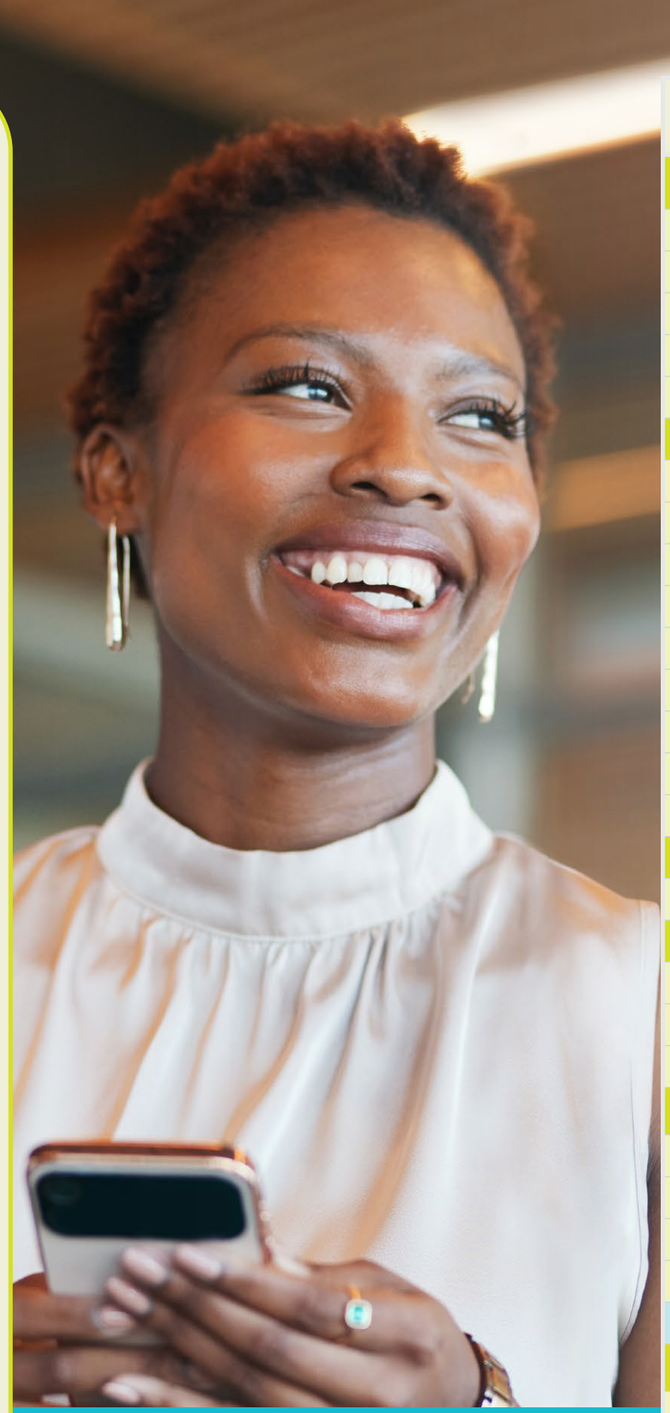
We know it can be stressful to locate a new provider. We want to make it easy for you. If you need access to providers outside of our local service area for any reason, our team is here to help. For personalized, one-on-one assistance with network access outside of the Western New York region, contact our team at **ConciergeTeam@UniveraHealthcare.com.**

If you're currently seeing a provider not in either the PHCS Network or the MultiPlan Network, please visit the "Nominate a Provider" section of **MultiPlan.com/Member** to complete a nomination. MultiPlan will contact the practitioner to determine their interest.

For providers outside of New York state, please use the **back of your member card**. Your providers will process your insurance through the PHCS or MultiPlan Provider Networks.

PHCS MultiPlan

Please note: MultiPlan, Inc. and its subsidiaries are not insurance companies, do not pay claims, and do not guarantee health benefit coverage. For information about your benefits, please refer to your health plan booklet or contact your Plan Administrator.



Q1 2027 Plus Plans for Small Employer Groups

PLAN TYPE	COPAY	DEDUCTIBLE HSA		
Plan name	**Plus Platinum 1**	**Plus Gold 1**	**Plus Silver 1**	**Plus Bronze 1**
Deductible: individual/family	$0/$0	$1,700/$3,400	$3,550/$7,100	**$8,700/$17,400**
Coinsurance	N/A	0%	20%	0%
Out-of-pocket max: individual/family	$5,500/$11,000	$4,900/$9,800	**$8,000/$16,000**	**$8,700/$17,400**
Aggregation design[4]	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$5	$20*	20%*	0%*
Specialist visit	$45	$35*	20%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$45	$35	20%	0%
Hospital facility: inpatient	$500	$500*	20%*	0%*
Hospital facility: outpatient	$100	$200*	20%*	0%*
Urgent care	$75	$75*	20%*	0%*
Emergency room visit	$250	$200*	20%*	0%*
Pharmacy				
Prescription drug	$10/$30/50%	$10/$45/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	50%	50%	50%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,474.90	$1,228.80	$1,014.18	$841.12
Subscriber & spouse	$2,949.80	$2,457.59	$2,028.36	$1,682.25
Subscriber & child(ren)	$2,507.33	$2,088.96	$1,724.10	$1,429.91
Family	$4,203.46	$3,502.07	$2,890.41	$2,397.21
Enrollment code	**TOT6**	**TOV2**	**TOW8**	**TOY4**
Rates effective: 1/1/2027 – 3/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,471.23	$1,225.73	$1,011.66	$839.03
Subscriber & spouse	$2,942.46	$2,451.46	$2,023.31	$1,678.06
Subscriber & child(ren)	$2,501.09	$2,083.75	$1,719.82	$1,426.35
Family	$4,193.01	$3,493.33	$2,883.22	$2,391.23
Enrollment code (no pediatric dental)	**TOT7**	**TOV3**	**TOW9**	**TOY5**

Q2 2027 Plus Plans for Small Employer Groups

PLAN TYPE	COPAY	DEDUCTIBLE HSA		
Plan name	**Plus Platinum 1**	**Plus Gold 1**	**Plus Silver 1**	**Plus Bronze 1**
Deductible: individual/family	$0/$0	$1,700/$3,400	$3,550/$7,100	**$8,700/$17,400**
Coinsurance	N/A	0%	20%	0%
Out-of-pocket max: individual/family	$5,500/$11,000	$4,900/$9,800	**$8,000/$16,000**	**$8,700/$17,400**
Aggregation design[4]	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$5	$20*	20%*	0%*
Specialist visit	$45	$35*	20%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$45	$35	20%	0%
Hospital facility: inpatient	$500	$500*	20%*	0%*
Hospital facility: outpatient	$100	$200*	20%*	0%*
Urgent care	$75	$75*	20%*	0%*
Emergency room visit	$250	$200*	20%*	0%*
Pharmacy				
Prescription drug	$10/$30/50%	$10/$45/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	50%	50%	50%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,518.98	$1,265.52	$1,044.49	$866.26
Subscriber & spouse	$3,037.96	$2,531.04	$2,088.98	$1,732.52
Subscriber & child(ren)	$2,582.27	$2,151.38	$1,775.63	$1,472.64
Family	$4,329.09	$3,606.73	$2,976.80	$2,468.84
Enrollment code	**TOT6**	**TOV2**	**TOW8**	**TOY4**
Rates effective: 4/1/2027 – 6/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,515.20	$1,262.36	$1,041.89	$864.10
Subscriber & spouse	$3,030.40	$2,524.72	$2,083.78	$1,728.20
Subscriber & child(ren)	$2,575.84	$2,146.01	$1,771.21	$1,468.97
Family	$4,318.32	$3,597.73	$2,969.39	$2,462.69
Enrollment code (no pediatric dental)	**TOT7**	**TOV3**	**TOW9**	**TOY5**

Q3 2027 Plus Plans for Small Employer Groups

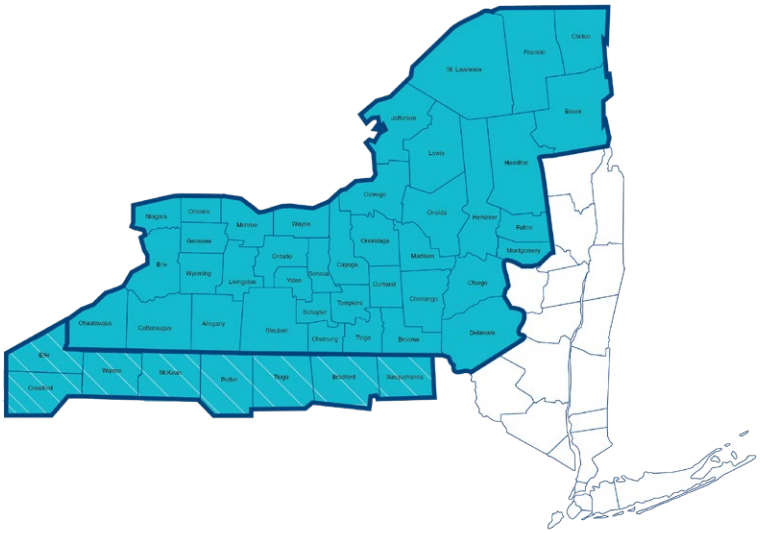
PLAN TYPE	COPAY	DEDUCTIBLE HSA		
Plan name	**Plus Platinum 1**	**Plus Gold 1**	**Plus Silver 1**	**Plus Bronze 1**
Deductible: individual/family	$0/$0	$1,700/$3,400	$3,550/$7,100	**$8,700/$17,400**
Coinsurance	N/A	0%	20%	0%
Out-of-pocket max: individual/family	$5,500/$11,000	$4,900/$9,800	**$8,000/$16,000**	**$8,700/$17,400**
Aggregation design[4]	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$5	$20*	20%*	0%*
Specialist visit	$45	$35*	20%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$45	$35	20%	0%
Hospital facility: inpatient	$500	$500*	20%*	0%*
Hospital facility: outpatient	$100	$200*	20%*	0%*
Urgent care	$75	$75*	20%*	0%*
Emergency room visit	$250	$200*	20%*	0%*
Pharmacy				
Prescription drug	$10/$30/50%	$10/$45/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	50%	50%	50%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,564.37	$1,303.34	$1,075.70	$892.15
Subscriber & spouse	$3,128.74	$2,606.68	$2,151.40	$1,784.30
Subscriber & child(ren)	$2,659.43	$2,215.68	$1,828.69	$1,516.66
Family	$4,458.45	$3,714.52	$3,065.75	$2,542.63
Enrollment code	**TOT6**	**TOV2**	**TOW8**	**TOY4**
Rates effective: 7/1/2027 – 9/30/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,560.48	$1,300.08	$1,073.03	$889.92
Subscriber & spouse	$3,120.96	$2,600.16	$2,146.06	$1,779.84
Subscriber & child(ren)	$2,652.82	$2,210.14	$1,824.15	$1,512.86
Family	$4,447.37	$3,705.23	$3,058.14	$2,536.27
Enrollment code (no pediatric dental)	**TOT7**	**TOV3**	**TOW9**	**TOY5**

Q4 2027 Plus Plans for Small Employer Groups

PLAN TYPE	COPAY	DEDUCTIBLE HSA		
Plan name	**Plus Platinum 1**	**Plus Gold 1**	**Plus Silver 1**	**Plus Bronze 1**
Deductible: individual/family	$0/$0	$1,700/$3,400	$3,550/$7,100	**$8,700/$17,400**
Coinsurance	N/A	0%	20%	0%
Out-of-pocket max: individual/family	$5,500/$11,000	$4,900/$9,800	**$8,000/$16,000**	**$8,700/$17,400**
Aggregation design[4]	INDIVIDUAL	BLENDED	BLENDED	INDIVIDUAL
Medical				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Primary care visit	$5	$20*	20%*	0%*
Specialist visit	$45	$35*	20%*	0%*
Telemedicine with MD Live or Vori[5]	Covered in full	Covered in full	Covered in full	Covered in full
Dermatology with MD Live	$45	$35	20%	0%
Hospital facility: inpatient	$500	$500*	20%*	0%*
Hospital facility: outpatient	$100	$200*	20%*	0%*
Urgent care	$75	$75*	20%*	0%*
Emergency room visit	$250	$200*	20%*	0%*
Pharmacy				
Prescription drug	$10/$30/50%	$10/$45/50%*[1]	$15/$50/50%*[1]	0%/0%/0%*[1]
Out-of-network				
Deductible: individual/family	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	50%	50%	50%	0%
Out-of-pocket max: individual/family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, family planning and pediatric dental coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,611.12	$1,342.29	$1,107.85	$918.81
Subscriber & spouse	$3,222.24	$2,684.58	$2,215.70	$1,837.62
Subscriber & child(ren)	$2,738.90	$2,281.89	$1,883.35	$1,561.98
Family	$4,591.69	$3,825.53	$3,157.37	$2,618.61
Enrollment code	**TOT6**	**TOV2**	**TOW8**	**TOY4**
Rates effective: 10/1/2027 – 12/31/2027	Rates include dependents up to age 26 and coverage for domestic partner, and family planning coverage. Additional package configurations and benefit combinations are available for quoting.			
Single	$1,607.11	$1,338.93	$1,105.10	$916.51
Subscriber & spouse	$3,214.22	$2,677.86	$2,210.20	$1,833.02
Subscriber & child(ren)	$2,732.09	$2,276.18	$1,878.67	$1,558.07
Family	$4,580.26	$3,815.95	$3,149.54	$2,612.05
Enrollment code (no pediatric dental)	**TOT7**	**TOV3**	**TOW9**	**TOY5**

Care works best when everything – and everyone – works together.

That's why Univera Healthcare provides Western New York with a more holistic health insurance experience. It's an approach that connects the dots for businesses and employees while improving care and helping address rising costs for everyone.



How do we do it?

We put people first

We give members more control and combine medical expertise and data to address health conditions on a more personal, proactive level. That means offering comprehensive support to address all aspects of wellbeing, including:

- Diabetes
- Pharmacy utilization
- Behavioral health
- Chronic kidney disease
- Oncology
- Cardiac conditions
- High-cost claimants
- And more

We make service simple

We make it easier for members to understand and use their benefits, while working to keep claims and processing more efficient and transparent for employers. We also offer a range of self-service support tools:

- Online accounts
- Mobile apps
- Cost transparency tools

We take our network to another level

We bring you the area's largest local network, so coverage is always there when your team needs it, where they need it. At the same time, we build strong provider relationships that help us secure competitive rates:

- Our Preferred Provider Organization (PPO) network covers **39 Upstate NY counties**, with direct contract relationships in select neighboring Pennsylvania counties*
- **100% of hospitals and 99% of doctors** in our area accept our plans
- MultiPlan/PHCS network offers access to more than **1.4 million practitioners** and **5,600 hospitals** across the U.S.
- Accountable Cost and Quality Agreements (ACQAs) improve outcomes by compensating providers for the **quality and efficiency of care they provide** — not the quantity
- Telemedicine options, including dermatology, Vori Health and MD Live®, **gives members convenient access to medical and behavioral health care 24/7/365**

To learn more about our approach and our plans, contact your sales consultant or visit UniveraHealthcare.com

* 2023 Health Plan data

univera HEALTHCARE

Right here. **For you.**

Benefits in dark blue represent a cost-share change from 2026 to 2027.

*Benefit is subject to the plan deductible

[1]Preventive drugs are not subject to the deductible.

[2]For Standard Silver plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

[3]Select plans, Univera Access Plus Platinum 1, Plus Bronze 1, Plus Gold 1, and Plus Silver 1, have access to our MultiPlan/PHCS national network. The remainder of the plans do not include access to our national plan options.

[4]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.

Blended Aggregation: The entire family's annual deductible must be met by one or any combination of covered members, while each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family amount, before the health plan begins to contribute.

[5]Telemedicine services from a designated virtual provider includes telemedicine, including urgent care, telebehavioral health services offered through our virtual care provider MDLIVE.

Vori Health provides virtual physical therapy/MSK treatment services.

[6]For Hybrid Standard and Non-Standard E plans, all medical services are subject to the deductible (including diabetic drugs and supplies).

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.

Largest local network with no access fees or claims fees, compared to WNY-based health plans.

The PHCS and/or MultiPlan network may also provide additional in-network coverage in Pennsylvania and throughout the U.S. Please visit the Univera Healthcare website for the most up-to-date network information.

MDLIVE Medical Group (DE), P.A, MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live.

MD Live is an independent company providing virtual care services to Univera Healthcare members.

Vori Health is an independent company that offers virtual musculoskeletal (back, neck, and joint) health care and physical therapy services to Univera Healthcare members. Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium.

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