

Coverage your employees can count on, **Right here. For you.**

2027 Univera Healthcare
Small Business Plan Designs

univera® HEALTHCARE

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Please note: This is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract. All benefits are subject to medical necessity.



What you need to **know for 2027**

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

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For you.

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, 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.

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: medical and behavioral health

- **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.

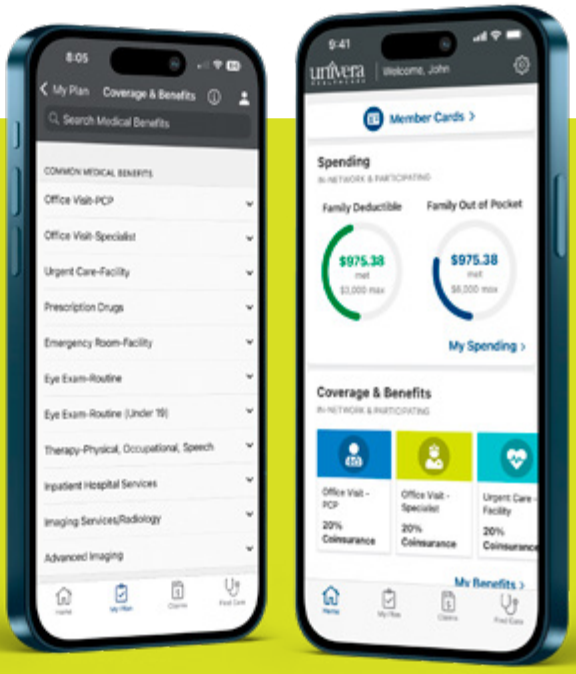
Vori Health: virtual musculoskeletal care

- **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.



[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.

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univera® HEALTHCARE

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.

SECTION 1

Personalized member care



Unique care for every member

We take a member-centric approach to care management, looking at the whole person and their individual needs. That way, we're always right here with the right level of support — from healthy lifestyle tips to help managing chronic and complex conditions like diabetes, depression or cancer.

Utilization management

Members are connected with the appropriate level of treatment, medication, and care management support to help speed recovery and keep costs in check.

Pharmacy management

Innovative clinical programs help keep costs low, employees safe, and administration easy, while our on-staff pharmacists review prescriptions to provide an extra layer of protection for members.

Case/disease management

Claims data and predictive modeling identify at-risk members, empowering our care managers to provide proactive, individualized support.

Wellbeing programs

Programs are tailored to the needs of your organization and employees to maximize impact, satisfaction and savings. Our programs motivate and support overall holistic wellbeing with focus on all dimensions of physical, emotional, social and financial health.

Behavioral health support

Our Case Management Team includes mental health and substance abuse specialists who are ready to help members break down the barriers to recovery.

Diabetes management

Our on-staff Diabetes Care Management Team coordinates with one another — and our provider network — to deliver the right level of support and guidance to meet each employee's needs.

A management method that works:



Identify

We use cost and use trend data mining, predictive modeling of claims data, and regular inpatient admission and ER visit reports to identify members with urgent needs.



Stratify

We identify and stratify the needs of members based on their level of health risk to make sure they're engaged appropriately.



Engage

Our targeted outreach and engagement plans are implemented by licensed clinicians and can include telephonic outreach, targeted mailings and emails on condition management, reminders about important screenings, and even one-on-one text support.

Univera Healthy Baby Connection

A healthy start for mom and baby. To help put employees and their employers at ease, we developed our specialized **Maternity Care Program.** It combines our care management expertise with technology to help control costs and provide expecting families with the right level of support, when and where they need it. It's part of how we're here to help Western New York families get the care and resources they need to give all babies a healthy beginning.

Key components of our **integrated care approach to maternity care:**

Every year,
50,000
women in the United States
experience severe pregnancy-related complications.[1]

30-40% or more
of Black/African American, Hispanic, American Indian or Alaska Native women
do not get the prenatal care they need.[2]

[1] Centers for Disease Control and Prevention
[2] U.S. Department of Health and Human Services, National Library of Medicine
[3] Ovia Health by Labcorp is an independent company offering digital women's health solutions to Univera Healthcare members. Pending contract finalization.

Univera Healthy Baby Connection Maternity Care Management Team
Our on-staff Maternity Care Management Team consists of experts in virtually every area of prenatal and postpartum care, all led by a registered nurse care manager.

Univera Healthy Baby Connection Program
Focusing on early intervention, prenatal education and personalized support throughout pregnancy, postpartum and in cases where NICU care is required. Every expecting mother who chooses to participate is paired with a dedicated Registered Nurse Care Manager to work with throughout their journey.

Support you need, all in one place
For those in the Maternity Care Program, the free Wellframe® App provides easy access to self-management tools, educational resources and support. Moms and dads have access to behavioral health programs addressing everything from maternity issues and general wellness to anxiety and depression.

Woman and family health support through Ovia Health by Labcorp[3]
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 in all Small Group plans.

Powerful pharmacy solutions meets personalized care

People rely on prescriptions to stay healthy, and members tend to use it more than any other part of their health plan. While you know that pharmacy benefits are a big part of taking care of employees, you also understand that they can be a big driver of costs.

That's why it's essential to make sure your employees get the medications they need at a price they can afford. You want to know you're working with a partner who puts members first and finds new ways to better care for your team while managing costs.

Univera Healthcare puts that idea into action every day. You can be confident that quality pharmacy benefits are always right here, for you.

1. Our model is made for you

You'll get a partner with both local and national expertise, no biases or conflicts of interest, and the flexibility to create and offer the lowest-cost formulary based on your needs.



60,000+

national, regional and local independent pharmacies in our network[1]

2. We bring you a holistic approach and a whole lot of value

We take a holistic, end-to-end approach, bringing you a complete suite of offerings and innovative programs that drive access, quality and safety while driving toward the lowest net cost.



$66.07 PMPM

for employers through our utilization management programs[1]

3. We leverage the power of partnership

Providing the best possible care for patients requires constant improvement. Whether developing new services and programs or partnering with like-minded organizations, we're proactively bringing together the best of the industry — and bringing it to you.



$64.8M in Rx savings

achieved over a five-year period by providers engaged in ACQAs[2]

4. We make every service experience seamless

We provide a seamless, personalized experience for members and employers at every step, whether it's simplifying compliance, integrating vendor solutions or answering questions for members.



99%

of pharmacy-related customer service calls resolved on first call[3]

1 2025 Health Plan Data
2 Based on 2021-2025 Health Plan Data
3 Based on 2022-2023 Health Plan data

Experience a more comprehensive approach to pharmacy care

We offer the following programs to small group plans at no additional cost.

Advanced opioid management program[1]	This program focuses on preventing abuse, addiction and overdose of opioids before they start through point-of-sale edits, physician alerts and member education.
Automatic prescription discount[1]	The automatic prescription discount program provides discounts on medications outside a member's pharmacy benefit through a seamless and automatic process at the point of sale. It lets members and their dependents pay the lowest price possible for the medications they may need.
Biosimilar optimization	Biosimilars are an important way to help spur competition that can lower health care costs and increase access to important therapies. Univera Healthcare has been a national leader in biosimilars since their inception.
Diabetes utilization management	Utilization management for diabetics includes the application of prior authorization and step therapy to diabetic medications, equipment, and testing supplies under their medical benefit.
Generic advantage program	Under this program, if a member fills a brand-name medication when there is a generic equivalent available, the member will pay the difference between the generic medication and the higher cost brand, plus the generic copay.
Home delivery	Members can get maintenance medications delivered right to their front door - increasing adherence and savings over the retail pharmacy.
Mandatory mail	Member's maintenance medications are delivered directly to their homes and no longer filled at a retail pharmacy. Home delivery is the most cost effective channel and increases member savings for up to a 90-day supply of maintenance medications.
Mandatory specialty drug benefit	Members buy costly specialty medications at a pharmacy that participates in our specialty pharmacy network, where we can achieve lower costs and experienced specialty services.
MEDSYNC®[1]	Allows patients to synchronize their medications and pick up their routine prescription refills at the pharmacy on a single, convenient day each month.
Oncology clinical review prior authorization (OncoHealth[2])	Our strategic partnership with OncoHealth helps us develop and administer evidence based medical and pharmacy policies to ensure the highest-quality cancer care.

Patient assurance program[SM1]	Program aimed at combating the escalating costs of diabetic and cardiovascular therapies. Members will pay no more than $25 per 30 days for eligible drugs. Up to $50 is provided by manufacturer assistance and in some instances a discount by the health plan. This happens immediately at the point of sale.
Pharmacy concierge	This program focuses on controlling costs by driving appropriate utilization of medications. It's a retrospective utilization management support program that identifies and provides voluntary insights to providers. Our core value proposition is minimal disruption.
Prior authorization	Our clinical pharmacists and physicians review medication requests to ensure appropriate drugs and doses are being prescribed. Certain medications require prior approval before the medication is covered.
Quantity limits	Setting quantity limits ensures an appropriate amount of medication is being used for each indication by aligning the dispensed quantity of prescription medication with FDA-approved dosage guidelines.
RationalMed®[1]	Addresses otherwise unidentifiable safety issues related to prescription drugs in real-time and sends safety alerts that address dangerous interactions, gaps in care, and potential misuse to dispensing pharmacists and prescribers for immediate notification and action.
Required site of care redirection	This program provides outreach to members who are currently receiving certain infusion drugs at high-cost facilities and aids in transitioning members to home infusion or lower cost facilities. The goal is to promote member convenience and accessibility to care while lowering costs.
SafeGuardRx[1]	This partner program provides savings strategies for costly conditions like inflammatory diseases, multiple sclerosis (MS) and cancer.
Sempre Health	Sempre Health is an SMS text-based program that addresses prescription affordability and increases adherence for eligible members. The program provides a member copay incentive for filling their medication on time, each month.
Specialty drug benefit optimization	The goal of the program is to drive affordability by reducing spend for specialty drugs that can be converted from the medical benefit to the pharmacy benefit at a lower net cost.
Split fill	Patients try expensive medications with potentially serious side effects to confirm effectiveness and tolerance before paying for a full 30-day supply.
Step therapy	The step therapy program encourages the safe and cost-effective use of medications. Certain medications are not covered until one or more therapeutically equivalent medications have been tried first.



If you have more questions about pharmacy benefits for small group plans, please contact your dedicated account manager.

1 The Advanced Opioid Management Program, Automatic Prescription Discount, MedSync, Patient Assurance Program, RationalMed, and SafeGuardRx, are programs of Express Scripts, an independent company, providing pharmacy programs to Univera Healthcare members.
2 Univera Healthcare is partnering with OncoHealth, an independent company, to provide clinical expertise regarding hematology and oncology medical specialty drug and pharmacy drug prior authorization reviews for members.

Workplace wellbeing

Businesses care about the health of their employees. That's why our health plan has an integrated workplace wellbeing strategy built right in. With access to a dedicated wellbeing engagement consultant and a number of proven tools and resources, groups can achieve greater satisfaction, savings, and improved health outcomes for your clients and their employees.

Workplace wellbeing benefits include:

Wellbeing tips:
Monthly wellbeing e-newsletter packed with timely health insights, wellness tips, and links to programs designed to support total wellbeing.

Wellbeing webinars:
Each month we host live webinars led by Univera Healthcare experts — including medical directors, registered dietitians and care managers. Topics range from nutrition and heart health to mental wellbeing. All of your employees are welcome to attend. The webinars are recorded and archived on the Univera Healthcare YouTube page.

Healthy habit challenges:
Turnkey employee wellbeing challenges on topics like nutrition, movement, and mindfulness that include email templates, flyers, surveys, trackers and more.

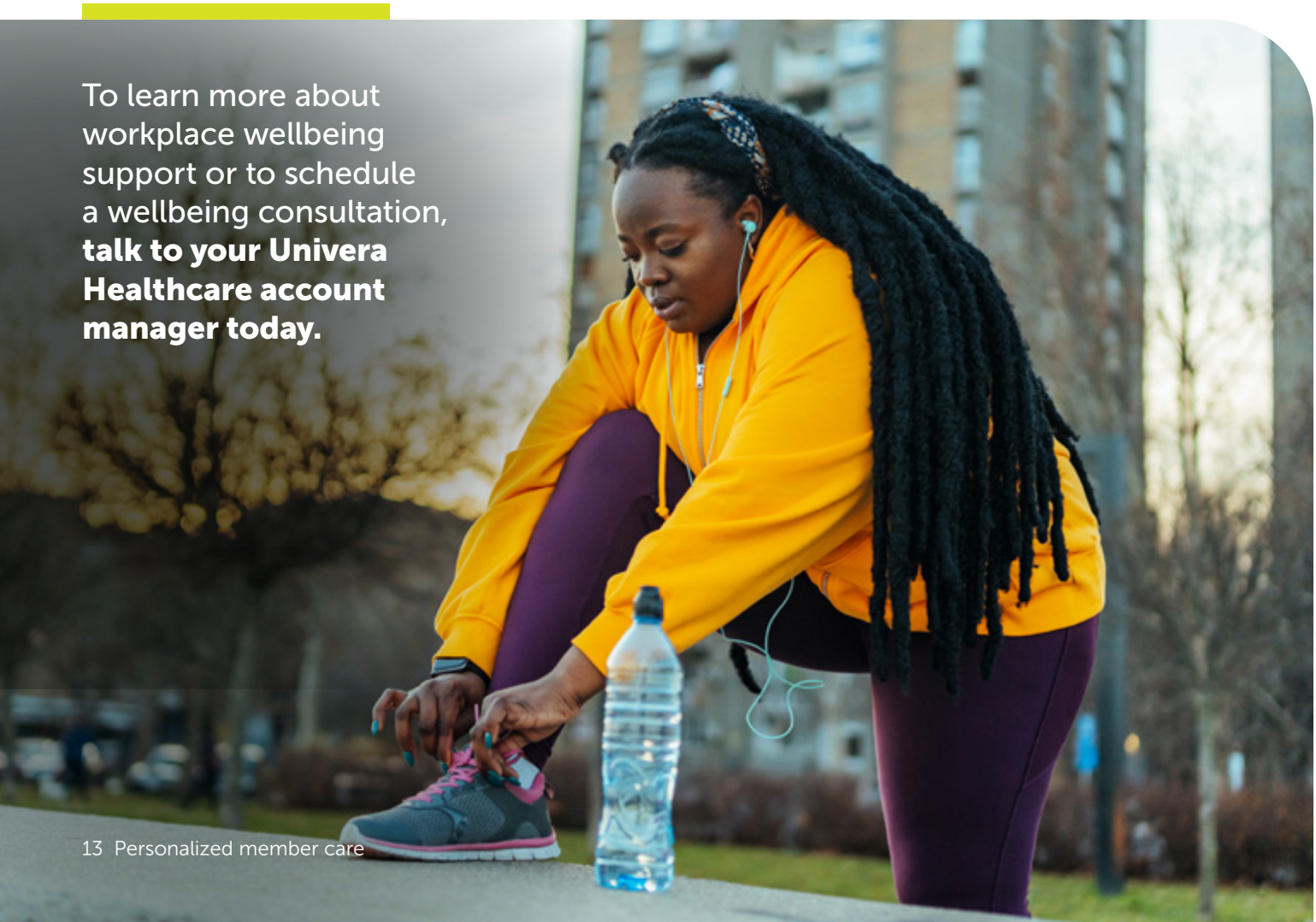
69% less likely
to actively search for a new job

71% less likely
to report experiencing burnout

3x more likely
to be engaged at work

5x more likely
to strongly advocate for their company as a place to work

*https://www.gallup.com/workplace/507974/leaders-ignore-employee-wellbeing-own-risk.aspx



To learn more about workplace wellbeing support or to schedule a wellbeing consultation, **talk to your Univera Healthcare account manager today.**

SECTION 2

Self-service support and virtual care



Empowering the whole team

When members sign up for a Univera Healthcare online member account, they get instant access to all their benefits, tools, member-only resources and more.

Member card(s)
View or order

Claims
Submit, view and download

Find providers
Find in-network doctors or specialists

Costs and spending
Estimate medical costs, track deductibles, view out-of-pocket spending

Benefits and coverage
View a summary

Get rewards
Access available spending and rewards programs

Go paperless
Receive available documents electronically

Register or log in today

Visit UniveraHealthcare.com/Register

Members can take their health plan with them 24/7

Download the Univera Healthcare app!

For Android

For Apple

5 easy steps

It's easy to get started with an online member account.

1. **Have member card handy**
2. **Visit our website or download our app**
3. **Complete registration**
4. **Choose username and password**
5. **Verify email**
   (Tip: an email will be sent during registration)

Every member will have access to personalized information based on their own plan. Creating an account is easy. To get started, visit UniveraHealthcare.com/Register.

Wellframe® mobile health management app

Download the Wellframe app!

For Android

For Apple

- As part of our Care Management outreach, members can connect conveniently via text with licensed health care professionals anytime for advice or support.
- Guidance for things like general wellness, weight loss, smoking cessation, diabetes, high blood pressure and more.
- Through one-on-one conversations and member data, we develop personalized care plans to keep healthy employees healthy and complex conditions in check.

To learn more about how Wellframe can improve outcomes and control costs, talk to your Univera Healthcare account manager today.

Wellframe is an independent company that provides a health and wellness support mobile app to Univera Healthcare members.



80% of Univera Healthcare members who have used Wellframe have successfully addressed a health issue

$500-$2,000

saved per Univera Healthcare member based on risk tier*

Employees average

49 **texts** with care managers compared with just

4.5 **phone calls** and stay connected longer

* 2018 Health Plan Data Provided by Wellframe

Vitalize in partnership with Personify Health

Vitalize, is a digital home base dedicated to engaging teams in health and wellbeing and supported by Personify Health.

Our partnership with Personify Health will give 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.



Within Vitalize, employees will have the ability to:

Connect a fitness tracker so they can log their activity and watch for small improvements over time.

Set their interests by choosing to work on an area that matters the most to them, like eating habits, sleep, physical activity, relationships or finances.

See a clear picture of their health with a certified Health Risk Assessment called Health Check.

Add friends and family, connecting with up to 10 others to help encourage and motivate one another.

Rally coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.

Use the digital coaching tool to make simple changes to their health, one small step at a time.

Vitalize will be available to employees through the Personify Health mobile app and web browser.

Personify Health is an independent company and offers a digital wellbeing service on behalf of Univera Healthcare.

Join.PersonifyHealth.com/Vitalize to get started.

Healthy employees help drive business forward



Our embedded rewards program is designed to provide employees with helpful incentives for getting and staying healthy.

Rewards are a combination of a points and levels game structure with the addition of specific action rewards. This setup allows employees to focus on a few specific actions to earn a reward and will also give them a game experience of working through levels.

Employees will start by registering and setting up their online account for points. As they complete healthy activities such as step tracking, Journeys and Daily Cards, they'll move through levels and continue earning points. When they reach milestone levels, they'll unlock Rewards Cash that they can redeem for gift cards and merchandise.

The reward can be earned by completing the Health Risk Assessment.

90%

of members are more effective in their role at work with Personify Health*

52%

of members reported decreased stress levels, critical for mental health*

68%

of members improved clinical health metrics across BMI, blood sugar levels and blood pressure*

18%

reduction in absenteeism*

66%

of high-risk hypertensive members reduced blood pressure*

78%

of member respondents have developed more positive daily habits using Personify Health*

$1,029 per member

average claims cost reduction*

Vitalize Rewards	
Features	
Annual Rewards per Subscriber**	$200
Health Risk Assesment (Health Check)	X
Health Risk Assesment (Health Check) Reward	$25
Journeys® Digital Coaching	X
Daily Cards	X
Healthy Habits	X
Challenges	X
Fitness and Sleep Tracking	X
Media Library	X

*2018-2023 data provided by Personify Health Annual rewards are embedded for all Small Group plans. The total reflects the amount that can be earned for subscriber and spouse or domestic partner contract.

** Annual rewards are embedded for all small group plans. 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.



Powering informed decisions with Welvie® My Surgery℠

Improving health, enhancing care and lowering costs.

Surgery is often a huge decision — and at times, a scary one. While there have been many great advances in technology and practice, there are still very real risks. Adding to the concern, 50% of some surgeries may not be medically necessary.[1] It's a decision that requires careful consideration. Yet when a doctor mentions surgery, very few question it.

We offer Welvie® My Surgery℠ to inform, empower and give employees and their covered family members what they need to make the best choices possible.

Help weighing their options

In six easy steps, Welvie® My Surgery℠ guides employees through the entire surgery decision-making process.

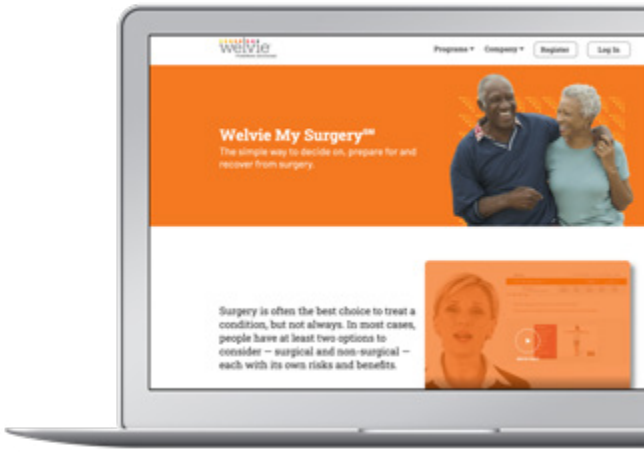
They'll learn how to work with their doctor to:

- Make sure they have the correct diagnosis
- Explore surgical and non-surgical treatment options
- Prepare for and recover from surgery (if surgery is chosen)

Armed with these new insights, employees can have more meaningful conversations with their caregivers about creating the best possible outcome.

Proven results[2]

» Savings of $7.89 per member per month on surgery spend
» 93% said they were better prepared for their surgery
» 99% said they were better informed about their surgery



It pays to know Welvie® My Surgery℠ – $25, in fact.

» Employees will get a $25 Amazon gift card for completing Steps 1-3 of the Welvie® My Surgery℠ program and a short survey.
» The gift card is available to them and any covered family members once every 365 days.

1 Washington Post website: Spinal fusions serve as case study for debate over when certain surgeries are necessary. Peter Whoriskey and Dan Keating (October 27, 2013): washingtonpost.com

2 Evaluation of the Shared Decision Making (SDM) Health Care Innovations Awardees Third Annual Report; Acumen, LLC; February 7, 2017

Welvie is an independent company that provides a surgery decision program to Univera Healthcare members.

Virtual care

We understand that absence from work due to both office visits and illnesses alike impacts your clients' business productivity and, ultimately, their profitability. But it's as important as ever to get the necessary medical and behavioral health care when it's needed.

If their primary doctor isn't available, telemedicine may be an option for them. Univera Healthcare provides 24/7/365 access to virtual medical, physical therapy, dermatology and behavioral health care via our partners MD Live and Vori Health.

Urgent care

If a primary care doctor is not available or instead of going to the ER/urgent care center, your employees can use the Telemedicine services through MD Live, which is covered in full for all members.

- Allergies
- Asthma
- Cold and flu
- Constipation
- Diarrhea
- Joint aches
- Nausea
- Pink eye
- Rashes
- And more

Behavioral health

Employees can consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of their home. Through MD Live behavioral health appointments can be scheduled as needed or on a recurring basis with the same provider.

- Addiction
- Bipolar
- Depression
- Eating disorders
- Life changes
- And more

Dermatology

Employees can 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 using MD Live.

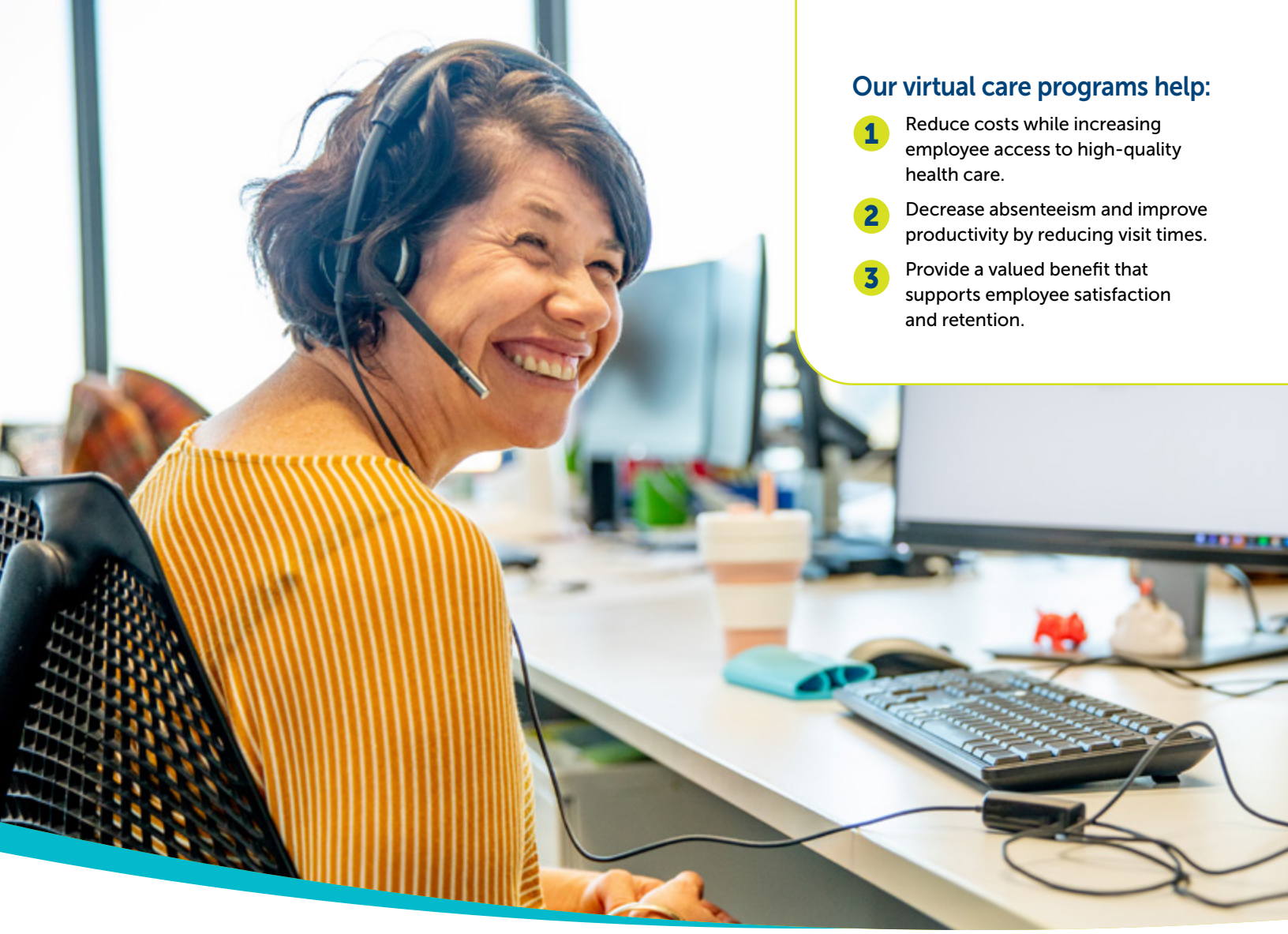
- Acne
- Alopecia (hair loss)
- Cold sores
- Dermatitis
- Eczema
- Fungal skin infections
- Psoriasis
- Rosacea
- Suspicious spots & moles
- Warts
- And more

Physical therapy

If an employee's primary doctor recommends physical therapy to decrease pain, virtual physical therapy might be a great option as a flexible way to access care. Our partnership with Vori Health works by designing a treatment plan so they can help get back to living their life.

- Back ache
- Joint pain
- Knee injury
- Muscle strain





Our virtual care programs help:

1. Reduce costs while increasing employee access to high-quality health care.
2. Decrease absenteeism and improve productivity by reducing visit times.
3. Provide a valued benefit that supports employee satisfaction and retention.

Telemedicine is a great option for non-life-threatening conditions when your doctor is not readily available.

Plan type	Small business plans	MD Live (Urgent Care and Behavioral Health) & Vori Health (Physical Therapy) cost shares	MD Live (Dermatology) cost shares
Copay	Standard Platinum Platinum 1*, 4	Covered in full	Specialist
Hybrid	Gold 2	Covered in full	Specialist
	Standard Gold Standard Silver Silver 2	Covered in full	Specialist
Deductible Non-HSA & Deductible HSA	Bronze 4	Covered in full	Specialist
	Gold 1* 5, 6 Silver 1*, 5, 7 Bronze 1*, 3, 5	Covered in full	Specialist

*Univera Access Plus Option available with MulitPlan/PHCS national network of providers

Right here to move musculoskeletal (MSK) management forward

vori health

Musculoskeletal disorders (MSDs) are one of the leading drivers of health care expenses in the U.S. and are the second-highest cost for the health plan. Currently, in-person physical therapy (PT) compliance is a known issue, and the lack of follow-through creates greater downstream costs and complexity. Univera Healthcare offers virtual MSK (back, neck and joint) health care and physical therapy services to our members. These services are administered by our partner Vori Health.

Virtual PT can help:

- **Reduce** unnecessary invasive treatments and trips to the emergency room, resulting in lower overall costs
- **Reduce** absenteeism, resulting in higher work productivity
- **Increase** physical therapy engagement, resulting in better quality of care
- **Increase** ease and speed of access to care, resulting in better compliance of treatment

The virtual PT benefit will now be included for all small group plans.

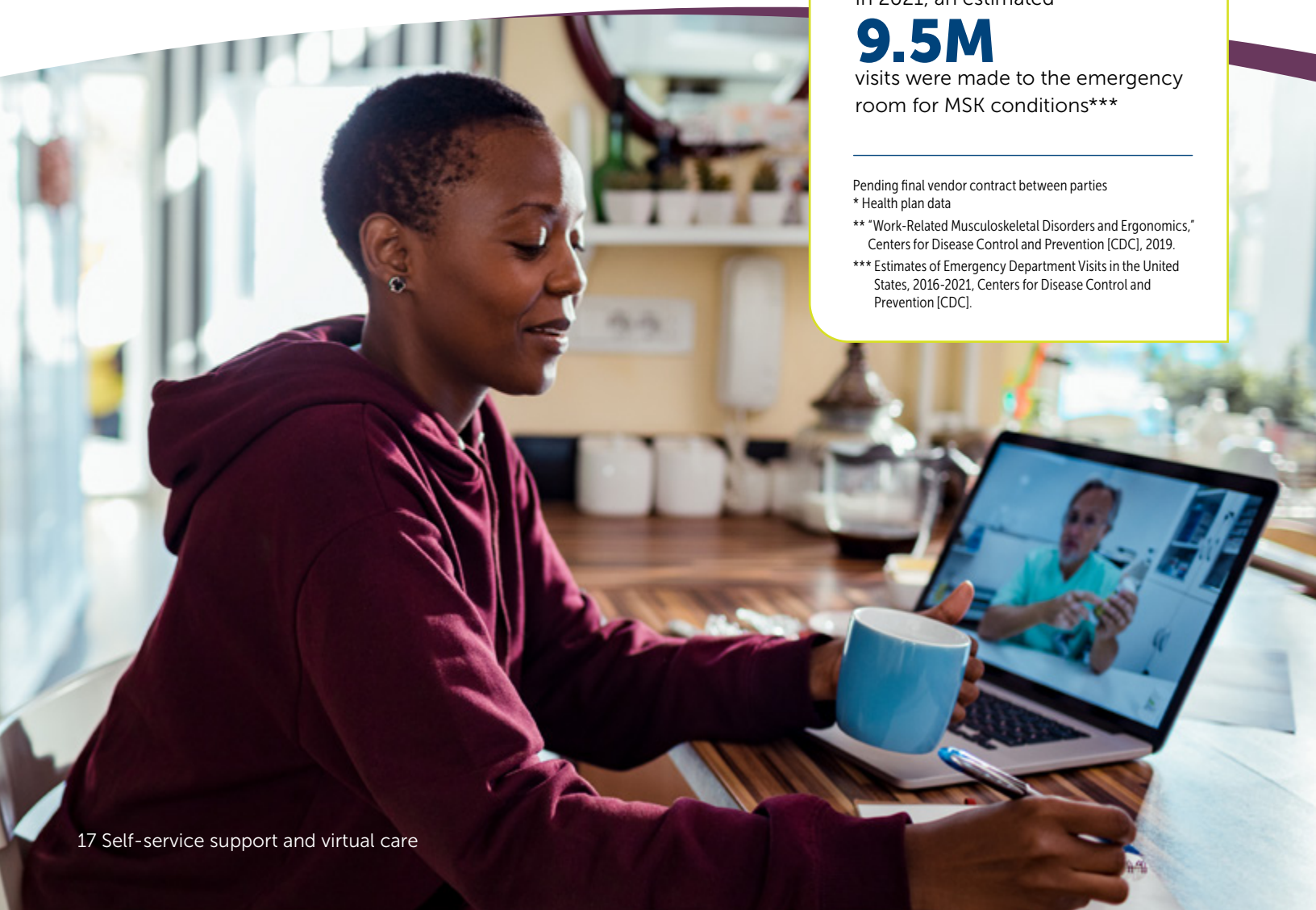
In 2021, **$800M**
was spent by the health plan for MSK-related costs*

(Not inclusive of direct and indirect costs related to workers' compensation)

MSDs involved a median of
8 days away from work**

In 2021, an estimated
9.5M
visits were made to the emergency room for MSK conditions***

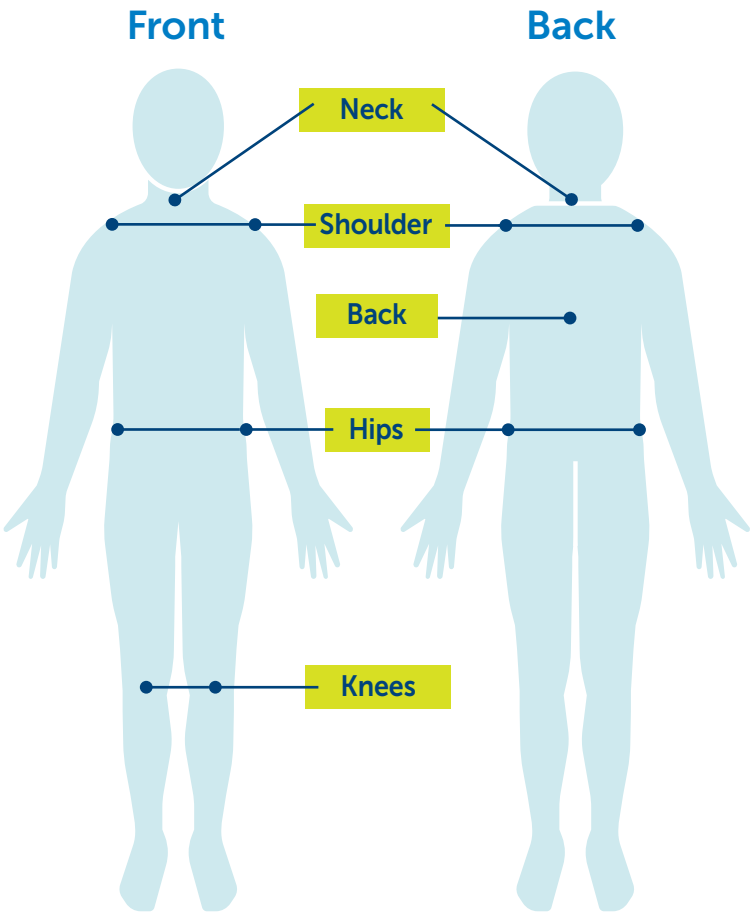
Pending final vendor contract between parties
* Health plan data
** "Work-Related Musculoskeletal Disorders and Ergonomics," Centers for Disease Control and Prevention [CDC], 2019.
*** Estimates of Emergency Department Visits in the United States, 2016-2021, Centers for Disease Control and Prevention [CDC].



Vori Health is a nationwide specialty medical practice delivering a virtual-first, digital MSK solution to help your employees get back to their lives faster. With Vori Health, employees will get access to:

- **Convenient video visits**
- **Medical evaluation and diagnosis**
- **Personalized treatment, including physical therapy and more**
- **Non-opioid pain medication and imaging if needed**
- **Support to help manage pain, regain strength and enjoy life**

Here are some of the common areas treated by Vori Health orthopedic specialists:



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

SECTION 3

Elective benefits and services



Vision plans from Univera Healthcare

Regular eye exams can do more than just help employees see more clearly. They can also catch eye diseases like cataracts, diabetic retinopathy and glaucoma early before leading to permanent vision loss or blindness. Plus, eye exams can help identify other health conditions such as high blood pressure and diabetes.[1]

By caring for their eyes, employees can help preserve both their long-term eye health and overall quality of life – giving them greater peace of mind knowing they're on their way to more complete wellbeing.

Affordable options:

Low out-of-pocket costs make it easier for employees to get care they need, including:

- Low copays for exams for the whole family
- Fully covered and low-cost on-trend frame options through the Exclusive Collection
- Discounts on lens enhancements, additional pairs of eyeglasses, LASIK services and other great extras just for being a member

Comprehensive coverage:

Every vision plan includes:

- Eye exams and retinal imaging to catch vision and health concerns early, plus benefits for corrective eyewear including frames, lenses and contact lenses
- Eyewear choices for every family member, lifestyle and budget, each with a one-year breakage warranty at no extra cost

Convenience:

Through our partner, Davis Vision®, Univera Healthcare members have access to a large vision network. With thousands of locations across the country, our retailer network includes optometrists (OD) and ophthalmologists (MD) who can assist with all eye care needs.

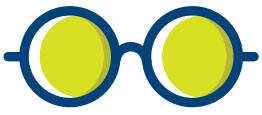
The following are some of the national retailers that are included in our network. For a full listing and to find providers near you, please visit **DavisVision.com/Locator**.

- Independent eye care professionals
- Top eyewear retailers including Visionworks®, Walmart® Vision Centers, Target Optical®, Pearle Vision℠ and Warby Parker
- Online retailers like 1800Contacts.com and Glasses.com

~50% of visual impairment and blindness
can be prevented through early diagnosis and timely treatment.[2]

5th most common
disability among adults is vision difficulty.[2]

4 in 10 U.S. adults
are at high risk for vision loss, yet only about half visited an eye doctor in the past 12 months.[3]



All vision plans are stand-alone offerings through Davis Vision and are not embedded within the medical policy. For more information about our stand-alone vision plans, contact your Univera Healthcare account manager.

Davis Vision is an independent company providing vision benefit management services and access to their network.

1 American Academy of Ophthalmology, 20 Health Problems an Eye Exam Can Catch, April 2024.

2 CDC. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults, 2016.

3 CDC Fast Facts: Vision Loss. Last reviewed May 15, 2024.

Dental

Dental issues can cause big problems for small business.

In fact:

243
million hours of work or school
are lost every year due to oral health problems.[1]

Over 90%
of diseases
can show signs in the mouth.[2]

Diabetes, heart disease, and stroke
can be linked to warning signs like gum disease and oral infections — making routine dental visits an important opportunity for early detection.[3]

By combining your medical and dental benefits with Univera Healthcare, you can catch small problems early to keep costs in check. We offer a growing network of dentists to help your team be more proactive about care — and more productive in the workplace.

Univera Access Dental plans

- Range of package options to meet budget needs
- Provides Affordable Care Act (ACA) compliance in a stand-alone dental plan
- $0 deductibles
- Full family coverage
- No annual maximum for pediatric service

Univera Dental Select plans

- Wide range of benefits with package options for maximum flexibility to tailor the perfect plan
- Provides ACA compliance in conjunction with Univera Healthcare medical plans
- Deductibles as low as $50
- Full family coverage

Both plans provide:

- One-stop shop for comprehensive, coordinated medical and dental coverage
- Broad and growing network of dental providers
- Competitive rates
- Local carrier with strong ties to the community

Reminder!

By combining Univera Dental packages now include DenteMax National Network for out-of-area coverage.

- The DenteMax network includes over 58,000 unique providers nationwide.
- DenteMax is used when a member on a DenteMax contract goes outside the plan area.

1 CareQuest Institute for Oral Health, The Hour of Need: Productivity Time Lost Due to Urgent Oral Health Needs (2024)
2 American Academy of Pediatrics, Campaign for Dental Health, Dentists Are Disease Detectives (2026)
3 American Dental Association (ADA), Oral-Systemic Health resource page

Univera Access Dental

ACA-compliant dental plans that are designed specifically for small business

Univera Access Dental plans

Package ID	UAD-1500-PPO		UAD-1000-PPO		UAD-1000B-PPO		UAD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible enrollee/ 2+ enrollees	None	None	$25/$75	$75/$225	$25/$75	$75/$225	$25/$75	$100/$300
Out of Pocket Maximum enrollee/ 2+ enrollees	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A
Annual Maximum	N/A	$1,500	N/A	$1,000	N/A	$1,000	N/A	$750
Preventive Services	$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic Services	$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major Services	$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics[2]	$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

* Subject to plan deductible
1 Out of Pocket Maximum applies to in network benefits only
2 Service requires prior authorization and must be medically necessary
Adult benefits subject to plan Annual Maximum
Same coverage for in and out-of-network; out-of-network is subject to balance billing (excluding Out-of-Pocket Maximum)
Service categories vary between Adult and Pediatric coverage.



Univera Dental Select

Pediatric dental coverage for members up to age 19 may be embedded in all Univera Healthcare medical plans. With Univera Dental Select, you get full family coverage that complements your pediatric dental coverage.

With Univera Healthcare pediatric dental coverage, you automatically receive:

- Convenient compliance with ACA mandates
- Full range of diagnostic, palliative and therapeutic services, but not as robust as our Univera Dental Select packages
- Varied cost share by plan, subject to medical plan deductible
    - Standard = PCP Copay
    - Select = 100% / 80% / 50% / 50%
    - Preventive cleanings and exams are not subject to the in- or out-of-network deductible on Non-Standard

Hybrid plans and Non-Standard Deductible HSA plans

- Preventive services including cleanings, fluoride treatments and sealants
- Routine exams, x-rays and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions

Univera Dental Select Plan Options

Package ID	Plan type	Deductible	Annual max	Class I	Class II	Class IIA	Class III	Class IV	Ortho max
UDSE-8	Employee sponsored	$50	$1,000	0%	20%	20%	50%	50%	$1,000
UDSE-9*		$50	$1,000	0%	20%	20%	50%	50%	$1,000
UDSE-13		$50	$1,000	0%	20%	20%	50%	N/A	N/A
UDSE-14*		$50	$1,000	0%	20%	20%	50%	N/A	N/A
UDSE-30		$50	$1,000	0%	50%	50%	50%	50%	$1,000
UDSE-33		$50	$1,000	0%	50%	50%	50%	N/A	N/A

Values shown reflect member responsibility
All plans offer out-of-area coverage from DenteMax
*Plan offers out-of-area coverage at UCR90

Dental Annual Maximum Rollover

Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. Dental Annual Maximum Rollover from Univera Healthcare incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.

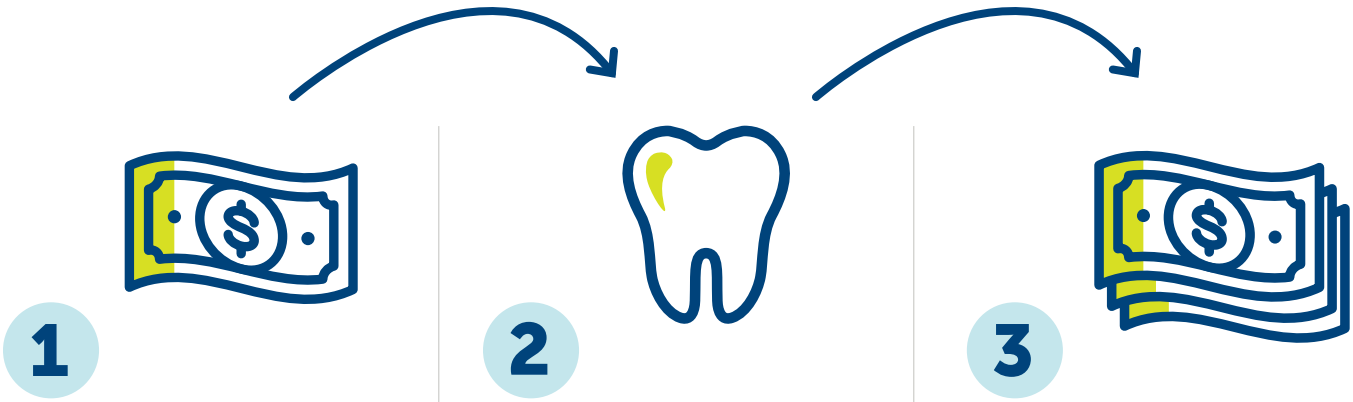
Univera Dental Select Plan Options With Annual Maximum Rollover

Package ID	Plan type	Deductible	Annual max	Annual max rollover threshold	Rollover	Class I	Class II	Class IIA	Class III	Class IV	Ortho max
UDSER-1-26/26	Employee sponsored	$50	$1,000	$500	$250	0%	20%	20%	50%	N/A	N/A
UDSER-2-26/26		$50	$1,000	$500	$250	0%	20%	20%	50%	50%	$1,000
UDSER-3-26/26		$75	$750	$350	$125	0%	20%	20%	50%	N/A	N/A
UDSVR-1-26/26	Voluntary	$50	$1,000	$500	$250	0%	20%	20%	50%	N/A	N/A
UDSVR-2-26/26		$50	$1,000	$500	$250	0%	20%	20%	50%	50%	$1,000
UDSVR-3-26/26		$75	$750	$350	$125	0%	20%	20%	50%	N/A	N/A

Values shown reflect member responsibility

Groups new to enrolling in a Univera Dental Select plan are able to keep any accrued rollover account funds from another plan when they enroll in a dental plan that includes the annual maximum rollover benefit. We will match the funds members have with a competitor up to the Rollover Account Maximum.[1]

Let's take a look at how it works:



1

Employees can roll over a portion of their unused annual maximum to the next year if they submit at least one paid dental claim and do not exceed the rollover threshold

2

This incentivizes employees to visit the dentist for preventive care, which can help minimize major dental issues

3

Funds that roll over are added to the next year's annual maximum and can be used for future treatment

1 Proof of rollover account funds will be required upon enrollment

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Lifetime Benefit Solutions

In partnership with Lifetime Benefit Solutions

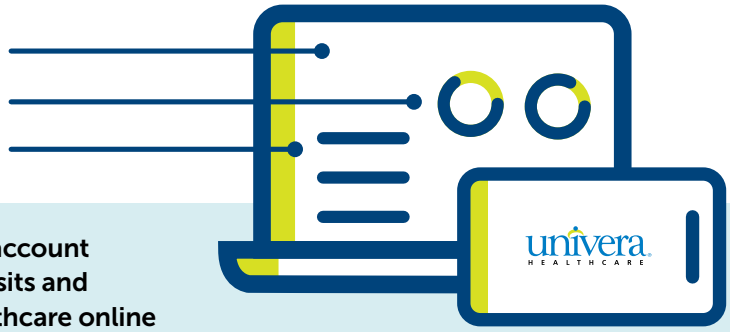
Spending accounts: An integrated approach for members

With the growing popularity of consumer-driven health care, Univera Healthcare has partnered with Lifetime Benefit Solutions (LBS)[1]. 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. Providing a single, integrated source of information for their various benefit accounts makes it easier for members to manage their health care dollars and keep track of their spending.

Unified digital experience

We're combining the digital member experience between Univera Healthcare and LBS to deliver a comprehensive source of essential member benefit information, all in one place. High-deductible health plan members already have access to a convenient member dashboard providing access to tools and information that make the most of their plan:

- **View benefits, coverage, and claims**
- **Estimate out-of-pocket medical costs**
- **Find in-network doctors**



Members can also view their LBS spending account balance(s) and transactions, including deposits and contributions, right from their Univera Healthcare online account and on the Univera Healthcare mobile app.

* Univera Healthcare online account and mobile app available details may vary.

Types of spending accounts

Health Savings Accounts (HSA)

A member-owned, tax-advantaged funding account that can be used with certain high-deductible health plans. Funds roll over each year, never expiring, and can be used to pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses and more.

Flexible Spending Accounts (FSA)

FSAs offer members a smart, simple way to set aside money, tax-free, to cover eligible, non-covered medical or dental expenses. Because contributions are made before taxes are deducted from a member's pay, they reduce the member's total taxable income and members get to keep more of what they earn.

Health Reimbursement Accounts (HRA)

An employer-funded, tax-sheltered account that allows members to pay for certain out-of-pocket health care expenses. One of the more customizable spending account options, HRAs give groups full discretion over the plan design and year-to-year fund carry over (within IRS guidelines).

Currently, LBS has the ability to effectively administer 99% of existing HRA plan designs.

Lifestyle Spending Accounts (LSA)

This is an employer-funded, post-tax spending account, with eligible expenses and plan details customized by the employer, that promotes healthy habits and overall wellbeing. Members can use these funds towards any of the eligible expenses related to physical, financial and emotional wellbeing.

In 2020, HSAs and FSAs became more flexible with the passing of the CARES Act. Now, members can use these accounts to purchase common items like feminine-care products and OTC items without a prescription.

1 Lifetime Benefit Solutions is a company offering administrative services in the Univera Healthcare service area.

univera HEALTHCARE

Lifetime Benefit Solutions

In partnership with Lifetime Benefit Solutions

Compliance is easier with a proven partner in your corner

The regulatory requirements of your health and benefits plans can be complicated. But they don't have to be. Through our partnership with LBS, Univera Healthcare can offer tools, services and support to help you confidently manage your compliance.



Plan drafting services

LBS can help you keep crucial regulatory documentation updated and accurate as plan details and circumstances change. Available services include Summary Plan Descriptions, Plan Documents, Summaries of Material Modification and Plan Amendments for the following products:

- Pre-Tax Premium – Premium Only
- Health FSAs
- Health Reimbursement Arrangements
- Fully Insured Medical, Dental and Vision Wrap Arrangements



Providing access to essential nondiscrimination tests

LBS also offers a nondiscrimination testing website that includes certain required tests from the IRS and instructions on how to use them. Tests are performed instantly once your data is submitted, and you'll have access to printable reports showing your results. Depending on your plan design, you will be given access to the following tests:

Cafeteria Plans:

- Eligibility
- Key employee concentrations

Health FSA:

- Eligibility
- Benefits

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Lifetime Benefit Solutions

In partnership with Lifetime Benefit Solutions

LBS takes the complexity out of COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires most employers to offer continuing health coverage to qualified beneficiaries who lose their coverage due to a qualifying event. Administering your own COBRA requires a thorough understanding of the law — or you could lean on the support of the experts at LBS.

They are here to:

1 Keep you ahead of important deadlines

Their experienced COBRA-certified specialists help clients stay on top of their responsibilities.

- 100% of COBRA notifications are completed within the 14-day requirement
- Payments are processed the day they are received
- Client requests or inquiries are processed within three business days

2 Streamline rate renewal with an online portal

LBS replaced a time-consuming, paper-based process with a simpler, faster online experience.

- Make rate changes to existing plans
- Add or terminate new plans or carriers
- Change coverage levels
- Get reminders 60, 45, and 30 days before renewal
- Grant access to your broker for help managing the process

3 Provide real-time reporting

LBS offers a variety of detailed reporting features such as:

Financial reporting

- Biweekly disbursements
- Partial payments
- Payment posting logs
- Payment detail
- Billing history

Administrative reporting

- Notified members
- Coverage reports
- Enrolled members
- Premium detail
- Terminated members
- Division reports
- Census reports

4 Deliver 24/7 access to members

LBS's COBRA and Premium Billing mobile app allows members to monitor their account anytime, anywhere.

- View notifications and messages
- Tap to call or email customer service
- Make one-time payments* and schedule recurring payments
- Pay with a bank account or credit card
- Choose a plan and make changes when necessary

*Services fees may apply.

SECTION 4

Small business plan designs



Small business plan designs, helping you find the right fit with confidence

There's a lot to consider when selecting a new health plan. So before you give your client a recommendation, narrow down the options using these three product profiles. Then, simply select a plan with the specific features they need.

Stable

This product design features a comprehensive approach to health insurance with premiums that cover nearly all your health care costs. Even major claims are covered, and you'll have very few out-of-pocket costs throughout the year. So you're never surprised by a big bill, and you rarely have to think about your coverage. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something stable and predictable, this plan might fit:

- **Copay***

Blended

With the advantage of moderate premiums, these plans use a blend of deductibles and fixed copays to achieve a combination of predictability and cost savings. So you get the confidence of a comprehensive plan with more freedom than you might expect. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something blended, one of these plans might fit:

- **Hybrid***

Value maximizing

This product design features the lowest monthly premiums and greatest ability to control your own costs for those who prefer managing and maximizing their money. It requires more planning and engagement, which many people embrace, and can sometimes be combined with an HSA — allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something value maximizing, one of these plans might fit:

- **Deductible HSA****
- **Deductible Non-HSA**

*Standard and Non-Standard plan options are available
**Non-Standard plan option available

Small business plan design details

Below you'll find details about our plan designs and how they compare across all of our plan types. In the pages that follow, you'll also find decision guides for each of these.

	Stable Designed for convenience and predictability.	Blended A blended plan design that helps bridge the difference between traditional copay plans and high-deductible plans.		Value Maximizing Designed so members can take control of their healthcare dollars.	
Plan designs	Copay Standard Copay Non-Standard A Copay Non-Standard C	Hybrid Standard Hybrid Non-Standard E	Hybrid Non-Standard D	Deductible HSA Non-Standard A Deductible HSA Non-Standard C	Deductible Non-HSA Non-Standard A Non-Standard A
Design description	**What makes these plans stable:** • There is no deductible. • You will pay a set copay for covered services.*	**What makes these plans blended:** • There is a deductible; it applies to all medical services to reduce premium payments. • After the deductible is met, the plan acts like a copay plan to bring predictability.*	**What makes these plans blended:** • There is a deductible; it only applies to inpatient services and outpatient surgery to balance out-of-pocket costs on covered services and premium payments. • Pay only a set copay for all other services not subject to the deductible.*	**What makes these plans value maximizing:** • All services and drugs are subject to a deductible to lower the premium. • Coinsurance is applied to all services after the deductible to lower the premium. • Plans are HSA qualified.	**What makes this plan value maximizing:** • Out-of-pocket costs are higher up front, which balances out the lower premiums. • To lower the premium, coinsurance is applied to most services and drugs after the deductible, if applicable to the plan. • Plan is non-HSA qualified.
Plan features	**Stable features include:** • $0 annual health checkups and preventive services • Low urgent care copays • Telemedicine services through MD Live covered in full	**Blended features include:** • $0 annual health checkups and preventive services • Telemedicine services through MD Live	**Blended features include:** • $0 annual health checkups and preventive services • Telemedicine services through MD Live • Pay a PCP copay for lab tests	**Value maximizing features include:** • $0 annual health checkups and preventive services • Telemedicine services through MD Live	**Value maximizing features include:** • $0 annual health checkups and preventive services • Telemedicine services through MD Live
Plan aggregation	Individual aggregation provides stability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Blended aggregation applies to plans at lower premiums. Individual aggregation applies to plans at a slightly higher premium.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.

* Services related to hearing, durable medical equipment, and external prosthetics are subject to coinsurance.

Univera Healthcare small business portfolio

Product Classification	PPO									
Plan Types	Copay			Hybrid			Deductible		Deductible HSA	
Plan Aggregation	Individual Aggregation			Individual Aggregation			Individual Aggregation		Individual Aggregation	Blended Aggregation
Product Design	Copay Standard	Copay Non-Standard C	Copay Non-Standard A	Hybrid Standard	Hybrid Non-Standard E	Hybrid Non-Standard D	Deductible Non-HSA Non-Standard	Deductible Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard C
Product Package	Univera Access Standard Platinum	Univera Access Platinum 1 Univera Access Plus Platinum 1	Univera Access Platinum 4	Univera Access Standard Gold Univera Access Standard Silver	Univera Access Silver 2	Univera Access Gold 2	Univera Access Bronze 4	Univera Access Bronze 5	Univera Access Bronze 1 & 3 Univera Access Plus Bronze 1 Univera Access Silver 7	Univera Access Silver 1 Univera Access Plus Silver 1	Univera Access Gold 1, 5 & 6 Univera Access Silver 5 Univera Access Plus Gold 1
Metal Levels	Platinum | Gold | Silver | Bronze										
Package Options	Dependent Age | Family Planning | Domestic Partner | Pediatric Dental										

The small business portfolio also offers an HMO option to small groups with out-of-area headquarters and a Healthy New York EPO (Exclusive Provider Organization) to eligible small businesses. **Contact your Univera Healthcare account manager for more information.**

Product components

All of our small business plans include the 10 essential health benefits (EHBs) all groups must cover.

The following is a list of general categories of EHBs that are covered:

1. Prescription drugs
2. Hospital visits
3. Rehabilitative and habilitative services, as well as devices
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Emergency services
7. Laboratory services
8. Preventive and wellness services, as well as chronic disease management
9. Ambulatory patient services
10. Pediatric dental and vision services

For a specific list of EHBs, as determined by the NYS benchmark plan, please visit:
https://www.CMS.gov/marketplace/resources/data/essential-health-benefits



Covered in full preventive care

Keeping track of your preventive screenings can go a long way in ensuring overall health — and peace of mind. Univera Healthcare members are covered in full for all preventive screenings,* which can help confirm they're healthy or detect disease at an earlier stage.



According to the Centers for Disease Control and Prevention, **preventive care services**

could save over

100,000

lives in the U.S. every year.

Well-baby and well-child care

Routine physical examinations, including vision and hearing screenings, developmental assessment, anticipatory guidance and laboratory tests.

Adult annual physical examinations

Annual physical examinations and preventive screenings, including blood pressure, cholesterol, colorectal cancer and diabetes screenings.

Adult immunizations

Adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered and not subject to deductible.

Well-woman examinations

Routine gynecological examination, breast examination and annual Pap test, including laboratory and diagnostic services.

Mammograms

One baseline screening mammogram and one annual screening.

Family planning and reproductive health services

FDA-approved contraceptive methods prescribed by a provider are covered. Prescription drugs and devices approved by FDA, or generic equivalents as approved substitutes, are also covered.

Bone mineral density measurements or testing

We cover bone mineral density measurements or tests.

***Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit: healthcare.gov/coverage/preventive-care-benefits.**

Additional preventive care

For groups with HSA-qualified high-deductible health plans (HDHPs), additional preventive care services may be available. Diagnosis-driven services for certain chronic conditions are covered ahead of deductible (applicable cost shares, such as copays and/or coinsurance may apply).

Preventive care for specified conditions	For individuals diagnosed with
Blood pressure monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International normalized ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density lipoprotein (LDL) testing	Heart disease

Certain cost shares may apply based on plan type.
Note: These are additional preventive medical services only. Preventive drugs are included as a separate feature and are not included as part of this enhancement.
For the full list of specified conditions, visit: **https://www.irs.gov/pub/irs-drop/n-19-45.pdf**.



Pediatric benefit highlights



Pediatric dental

For plans that cover pediatric dental, we cover the following dental care services for members up to 19 years of age:

- **Emergency dental care.** Emergency treatment required to alleviate pain and suffering caused by dental disease or trauma, not subject to our preauthorization.
- **Preventive dental care.** Procedures which help to prevent oral disease from occurring, including cleanings, topical fluoride application, sealants and unilateral and bilateral space maintainers.
- **Routine dental care.** Routine dental care provided in the office of a dentist, including dental examinations, x-rays, simple extractions, and in-office conscious sedation.
- **Major dental care.** Endodontics including procedures for treatment of diseased pulp chambers and pulp canals, periodontics including services in anticipation of or leading to medically necessary orthodontics, and certain prosthodontic services.
- **Orthodontics.** Medically necessary procedures only. Used to help restore oral structures to health and function and to treat serious medical conditions such as cleft palate and cleft lip, craniofacial anomalies, and other significant skeletal dysplasias. Preauthorization is required.

Benefit highlights:

- **All non-standard copay.** Hybrid and Deductible HSA Plans. In- and out-of-network preventive exams and cleanings are not subject to deductible.

Pediatric vision

All our plans offer the following coverage for members up to 19 years of age:

- **Vision care.** Emergency, preventive and routine vision care.
- **Vision examinations.** One (1) vision examination per 12-month period, unless more frequent examinations are medically necessary.
- **Prescribed lenses and frames.** Standard prescription lenses or contact lenses one (1) time per 12-month period, unless more frequent changes in lenses or contact lenses are medically necessary.

Benefit highlights:

- **All non-standard plans** will include pediatric annual eye exams covered in full (subject to deductible, where applicable).

Member cost share for lenses and frames will vary based on plan.

Understanding product classifications and plan types

Our small business portfolio is designed to fit your needs and budget, ensuring your employees and their families are covered, even if they live outside of our 8-county service area. Choose from a wide variety of medical plans designed to help lower your costs and offers access to high-quality, affordable care. Our health plans cover all required essential health benefits - like in-office and virtual physician visits, preventive care, hospital stays, emergency services and prescription drugs — and include pediatric dental coverage, plus vision coverage for both adults and children.

All medical plans feature enhanced virtual care options. Telemedicine through MD Live provides urgent, behavioral health and dermatology services. Telehealth through participating physicians and specialists allows you to see your primary care doctors from anywhere. View our 2027 Univera Healthcare At-A-Glance brochure for complete details.

Health insurance products are classified based on where services are administered and the type of coverage the member receives.

Historically, many plans were Health Maintenance Organizations (HMOs), and were sometimes viewed as restrictive in that they required members to have a Primary Care Physician (PCP) to coordinate care with specialists within a specific network of doctors and hospitals.

Let's take a look at how our small business portfolio is classified and how these compare.

Product classifications	PPO	EPO	HMO
Access to 100% of hospitals and 99% of local doctors within our 39-county network	X	X	X
Out-of-network benefits available	X	X[1]	X[1]
PCP must be selected			X
No specialist referrals needed for the highest level of benefits	X	X	X
Access to in-network nationwide coverage through MultiPlan/PHCS national PPO network	X[2]		
Access to emergency and urgent care		X	X

[1] Out-of-network benefits available only for emergency services or dialysis
[2] Access to in-network nationwide coverage through MultiPlan/PHCS national PPO network available only for Univera Access Plus plans



While all Univera Access and Univera Access Plus plans are PPOs (Preferred Provider Organizations) to give members more choice and more control over their health journey, our Small Business portfolio also offers an HMO option to small groups with out-of-area headquarters and a Healthy New York EPO to eligible small businesses.

1

PPO plans

PPO plans offer your employees the flexibility to choose in-network (preferred) out-of-network (non-preferred) providers. However, much higher out-of-pocket costs may apply for out-of-network care. Our PPO plans do not require PCP selection as noted or referrals to access care. In-network benefits are available nationwide through the PHCS/MultiPlan network on select plans.[2]

2

EPO plans

EPO plans give your employees access to any doctor or hospital in our PPO network, without requiring PCP selection or referrals. Out-of-network providers are not covered except for emergency and urgent care. EPOs combine the flexibility of a PPO and the cost savings of an HMO. In-network benefits are not available nationwide.

3

HMO plans

HMO plans are designed to help your employees save money. A participating PCP coordinates all of their care and provides referrals for services with in-network specialists. Out-of-network providers are covered only for emergency services.

4

Deductible, or high-deductible health plans (HDHPs)

Deductible plans offer members the flexibility of a PPO with lower monthly premiums, but with higher deductibles. Choose from two spending account options — either a Health Savings Account (HSA) through our preferred vendor, or a Health Reimbursement Account (HRA).



Plan types

There are four plan types available. Each plan type covers qualified preventive services in full without being subject to a deductible on plans where it may be applicable. The descriptions below highlight some of these differences by plan type.

Name	Description	HSA qualified (Y/N)	Rx subject to medical deductible (Y/N)
Copay	There is no in-network deductible Members pay a fixed dollar amount for most services	No	No
Hybrid	Members must first pay in- and out-of-network deductibles for applicable medical care before the health plan begins to pay Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design Prescription drug fills are not subject to the medical deductible	No	No Diabetic drugs are subject to the deductible on some hybrid plans
Deductible Non-HSA	Members must first pay the deductible for applicable medical care before the health plan begins to pay Prescription drug fills are subject to the medical deductible Deductibles and/or out-of-pocket maximum amounts exceed IRS limits; therefore plans are not eligible to pair with HSA accounts. (You can always pair any plan with an HRA account.)	No	Yes
Deductible HSA	Members must first pay the deductible for all medical care before the health plan begins to pay Prescription drug fills are subject to the medical deductible Additional preventive services based on medical diagnosis will apply applicable cost share and are not subject to the deductible	Yes	Yes Preventive drug fills will not be subject to the deductible on most Non-Standard plans

Let's get to know our aggregation options

Aggregation is how payments add up and are counted against a member's deductibles and out-of-pocket maximums (OOPM). Depending on the plan, aggregation may be determined on an individual or family basis, and these can be different for a plan's deductible or OOPM. Our plans have individual or blended aggregation. It's important to understand how these work and how they differ, as it determines who is responsible for paying medical expenses throughout the year. Let's take a closer look.

Individual Aggregation

Individual aggregation options are 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. Each covered family member only needs to satisfy their own individual deductible, not the entire family deductible, before plan benefits kick in.

For plans with individual aggregation, the same rules will apply to OOPM. With individual aggregation, each family member only needs to meet their own individual OOPM before services are covered in full.

If a plan has individual aggregation, the single-deductible level must be equal to or greater than the family deductible minimum for that year, or $3,500 in 2027.

Blended Aggregation

Blended aggregation options typically help keep monthly premiums lower and apply to some of our Deductible HSA plans. Plans with a blended aggregation design apply family aggregation to the deductible and individual aggregation to the OOPM. This 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.

For plans with blended aggregation, individual aggregation applies to OOPM. This means that each family member only needs to meet their own individual OOPM (often referred to as the single deductible) before services are covered in full.

If a plan has family aggregation, the single-deductible level must be more than or equal to the individual minimum for that year, or $1,750 in 2027.

Let's take a look at an example on the next page

Consider this: Alex and Hailey are on a family plan that includes the following cost shares:

Individual Deductible: **$3,200**
Family Deductible: **$6,400**

Coinsurance: **20%**
(Once deductible is met)

Individual OOPM: **$6,550**

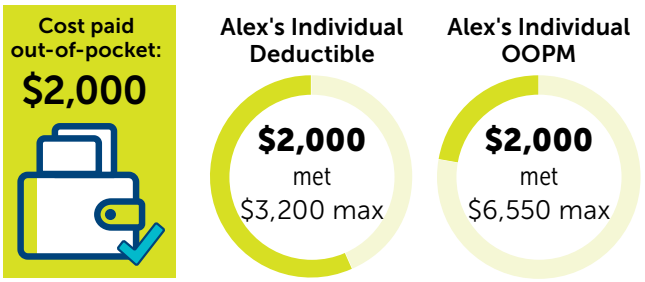




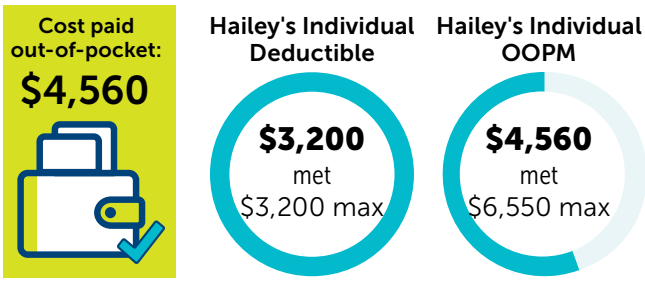
Alex Hailey

Individual Aggregation

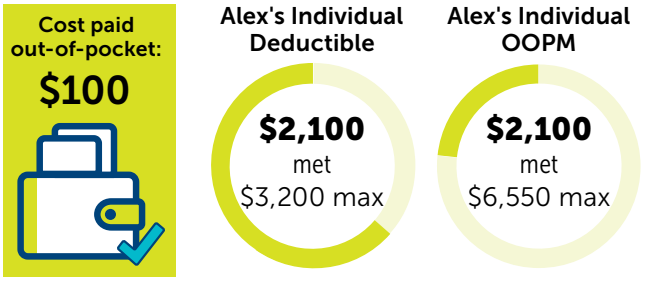
In January, **Alex** needs a minor surgical procedure that costs $2,000. Since this is Alex's first medical expense this year, his individual deductible applies. **He will pay 100% of the costs *($2,000).***



In May, **Hailey** is admitted to the hospital for an emergency procedure that costs $10,000. Since this is Hailey's first medical expense this year, her individual deductible applies. **She will pay 100% *($3,200)*** of her deductible **plus 20% coinsurance *($1,360)*** for the remaining balance.



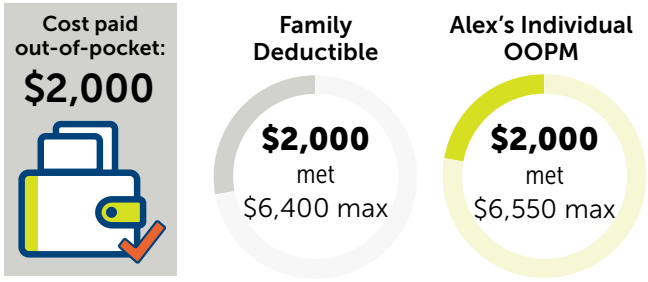
In August, **Alex** visits the doctor, resulting in a $100 charge. Since Alex's deductible has not been met, he will continue to pay toward his individual deductible. He will pay **100% of the costs *($100).***



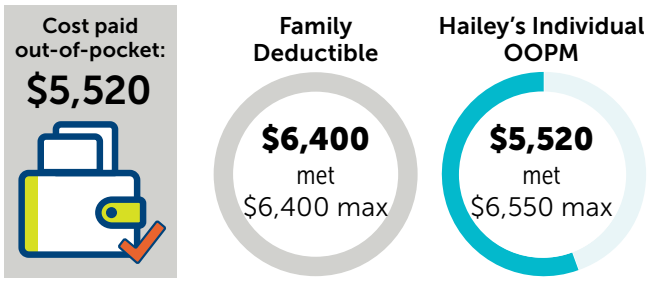
If Alex reaches his deductible, **Univera Healthcare will start paying 80%** of covered expenses. If Hailey and/or Alex reach their individual $6,550 OOPM, their individual covered health care services **will be covered in full by Univera Healthcare.**

Blended Aggregation

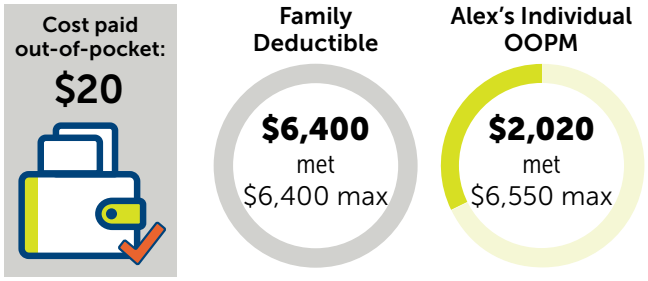
In January, **Alex** needs a minor surgical procedure that costs $2,000. Since this is the family's first medical expense this year, the deductible applies. He will pay **100% of the costs *($2,000).***



In May, **Hailey** is admitted to the hospital for an emergency procedure that costs $10,000. Since the family deductible applies, **Hailey will pay 100%** of the first $4,400 to meet the family deductible plus **20% coinsurance *($1,120)*** for the remaining balance.



In August, **Alex** visits the doctor, resulting in a $100 charge. **Since the family deductible has been met, Alex will pay 20% coinsurance *($20)*** of the total allowed cost.



When Hailey and Alex reached their family deductible, Univera Healthcare started paying 80% of covered expenses. If Hailey and/or Alex reach their individual $6,550 OOPM, their individual covered health care services **will be covered in full by Univera Healthcare.**

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Package options

Employers may choose to add the following options to their Univera Healthcare small business health plan for additional plan variation.

	Eligibility	Plan variations created with these options
Dependent through age 29	The dependent is unmarried Is not insured or eligible for coverage under an employer-sponsored health benefit plan Lives, works, or resides in New York state in our service area	Standard coverage is to age 26, plan options are made available with this rider to extend through age 29 for an additional cost
Domestic partner	Included in the base contract Employers may choose not to offer this coverage	Plans include coverage for eligible domestic partner for no additional cost
Family planning * Benefits are mandated essential health benefits	Included in the base contract Includes coverage for things like oral contraceptives, sterilization procedures for men, family planning and certain travel and lodging expenses to access covered services that may not be available to you due to a law or regulation in the state where you reside Coverage can only be removed for groups obtaining a religious exemption	All plans must include sterilization for men, family planning services for women, over-the-counter and generic oral contraceptives and abortion
Pediatric dental * Benefits are mandated essential health benefits	Coverage can only be removed for groups providing evidence of other qualified coverage	All plans cover in-network dental benefits for members up to age 19 All plans must have pediatric dental coverage that includes checkups (fluoride, sealant, fillings), basic dental care (x-rays, simple extractions), major dental (endodontics), and orthodontia (medically necessary) For extra coverage, you have the option to add stand-alone dental coverage for your employees' families, with options for adult dental coverage

*Removal of Family Planning or Pediatric Dental benefits requires group exception or Univera Access Dental plan.

Small business plan updates for 2027

To comply with 2027 Health Care Reform guidelines, some benefit coverage is changing. See below for a summary of what is changing. If your plan is not listed below, there were no changes to the plan.

The changes identified below will be implemented on a group's renewal date beginning 1/1/2027. Groups and members will be notified of the changes in their Annual Rate Notice(s).

New product features:

- **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 in all small group plans.
- **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.
- **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.

2027 copay plan adjustments

Plan name	Coverage	Impacted benefits	2026 benefit	2027 benefit
Univera Access Standard Platinum	In-network	Out-of-Pocket Maximum	$2,000	**$4,000**

2027 hybrid plan adjustments

Plan name	Coverage	Impacted benefits	2026 benefit	2027 benefit
Univera Access Standard Gold	In-network	Single Deductible	$775*	**$1,200***
		Out-of-Pocket Maximum	$10,150*	**$12,000***
	Out-of-network	Single Deductible	$5,000	**$6,000**
		Out-of-Pocket Maximum	$10,150	**$12,000**
Univera Access Standard Silver	In-network	Single Deductible	$2,450*	**$3,750***
		Out-of-Pocket Maximum	$10,150*	**$12,000***
	Out-of-network	Single Deductible	$5,000	**$6,000**
		Out-of-Pocket Maximum	$10,150	**$12,000**
Univera Access Silver 2	In-network	Out-of-Pocket Maximum	$9,200*	**$10,750***
	Out-of-network	Out-of-Pocket Maximum	$10,000	**$12,000**

2027 deductible non-HSA plan adjustments

Plan Name	Coverage	Impacted benefits	2026 benefit	2027 benefit
Univera Access Bronze 4***	In-network	Single deductible	$9,000*	**$9,700***
		Out-of-pocket maximum	$9,000*	**$9,700***
Univera Access Bronze 5	In-network	Single deductible	$10,600*	**$11,750***
		Out-of-pocket maximum	$10,600*	**$11,750***
	Out-of-network	Single deductible	$10,600	**$12,000**
		Out-of-pocket max	$10,600	**$12,000**

2027 deductible HSA plan adjustments

Plan Name	Coverage	Impacted benefits	2026 benefit	2027 benefit
Univera Access Gold 1	In-Network	Single Deductible	$1,700*	**$1,750***
		Out-of-Pocket Maximum	$4,900*	**$4,725***
Univera Access Plus Gold 1	In-Network	Single Deductible	$1,700*	**$1,750***
		Out-of-Pocket Maximum	$4,900*	**$4,725***
Univera Access Silver 1**	In-network	Out-of-Pocket Maximum	$7,100*	**$8,000***
Univera Access Silver 5	In-network	Single Deductible	$3,100*	**$3,250***
		Out-of-Pocket Maximum	$8,300*	**$8,700***
Univera Access Silver 7	In-network	Single Deductible	$6,750*	**$7,350***
		Out-of-Pocket Maximum	$6,750*	**$7,350***
Univera Access Bronze 1**	In-network	Single Deductible	$8,500*	**$8,700***
		Out-of-Pocket Maximum	$8,500*	**$8,700***
Univera Access Bronze 3	In-network	Out-of-Pocket Maximum	$7,400*	**$8,500***

Benefits in bold represent a cost share change from 2026 to 2027.

*Indicates benefit is subject to deductible

**Univera Access Plus Option available with Multiplan National Network of providers

***Bronze 4 MH/SUD will remain CIF

Retiring plans for 2027

The following Univera Access packages will be retiring in 2027. Retired packages are those that are no longer offered. When we retire a package, we recommend a replacement that most closely matches its benefits.

All groups and members will be converted into the replacement package upon renewal throughout 2027 unless otherwise specified.

Availability	Retiring package	Replacement package
On & Off Exchange	Univera Access Platinum 5	Univera Access Platinum 1
On & Off Exchange	Univera Access Gold 4	Univera Access Gold 5
On & Off Exchange	Univera Access Gold 7	Univera Access Gold 5
On & Off Exchange	Univera Access Silver 6	Univera Access Silver 1



SECTION 5

Broker and employer tools & resources



Online tools

Enroll and Update

Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process and is intuitive and easy to use.

Highlights of the Enroll and Update tool:

- Add new hires; access, enroll or decline coverage; manage terminations
- Prepare enrollment reports such as coverage detail, transaction history and employee census
- Schedule reports
- Check the status of employees' benefits quickly and easily
- Approve employee transactions right from the home screen
- Save and come back to enrollment transactions

Sales Hub

With our Sales Hub, brokers have a virtual destination for on-demand training videos and educational materials. And we recently updated the experience to make it easier to access more of the resources they need.

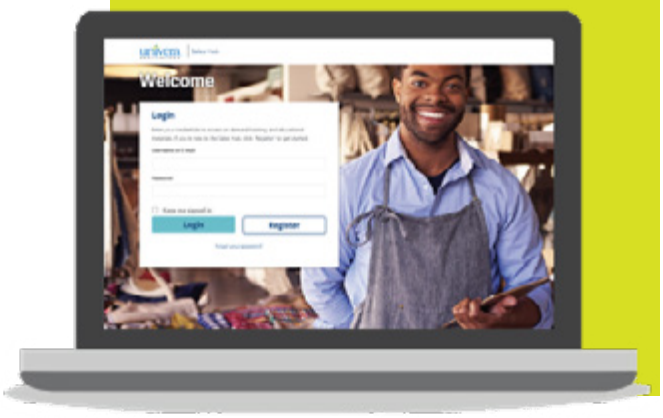
Topics covered include:

- New broker education
- Annual open enrollment updates

Explore it today at:
UniveraForBusiness.com/SalesHub

Enjoy more convenience with online bill pay and invoicing

With Univera Healthcare, groups have 24/7 online access to bill payment and invoicing services. Plus, we've recently added enhanced features, redesigned our invoices and simplified the user experience.



Improved Payment Options

- View current and past invoices or download as PDF or CSV
- Make a full or partial payment
- Set up automatic payments
- Pay invoices with different bank accounts
- View complete payment history

Easy-to-Manage Settings

- Get real-time payment status and balance updates
- Receive confirmation of payment or share receipts via email
- Choose to have invoices delivered on paper, online, or both
- Activate email notifications for when an invoice is available

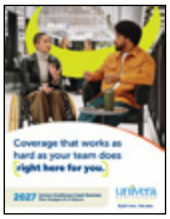
Simpler Invoices

We've redesigned our invoice with a cleaner, simpler design that is easier to understand and use.

Sales tools

Ask your Univera Healthcare account manager about our available sales tools.

Univera Access At-a-Glance

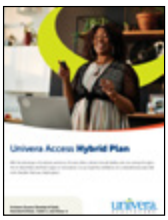


UN-3863

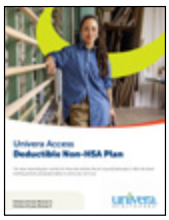
Univera Access Member Flyers



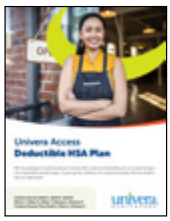
Copay
UN-3130



Hybrid Plan
UN-3133

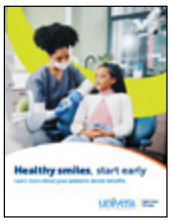


Deductible
Non-HSA Plan
UN-3132



Deductible
HSA Plans
UN-3131

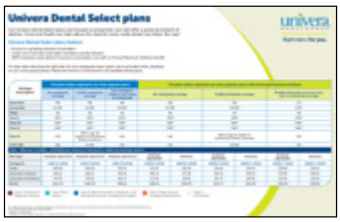
Dental



Small Group
Pediatric Dental
Brochure
UN-2469



Univera Dental
Package Flyer
UN-3870



Univera Dental At-a-Glance
UN-3025 - Q1
UN-3163 - Q2
UN-3164 - Q3
UN-3165 - Q4



DenteMax Brochure
UN-3829

Vision

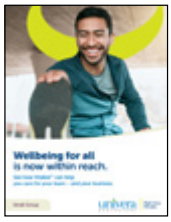


Univera Vision Plan
Employer Brochure
UN-3089



Univera Vision Plan
Member Sell Sheet
UN-3090

Wellbeing



Vitalize
Employer Brochure
UN_3498y25



Vitalize
Overview Flyer
UN_3469y25



Quick Start Guide
UN-3571y25



Vitalize
Rewards Flyer
UN-3514y25

Toolkits available for employers to support their teams' overall wellbeing.

Specifically for business owners and HR teams, UniveraForBusiness.com is their source for a growing library of turnkey toolkits, downloads, videos, handouts, and fact sheets. We've built it to make sure your clients and their employees get everything they can from their health care plan.

Employer toolkits include:



Diabetes



Behavioral Health



Health Equity



High Deductible Health Plan



Individual Coverage



Mammogram



Maternity Care



Medicare



Primary Care Provider



Telemedicine



Vision



Wellframe

Ask your Univera Healthcare account manager about the toolkit or download it from UniveraforBusiness.com.

univera HEALTHCARE

Right here. For you.

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Please note, this is not a contract. It is intended to highlight some of the options available under our medical plans.
Benefits are determined by the terms of the member contract.
All benefits are subject to medical necessity.

UN-1767 / 22668-26M