Caring always comes first.

Your Benefit Details

Group Name
Daemen College

Plan Type
Univ PPO Sig Copay 1 (DAA)
Univ PPO Sig Deductible 3 HDHP (DAG)

We know what it means to care for Western New York employees.

Because that's who we are, too.

No matter what challenge is thrown our way, Western New York never backs down. Neither do we. And that goes beyond just paying your claims. From our team of doctors, nurses, and health coaches to our social workers, behavioral health specialists, and customer care teams, you can feel confident knowing the entire Univera Healthcare team is behind you. As our member and our neighbor, we'll be here cheering you on and supporting you along every step of your health care journey.

Welcome to Univera Healthcare.

205 Park Club Lane
Buffalo, NY 14221-5239
UniveraHealthcare.com

Daemen College

Univ PPO Sig Copay 1 (DAA)

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Covered
Coverage Period	06/01/23-05/31/24
Office visit copay (Primary Care Physician)	$25 Copayment
Office visit copay (Specialist)	$25 Copayment
Out of pocket maximum	Single $6,350 / Family $12,700

Daemen College

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	$0	$1,000	
Deductible - Family	$0	$2,000	Each individual does not exceed the single deductible.
Coinsurance	0%	20%	
Annual Out of Pocket Maximum - Single	$6,350	$5,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	$12,700	$10,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	$25 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Specialist	$25 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Sick Kids	$0 Copayment	20% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Plan Year Benefits
Diabetic Preauthorization and Step Therapy			Applies

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	$500 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	$500 Copayment	20% Coinsurance Subject to Deductible	
Substance Use Detoxification	$500 Copayment	20% Coinsurance Subject to Deductible	
Skilled Nursing Facility	$500 Copayment	20% Coinsurance Subject to Deductible	50 Days per contract year Limits are combined INN and OON.
Physical Rehabilitation	$500 Copayment	20% Coinsurance Subject to Deductible	60 Days per contract year Limits are combined INN and OON.
Maternity Care	Covered in Full	20% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - Covered in Full	Covered in Full	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	$75 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	$25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	$25 Copayment	20% Coinsurance Subject to Deductible	
Chemotherapy	$25 Copayment	20% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	$25 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	$25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	$25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	$25 Copayment	20% Coinsurance Subject to Deductible	
Home Infusion Therapy	$25 Copayment	20% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	$25 Copayment	20% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - $25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - $25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	$0 Kids Copay applies to PCP and Specialist
Maternity Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Telehealth	PCP/Specialist - $25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - Covered in Full $0 PCP Copay for members to age 19.	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Allergy Testing	PCP/Specialist - $25 Copayment $0 PCP Copay for members to age 19.	20% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	1 Exam per contract year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	$25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Immunizations	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Facility	$25 Copayment	20% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP/Specialist - $25 Copayment	20% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - Covered in Full	50% Coinsurance Subject to Deductible	
Medical Supplies	PCP/Specialist - 20% Coinsurance	20% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Diagnoses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Reimbursement for Travel and Lodging Expenses	PCP/Specialist - Covered	Covered	$4,000 Reimbursement Per Plan Year Reimbursement is available for travel and lodging to another state to access covered services when access to covered services is not available due to a law or regulation in the state where the member resides.

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	$50 Copayment	$50 Copayment	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	$50 Copayment	$50 Copayment	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	$35 Copayment	$35 Copayment	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Pediatric Eye Exams - Routine	Covered in Full	25% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered
Adult Eye Exams - Routine	Covered in Full	25% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			$10/$50/$100, $0 Gen for Kids

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2.5		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

Daemen College

Univ PPO Sig Deductible
3 HDHP (DAG)

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Covered
Coverage Period	06/01/23-05/31/24
Office visit copay (Primary Care Physician)	20% Coinsurance Subject to Deductible
Office visit copay (Specialist)	20% Coinsurance Subject to Deductible
Coinsurance	20%
Deductible	Single $1,500 / Family $3,000
Out of pocket maximum	Single $4,000 / Family $8,000

Daemen College

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	$1,500	$1,500	
Deductible - Family	$3,000	$3,000	
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	$4,000	$5,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	$8,000	$10,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Plan Year Benefits
Diabetic Preauthorization and Step Therapy			Applies

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per contract year Limits are combined INN and OON.
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per contract year Limits are combined INN and OON.
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Telehealth	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - 0% Coinsurance Subject to Deductible	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Allergy Testing	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per contract year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	30 Visits per contract year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Immunizations	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy. Limited to no more than $100 member cost-share (including before the Deductible) for a 30-day supply of insulin.
Diabetic Equipment	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Diagnoses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Reimbursement for Travel and Lodging Expenses	PCP/Specialist - Covered Subject to Deductible	Covered Subject to Deductible	$4,000 Reimbursement Per Plan Year Reimbursement is available for travel and lodging to another state to access covered services when access to covered services is not available due to a law or regulation in the state where the member resides.

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Pediatric Eye Exams - Routine	Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered
Adult Eye Exams - Routine	Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			$10/$50/$100 Integrated RX, $0 Gen for Kids

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2.5		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

univera HEALTHCARE

FOR INTERNAL USE ONLY
HIOS ID# _____
EC _____

Commercial Group Health Insurance Application/Change Form

CONFIDENTIAL

Please print clearly and complete all sections that apply. Signatures are required. Additional instructions included on Page 4.

Section 1: Employer Group & Benefit Information

To be completed with your Group Administrator

Daemon College
Employer Name

Association/Chamber Name (if applicable)

Check Desired Action
☐ Add ☐ Cancel ☐ Change

_____ Date
Group Administrator's Signature (required)

_____
Employee Number

_____
Department Number

Medical Information

00130563
Medical Group Number (8 digits)

_____
Medical Subgroup Number (4 digits)

_____
Medical Class Number (e.g. A001)

If enrolling in a Medical plan, who do you need coverage for?
☐Self Only
☐Self & Child(ren)
☐Self & Spouse, or Self & Domestic Partner
☐Family

_____ _____ _____
Medical Effective Date

Subscriber Status:
☐Actively Working
☐Retired
☐Disabled
☐Canceled
☐COBRA

Dental Information

N/A
Dental Group Number

N/A
Dental Subgroup Number

N/A
Dental Class

If enrolling in a Dental plan, who do you need coverage for?
☐Self Only
☐Self & Child(ren)
☐Self & Spouse, or Self & Domestic Partner
☐Family

_____ _____ _____
Dental Effective Date]

Medical Plan Selection

☐ Univ PPO Signature Copay 1 (DAA)

☐ Univ PPO Signature Deductible 3 (DAG)

Dental Plan Selection

☐ Not Applicable (N/A)

Section 2: Subscriber's Information

_____
Last Name

_____
First Name

_____ _____
Middle Initial **Title (e.g., Jr, Sr, III, etc.)**

_____
Street Address

_____ _____
City **State**

_____ _____
Zip Code **Phone**

Birthdate: _____ _____ _____

Gender assigned at birth:
☐Male
☐Female

Gender identity (optional):
☐Transgender Male
☐Transgender Female
☐Prefer to self-describe: _____
☐Prefer not to say
☐Non-binary

Social Security Number** _____

Date of Hire/Rehire: _____ _____ _____

Retirement Date: _____ _____ _____

☐Age 65+ ☐Disability
☐End Stage Renal *

_____
Subscriber's Medicare Number (if applicable)

_____ _____ _____
Medicare Part A Effective Date

_____ _____ _____
Medicare Part B Effective Date

Subscriber's Last Name: _____

Section 3: Reason for enrollment or change

To be completed by the Group Administrator **Not required for cancelations**

Enrollment Opportunity: ☐New Hire ☐Rehire ☐Open Enrollment ☐Medicare eligible

Special Enrollment Opportunity: ☐Newly Eligible Dependent: ☐Newborn ☐Marriage ☐Other _____

☐Change in employment status ☐A move in or out of the service area

☐Involuntary loss of coverage ☐Former dependent regains eligibility

Date of Event ___ ___ _____

COBRA Election - Please indicate the reason for COBRA if applicable:

☐Left Employment/Retired ☐Divorce/Legal Separation ☐Loss of Student Status ☐Death of Spouse

☐Disability ☐Dependent Reached Max Age ☐ Other: _____

Demographic Change: ☐Address ☐Birthdate ☐Subscriber Name ☐Dependent Name ☐Phone Number

Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?

Subscriber

Cancel Code:	Medical Cancel Date:	Dental Cancel Date:

Cancel Codes:

SB02-Left Employment SB05-Per Group Request SB06-Subscriber Request (voluntary) SB07-Deceased SB09-Enrolled in Error

Dependent(s)

Dependent Name:	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:

Cancel Codes:

M001-Per Group Request M004-Enrolled in Error M008-Moved Out of Area M013-Ineligible

M002-Deceased M005-Divorced M010-Overage Dependent M014-YAO Ineligible

M003-Per Subscriber Request M007-Per Member Request (voluntary) M011-No Longer a Student M040-Mx Same Group

Section 5: Information about who you would like coverage for (dependent information)

☐Spouse ☐Domestic Partner ☐Dependent Child ☐Disabled Dependent Child (Separate application form required)

☐Other_____

_____ _____ _____ _____

Last Name (if different) Title **First Name** MI **Social Security Number** **

Gender assigned at birth: ☐Male ☐Female **Birthdate** _____ . _____ . _____

Gender identity (optional): ☐Transgender Male ☐Transgender Female ☐Non-binary ☐Prefer not to say ☐Prefer to self-describe: _____

Is dependent a full-time student over age 19? ☐Yes ☐No Married? ☐Yes ☐No Expected Graduation Date: _____ , _____ , _____

If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐Yes ☐No

Medicare Eligible ☐Yes ☐No If yes, indicate reason ☐Age 65+ ☐Disability ☐End Stage Renal *

_____ Part A Effective Date: ___ . ___ . ____ Part B Effective Date: ___ . ___ . ____

Medicare Number (if applicable)

↓ Additional Dependent(s) ↓

☐Dependent Child ☐Disabled Dependent Child (Separate application form required) ☐Other_____

_____ _____ _____ _____

Last Name (if different) Title **First Name** MI **Social Security Number** **

Gender assigned at birth: ☐Male ☐Female **Birthdate** _____ , _____ , _____

Gender identity (optional): ☐Transgender Male ☐Transgender Female ☐Non-binary ☐Prefer not to say ☐Prefer to self-describe: _____

Is dependent a full-time student over age 19? ☐Yes ☐No Married? ☐Yes ☐No Expected Graduation Date: _____ , _____ , _____

If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐Yes ☐No

Medicare Eligible ☐Yes ☐No If yes, indicate reason ☐Age 65+ ☐Disability ☐End Stage Renal *

_____ Part A Effective Date: ___ ___ ____ Part B Effective Date: ___ . ___ . ____

Medicare Number (if applicable)

Subscriber's Last Name: _____

☐Dependent Child ☐Disabled Dependent Child (Separate application form required) ☐Other_____

_____ _____ _____ _____
Last Name (if different) Title **First Name** MI **Social Security Number** **

Gender assigned at birth: ☐Male ☐Female **Birthdate** _____ . _____ . _____
Gender identity (optional): ☐Transgender Male ☐Transgender Female ☐Non-binary ☐Prefer not to say ☐Prefer to self-describe: _____

Is dependent a full-time student over age 19? ☐Yes ☐No Married? ☐Yes ☐No Expected Graduation Date: _____ . _____ . _____
If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐Yes ☐No

Medicare Eligible ☐Yes ☐No If yes, indicate reason ☐Age 65+ ☐Disability ☐End Stage Renal *

_____ Part A Effective Date: ___ . ___ . ____ Part B Effective Date: ___ . ___ . ____
Medicare Number (if applicable)

Note: Use an additional application [or addendum] if more than three dependents need coverage.

Section 6: Other coverage information (Required) - You may be contacted for additional information

Have you or any member of your family been enrolled in other medical or dental coverage? ☐Yes ☐No
If yes, what type of coverage? ☐Medical ☐Dental
What is the effective date of the other coverage? ☐Medical: ____ . ____ . _____ ☐Dental: ____ . ____ . _____
What is the name of the other carrier? _____
Are you keeping the coverage? ☐Yes ☐No
If no, when will the coverage end? ☐Medical: ____ . ____ . _____ ☐Dental: ____ . ____ . _____
Policyholder's name _____ ID#(s) _____
Who did the insurance cover? ☐Self Only ☐Self & Spouse/Domestic Partner ☐Self & Child(ren) ☐Family

Section 7: Release - You must sign and date this form to be eligible for health insurance

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgment and agreement on behalf of myself and each other person who accepts coverage under the terms of the contract applicable to my coverage (who may include, for example my spouse and my eligible family dependents).
I hereby accept responsibility for payment of any portion of the premium.
I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.
Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Univera Healthcare plan, you agree to enroll in the dental plan offered to you by your employer.

PREFERRED PROVIDER ORGANIZATION (PPO)
I understand that the Preferred Provider Organization (PPO) coverage is comprised of an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.

I have thoroughly read, understand and agree to comply with the terms of the release in this section.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Subscriber Signature _____ **Date** _____

Please return to P.O. Box 211256 Eagan, MN 55121-2656
If you have questions, please contact your Group Administrator. Or, visit us at: UniveraHealthcare.com

Instructions for completing the Group Health Insurance Application/Change Form

Section 1: Employer Group & Benefit Information
This section should be completed with your Group Administrator. Group Administrator's signature is required. Medical and/or dental group numbers and information must be populated. Select who you need coverage for on the medical and/or dental plan(s) and indicate the subscriber's status. Next, select the medical and/or dental plan(s) you are enrolling in. All products may not be applicable to your employer group. Please check with your Group Administrator.

Section 2: Subscriber's Information
This section should be completed by the Subscriber. **We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act. * There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

Gender and gender identity: Univera Healthcare does not discriminate on the basis of gender identity, gender expression or behavior. In order to ensure that you are receiving access to high quality, affordable health care based on your individual needs, we ask that you consider completing this **optional gender identity section** of the application. Univera Healthcare will not limit coverage or impose any additional cost-sharing for any otherwise-covered services that are ordinarily available to individuals of one sex, to a transgender individual, based on the fact that an individual's sex assigned at birth, gender identity, gender expression or behavior or gender otherwise recorded is different from the gender for which health care services are ordinarily available.

Section 3: Reason for enrollment or change
Select the box(es) that describe(s) the reason for this enrollment or change regarding health insurance coverage and include the date of the event. An event is a specific occurrence, due to change in status, marriage, divorce, birth or adoption, group's anniversary date, or rate change. Your request must be received within 30 days of the event date. Please see your Group Administrator for events that fall outside the 30-day period. You may be required to provide documentation of certain events.

Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?
If you are canceling coverage, complete the appropriate section for who you are canceling. List the cancel code and enter the date(s) the coverage is to be canceled. List each applicable dependent to be canceled.

Section 5: Information about who you would like coverage for (dependent information)
Please include information about all the people who you would like coverage for.
Use an additional application or addendum if more than three dependents need coverage.
If your dependents are Medicare eligible, complete the questions regarding Medicare coverage.
Qualified guidelines for coverage include:

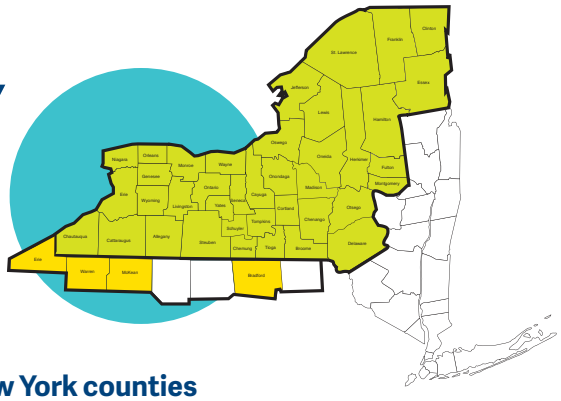
- A legal spouse/domestic partner (An ex-spouse no longer qualifies as of the date court documents are stamped and filed with the county clerk)
- Must be under the eligible child age for your employer group including natural, adopted or stepchild(ren)
- Child(ren) Only coverage is available for children up to age 26 or 29 depending on the employer group coverage.
- There are additional eligibility requirements for dependents pending adoption, for which you are the legal guardian, and/or a disabled dependent who is over the maximum dependent age. Please contact your Group Administrator for the appropriate form.

**We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act.
* There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.
A separate Adult Disabled Dependent application form is required for applicable dependents. Please contact your Group Administrator for the appropriate forms.

Section 6: Other coverage information (Required)
Please include accurate information in this section. This could affect the processing of your application and/or claims.

Section 7: Release
Subscriber signature and date are required in this section. The subscriber must sign the application prior to or within 30 days of the effective date or qualifying event date.

The Univera Healthcare network means high-quality, easy-to-find coverage.

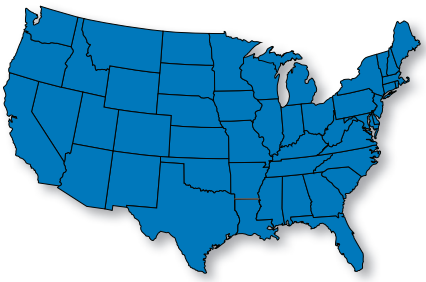


All Univera Healthcare plans give you access to the largest network in Upstate New York

- The Univera Healthcare PPO network covers **39 Upstate New York counties**
- More than 98% of all providers within these counties participate with us
- Includes all major hospitals and strategic physician groups
- Offers competitively negotiated rates for increased savings and value
- More direct contract relationships with providers in select neighboring Pennsylvania counties for extensive access for Southern Tier members

Plus, peace of mind with nationwide coverage

When members need care outside of our 39-county local network, Univera Healthcare offers access to more than 1.2 million practitioners and 5,600 hospitals through the PHCS/MultiPlan system. Using PHCS/MultiPlan, members get the same in-network benefit when they receive care from a PHCS/MultiPlan participating provider throughout the United States. If you see the logos below on your card, your plan may also include coverage on a nationwide network.



PHCS MultiPlan Complementary Network

Navigating our nationwide network

We know it can be stressful to locate a new provider. Whether you live outside of our local area, are traveling for work or vacation, or are looking for a doctor your college-age child can rely on while at school, our dedicated Network Navigator is available to assist you in finding participating providers and facilities, answer claims questions, and help resolve questions or issues that may arise. For personalized, one-on-one assistance with network access outside of the Western New York region, please contact Patricia Brooker at Patricia.Brooker@UniveraHealthcare.com.

Copyright © 2021, Univera Healthcare, All rights reserved.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意： 如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

UN-2677

univera HEALTHCARE

Understanding your

High Deductible Health Plan

A high deductible health plan or "HDHP" is designed to help keep premium costs low for you and your family. You'll have coverage for things like:

- Choice of doctors and hospitals
- No-cost telemedicine*
- Doctor visits
- Prescription drug
- Maternity and newborn care
- Hospitalization
- Urgent care visits
- Laboratory coverage
- Free preventive care
- Specialty care

Let's start with the basics:

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

For services other than preventive care, you are responsible for paying out of your pocket until you meet your **deductible**. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. **Coinsurance** is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

*The diagram illustrates how this works:****

Preventive Services

Insurance company provides full coverage

Other Services

Until deductible amount is reached

You pay a deductible up to a certain amount

After deductible amount is reached

Once the deductible amount is reached, you pay a percentage called coinsurance

You can use a tax-free account, called a Health Savings Account (HSA), to help pay for your portion of the costs. Talk to your HR or benefits representative about the account options that might be available to you.

Health insurance company pays You pay

*Subject to the deductible where applicable.

**In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B. Recommendations of the United States Preventive Services Task Force.

***Note: for illustrative purposes only - plan options vary

univera® HEALTHCARE

For example:

Let's say your deductible is **$2,000.**

You go to your doctor for low back pain. You pay **$100** for the visit.

You still have to pay **$1900** more to reach your deductible.

Your doctor orders an MRI of your lower back. You pay **$1,000** for the MRI.

You still have to pay **$900** more to reach your deductible.

After a series of visits to your doctor and a chiropractor, you have **$0** left to reach your deductible. Now you will pay a percentage of cost, **called coinsurance**.

If your coinsurance is **20%**, and the next time you visit your doctor your bill is **$100**, then **you'll pay $20 and we will pay $80.**

To help you with your costs, there is an **out-of-pocket maximum** which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember, preventive care is covered in full and is not subject to the deductible.

To determine your deductible, out-of-pocket maximum and coinsurance amounts, check your Summary of Benefits and Coverage (SBC), your online member account at Member.UniveraHealthcare.com, or your monthly health statements.

How much will you pay?

A lot goes into that. First, is how much your provider charges for a service. At Univera Healthcare, we've negotiated with providers so our members pay less than if you went to your doctor uninsured.

There are a few other things you can do to help figure out how much you're going to pay when you need care:

1

Use our **Estimate Medical Costs tool** at UniveraHealthcare.com/EstimateCosts. This tool provides an estimate of what a procedure might cost among different providers. For personalized results based on your benefits, use the tool while logged in to your member account.

2

Call your doctor or specialist ahead of time and ask how much the anticipated service will cost.

3

Log into your member account at **Member.UniveraHealthcare.com** to check your benefits or call our Customer Care Advocates at the number listed on the back of your member card.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意 ：如果您说中文 ，我们可为您提供免费的语言协助 。请参见随附的文件以获取我们的联系方式 。
UN-2913 / 14109-20M

Prescription home delivery

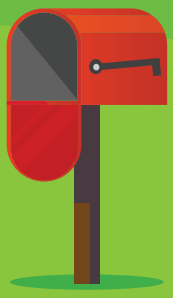
Signing up is as easy as 1, 2, 3...

Consider home delivery if you:

- Want some of your life back? Get a 90-day supply all at once.
- Take the same medication(s) every month.
- Need help managing your family's prescriptions.

Home delivery of prescriptions is safe and confidential:

- Insulated packaging protects your medications from the sun, rain and cold.
- Discreet packaging does not reveal contents.
- Delivery straight to your mailbox.

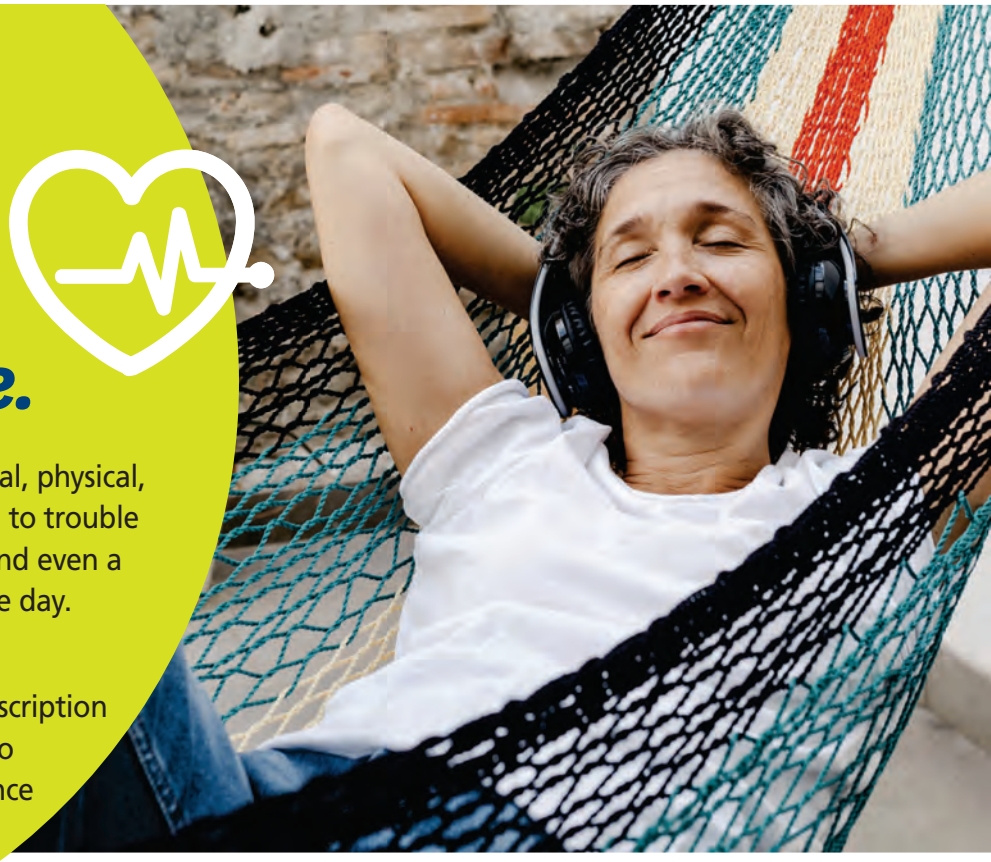


Automatic refill option. Free standard shipping. Express delivery available. Pharmacists available to answer questions. **Call today!**

univera® HEALTHCARE

UN-2518 / 12217-18CC

Enjoy some Calm® with your care.



Stress takes a big toll on a person's mental, physical, and emotional health. In fact, it can lead to trouble sleeping, increased feelings of anxiety, and even a decreased ability to focus throughout the day. And it can be a challenge to manage.

That's why we're offering you a free subscription to the Calm® app – a digital experience to help you manage stress and build resilience through better sleep, mindfulness, and meditation.

This new stress management program offers 24/7 access to a digital library filled with resources including:

- Original Daily Calm meditation added to the content library each day
- Hours of guided meditations covering sleep, anxiety, stress, gratitude, and much more
- More than 120 Sleep Stories, with new stories added every week
- Exclusive music tracks for focus, relaxation, and sleep
- Masterclasses featuring world-renowned mindfulness experts

The best part about Calm?

*It's proven to deliver results.**

- **92%** of users report an improved ability to fall asleep
- **90%** of users with an anxiety disorder diagnosis reported an improved ability to manage their symptoms
- **81%** of users with sleep difficulties report a significant reduction in stress after 8 weeks
- **78%** of users say they experience better moods
- **64%** of users report better concentration during the day
- **62%** of users report having more energy

A 12-month premium subscription to the Calm App is included with your health plan. Log into your member account to get started.

Member.UniveraHealthcare.com

*2020 Calm Science data, www.calm.com/science
Calm is an independent company that provides a mobile app for sleep, meditation and relaxation to Univera Healthcare members.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意： 如果您说中文， 我们可为您提供免费的语言协助 。请参见随附的文件以获取我们的联系方式 。

UN-3141/15515-21M

univera® HEALTHCARE

24/7 Nurse Call Line

The support you need whenever you need it.

You can contact a nurse by phone anytime - 24 hours a day, seven days a week - with general health questions. Nurses can provide support on the phone or through follow-up educational mailings. If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

- 24/7 nurse line availability to all individuals who call in to the program
- Decision making support and education when you need it most
- Assistance with finding providers
- Nutritional information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Member Care Management program for enhanced care management by a dedicated care manager
- Welcome mailing sent to all newly eligible for the program

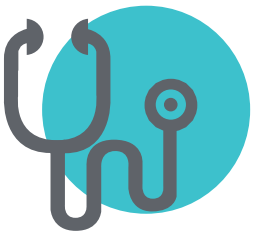
Ask a Nurse Today!
Call 1-800-348-9786
(TTY/TDD 1-800-662-1220)

The 24/7 nurse line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a physician directly.

13849-19
NurseCallLine 9/2019

Know Where to Get Care

You have options when choosing where to go for medical care. Here are some tips to help you make the right choice for where to go the next time you need care.



Primary Care Physician

Your doctor should be your **first choice** for routine medical care or minor illnesses or injuries that are not an emergency. You may have an office visit copay depending on your plan.

Tip: If you can't make it to their office, you might be able to schedule a remote visit with your doctor through phone or video connection, known as telehealth. Check with your primary care physician to see if they offer this option.

Cost

$

Telemedicine

If your doctor isn't available for minor medical or behavioral health needs, telemedicine may be an option for you. Telemedicine gives you fast and convenient access to a doctor 24/7/365 wherever you are through your phone, tablet, or computer. Register today at Member.UniveraHealthcare.com

Medical Telemedicine for:
Allergies • Asthma • Cold & Flu • Constipation • Diarrhea Fever • Joint Aches • Nausea • Pink Eye • Rashes
And more

Behavioral Health Telemedicine for:
• Addictions • Anxiety Bipolar disorders • Depression Eating disorders • Grief and loss • LGBTQ support • Panic disorders • Stress
And more

Cost

$

Urgent Care

If your medical issue is not life threatening and your doctor isn't available, you can visit an urgent care center and get the care you need.

Minor cuts, bruises or burns
Muscle strains • sprains
Cold and flu treatment

Cost

$$

Emergency Room

You should only go to the emergency room if you have a serious or potentially life-threatening medical condition. Call 911 for assistance. Do not try to drive yourself there.

Cost

$$$

Copyright © 2019, All rights reserved.
Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意 ：如果您说中文 ，我们可为您提供免费的语言协助 。请参见随附的文件以获取我们的联系方式

UN-2851 / 14121-20M

univera® HEALTHCARE

Member Care Management

Because a little extra care can go a long way.

univera HEALTHCARE

From everyday questions to long-term guidance through complex medical conditions, the Univera Healthcare Member Care Management team is here to lend a hand. Need help keeping track of prescription refills? No problem. Need to find a support group or information about a diagnosis? We know just where to look. We can even help you learn how to better care for a family member. Just give us a call. Our team is ready to give you the extra support you need at no additional cost.

Four Big Ways We Help You Manage Your Health

Dedicated Team

Coordinated care when you need it most.

A care manager works with a multi-disciplined team of health care professionals to deliver specialized, expert guidance and one-on-one support.

Complex Condition Management

Personalized support to get you through.

After a thorough assessment gives us a clear picture of your unique situation and needs, we provide outreach and support to help you better manage and understand your condition.

Chronic Condition Management

Ongoing expertise and specialized care.

We identify the barriers preventing you from achieving your health goals and help you overcome them. We also provide support like education on recommended tests and screenings so you can feel confident managing your illness.

Mental and Behavioral Health Management

Proven approaches with real results.

Substance abuse and mental illness are treatable diseases. And we'll provide you with the education, support, and community resources you need to get the upper hand on them.

"When you consider health insurance, you might think 'emergency coverage, medical bills, payments, and paperwork.' As a Univera Healthcare member, you get so much more. We care about you — the person — which is why we're here with quick answers, important connections, proven methods, and ongoing care planning when you need it."

— Joanne Richards, Member Care Management Team

FAQs About Member Care Management

1 What health conditions qualify for Member Care Management?

If you're a Univera Healthcare member, chances are you can benefit from Member Care Management on some level. It could be as simple as assistance with finding resources for a family member or as complex as creating an ongoing care plan for a chronic illness. **Whatever the situation, we provide this service as part of your membership, at no extra cost to you.**

2 How does it work?

We engage with you to provide support across all aspects of your health. That means we may reach out to help with things like care coordination for a chronic condition, or you can also contact us with questions about doctors, care, coverage, and more. Either way, we'll pull together the right team to help you move forward.

3 How much does it cost?

It's free to members. Our Member Care Management services are included at no additional cost to you. By helping you schedule and remember appointments, source prescriptions, and stay on top of your health, they can often even save you money.

4 Will I have to explain my situation to a new person every time I talk to Member Care Management?

No. The first time you call, we'll put you in touch with the right person to handle your needs on an ongoing basis. After that, you'll usually speak to your dedicated care manager who will help coordinate with any other specialty clinicians. No bouncing around trying to find the right person to help.

At Univera Healthcare, we truly care about the people and community we serve. Which is why we go beyond simply covering medical bills to provide the extra guidance and support our members need to live healthier, happier lives. Give us a call to see how we can help.

Member Care Management

1-877-222-1240 (TTY: 1-800-662-1220)
8 a.m. to 5 p.m. ET
Case.Management@UniveraHealthcare.com

Opt out of Member Care Management at any time by calling 1-877-222-1240

Copyright © 2021, Univera Healthcare. All rights reserved.
Our Health Plan complies with federal civil rights laws.
We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted.
Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意：如果您说中文，我们可为您提供免费的语言协助。 请参见随附的文件以获取我们的联系方 式 。

UN-2471 / 15753-21M

Meet Your Member Care Management Team

Registered Nurses

Your dedicated registered nurse will typically be your main point of contact on the Member Care Management team — providing you with the care planning, education, and emotional support you need to achieve your health goals.

Registered Dieticians

Want to start eating better? Our registered dieticians are food and nutrition experts who can tell you exactly what you need to eat to support your health.

Behavioral Health Specialists

When you're dealing with addiction or mental illness, it can feel like you've got nobody in your corner. But that's not true. Get the counseling and direction you need from our behavioral health specialists.

Social Workers

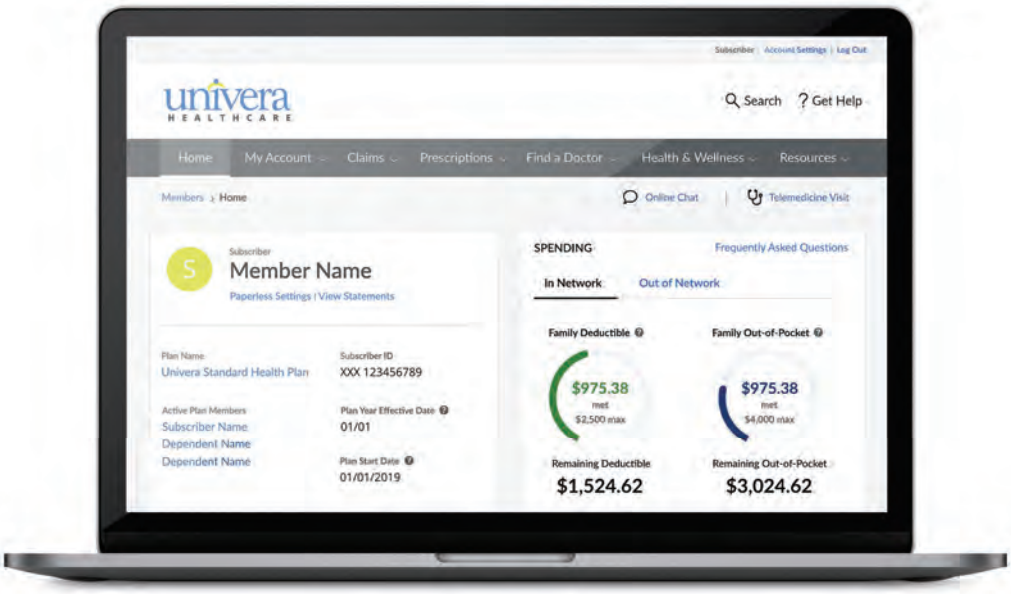
Being the primary caregiver for a family member can be extremely challenging to handle on your own. Our social workers are here to give you the skills, tools, support, and confidence to get issues resolved.

univera HEALTHCARE

Simpler health plan? Check.

univera HEALTHCARE

You know that feeling when you check the last thing off your to-do list? We do, too. That's why we've made it easier to save time, save money, and get things done by creating your Univera Healthcare online member account. Sign up today and keep tabs on your plan from any device.



1. **My Account**
   Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.

2. **Find a Doctor/Dentist**
   Locate a provider in our extensive 39 county regional network.*

3. **Spending**
   Get a breakdown of your health care spending.

4. **Coverage & Benefits**
   View a summary of your plan details.

5. **Claims**
   View and submit claims.

6. **Get Rewards**
   Enjoy quick access to spending and rewards programs.

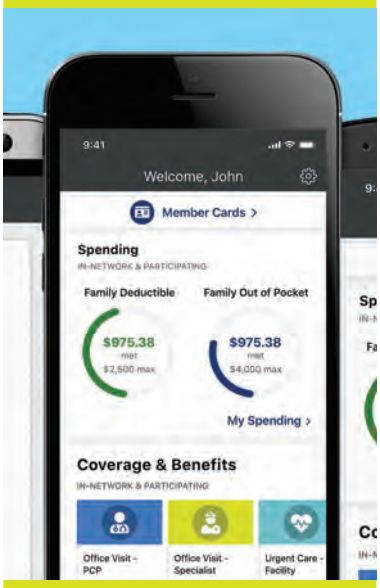
7. **Estimate Medical Costs**
   Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.*

Visit UniveraHealthcare.com to register today.

*If the PHCS and MultiPlan logo is present on the back of your Member Card, your plan also provides access to a national primary preferred provider organization (PPO) as a complement to Univera Healthcare's regional network.

Download the Univera Healthcare App.

Take your health plan with you for on-the-go access 24/7.



View your member card.

•

Track deductibles and out-of-pocket spending.

•

Find a provider or medical facility.

•

Access your benefits and claims information.

Download on the App Store

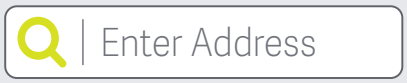
GET IT ON Google Play

Get care that's always there in 5 easy steps.

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

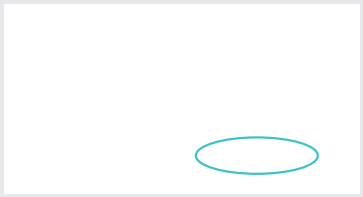
1 In Your Browser, Type UniveraHealthcare.com/login

This will take you directly to the registration screen.



2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



3 Complete the Form

You'll need your Subscriber ID, so be sure you have your Member Card handy.

4 Choose a Username and Password

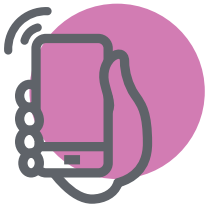
You'll also choose a pair of security questions in case you forget either of these.

Username*

Password*

5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



Don't forget to download the app

Log in to see more features, tools, and resources online.

- View a Summary of Benefits and Coverage
- Find a Doctor or Dentist
- Track Deductible and Out-of-Pocket Spending
- View and Submit Claims
- Estimate Medical Costs*
- View Online Member Cards
- Download Statements and Forms

Create your account at UniveraHealthcare.com today for anytime, anywhere access to your health plan.

* Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

Copyright © 2020, Univera Healthcare. All rights reserved.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

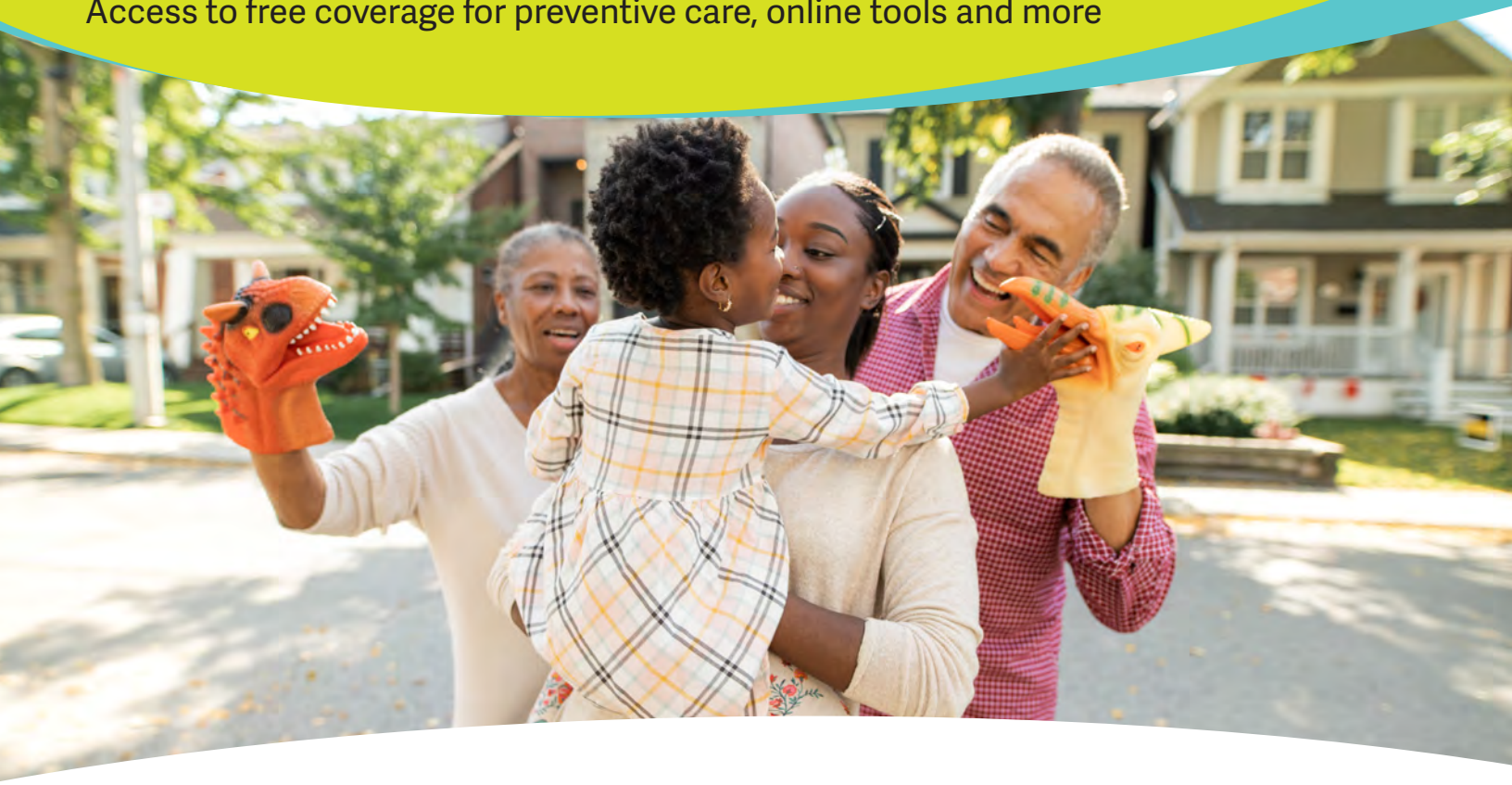
注意 ： 如果您说中文 ， 我们可为您提供免费的语言协助 。 请参见随附的文件以获取我们的联系方式

UN-2424/14009-20M

univera® HEALTHCARE

Free preventive services with your HDHP

Access to free coverage for preventive care, online tools and more



Did you know that most preventive health screenings and immunizations are covered at no cost to you? Download the Univera Healthcare mobile app and create your online member account to see what else your plan includes.

Preventive care keeps you healthy. And it's covered.*

- **Annual Routine Checkup**
- **Annual OB/GYN Visit**
- **Cholesterol Screening**
- **Colorectal Cancer Screening**
- **Diabetes (Type 2) Screening**
- **Immunizations**
- **Mammography Screening**
- **Well-Child Visit**

See the full list of preventive care services available to you at **UniveraHealthcare.com/PreventiveCare**

Download on the App Store | GET IT ON Google Play

Download the **Univera Healthcare app** and register your online account.

univera HEALTHCARE

*A well visit or preventive service can sometimes turn into a "sick visit," in which out-of-pocket expenses for deductible, copay and/or coinsurance may apply. There may also be other services performed in conjunction with the above preventive care services that might be subject to deductible, copay and/or coinsurance. Covered services do not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

Copyright © 2020, All rights reserved.

UN-3032/14857-20M

Telemedicine for
Medical and Behavioral Health Care

univera HEALTHCARE

The Comfort of Care Available Anytime, Anywhere

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE® app.**

Rest assured, our health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

When Do You Use Telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

Here Are Some Common Conditions Treated With Telemedicine:

Adults

- Allergies
- Cold and Flu
- Ear Infections
- Fever
- Headache
- Joint Aches and Pains
- Nausea and Vomiting
- Pink Eye
- Rashes
- Sinus Infections
- Sunburn
- Urinary Tract Infections*

Children

- Cold and Flu
- Constipation
- Earache*
- Fever*
- Nausea and Vomiting
- Pink Eye

*MDLIVE does not provide support for urinary tract Infections in males; does not provide support for earache conditions for children under 12 years old; does not provide support for fever-related conditions for children under 3 years old.

Telemedicine Covers Behavioral Health, Too

In addition to anytime, anywhere access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

Here are some conditions people rely on behavioral health telemedicine for:

- Addiction
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief and Loss
- LGBTQ Support
- Panic Disorders
- Stress
- Trauma and PTSD

Telemedicine visits with MDLIVE may be covered in the following ways:

Plan Type	Telemedicine Cost Share
Copay	Covered in full
Hybrid/Deductible Non-HSA	If your doctor's visits are subject to deductible, a telemedicine visit will be covered in full after deductible
	If your doctor's visits are a copay with no deductible, a telemedicine visit will be covered in full
Deductible HSA	Covered in full after deductible
***Note:** This is not a contract. It is intended to highlight the coverage for most plan options. Please refer to your contract for your plan's benefits.*	

*If you haven't met your deductible, you will pay the allowable charge of $40. The $40 allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed $180. This means a member who as not met their deductible will not pay more than $180.

Don't wait until you need it. There are four easy ways to activate telemedicine today.

WEB - Register/Log in at UniveraHealthcare.com/Member
APP - Download the MDLIVE app
TEXT - UNIVERA to 635483 (Message and data rates may apply.)
VOICE - Call 1-866-914-8426

Did You Know?

70%

of doctor's office visits could be handled over the phone.[1]

20.3 *days*

is the average wait time between scheduling an appointment and seeing a primary care doctor.[2]

90%

of emergency room visits can potentially be prevented with telemedicine.[3]

[1] "New medical cost savings program: Telemedicine means great discounts." R. Schultz, January 9, 2010.

[2] Based on MDLIVE data, 2016.

[3] Based on New York State Department of Health data, 2016.

Copyright © 2018, Univera Healthcare. All rights reserved.

MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use and privacy policy, please visit www.mdlive.com/terms-of-use and www.mdlive.com/privacy-policy. MDLIVE is an independent company, offering telehealth services in the Univera Healthcare service area.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

UN-2675 / 16698-22M REV10/22

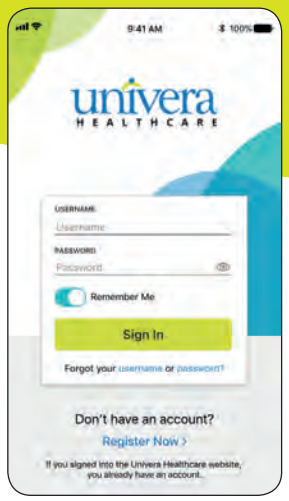
univera HEALTHCARE

Get ready for better care – anywhere

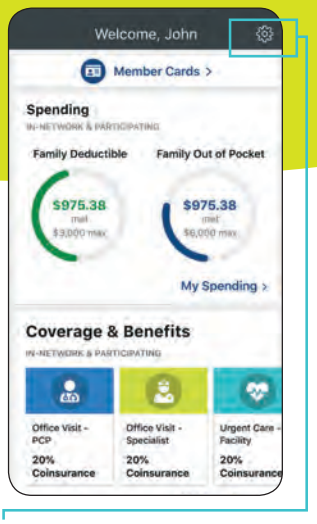
Your Wellframe® Quick Start Guide

Free to all Univera Healthcare members, the Wellframe® app gives you instant access to our dedicated team of nurses, dietitians, and other health care professionals to help you get healthier on your schedule.

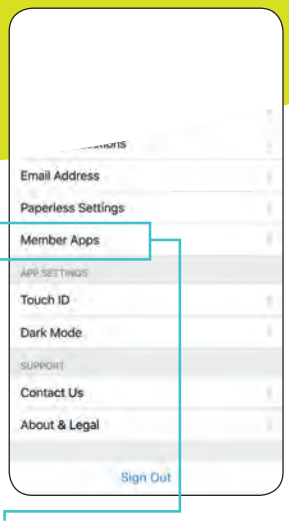
Here's all you have to do:



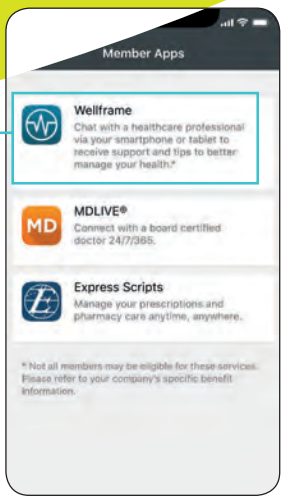
1 Download the Univera Healthcare app and register your online account.



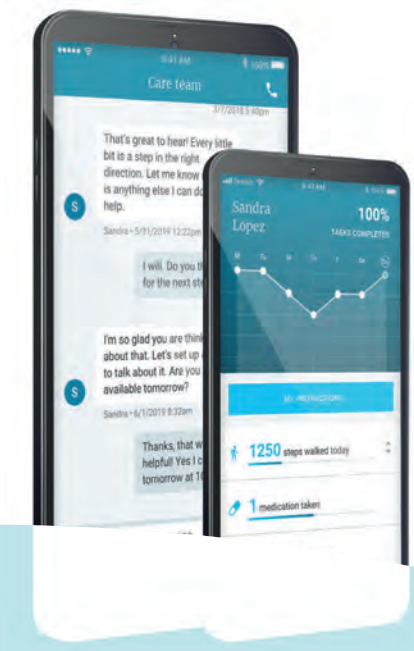
2 Open your Univera Healthcare app and click the settings icon on the top right.



3 Click Member Apps from the settings menu.



4 Click Wellframe® and enter code "UNIVERA" to download.



Health care experts and support at your fingertips

Once you download Wellframe®, you're ready to:

- Connect with and text our dedicated team of health care professionals at any time
- Create a personalized health plan and track progress
- Receive daily tips, reminders, and videos
- Join programs within the app for additional support

Download on the App Store | GET IT ON Google Play

Copyright © 2019, Univera Healthcare. All rights reserved.
Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意 ： 如果您说中文 ， 我们可为您提供免费的语言协助 。 请参见随附的文件以获取我们的联系方式 。
UN-2818

univera HEALTHCARE

univera HEALTHCARE

Important Facts Regarding Your Authorization to Share Protected Health Information

- **In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.**

- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.

- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, HIV/AIDs and drug or alcohol abuse unless the child specifically authorizes the release of such information.

- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.

- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm.

- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at: univerahealthcare.com and search for "Manage Your Privacy".

- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

AUTHORIZATION TO UNIVERA HEALTHCARE ("HEALTH PLAN") TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

☐ **Check here only if you are authorizing access to psychotherapy notes.** If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)

CURRENT ADDRESS	CITY	STATE/ZIP CODE

PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)

NAME OF PERSON/ORGANIZATION	ADDRESS
NAME OF PERSON/ORGANIZATION	ADDRESS

PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE

☐ At my request ☐ Other: _____

PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION *(select D-1 or D-2 and if applicable, D-3)*

NOTE: Skip this section if psychotherapy was checked at the top of this form

D-1. ☐ I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.

- OR –

D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.

☐ Enrollment *(e.g. eligibility, address, dependents, birth date)*
☐ Benefit *(e.g. benefit coverage, usage, limits)*
☐ Claim *(e.g. status, provider, dates, payment, diagnosis)*
☐ Clinical records *(e.g. doctor/facility, case management)*
☐ Other limitation:_____
☐ Date Range_____to _____

- AND, IF APPLICABLE –

D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.

____ Genetic testing
____ Sexually transmitted diseases
____Substance use disorder
____Abortion
____Mental health *(excluding psychotherapy notes)*

Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm

CONTINUED ON THE NEXT PAGE

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature:_____ **Date:** _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney* ☐ Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

Return form to:

Univera Healthcare
P.O. Box 211256
Eagan, MN 55121

or Fax: 315-671-7079

PLEASE KEEP A COPY FOR YOUR RECORDS

Prescription Drug Reimbursement / Coordination of Benefits Claim Form

An incomplete form may delay your reimbursement.
See the back for instructions and complete all information.

EXPRESS SCRIPTS®

Cardholder Information *See your prescription drug ID card.*

Group No.

Member ID

Member Name First Last

Street Address

City State ZIP

Patient Information

Patient Name First Last

Patient Date of Birth (Month/Day/Year) __/__/____

Sex

- ☐ Female
- ☐ Male

Relationship to Plan Member

- ☐ 1 Self
- ☐ 2 Spouse
- ☐ 3 Eligible Child
- ☐ 4 Dependent Student
- ☐ 5 Disabled Dependent
- ☐ 6 Dependent Parent
- ☐ 7 Non-spouse Partner
- ☐ 8 Other

Pharmacy Information

Name of Pharmacy

Street Address

City State ZIP

Telephone (include area code) ___-___-____

Is this an on-site nursing home pharmacy? ☐ **Yes** ☐ **No**

I hereby certify that the charge(s) shown for the medication(s) prescribed is correct and agree to provide Express Scripts or its agents reasonable access to records related to medication dispensed to this patient in accordance with applicable law. I further recognize that reimbursement will be paid directly to the plan member and assignment of these benefits to a pharmacy or any other party is void.

X _____
Signature of Pharmacist or Representative **(Required)**

NCPDP/NPI Required

Claim Receipts

Tape receipts or itemized bills on the back.
See back for details.

Check the appropriate box if any receipts or bills are for a:

☐ **Compound prescription**

Make sure your pharmacist lists ALL the VALID NDC numbers, cost and quantities for each ingredient on the back of this form and attach receipts. Claim will be returned if incomplete.

ONE CLAIM FORM PER COMPOUND SUBMISSION

☐ **Medication purchased outside of the United States**

Please indicate:

Country _____

Currency used _____

☐ **Allergy medication**

Coordination of Benefits

(Another Health Plan has paid a portion.) Mark the appropriate box for your primary coverage method. See the back for more information.

Is this a coordination of benefits claim?

☐ Yes ☐ No

☐ Another Health Plan paid and you are enclosing a statement that outlines how much you paid and how much the other carrier paid (1)

☐ Card Program (3)

☐ Express Scripts Mail Order (4)

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any materially false, deceptive, incomplete, or misleading information pertaining to such claim may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment or denial of benefits.†

Please tape receipts on the back of this page.

Acknowledgment

I certify that the medication(s) described was received for use by the patient listed above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I certify that the medication(s) described were not for an on-the-job injury. *By completing this form, I recognize that reimbursement will be paid directly to me and that assignment of these benefits to a pharmacy or any other party is void.**

X _____ _____
Signature of Member Date

*If allowed by law, you may assign the payment of this claim to your pharmacy. If your pharmacy is willing to accept assignment, do not complete this form.

Please request that your pharmacy contact Pharmacy Services at 800.922.1557 for assistance.

Claim Receipts

Please tape your receipts here. **Do not staple!** If you have additional receipts, tape them on a separate piece of paper

Tape receipt for prescription 1 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and day supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for prescription 2 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and day supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

COMPOUND PRESCRIPTIONS ONLY

- List the VALID 11-digit NDC number for EACH ingredient used for the compound prescription.
- For each NDC number, indicate the "metric quantity" expressed in the number of tablets, grams, milliliters, creams, ointments, injectables, etc.
- For each NDC number, indicate cost per ingredient.
- Indicate the TOTAL charge (dollar amount) paid by the patient.
- Receipt(s) must be attached to claim form.

Rx # ☐☐☐☐☐☐☐☐☐☐☐

Date Filled ☐☐/☐☐/☐☐☐☐ Day Supply ☐☐☐ Quantity ☐☐☐☐☐

Valid 11-digit Ingredient NDC	Metric Quantity	Ingredient Cost
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
	Total charge	☐☐☐☐☐☐☐

Instructions Read carefully before completing this form.

1. Always present your prescription drug ID card at the participating retail pharmacy.
2. Use this form when you have paid full price for a prescription drug at a retail pharmacy or need to submit claims under Coordination of Benefits rules:
3. **You must complete a separate claim form for each pharmacy used and for each patient.**
4. You must submit claims within 1 year of date of purchase or as required by your plan.
5. **Be sure your receipts are complete.**
   In order for your request to be processed, all receipts must contain the information listed at the top of this page. Your pharmacist can provide the necessary information if your claim or bill is not itemized.
6. The plan member should read the acknowledgment carefully, and then sign and date this form.
7. **Return the completed form and receipt(s)** to:
   Express Scripts
   ATTN: Commercial Claims
   P.O. Box 14711
   Lexington, KY 40512-4711
8. You may also **fax your claim form to: 608.741.5475**.

Please use one claim form per fax.
Do not combine claims for different members in the same fax submission.

Additional Coordination of Benefits Instructions

Another Health Plan Paid

You must first submit the claim to the primary insurance carrier. Once the statement from the primary plan is received from the primary carrier, complete this form, tape the original prescription receipts in the spaces provided at the top of this page, and attach the statement from the primary plan, which clearly indicates the cost of the prescription and what was paid by the primary plan.

Prescription Drug Programs or HMO Plans

Retail pharmacies

If the primary plan is one in which a copayment or coinsurance is paid at a retail pharmacy, then no EOB is needed. Just complete this form and attach the prescription receipt(s) that shows the copayment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the EOB.

The Express Scripts Pharmacy

If the primary plan is mail order, complete this form and attach either the prescription receipt(s) that shows the copayment or coinsurance amount paid to the mail-order pharmacy or the statement of benefits you receive from the mail-order pharmacy.

† **California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

© 2015 Express Scripts Holding Company. All Rights Reserved. 12-0684 (12-1608 rev 6/15)

C1001

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

B-5495

Get up to $500 with Wellness Your Way

With Wellness Your Way you can receive up to $500* annually to be used on programs and services to help keep you and your family healthy.

Whether saving time through healthy food home delivery services, taking advantage of the 24/7 convenience of online fitness classes, or simply signing the kids up for sports and healthy activities – you can use your Wellness Your Way rewards in whatever way best fits your family's needs and lifestyle.

Claiming your rewards is easy

Wellness Your Way provides each family with up to $500* annually as a reward, just for being members. There's no complicated activity tracking or reimbursement forms to send in. Simply register online and your Wellness Your Way debit card will be sent in the mail.

1. Log in/Register at UniveraHealthcare.com
2. Go to the Rewards & Incentive area under Health and Wellness
3. Click the Wellness Your Way tab to request your debit card which is to be used for wellness related purchases
4. Your rewards card is in the mail!

Use your rewards for any wellness activities you see fit!

Your Wellness Your Way card can be used wherever MasterCard is accepted*, including online merchants. This gives you the flexibility of choosing the healthy programs that are right for you.

Use your Wellness Your Way rewards on things like:

- Gym memberships
- Exercise equipment
- Kids sports & activities
- Community Supported Agriculture (CSA)
- Weight management programs
- Meal kit delivery services
- Smoking cessation programs
- And much more!

For more information, please contact your Account Services Representative at 1-833-396-9355.

* Wellness Your Way program payment is $500 per family contract, $250 per single contract. For an individual policy, the subscriber will receive a debit card for $250. The $500 reward applies to family policies where there is a subscriber and a spouse covered by the contract. Both subscriber and spouse are eligible for the $250 reward, which is issued in one $500 debit card in the subscriber's name.

Wellness Your Way MasterCard rewards cards will arrive in active status and are ready to use. When making a transaction, always select "credit" at the point of purchase. Cards will not work at ATMs or gas stations.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

univera HEALTHCARE

UN-2652 • 7-2020/14272-20M

Health plan terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms.

Primary Care Physician (PCP)—A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

Referral—Instructions provided by a PCP for specialty care. Most plans do not require referrals.

In-network coverage—The coverage available when you receive services from a provider who participates in your health plan.

Out-of-network coverage—The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

Out-of-area—Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

Copay—A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Allowed Amount—The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

Coinsurance—A cost-sharing method that requires you pay a percentage of the allowed amount for certain medical services.

Deductible—A set dollar amount you pay for covered services you receive before your insurer will make a payment.

Out-of-pocket maximum—The maximum amount of copays, deductible and coinsurance payments that you will pay for health services each calendar year.

*Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.

univera HEALTHCARE

UniveraHealthcare.com

14840-20M