



Right here.  
For you.

# Caring always comes first.



## Your Benefit Details

**Group Name**

County Of Wyoming (Retirees)

# You deserve a partner who thinks about health care in ways you wouldn't expect.

At Univera Healthcare, we know that when more people in this community have the coverage and support they need to live healthier, it's a better place for all of us. That's why your plan includes coverage that supports more complete wellbeing at every stage in life. This includes coverage for your physical, emotional, and financial wellbeing—plus great tools and resources that make it easier than ever to get the support you need.

You can feel confident knowing the entire Univera Healthcare team will be here for you and your family throughout your health care journey, and also here for your community. As Western New Yorkers ourselves, we know what it takes.

**Welcome to Univera Healthcare. We're always right here. For you.**

205 Park Club Lane  
Buffalo, NY 14221-5239  
[UniveraHealthcare.com](http://UniveraHealthcare.com)



## **County Of Wyoming (Retirees)**

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## **Univ PPO Sig Ded 3 (Retiree) DBG**

### **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                            | Not Covered                           |
| Coverage Period                             | 01/01/25-12/31/25                     |
| Office visit copay (Primary Care Physician) | 20% Coinsurance Subject to Deductible |
| Office visit copay (Specialist)             | 20% Coinsurance Subject to Deductible |
| Coinsurance                                 | 20%                                   |
| Deductible                                  | Single \$1,650 / Family \$3,300       |
| Out of pocket maximum                       | Single \$3,000 / Family \$6,000       |

Questions? For assistance call (800) 499-1275,  
Call our TTYphone at 1 (800) 421-1220,  
or visit us at [www.univerahealthcare.com](http://www.univerahealthcare.com)



## County of Wyoming

### General Information

#### Cost Sharing Expenses

| Benefit Name                          | In Network | Out of Network | Limits and Additional Information  |
|---------------------------------------|------------|----------------|--|
| Deductible - Single                   | \$1,650    | \$1,650        |  |
| Deductible - Family                   | \$3,300    | \$3,300        |  |
| Coinsurance                           | 20%        | 40%            |  |
| Annual Out of Pocket Maximum - Single | \$3,000    | \$3,000        | 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 | \$6,000    | \$6,000        | 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<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |                                   |
| Cost Share - Specialist   | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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 |            |                | Not Covered                       |

### Inpatient Services

#### Inpatient Facility

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

## Inpatient Professional Services

| Benefit Name               | In Network   | Out of Network                           | Limits and Additional Information  |
|----------------------------|--|--|--|
| Inpatient Hospital Surgery | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Anesthesia                 | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 20% Coinsurance<br>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<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Diagnostic X-ray   | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Diagnostic Laboratory and Pathology                            | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Radiation Therapy  | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Chemotherapy   | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |
| Mental Health Care   | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | Includes Partial Hospitalization   |
| Substance Use Care   | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Home Infusion Therapy | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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<br>Subject to Deductible | 40% Coinsurance<br>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%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Diagnostic X-ray                    | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Diagnostic Laboratory and Pathology | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Radiation Therapy                   | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Chemotherapy                        | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Mental Health Care                  | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Maternity Care                      | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| Telehealth                          | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |
| TeleMedicine Program                | PCP/Specialist - 0%<br>Coinsurance<br>Subject to Deductible  | Not Covered                              | Covers online internet consultations between the member and the providers who participate in our Telemedicine MDLive and, if applicable, Vori Health Program for medical, behavioral health, and physical therapy conditions that are not emergency conditions. |
| Chiropractic Care                   | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |   |

| Benefit Name                      | In Network   | Out of Network                           | Limits and Additional Information                                |
|-----------------------------------|--|--|--|
| Allergy Testing                   | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | Allergy Testing includes injections and scratch and prick tests. |
| Allergy Treatment Including Serum | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | Includes desensitization treatments (injections & serums).       |
| Hearing Evaluations Routine       | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 1 Exam per plan year<br>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<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy. |
| Occupational Rehabilitation | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy. |
| Speech Rehabilitation       | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>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%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>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%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>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%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 45 Visits per plan year<br>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<br>Subject to Deductible | 1 Exam per calendar year          |
| Adult Immunizations                 | PCP/Specialist - Covered in Full | 40% Coinsurance<br>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<br>Subject to Deductible |                                   |
| Pre/Post-Natal Care                 | PCP/Specialist - Covered in Full | 40% Coinsurance<br>Subject to Deductible |                                   |

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

## Other Benefits

### Additional Benefits

| Benefit Name   | In Network   | Out of Network                           | Limits and Additional Information  |
|--|--|--|--|
| Treatment of Diabetes - Non-Insulin Drugs and Supplies | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy. |
| Treatment of Diabetes - Insulin                        | PCP/Specialist - 0%<br>Coinsurance                           | 40% Coinsurance<br>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 - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |  |

| Benefit Name                    | In Network   | Out of Network                           | Limits and Additional Information |
|---------------------------------|--|--|-----------------------------------|
| Durable Medical Equipment (DME) | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |                                   |
| Medical Supplies                | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible |                                   |
| Acupuncture                     | PCP/Specialist - 20%<br>Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>Subject to Deductible | 10 Visits per year                |
| 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<br>Subject to Deductible | Covered<br>Subject to Deductible | \$4,000 Reimbursement Per Plan Year<br>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<br>Subject to Deductible | 20% Coinsurance<br>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<br>Subject to Deductible | 20% Coinsurance<br>Subject to Deductible |                                   |

## Urgent Care

| Benefit Name                      | In Network                               | Out of Network                           | Limits and Additional Information |
|-----------------------------------|--|--|-----------------------------------|
| Urgent Care Center Facility Visit | 20% Coinsurance<br>Subject to Deductible | 40% Coinsurance<br>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<br>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<br>Subject to Deductible | 1 Exam per contract year          |
| Adult Eyewear - Routine       | Not Covered     | Not Covered                              | Not Covered                       |

## Rx Benefits

## Rx Plan

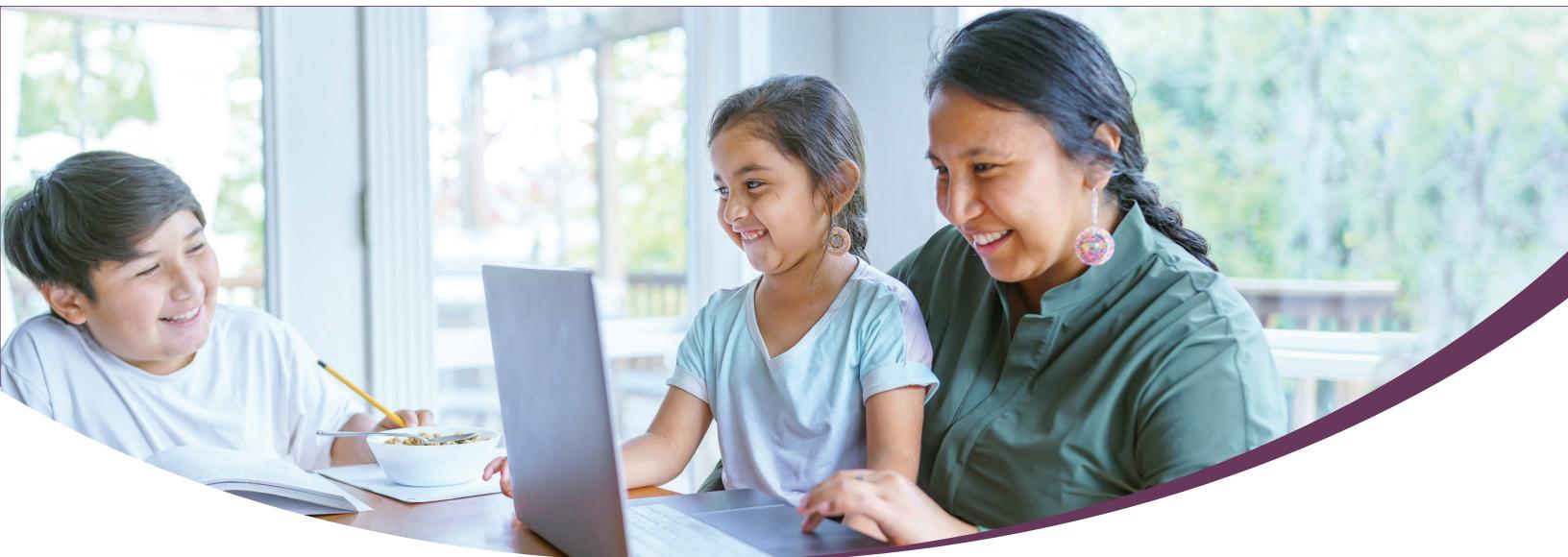
| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--------------|------------|----------------|-----------------------------------|
| Rx Plan      |            |                | \$5/\$30/\$75 Integrated RX       |

## 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          |                |                                   |

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.

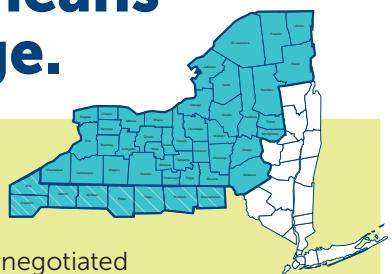
\* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health 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.



## 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** with no direct access fee
- 100% of hospitals and 99% of doctors in our area accept our plans
- 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 additional 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 1.4 million practitioners and 5,600 hospitals through our partner, PHCS/MultiPlan. The PHCS and/or MultiPlan logos on the back of your Univera Healthcare member card mean that you'll get the same in-network benefits when you receive care throughout the United States.

### Navigating our nationwide network

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

To find a local provider visit [UniveraHealthcare.com/FindADoctor](http://UniveraHealthcare.com/FindADoctor). For providers outside our local service area, visit [multiplan.com/univera](http://multiplan.com/univera) to use the Nationwide MultiPlan® Network search tool

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



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

Copyright © 2023, 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 rev 7.24 / 19189-24M

**univera**  
HEALTH CARE

Right here.  
For you.





## Commercial Group Health Insurance Application/Change Form

FOR INTERNAL USE ONLY

HIOS ID# \_\_\_\_\_  
EC \_\_\_\_\_

**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

County Of Wyoming

Employer Name

Association/Chamber Name (if applicable)

**Check Desired Action**  
 Add  Cancel  Change

Group Administrator's Signature (required)

Date

Employee Number

Department Number

#### Medical Information

00130631

Medical Group Number (8 digits)

R001 R001

Subgroup Class

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

#### Medical Effective Date

#### Subscriber Status:

- Actively Working
- Retired
- Disabled
- Canceled
- COBRA

#### Dental Information

00055393

Dental Group Number

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

#### Dental Effective Date

#### Medical Plan Selection

Univ PPO Sig Ded 3 (DBG)

#### Vision Information

00130632

Vision Group Number

R001 R001

Subgroup Class

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

#### Vision Effective Date

#### Vision Plan Selection

Vision Bronze Plan (VAD)

### Section 2: Subscriber's Information

Birthdate: \_\_\_\_\_

Gender:

- Male
- Female
- Gender X

Gender identity (optional):

- Transgender Male
- Transgender Female
- Prefer not to say
- Non-binary
- Prefer to self-describe: \_\_\_\_\_

Social Security Number\*\* \_\_\_\_\_

Date of Hire/Rehire: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Last Name

First Name

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

Street Address

City

State

Zip Code

Phone

- Age 65+
- Disability
- End Stage Renal \*

Subscriber's Medicare Number (if applicable)

Medicare Part A Effective Date

Medicare Part B Effective Date

**Section 3: Reason for enrollment or change** **To be completed by the Group Administrator** **Not required for cancellations**

|   |  |   |  |  |
|---|--|---|--|--|
| <b>Enrollment Opportunity:</b>  | <input type="checkbox"/> New Hire  | <input type="checkbox"/> Rehire                 | <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Medicare eligible |
| <b>Special Enrollment Opportunity:</b>                                      | <input type="checkbox"/> Newly Eligible Dependent: <input type="checkbox"/> Newborn <input type="checkbox"/> Marriage <input type="checkbox"/> Other _____ |   |  |  |
| <input type="checkbox"/> Change in employment status                        | <input type="checkbox"/> A move in or out of the service area  |   |  |  |
| <input type="checkbox"/> Involuntary loss of coverage                       | <input type="checkbox"/> Former dependent regains eligibility  |   |  |  |
| <b>Date of Event</b> _____, _____, _____                                    |  |   |  |  |
| <b>COBRA Election - Please indicate the reason for COBRA if applicable:</b> |  |   |  |  |
| <input type="checkbox"/> Left Employment/Retired                            | <input type="checkbox"/> Divorce/Legal Separation  | <input type="checkbox"/> Loss of Student Status | <input type="checkbox"/> Death of Spouse |  |
| <input type="checkbox"/> Disability   | <input type="checkbox"/> Dependent Reached Max Age <input type="checkbox"/> Other: _____   |   |  |  |

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

|  |  |  |                             |                            |
|--|--|--|-----------------------------|----------------------------|
| <b>Subscriber</b>  | <b>Cancel Code:</b>  | <b>Medical Cancel Date:</b>  | <b>Dental Cancel Date:</b>  | <b>Vision Cancel Date:</b> |
| <b>Cancel Codes:</b>   |  |  |                             |                            |
| SB02-Left Employment   | SB58-Change in Employee Eligibility Status   | SB08-Subgroup Transfer*  |                             |                            |
| SB06-Employee No Longer Wants Coverage* (subscriber request)   | SB57- Layoff Without Benefits  |  |                             |                            |
| SB07-Deceased  | SB09-Enrolled in Error*  | SB44-Medicare Eligible (Moved to Medicare plan with same employer) | * = Not eligible for COBRA  |                            |
| <b>Dependent(s)</b>  | <b>Name:</b>   | <b>Cancel Code:</b>  | <b>Medical Cancel Date:</b> | <b>Dental Cancel Date:</b> |
| * = Not eligible for COBRA   |  |  |                             |                            |
| <b>Cancel Codes:</b>   | M002-Deceased* M005-Divorced M010-Overage Dependent M014-YA No Longer Qualifies* M013-Ineligible Dependent |  |                             |                            |
| M003-Subscriber No Longer Wants to Cover Dependent* M007-Dependent No Longer Wants Coverage* M009-Marriage |  |  |                             |                            |
| M011-No Longer a Student   | M004-Enrolled in Error*  | M008-Moved Out of Area*  | M040-Medicare 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 \_\_\_\_\_

|  |              |  |   |                                  |
|--|--------------|--|---|----------------------------------|
| <b>Last Name</b> (if different)  | <b>Title</b> | <b>First Name</b>  | <b>MI</b>                                     | <b>Social Security Number **</b> |
| <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X   |              |  |   |                                  |
| <b>Gender identity (optional):</b> <input type="checkbox"/> Transgender Male   |              |  |   |                                  |
| <b>Birthdate</b> _____, _____, _____   |              |  |   |                                  |
| <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____ |              |  |   |                                  |
| Is dependent a full-time student over age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              | Married? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Expected Graduation Date: _____, _____, _____ |                                  |
| If yes, please provide name of college/university _____  |              |  |   |                                  |
| Will dependent further education after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |  |   |                                  |
| Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No   |              | <input type="checkbox"/> If yes, indicate reason <input type="checkbox"/> Age 65+ <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal * |   |                                  |
|  |              | Part A Effective Date: _____, _____, _____   | Part B Effective Date: _____, _____, _____    |                                  |
| Medicare Number (if applicable) _____  |              |  |   |                                  |

**↓ Additional Dependent(s) ↓**

|  |                                      |  |   |                                  |
|--|--------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Dependent Child <input type="checkbox"/> Disabled Dependent Child (Separate application form required)  | <input type="checkbox"/> Other _____ |  |   |                                  |
| <b>Last Name</b> (if different)  | <b>Title</b>                         | <b>First Name</b>  | <b>MI</b>                                     | <b>Social Security Number **</b> |
| <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X   |                                      |  |   |                                  |
| <b>Gender identity (optional):</b> <input type="checkbox"/> Transgender Male   |                                      |  |   |                                  |
| <b>Birthdate</b> _____, _____, _____   |                                      |  |   |                                  |
| <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____ |                                      |  |   |                                  |
| Is dependent a full-time student over age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | Married? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Expected Graduation Date: _____, _____, _____ |                                  |
| If yes, please provide name of college/university _____  |                                      |  |   |                                  |
| Will dependent further education after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                      |  |   |                                  |
| Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | <input type="checkbox"/> If yes, indicate reason <input type="checkbox"/> Age 65+ <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal * |   |                                  |
|  |                                      | Part A Effective Date: _____, _____, _____   | Part B Effective Date: _____, _____, _____    |                                  |
| Medicare Number (if applicable) _____  |                                      |  |   |                                  |

Dependent Child  Disabled Dependent Child (Separate application form required)  Other \_\_\_\_\_

|   |       |   |   |                           |
|---|-------|---|---|---------------------------|
| Last Name (if different)  | Title | First Name  | MI  | Social Security Number ** |
| <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X<br><b>Gender identity (optional):</b> <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____ |       |   |   |                           |
| Is dependent a full-time student over age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       | Married? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Expected Graduation Date: _____                           |                           |
| If yes, please provide name of college/university _____ Will dependent further education after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |   |   |                           |
| Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No  |       | If yes, indicate reason <input type="checkbox"/> Age 65+ <input type="checkbox"/> Disability <input type="checkbox"/> 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 acknowledgement 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.

**EXCLUSIVE PROVIDER ORGANIZATION (EPO)** I understand that if I elect Exclusive Provider Organization (EPO) coverage, except in an emergency, all care must be provided by medical providers who participate with the EPO and I will not receive benefits for care that I receive from providers who do not participate with the EPO.

**HEALTH MAINTENANCE ORGANIZATION (HMO)** I understand that I have elected a Health Maintenance Organization (HMO) plan and that I am required to choose a Primary Care Provider (PCP) who will provide my primary care, oversee my other health care services, and, when required, obtain prior approval for certain services such as Inpatient Facility care.

**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.

**POINT OF SERVICE (POS)** I understand that the Point of Service (POS) plan provides services on two benefit levels: in-network or out-of-network benefits. I understand that the in-network benefit provides the highest level of coverage under the plan and that I must choose a Primary Care Provider (PCP) to provide my primary care, oversee my other health care services, and, when required, obtain prior approval for certain services such as Inpatient Facility care.

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, dental and/or vision group numbers and information must be populated. Select who you need coverage for on the medical, dental and/or vision plan(s). Next, select the medical, dental and/or vision plan(s) you are enrolling in. All products may not be applicable to your employer group. Please check with your Group Administrator. Indicate the subscriber's status.

### 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.

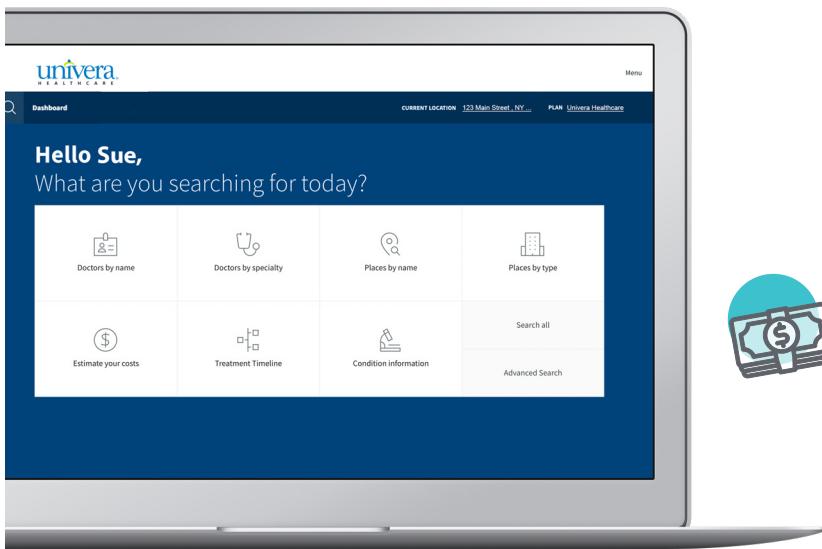
### Section 7: Release

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.

# More of what your team needs, all in one place. Now that's convenient.

When it comes to your employees, only the best will do. It's why we're giving them the ability to find care and estimate medical costs in a single online search tool.

Our tool makes it easier for employees and their families to find area doctors and estimate out-of-pocket medical costs before they get a bill — which is especially important for employees with high deductible plans.



Health care just got a whole lot more transparent.  
Learn more at [UniveraHealthcare.com](http://UniveraHealthcare.com)



\*If the PHCS and MultiPlan logo is present on the back of the Member Card, your plan also provides access to a national primary preferred provider organization (PPO) as a complement to Univera Healthcare's regional network. Network coverage may vary based on plan. Estimate Medical Costs tool may not be available to all plans.

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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。

16838-22M

**All results are personalized to employees' plans, spending, and deductibles when they log in.**



## Find a Doctor

- Search doctors, specialists, urgent care, hospitals, and more in our local and national networks\*
- Filter results by specialty, languages spoken, if accepting new patients, provider tier, and more
- See side-by-side comparisons and create a PDF of results to save, share, or print



## Estimate Medical Costs

- Log in for average estimated out-of-pocket medical costs based on your year-to-date spending and deductible
- Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
- Filter results by cost, treatments provided, location, and more
- Access treatment timelines to understand the entire process, stages of care, and cost breakdown throughout



# 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.



Delivery straight  
to your mailbox.

Discreet packaging  
does not reveal  
contents.



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

UN-2518 / 12217-18CC

**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.



## Manage more aspects of wellness, more easily.

As our preferred mindfulness and meditation partner, **Headspace integrated with Personify Health** is now included in your plan.

### Headspace for work and home

This mental health benefit helps you improve your happiness and workplace performance, all while cultivating a culture of mindfulness. You'll gain access to hundreds of meditations and exercises for stress, focus, sleep, movement, and more. Headspace makes it easy to gain insight into your wellbeing, encourage productive habit-building, and generally keep yourself healthy.

- Manage your feelings and thoughts with mindfulness exercises
- Find preventive support for stress, anxiety, depression, sleep, and more
- Explore inclusive content from a variety of diverse experts
- Boost focus with helpful meditations and music
- Discover inspiring stories to help keep you motivated

### Users reported



Your health plan includes access to Headspace. Get started today at [Member.UniveraHealthcare.com](http://Member.UniveraHealthcare.com)

<sup>1</sup> Headspace peer-reviewed paper in PLOS One

<sup>2</sup> Department of Psychology, University of Southern Denmark

<sup>3</sup> Headspace peer-reviewed paper in American Psychological Association

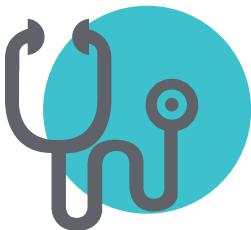
Subject to DFS approval

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



# 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](http://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

\$\$\$



# Member Care Management

Because a little extra care can go a long way



Right here.  
For you.

The Univera Healthcare Member Care Management team is here for you when you need us. For little questions, links to additional resources, or big health challenges, our care managers can help support members of all ages – from conception to adulthood. *All at no added cost.*



## Four big ways we help you manage your health

### **Care Coordination** – *Connecting you to the support you need*

Your care manager works with a team of health care experts in a wide variety of specialties. Together they can help you meet your health goals. Care managers can also help you access health care services and other support by connecting you to community organizations.

### **Chronic Condition Management** – *Ongoing knowledge and specialized care*

We find the hurdles stopping you from reaching your health goals and can help you overcome them. We can also provide support like education on tests and screenings so you can feel good about managing your illness.

### **Complex Condition Management** – *Personal support to get you through*

You can tell us about your health needs by taking an assessment. We can provide outreach and support to keep you on track with your health goals.

### **Behavioral Health Management** – *Proven approaches with real results*

Substance use disorder and mental illness are treatable diseases. We can provide you with education, support, and community resources.



**“**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. That’s why we are 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?**

It could be as simple as assistance finding resources for a family member. Or as complex as an ongoing care plan for a chronic illness. Whatever the situation, we provide this service as part of your membership at no extra cost.

### **2 Who can use Member Care Management?**

If you are a Univera Healthcare member, chances are you can benefit from Member Care Management. We provide support to all members, including children. We also have a dedicated team that focuses on children's health.

### **3 How does it work?**

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

### **4 How much does it cost?**

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

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

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

# Meet your Member Care Management Team

## Registered Nurses

Our registered nurses provide care planning, education and emotional support to achieve your health goals.

## Registered Dietitians

Want to start eating better? Our registered dietitians are food and nutrition experts. They can tell you what to eat to support your health.

## Behavioral Health Care Managers

When you are dealing with addiction or mental illness, it can feel like nobody is in your corner. But that is not true. Get support and direction from our behavioral health care managers.

## Social Workers

Family problems can be challenging to handle on your own. Our social workers are here to give you the skills, tools, and support to get these issues resolved.

## You don't have to face challenges alone

Our goal is to help every member feel confident about their health care. That goes way beyond covering medical bills. Whenever you have questions or need help with your health, get in touch. We're here for you. And we care.

At Univera Healthcare, we truly care about the people and community we serve. 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 get started.**

## Member Care Management

**1-877-222-1240 (TTY 711) Hours: 8 a.m. - 5 p.m.**  
**Case.Management@UniveraHealthcare.com**



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



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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。  
Y0028\_9307\_C

# Get quick answers. It's simple.

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



## Member Card(s)

View or order



## Claims

Submit, view and download



## Find Providers

Find in-network doctors or specialists



## Costs and Spending

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



## Benefits and Coverage

View a summary



## Get Rewards

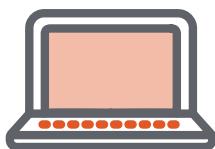
Access available spending and rewards programs

## Register or log in today

[Visit UniveraHealthcare.com](http://Visit UniveraHealthcare.com)



Scan the QR code with your smartphone camera



**Go Paperless**  
Receive available documents electronically.

## Take your plan with you 24/7

[Download the app!](#)

## 5 easy steps

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

**1.**

Have your member card handy

**2.**

Visit our website or download our app

**3.**

Complete registration

**4.**

Choose username and password

**5.**

Verify your email

(Tip: an email will be sent to you during registration)

## New member? Or new plan year?

You can register and log in prior to your effective date with limited access to your online account tools until after your effective date.

**Thank you for being a Univera Healthcare member!**

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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-2424/17545-23M REV 07/23



# 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**



**Diabetes (Type 2) Screening**



**Annual OB/GYN Visit**



**Immunizations**



**Cholesterol Screening**



**Mammography Screening**



**Colorectal Cancer Screening**



**Well-Child Visit**

See the full list of preventive care services available to you at [UniveraHealthcare.com/PreventiveCare](http://UniveraHealthcare.com/PreventiveCare)



Download the Univera Healthcare app  
and register your online account.



\*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.

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UN-3032/14857-20M

# 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.

## 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



## 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

## 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         | • Eating Disorders | • Panic Disorders |
| • Bipolar Disorders | • Grief and Loss   | • Stress          |
| • Depression        | • LGBTQ Support    | • Trauma and PTSD |

\*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 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 for Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$180. This means a member who has not met their deductible will not pay more than \$180.

## Activating telemedicine today ensures help is at your fingertips tomorrow

It's fast and easy. And once you set up your account, you'll also have access to a doctor 24/7/365, so you can receive care for any minor, non-life-threatening illnesses or conditions wherever and whenever you need to.

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

**WEB** - Register/Log in at [UniveraHealthcare.com/Member](http://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.<sup>1</sup>

**20.6**  
**days**

is the average wait time between scheduling an appointment and seeing a primary care doctor.<sup>2</sup>

**90%**

of emergency room visits can potentially be prevented with telemedicine.<sup>3</sup>

<sup>1</sup> "New medical cost savings program: Telemedicine means great discounts." R. Schultz, January 9, 2010.

<sup>2</sup> Based on MDLIVE data, 2016.

<sup>3</sup> Based on New York State Department of Health data, 2016.

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](http://www.mdlive.com/terms-of-use) and [www.mdlive.com/privacy-policy](http://www.mdlive.com/privacy-policy). MDLIVE is an independent company, offering telehealth services in the Univera Healthcare service area.

Copyright © 2024, 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。

Vitalize<sup>SM</sup> in partnership with Personify Health

# Wellbeing for all is now within reach



Meet Vitalize, a digital platform that places the power to live better at Western New Yorkers' fingertips. By partnering with Personify Health, Univera Healthcare is making it easier for you to make small, everyday changes to your wellbeing that are focused on the areas you want to improve the most. You'll build healthy habits, have fun with friends and experience the lifelong rewards of better health and wellbeing.

## Within Vitalize, employees will have the ability to:



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



See a clear picture of their health by completing the online Health Check, a certified health risk assessment.



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



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



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



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



Vitalize is now included as a part of your health plan. Log into your member account to get started. [Member.UniveraHealthcare.com](http://Member.UniveraHealthcare.com)

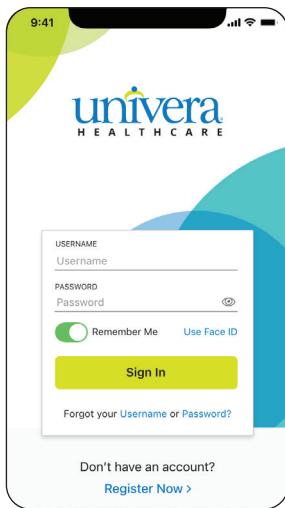
**univera**  
HEALTH CARE | **personify**<sup>TM</sup>  
HEALTH

©2024 Personify Health is an independent company and offers a digital wellbeing service on behalf of Univera Healthcare. 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:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-800-659-1986 (TTY 711)。

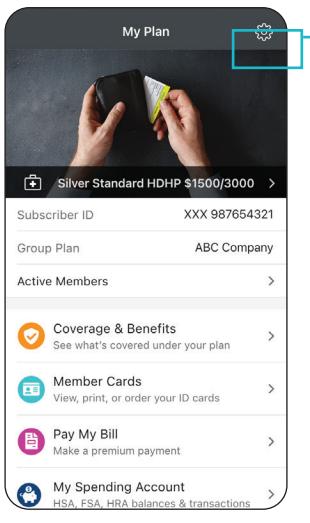
# Get ready for better care – anywhere Your Wellframe® Quick Start Guide

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.

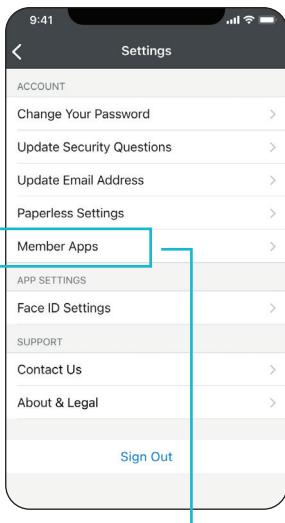
## Here's all you have to do:



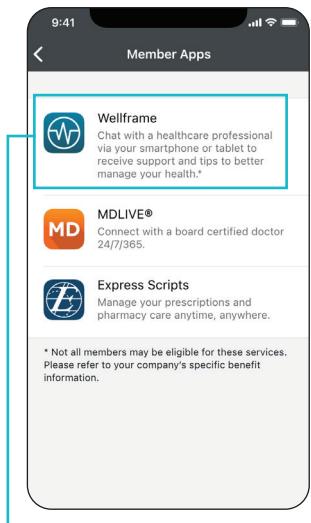
**1** Download the Univera Healthcare app and register your online account.



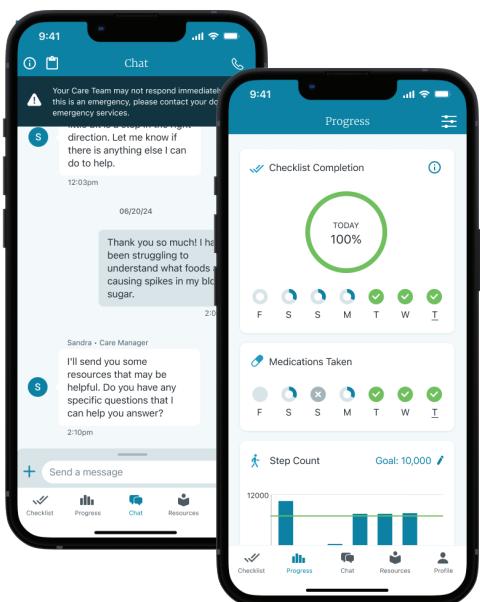
**2** Open your Univera Healthcare app and click the settings icon on the top right.



**3** Click Member Apps from the settings menu.



**4** Click Wellframe® and enter code "univerawelcome" 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 based on your health needs for additional support



# The best time to learn about surgery is before you need it.



## Welvie My Surgery® prepares you ahead of time to help you achieve better outcomes.

Univera Healthcare is happy to offer this surgery decision program to you, through our partnership with Welvie.

About 15 million Americans have surgery every year<sup>1</sup>. So the odds are good that you and your doctor will be talking about surgery at some point in your life. And one of the keys to success is good preparation.

### Luckily, you have help. You have Welvie®.

Your health plan gives you access to Welvie My Surgery – a self-guided online program that walks you through the entire surgery journey in six steps. And it is available to you at no added cost.

Using videos, Q&As and more, My Surgery teaches you how to decide on, prepare for and recover from surgery. Because the more you know, the better your chance for a successful result.

For example, it is estimated that around 20% of patients will have complications after surgery<sup>2</sup>. Many of them are preventable, and Welvie shows you how to avoid them.

### The best time to learn about surgery is before you need it.

You may not need surgery right now. But when you do, Welvie will make sure you will be ready.

<sup>1</sup> "Strong for Surgery," American College of Surgeons.

<sup>2</sup> "The Hidden Pandemic: the Cost of Postoperative Complications," Springer Link, November, 2021

A \$25 GIFT CARD  
IS WAITING FOR YOU.

\$25

You will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie My Surgery program and a short survey.

The gift card is available to you and any covered family members once every 365 days.

### It is easy to get started with Welvie.

Go to [welvie.com](https://welvie.com) and select Register.

Need help? Call Welvie at 1-877-542-7803 (TTY 711). We can be reached Monday through Friday, 8 a.m. to 7 p.m., Eastern time.

 **welvie**<sup>SM</sup>  
MY SURGERY<sup>SM</sup>

# Six Steps to Better Decisions

## Step 1

### Starting your surgery decision off on the right foot.

Welvie's interactive exercises help you explain your symptoms so you can make the most of your doctor's visit and get the right diagnosis.



Step 1 Get the Right Diagnosis

Get the right diagnosis.

Step 1 Get the Right Diagnosis

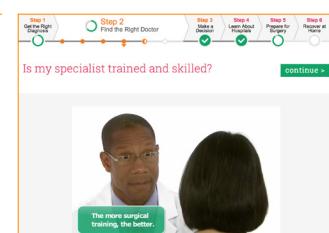
- Clearer understanding
- Better prepared to talk with your doctor
- Ready to make the most of your doctor's visit

continue >

## Step 2

### How to talk to your doctor. (And listen, too.)

Welvie shows you how to ask all the essential questions before you have to make an all-important choice about who will provide your medical care.



Step 1 Get the Right Diagnosis

Step 2 Find the Right Doctor

Step 3 Make a Decision

Step 4 Learn About Hospitals

Step 5 Prepare for Surgery

Step 6 Recover at Home

Is my specialist trained and skilled?

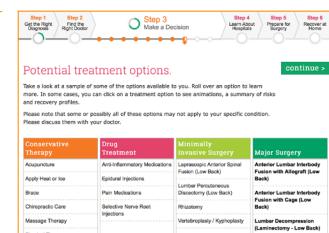
The more surgical training, the better.

continue >

## Step 3

### Is surgery the only answer?

Welvie can help you discover if alternative treatments might be available. You will learn how to work with your doctor to discover the best solution for you.



Step 1 Get the Right Diagnosis

Step 2 Find the Right Doctor

Step 3 Name a Decision

Step 4 Learn About Hospitals

Step 5 Prepare for Surgery

Step 6 Recover at Home

Potential treatment options

Please note that some or possibly all of these options may not apply to your specific condition. Please discuss them with your doctor.

| Conservative Treatment | Drug Treatment                  | Minimally Invasive Surgery                  | Major Surgery  |
|------------------------|---------------------------------|---|--|
| Acupuncture            | Anti-inflammatory Medication    | Lumbar Spine Arthroscopic Fusion (Low Back) | Anterior Lumbar Interbody Fusion with Allograft (Low Back) |
| Apply Heat or Ice      | Epidural Injections             | Lumbar Perineurolysis (Low Back)            | Anterior Lumbar Interbody Fusion with Cage (Low Back)      |
| Brace                  | Pain Medications                | Microdiscectomy                             | Lumbar Decompression (Laminectomy - Low Back)              |
| Chiropractic Care      | Selective Nerve Root Injections | Vendrelyseptomy (Kyphoplasty)               |  |
| Massage Therapy        |                                 |   |  |
| Physical Therapy       |                                 |   |  |

continue >

## Step 4

### Selecting a hospital is your call.

Welvie guides you in selecting the right kind of hospital (they are not all the same). And reminds you of some key things to ask the doctors and nurses on your surgical team.



Step 1 Get the Right Diagnosis

Step 2 Find the Right Doctor

Step 3 Make a Decision

Step 4 Learn About Hospitals

Step 5 Prepare for Surgery

Step 6 Recover at Home

Surgical facilities

There are different types of facilities where you can have your surgery performed. Each has advantages and disadvantages. It's important that you understand the differences. It will help you choose the right facility—which helps you lower your risk of errors and complications.

Click here to learn more.

Outpatient Surgery Centers  
Teaching Hospital  
Community Hospital  
Specialized Hospital

continue >

## Step 5

### OK. Now let's get this surgery over with.

When the decision to have surgery has been made, Welvie helps you build your pre-op to-do list. Knowing you have planned, you can relax a bit.



Step 1 Get the Right Diagnosis

Step 2 Find the Right Doctor

Step 3 Make a Decision

Step 4 Learn About Hospitals

Step 5 Prepares for Surgery

Step 6 Recover at Home

Your surgery calendar and to-do list

Schedule and track your activities—your calendar and to-do list can help you prepare.

VIEW: [General | 12]

|    | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|-----|-----|-----|-----|-----|-----|-----|
| 28 | 29  | 30  | 31  | 1   | 2   | 3   |     |
| 4  | 5   | 6   | 7   | 8   | 9   | 10  |     |
| 11 | 12  | 13  | 14  | 15  | 16  | 17  |     |
| 18 | 19  | 20  | 21  | 22  | 23  | 24  |     |
| 25 | 26  | 27  | 28  | 29  | 30  | 1   |     |

Other To-Do's

Draw and drop any of these to-do items onto the calendar: Create a cell phone calendar.

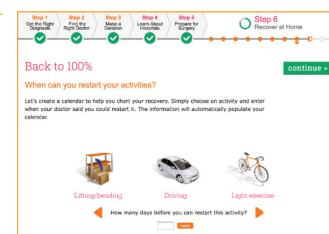
Pay bills  
Clean fridge  
Find a pet care provider  
Find a house  
Water plants  
Find a dog  
Subscribe pet care  
Setup e-mail reply

continue >

## Step 6

### Time to go home. And get well.

Let the healing happen. Welvie gives you tips to help reduce the chance of complications and speed your recovery, even before you leave the hospital.



Step 1 Get the Right Diagnosis

Step 2 Find the Right Doctor

Step 3 Make a Decision

Step 4 Learn About Hospitals

Step 5 Prepares for Surgery

Step 6 Recover at Home

Back to 100%

When can you restart your activities?

When you're ready, create a calendar to help you chart your recovery. Simply choose an activity and enter when your doctor said you could restart it. The calendar will automatically populate your calendar.

Lifting/bending  
Driving  
Light exercise

How many days before you can restart this activity?

continue >



## 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](http://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**

| <b>PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED</b> |            |      |               |  |
|--|------------|------|---------------|--|
| 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      \_\_\_\_ Substance use disorder      \_\_\_\_ Mental health (excluding psychotherapy notes)  
\_\_\_\_ Sexually transmitted diseases      \_\_\_\_ Abortion

**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**

## **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 anvòp 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.

אויפמערקייאם: אויב איר רעדט אידיש, אויז אומזיסטע שפראך הילפ אוועילעבל פאר איר ביטע רעפערירט צום בייגעליגטן דאקומענט צו זען אופנים זיך צו פארביבנדן מיט אונן.

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 ممتاحة 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.

نوث: 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.

Get  
**\$500**

# Wellness Your Way



**With Wellness Your Way** you can receive \$500\* annually to be used on programs and services to help keep you 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 needs and lifestyle.

## Claiming your rewards is easy

Wellness Your Way provides you with \$500 annually as a reward, just for being a member. 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](http://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 payment is \$500 for the subscriber. Log in to your member account to confirm coverage. Reward amounts may vary by contract.

\*\*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。









## 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.



[[UniveraHealthcare.com](http://UniveraHealthcare.com)]