



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



County Of Wyoming (Retirees)

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



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 Subject to Deductible	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Plan Limits

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

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Not Covered

Inpatient Services

Inpatient Facility

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

Inpatient Professional Services

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

Outpatient Facility Services

Outpatient Facility Services

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

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	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).
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Hospice Care

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

Outpatient and Office Professional Services

Professional Services

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

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

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

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

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

Preventive Facility Services Meeting Federal Guidelines*

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

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

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

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

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

Other Benefits

Additional Benefits

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

Benefit Name	In Network	Out of Network	Limits and Additional Information
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance 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 Subject to Deductible	Covered Subject to Deductible	\$4,000 Reimbursement Per Plan Year Reimbursement is available for travel and lodging to another state to access covered services when access to covered services is not available due to a law or regulation in the state where the member resides.

Emergency Services

ER Facility

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

Transportation

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

Urgent Care

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

Ancillary Benefits

Vision

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

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$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		

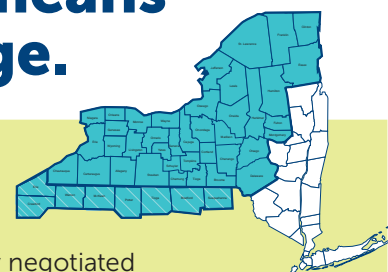
This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All 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.

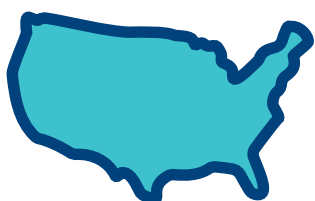


The Univera Healthcare network means high-quality, easy-to-find coverage.

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 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.

To find a local provider visit UniveraHealthcare.com/FindADoctor. For providers outside our local service area, visit 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



**Right here.
For you.**



FOR INTERNAL USE ONLY

HIOS ID# _____

EC _____

Commercial Group Health Insurance Application/Change Form**CONFIDENTIAL**

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

Section 1: Employer Group & Benefit Information To be completed with your Group Administrator

County Of Wyoming

Check Desired Action☐ Add ☐ Cancel ☐ Change

Employer Name _____

Association/Chamber Name (if applicable) _____

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

Subgroup Class

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)☐☐☐☐☐**Dental Plan Selection**☐☐**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**

Last Name _____

First Name _____

Middle Initial _____

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

Street Address _____

City _____

State _____

Zip Code _____

Phone _____

Birthdate: _____ , _____ , _____

Gender:

- ☐ Male
☐ Female
☐ Gender X

Gender identity (optional):

- ☐ Transgender Male
☐ Transgender Female
☐ Prefer to self-describe: _____
☐ Prefer not to say
☐ Non-binary

Social Security Number** _____

Date of Hire/Rehire: _____ , _____ , _____

Retirement Date: _____ , _____ , _____

☐ Age 65+ ☐ Disability☐ End Stage Renal *

Subscriber's Medicare Number (if applicable) _____

Medicare Part A Effective Date _____

Medicare Part B Effective Date _____

Section 3: Reason for enrollment or change To be completed by the Group Administrator Not required for cancellations**Enrollment Opportunity:** ☐ New Hire ☐ Rehire ☐ Open Enrollment ☐ Medicare eligible**Special Enrollment Opportunity:** ☐ Newly Eligible Dependent: ☐ Newborn ☐ Marriage ☐ Other _____☐ Change in employment status ☐ A move in or out of the service area☐ Involuntary loss of coverage ☐ Former dependent regains eligibility**Date of Event** ____ . ____ . ____**COBRA Election - Please indicate the reason for COBRA if applicable:**☐ Left Employment/Retired ☐ Divorce/Legal Separation ☐ Loss of Student Status ☐ Death of Spouse☐ Disability ☐ Dependent Reached Max Age ☐ Other: _____**Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?****Subscriber****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Vision Cancel Date:****Cancel Codes:**

SB02-Left Employment

SB58-Change in Employee Eligibility Status

SB08-Subgroup Transfer*

SB06-Employee No Longer Wants Coverage* (subscriber request)

SB57-Layoff Without Benefits

* = Not eligible for COBRA

SB07-Deceased

SB09-Enrolled in Error*

SB44-Medicare Eligible (Moved to Medicare plan with same employer)

Dependent(s)**Name:****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Vision Cancel Date:**

* = Not eligible for COBRA

Cancel Codes:

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 _____**Last Name** (if different) _____**Title** _____**First Name** _____**MI** _____**Social Security Number** ** _____**Gender:** ☐ Male ☐ Female ☐ Gender X**Birthdate** ____ . ____ . ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ NoMarried? ☐ Yes ☐ No

Expected Graduation Date: ____ . ____ . ____

If yes, please provide name of college/university _____

Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+☐ Disability ☐ End Stage Renal *

Part A Effective Date: ____ . ____ . ____

Part B Effective Date: ____ . ____ . ____

Medicare Number (if applicable) _____

↓ Additional Dependent(s) ↓☐ Dependent Child ☐ Disabled Dependent Child (Separate application form required) ☐ Other _____**Last Name** (if different) _____**Title** _____**First Name** _____**MI** _____**Social Security Number** ** _____**Gender:** ☐ Male ☐ Female ☐ Gender X**Birthdate** ____ . ____ . ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ NoMarried? ☐ Yes ☐ No

Expected Graduation Date: ____ . ____ . ____

If yes, please provide name of college/university _____

Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+☐ Disability ☐ 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 ****

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

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

Medicare Eligible ☐ Yes ☐ No If yes, indicate reason ☐ Age 65+ ☐ Disability ☐ End Stage Renal *
 _____ Part A Effective Date: _____ , _____ , _____ Part B Effective Date: _____ , _____ , _____

Medicare Number (if applicable) _____

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

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

Have you or any member of your family been enrolled in other medical or dental coverage? ☐ Yes ☐ No

If yes, what type of coverage? ☐ Medical ☐ Dental

What is the effective date of the other coverage? ☐ Medical: _____ , _____ , _____ ☐ Dental: _____ , _____ , _____

What is the name of the other carrier? _____

Are you keeping the coverage? ☐ Yes ☐ No

If no, when will the coverage end? ☐ Medical: _____ , _____ , _____ ☐ Dental: _____ , _____ , _____

Policyholder's name _____ ID#(s) _____

Who did the insurance cover? ☐ Self Only ☐ Self & Spouse/Domestic Partner ☐ Self & Child(ren) ☐ Family

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

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this 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.

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



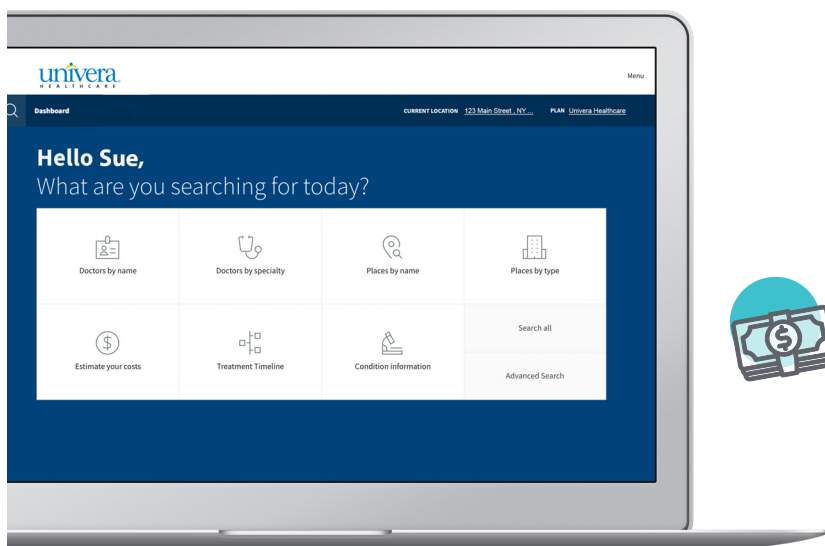
Find a Doctor

- 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



Health care just got a whole lot more transparent.

Learn more at **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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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。

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H E A L T H C A R E

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:



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

univera[®]
H E A L T H C A R E



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.

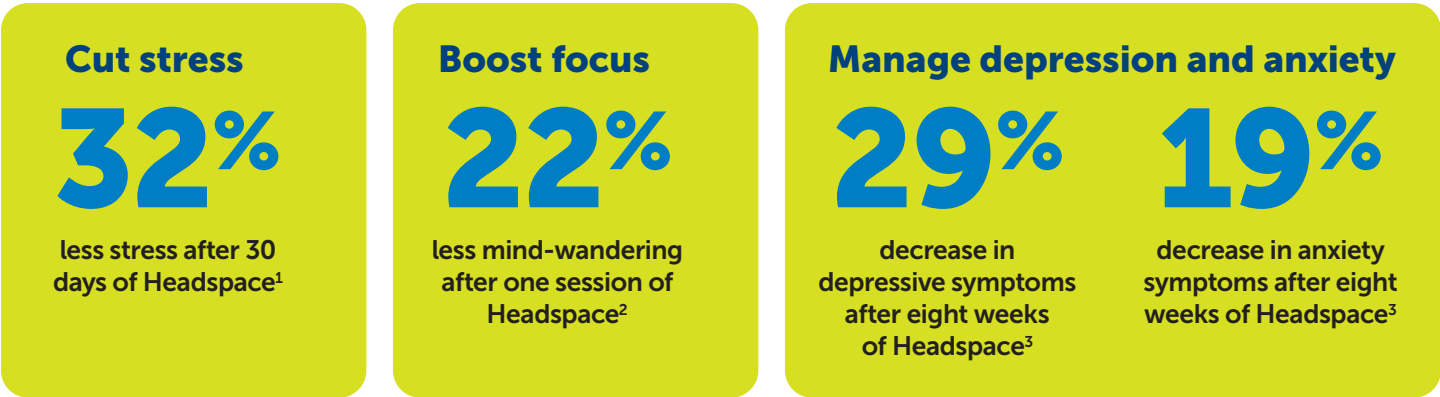
As our preferred mindfulness and meditation partner, **Headspace integrated with Personify Health** is now included in your plan.

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

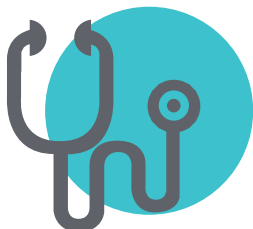
1 Headspace peer-reviewed paper in PLOS One
2 Department of Psychology, University of Southern Denmark
3 Headspace peer-reviewed paper in American Psychological Association

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

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.

✓ 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.

✓ 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.

✓ 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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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。

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UN-2471 / 18598-23M rev 12.23

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



Go Paperless

Receive available documents electronically.

Register or log in today

[Visit UniveraHealthcare.com](https://www.univerahealthcare.com)



Scan the QR code with
your smartphone camera

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



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

univera
H E A L T H C A R E

*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

Telemedicine covers behavioral health, too

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

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

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

*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.



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 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
- APP** - [Download](#) the MDLIVE app
- TEXT** - [UNIVERA to 635483](tel:635483) (Message and data rates may apply)
- VOICE** - Call [1-866-914-8426](tel:18669148426)

Did you know?

70%

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

20.6 days

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

90%

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

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

² Based on MDLIVE data, 2016.

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

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

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Right here. For you.

VitalizeSM 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



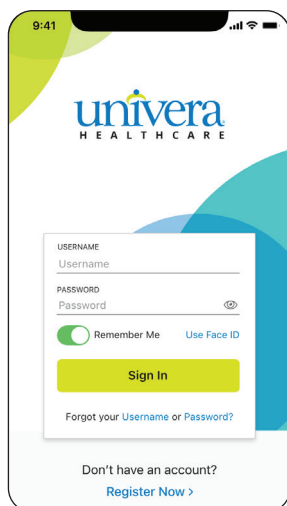
©2024 Personify Health is an independent company and offers a digital wellbeing service on behalf of Univera Healthcare. Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con 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

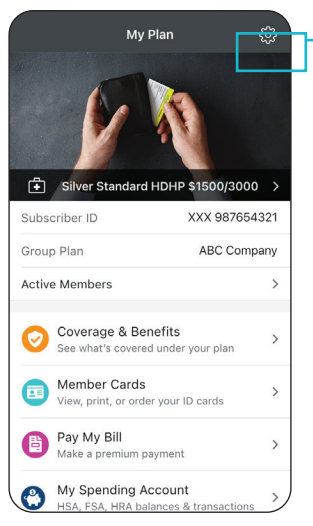
Your Wellframe® Quick Start Guide

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.

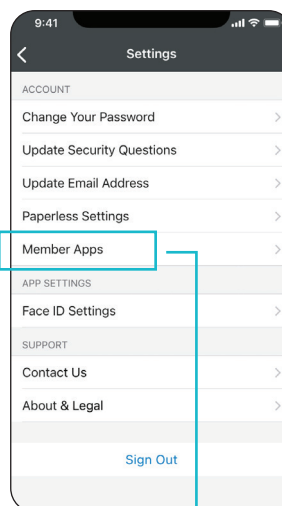
Here's all you have to do:



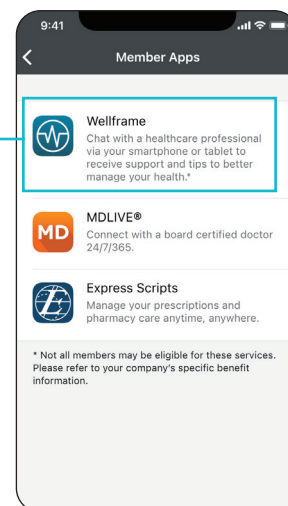
- 1 Download the **Univera Healthcare app** and register your online account.



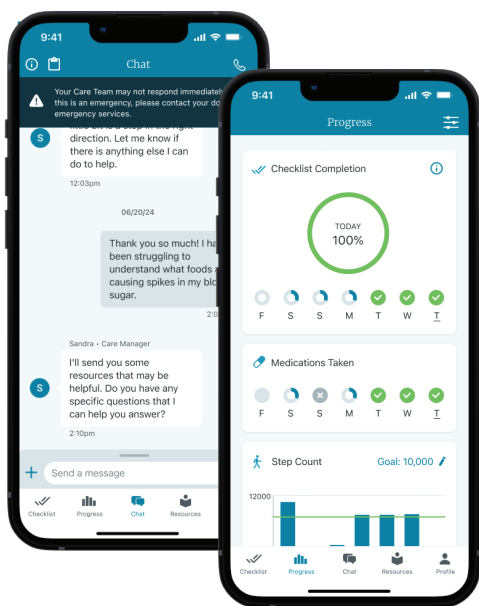
- 2 Open your **Univera Healthcare app** and click the settings icon on the top right.



- 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 year¹. 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 surgery². 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.

¹ "Strong for Surgery," American College of Surgeons.

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

A \$25 GIFT CARD \$25
IS WAITING FOR YOU.

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** 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.

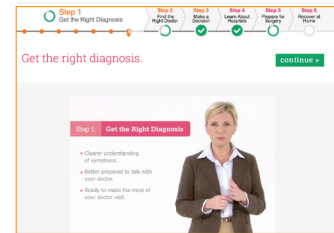


Six Steps to Better Decisions

Step 1

Starting your surgery decision off on the right foot.

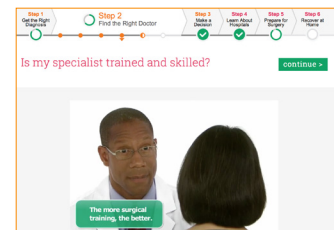
Welvie's interactive exercises help you explain your symptoms so you can make the most of your doctor's visit and get the right diagnosis.



Step 2

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

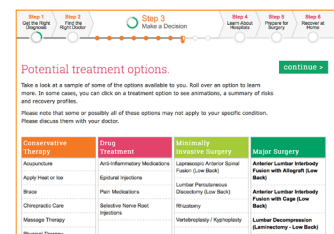
Welvie shows you how to ask all the essential questions before you have to make an all-important choice about who will provide your medical care.



Step 3

Is surgery the only answer?

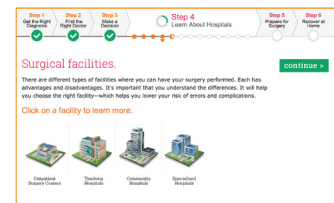
Welvie can help you discover if alternative treatments might be available. You will learn how to work with your doctor to discover the best solution for you.



Step 4

Selecting a hospital is your call.

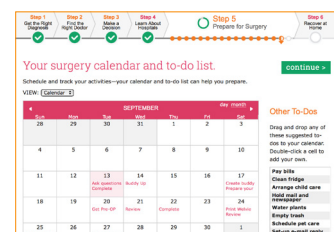
Welvie guides you in selecting the right kind of hospital (they are not all the same). And reminds you of some key things to ask the doctors and nurses on your surgical team.



Step 5

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

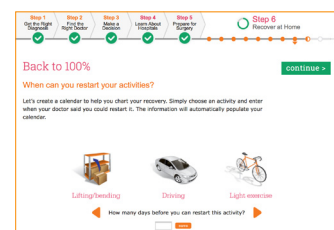
When the decision to have surgery has been made, Welvie helps you build your pre-op to-do list. Knowing you have planned, you can relax a bit.



Step 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.





Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, HIV/AIDs and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at: univerahealthcare.com and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION TO UNIVERA HEALTHCARE (“HEALTH PLAN”)
TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

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

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE

PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)	
NAME OF PERSON/ORGANIZATION	ADDRESS
NAME OF PERSON/ORGANIZATION	ADDRESS

PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE	
<input type="checkbox"/> At my request <input type="checkbox"/> Other: _____	

PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION (select D-1 <u>or</u> D-2 and if applicable, D-3) <i>NOTE: Skip this section if psychotherapy was checked at the top of this form</i>	
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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.

- | | |
|---|---|
| <input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date) | <input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits) |
| <input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis) | <input type="checkbox"/> Clinical records (e.g. doctor/facility, case management) |
| <input type="checkbox"/> Other limitation: _____ | <input type="checkbox"/> 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 anvlòp la pou jwenn fason pou kontakte nou.

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

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

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

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

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

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

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

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

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

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

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

**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
- 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.

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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。

univera
HEALTHCARE



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.

