

UNIVERA PPO SIGNATURE DEDUCTIBLE 4



Think of this plan as like buying a home in relatively good condition. Because your up-front costs are lower, you can use the savings to make any changes you want. This plan offers a blend of predictability and cost savings through moderate premiums, a mix of deductibles, and fixed copays. You get peace of mind and flexibility, plus the ability to pair with an HSA.



What's Covered in Full?

Here are some commonly used Preventive Care services* that are covered in full:

- Well-Baby and Well-Child Care
- Adult Annual Physical Examinations
- Adult Immunizations
- Well-Woman Examinations
- Mammograms
- Family Planning and Reproductive Health Services
- Bone Mineral Density Measurements or Testing



Deductibles and Your Plan

Your plan includes a deductible.

A deductible health plan is designed to help keep premium costs low. Your plan includes a deductible that must be paid before the insurance company pays for covered services. This deductible applies to all medical care and prescription drugs, but does not apply to Preventive Care services,* which are covered in full. After your deductible is met, you will pay a copay for most medical services.



Prescription Drugs and Your Plan

Prescription drugs are subject to the deductible, which means you will pay a negotiated, allowed amount for your prescription drugs until you've reached the deductible.

Other Things to Know About Your Plan

1

How does the money I pay toward my deductible add up (or aggregate)?

The entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

2

How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?

- To help limit your out-of-pocket costs, all of our plans have a maximum amount that any one person will pay. This is called an out-of-pocket maximum.
- This amount varies, depending on which plan you have. Log into UniveraHealthcare.com/Member to view your benefits and learn what your amount is.
- The entire family's annual out-of-pocket maximum must be met by one or any combination of covered members. Once that amount is reached, care is covered in full.
- Any individual will not pay more than \$6,650.

3

What kind of funding accounts work with this plan?

This plan qualifies for a Health Savings Account (HSA).

Health Savings Account (HSA)

When you enroll in an HSA-qualified plan you are eligible to open a tax-free health savings account, which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, and more.
- The money you put into your HSA is not subject to federal income tax when you make the deposit.
- If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus pay a tax penalty.

What can I buy with a Health Savings Account?

An HSA will pay for many items and services, including:

- Contact lenses
- Eyeglasses
- Dental x-rays
- Crutches
- Dental treatments
- Prescription drugs
- Chiropractor visits
- Lab tests

For a complete list of qualified medical expenses, visit IRS.gov. Coverage of all services is subject to the terms of your HDHP.

Important Terms

Deductible

An amount of money you have to pay before the health insurance company will make any payment toward your health care services. For example: If you have a \$3,000 deductible, you pay 100% of your first \$3,000 in medical bills. After you reach your deductible amount, you may pay a portion of your health care costs and your health insurance company will pay the rest.

Copays

A fixed amount you pay each time you use a medical service, like a doctor's visit or prescription refill. For example: If your plan's coverage includes a \$20 copay for a Primary Care Provider (PCP), you pay \$20 for each visit to your PCP and the insurance company pays for the rest.

Coinsurance

Coinsurance is similar to a copay, but instead of a fixed-dollar amount, you pay a percentage of the total bill. For example: You need crutches and your bill is \$100. If your coinsurance is 15%, that means you pay \$15 and the insurance company pays the remaining \$85.

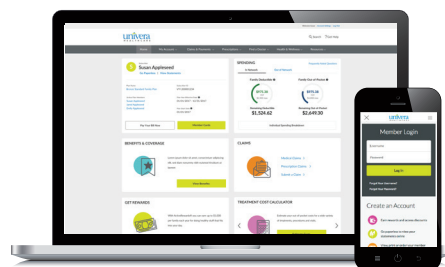
Out-of-Pocket Maximum

An annual limit on the amount of money that you would pay for health care services, not including your monthly premiums.

Learn More About Your Benefits and Register Your Account

UniveraHealthcare.com/Member

- View your benefits
- Check your claims
- Check referrals and authorizations



To learn more about your benefits and register your account, visit UniveraHealthcare.com/Member.

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Who owns my HSA?

You.

Who funds my HSA?

You and/or your employer.

Are there contribution limits?

In 2018, the maximum is \$3,450 for single coverage and \$6,900 for family.

Can I transfer my HSA if I switch jobs?

Yes, you own the account.

Member Benefits

Our Network

Access to more top-quality doctors, hospitals and pharmacies, locally and nationwide.

Perks 4 U™:

Discounts on health-related products and services, including acupuncture, massages, gym memberships, and more.

24/7 Nurse Call Line

Answers to your health care questions anytime.

Pharmacy Home Delivery

Save time and money by having your prescriptions delivered to your home.

National MultiPlan Network:

Access to a national network of providers for when you're traveling or have a family member living out of town.

Mobile App

Download our new mobile app and get instant access to your health plan information.

Go Paperless

Opt in to receive email notifications when your member statements and documents are available to view online instead of receiving them in the mail.

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