



# Essential Plan

**\$0 a month for eligible individuals in 2024**



Right here.  
For you.

# \$0 monthly plans for eligible individuals









## What is the Essential Plan?

It's a health plan that is available only on the NY State of Health Marketplace. It costs much less than other health plans but offers the same essential benefits.

## How much does it cost?

Plans for \$0 per month available for eligible individuals.

## Who can get it?

Individuals who meet the household size and income guidelines below.*	
Household size	Most you can make
	\$37,650
	\$51,100
	\$64,550
	\$78,000
	\$91,450
	\$104,900

\*Must not qualify for Medicaid or Child Health Plus and not have access to affordable employer coverage. Other eligibility guidelines do apply.

## How else does it save me money?

It has **no deductible**, so the plan starts paying for your health care right away.

You get **free preventive care** like routine doctor exams and screenings to keep you healthy.

## What does the Essential Plan cover?

The same services covered by other plans:

- Doctor visits, including specialists
- Tests ordered by your doctor
- Telemedicine and telehealth visits
- Prescription drugs
- Inpatient and outpatient hospital care
- Adult vision and dental (Preventive and routine)

## The top 4 things to know

### 1 What benefits are free?

Preventive care is covered in full on the first day your coverage begins.

### 2 Does my plan have a deductible? If so, what does it apply to?

No, this plan does not have a deductible.

### 3 How much will I pay out-of-pocket for this plan?

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 of these plans you have.

### 4 Are dental and vision benefits included?

Yes, dental and vision coverage is included for all Essential Plan members.



## Important terms to know.

### Copay

This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. **For example**, let's say you qualify for Essential Plan 1, which has a \$15 copay for a doctor office visit. You go to your doctor for strep throat, you pay \$15 at the time of your visit and we pay the rest.

### Deductible

The amount of money you have to pay before we will make any payments toward health care services.

### Covered in full

100% of the total cost is covered by the health insurance company and you do not have to pay anything.

### Out-of-pocket maximum

A specific amount that limits how much you have to pay out of your own pocket for health care services during a particular time period, not including monthly premiums.

Plan Benefits & Features	Essential Plan 200-250 (201% - 250% FPL)	Essential Plan 1 (151% - 200% FPL)	Essential Plan 2 (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Monthly premium	\$0	\$0	\$0	\$0	\$0
Preventive care (Immunization, screenings)	\$0 for most preventive services	\$0 for most preventive services	\$0 for most preventive services	\$0 for most preventive services	\$0 for most preventive services
Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket maximum	\$2,000	\$360	\$200	\$200	\$0
Doctor visit	\$15	\$15	\$0	\$0	\$0
Specialist visit	\$25	\$25	\$0	\$0	\$0
Hospital services	\$150	\$150	\$0	\$0	\$0
Urgent care	\$25	\$25	\$0	\$0	\$0
Emergency room	\$75	\$75	\$0	\$0	\$0
Lab work	\$25	\$25	\$0	\$0	\$0
X-ray	\$25	\$25	\$0	\$0	\$0
Adult vision exam	\$0	\$0	\$0	\$0	\$0
Glasses and contact lenses	\$0	\$0	\$0	\$0	\$0
Adult dental	\$0	\$0	\$0	\$0	\$0
Prescription drugs	<b>You pay:</b> \$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	<b>You pay:</b> \$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	<b>You pay:</b> \$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	<b>You pay:</b> \$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3 with an out-of-pocket maximum for covered drugs of \$50 per calendar quarter.	<b>You pay:</b> \$0 for Tier 1 \$0 for Tier 2 \$0 for Tier 3
Telemedicine with MDLIVE®	\$0	\$0	\$0	\$0	\$0

Essential Plan enrollment is available throughout the year.



\*Other eligibility guidelines do apply.

# Benefits you can count on.



## More Access

**Large Network** — 100% of hospitals and 98% of doctors in Buffalo and Rochester accept our Qualified Health Plans.

**Telemedicine** — Conveniently access virtual medical and behavioral health care from the comfort of your home. Through our partnership with MDLIVE® you can connect with a provider by phone or video when your regular doctor is not available. Visits are covered in full (subject to deductible where applicable).

**Wellframe® App** — Text with health professionals for advice and guidance, create medication reminders, make daily “to-do” lists, access educational materials, and more.

**24/7 Nurse Call Line** — Get answers to your health care questions anytime day or night.



## More Savings

**NEW! Vitalize<sup>SM</sup>** — Our new health and wellbeing benefit, powered by Virgin Pulse, allows you to focus on what matters to you most. Centered on the whole person, you can work on improving your eating and sleeping habits, as well as your physical activity. Earn up to \$200 a year in Pulse Cash for completing a Health Risk Assessment and by earning reward points through healthy activities.<sup>1</sup>

**No Cost Preventive Care** — includes routine physicals, screenings and vaccinations, plus low-cost generic drugs.

**Perks4U®** — members enjoy exclusive discounts on health and wellness products and services from fitness to massage to acupuncture.



## More Convenience

**Mobile App** — 24/7 access to your member card, claims, account information, pay your bill and more.



**Online Account** — pay your bill, order member cards, track deductibles and out-of-pocket spending, find a health care provider, and access your benefits, and claims information.

**Pharmacy Home Delivery** — save time and money by having your prescriptions delivered right to your home.<sup>2</sup>

**Enroll Today!**

Visit [TheUniveraDifference.com](https://TheUniveraDifference.com) or call **1-877-827-6027**

<sup>1</sup> Not available with Medicaid, Child Health Plus or HARP. Spouse/domestic partner benefit is not available with Essential Plan.

<sup>2</sup> Certain prescription drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.

MDLIVE is an independent company, offering telehealth services in the Univera Healthcare service area. Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Univera Healthcare. Wellframe is an independent company that provides a health and wellness support mobile app to Univera Healthcare members.

## 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 sex.

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-**662**-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.

