



Insurance  
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## 2024 Quarter 1: Small Group Rates Univera Healthcare-Platinum Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

**DISCONTINUED**

Plan Name	Univera Platinum 1	Univera Platinum 2	Univera Platinum 4	Univera Platinum 5	Univera Standard Platinum	Univera Platinum 3
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>	<b>Hybrid</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a	\$250	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a	\$500	n/a	n/a
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$5,500	\$6,550	\$3,000	\$2,000	\$6,550
<b>Family OoP Max</b>	<b>\$11,000</b>	\$11,000	\$13,100	\$6,000	\$4,000	\$13,100
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Specialist Visit</b>	\$45	\$30	\$50	\$25	\$35	\$40
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	\$25
<b>Hospital Inpatient</b>	\$500	\$750	\$750	20%*	\$500	\$750
<b>Outpatient Surgery</b>	\$100	\$250	\$250	20%*	\$100	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250	\$150	\$100	\$250
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50</b>	\$50	<b>\$50</b>	\$55	\$40
<b>Outpatient Mental Health</b>	<b>Covered in Full</b>	Covered in Full	Covered in Full	Covered in Full	\$15	3 visits CIF then \$25
<b>Diabetic Supplies (per 30 days)</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$45 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$35 <b>Tier 3/50%</b>	<b>Tier 1/\$10</b> Tier 2/\$25 <b>Tier 3/50%</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	Tier 1/\$5 Tier 2/\$35 Tier 3/ \$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>						
<b>Single</b>	<b>\$847.15</b>	<b>\$846.06</b>	<b>\$833.04</b>	<b>\$828.80</b>	<b>\$862.01</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,694.31</b>	<b>\$1,692.12</b>	<b>\$1,666.09</b>	<b>\$1,657.60</b>	<b>\$1,724.02</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,440.16</b>	<b>\$1,438.30</b>	<b>\$1,416.17</b>	<b>\$1,408.96</b>	<b>\$1,465.42</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$2,414.39</b>	<b>\$2,411.27</b>	<b>\$2,374.19</b>	<b>\$2,362.08</b>	<b>\$2,456.73</b>	<b>DISCONTINUED</b>

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# 2024 Quarter 1: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 1	Univera Gold 2	Univera Gold 4	Univera Gold 5
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$1,600</b>	\$2,000	\$1,800	\$2,000
<b>Family Deductible</b>	<b>\$3,200</b>	\$4,000	\$3,600	\$4,000
<b>Individual OoP Max</b>	<b>\$4,500</b>	\$8,000	\$3,600	\$5,500
<b>Family OoP Max</b>	<b>\$9,000</b>	\$16,000	\$7,200	\$11,000
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$10*	\$10	20%*	\$25*
<b>Specialist Visit</b>	\$35*	\$50	20%*	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	\$1,200*	20%*	\$500*
<b>Outpatient Surgery</b>	\$150*	\$250*	20%*	\$150*
<b>Emergency Room Care</b>	\$150*	\$600	20%*	\$150*
<b>Urgent Care Center</b>	<b>\$50*</b>	<b>\$75</b>	20%*	<b>\$50*</b>
<b>Outpatient Mental Health</b>	Covered in Full*	<b>Covered in Full</b>	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	\$10*	\$10	20%*	\$25*
<b>Prescription Coverage</b>	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$10 Tier 2/40% Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/\$90*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$694.54</b>	<b>\$683.49</b>	<b>\$684.30</b>	<b>\$674.37</b>
<b>Subscriber and Spouse</b>	<b>\$1,389.08</b>	<b>\$1,366.98</b>	<b>\$1,368.59</b>	<b>\$1,348.75</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,180.71</b>	<b>\$1,161.94</b>	<b>\$1,163.30</b>	<b>\$1,146.44</b>
<b>Family</b>	<b>\$1,979.43</b>	<b>\$1,947.95</b>	<b>\$1,950.25</b>	<b>\$1,921.96</b>

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## 2024 Quarter 1: Small Group Rates Univera Healthcare-Gold Plans PD

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\*Services subject to deductible

Plan Name	Univera Gold 6 (NEW)	Univera Clear Options Gold	Univera Standard Gold
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Copay</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$2,250	n/a	\$600
<b>Family Deductible</b>	\$4,500	n/a	\$1,200
<b>Individual OoP Max</b>	\$5,500	\$8,250	\$5,900
<b>Family OoP Max</b>	\$11,000	\$16,500	\$11,800
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	\$25*	Up to \$50	\$25*
<b>Specialist Visit</b>	\$40*	Up to \$100	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	Up to \$4000	\$1,000*
<b>Outpatient Surgery</b>	\$150*	Up to \$1000	\$100*
<b>Emergency Room Care</b>	\$150*	Up to \$250	\$150*
<b>Urgent Care Center</b>	\$40*	Up to \$100	\$60*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full	\$25*
<b>Diabetic Supplies (per 30 days)</b>	\$25*	Up to \$50	\$25*
<b>Prescription Coverage</b>	Tier 1/\$5* Tier 2/\$45* Tier 3/\$90*	Tier 1/\$10 Tier 2/\$50 Tier 3/\$100	Tier 1/\$10 Tier 2/\$35 Tier 3/\$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$663.43</b>	<b>\$751.57</b>	<b>\$755.56</b>
<b>Subscriber and Spouse</b>	<b>\$1,326.85</b>	<b>\$1,503.14</b>	<b>\$1,511.12</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,127.82</b>	<b>\$1,277.68</b>	<b>\$1,284.45</b>
<b>Family</b>	<b>\$1,890.77</b>	<b>\$2,141.98</b>	<b>\$2,153.35</b>

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## 2024 Quarter 1: Small Group Rates Univera Healthcare-Silver Plans PD

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\*Services Subject to Deductible

Plan Name	Univera Silver 1	Univera Silver 2	Univera Silver 5	Univera Silver 6 (NEW)
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,250</b>	\$4,500
<b>Family Deductible</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$6,500</b>	\$9,000
<b>Individual OoP Max</b>	<b>\$7,000</b>	<b>\$9,000</b>	<b>\$7,500</b>	\$6,550
<b>Family OoP Max</b>	<b>\$14,000</b>	<b>\$18,000</b>	<b>\$15,000</b>	\$13,100
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	20%*	\$20*	\$25*	20%*
<b>Specialist Visit</b>	20%*	\$60*	\$50*	20%*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	20%*	20%*	\$1,000*	20%*
<b>Outpatient Surgery</b>	20%*	20%*	\$350*	20%*
<b>Emergency Room Care</b>	20%*	\$400*	\$350*	20%*
<b>Urgent Care Center</b>	20%*	<b>\$75*</b>	<b>\$75*</b>	20%*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full* First 3 visits NSD	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	20%*	\$20*	\$25*	20%*
<b>Prescription Coverage</b>	Tier 1/\$5* <b>Tier 2/\$35*</b> Tier 3/50%*	<b>Tier 1/\$15</b> Tier 2/\$50 Tier 3/50%	<b>Tier 1/\$15*</b> Tier 2/\$45* Tier 3/\$90*	Tier 1/\$5* Tier 2/\$35* Tier 3/50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$568.17</b>	<b>\$582.13</b>	<b>\$599.88</b>	<b>\$562.20</b>
<b>Subscriber and Spouse</b>	<b>\$1,136.35</b>	<b>\$1,164.27</b>	<b>\$1,199.76</b>	<b>\$1,124.39</b>
<b>Subscriber and Child(ren)</b>	<b>\$965.89</b>	<b>\$989.63</b>	<b>\$1,019.79</b>	<b>\$955.73</b>
<b>Family</b>	<b>\$1,619.30</b>	<b>\$1,659.08</b>	<b>\$1,709.66</b>	<b>\$1,602.26</b>



## 2024 Quarter 1: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Silver 7 (NEW)	Univera Standard Silver	Univera Silver 3
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$6,500	<b>\$2,100</b>	\$3,200.00
<b>Family Deductible</b>	\$13,000	<b>\$4,200</b>	\$6,400.00
<b>Individual OoP Max</b>	\$6,500	<b>\$9,450</b>	\$6,550.00
<b>Family OoP Max</b>	\$13,000	<b>\$18,900</b>	\$13,100.00
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	0%*	\$30* First visit NSD	20% Coinsurance*
<b>Specialist Visit</b>	0%*	\$65* First visit NSD	20% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full* First visit NSD	20% Coinsurance*
<b>Hospital Inpatient</b>	0%*	\$1,500*	20% Coinsurance*
<b>Outpatient Surgery</b>	0%*	\$150*	20% Coinsurance*
<b>Emergency Room Care</b>	0%*	\$500	20% Coinsurance*
<b>Urgent Care Center</b>	0%*	\$70	20% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	\$30* First visit NSD	20% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	\$30	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10 Tier 2/\$40 Tier 3/\$75	Tier 1 \$5* Tier 2 \$45* Tier 3 50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$530.07</b>	<b>\$633.93</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,060.14</b>	<b>\$1,267.85</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$901.12</b>	<b>\$1,077.67</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,510.70</b>	<b>\$1,806.69</b>	<b>DISCONTINUED</b>



# 2024 Quarter 1: Small Group Rates Univera Healthcare-Bronze Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Bronze 1	Univera Bronze 3	Univera Bronze 4	Univera Bronze 2
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>HDHP</b>	<b>HDHP</b>
<b>Individual Deductible</b>	<b>\$8,000</b>	\$6,100	<b>\$8,700</b>	5500
<b>Family Deductible</b>	<b>\$16,000</b>	\$12,200	<b>\$17,400</b>	11000
<b>Individual OoP Max</b>	<b>\$8,000</b>	<b>\$7,300</b>	<b>\$8,700</b>	\$7,000
<b>Family OoP Max</b>	<b>\$16,000</b>	<b>\$14,600</b>	<b>\$17,400</b>	\$14,000
<b>Accumulator Type</b>	Aggregate	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Specialist Visit</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Hospital Inpatient</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Surgery</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Emergency Room Care</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Urgent Care Center</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/\$50* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1 50% Coinsurance* Tier 2 50% Coinsurance* Tier 3 50% Coinsurance*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$476.06</b>	<b>\$509.45</b>	<b>\$493.47</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$952.12</b>	<b>\$1,018.90</b>	<b>\$986.94</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$809.30</b>	<b>\$866.07</b>	<b>\$838.90</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,356.77</b>	<b>\$1,451.93</b>	<b>\$1,406.40</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 1: Small Group Rates Univera Healthcare-Access Plus Plans PD

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\*Services Subject to Deductible

Plan Name	Univera Platinum 1 Plus	Univera Gold 1 Plus	Univera Silver 1 Plus	Univera Bronze 1 Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$3,500</b>	<b>\$8,000</b>
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$7,000</b>	<b>\$16,000</b>
<b>Individual OoP Max</b>	<b>\$5,500</b>	<b>\$4,500</b>	<b>\$7,000</b>	<b>\$8,000</b>
<b>Family OoP Max</b>	<b>\$11,000</b>	<b>\$9,000</b>	<b>\$14,000</b>	<b>\$16,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$5	\$10*	20%*	0%*
<b>Specialist Visit</b>	\$45	\$35*	20%*	0%*
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500	\$500*	20%*	0%*
<b>Outpatient Surgery</b>	\$100	\$150*	20%*	0%*
<b>Emergency Room Care</b>	\$100	\$150*	20%*	0%*
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50*</b>	20%*	0%*
<b>Outpatient Mental Health</b>	Covered in Full	Covered in Full*	20%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	\$5	\$10*	20%*	0%*
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$5* <b>Tier 2/\$35*</b> <b>Tier 3/50%*</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$1,128.97</b>	<b>\$922.94</b>	<b>\$752.35</b>	<b>\$627.99</b>
<b>Subscriber and Spouse</b>	<b>\$2,257.95</b>	<b>\$1,845.88</b>	<b>\$1,504.72</b>	<b>\$1,255.98</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,919.25</b>	<b>\$1,568.99</b>	<b>\$1,279.00</b>	<b>\$1,067.58</b>
<b>Family</b>	<b>\$3,217.58</b>	<b>\$2,630.37</b>	<b>\$2,144.22</b>	<b>\$1,789.77</b>

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# 2024 Quarter 2: Small Group Rates Univera Healthcare-Platinum Plans PD

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\*Services subject to deductible

**DISCONTINUED**

Plan Name	Univera Platinum 1	Univera Platinum 2	Univera Platinum 4	Univera Platinum 5	Univera Standard Platinum	Univera Platinum 3
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>	<b>Hybrid</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a	\$250	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a	\$500	n/a	n/a
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$5,500	\$6,550	\$3,000	\$2,000	\$6,550
<b>Family OoP Max</b>	<b>\$11,000</b>	\$11,000	\$13,100	\$6,000	\$4,000	\$13,100
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Specialist Visit</b>	\$45	\$30	\$50	\$25	\$35	\$40
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	\$25
<b>Hospital Inpatient</b>	\$500	\$750	\$750	20%*	\$500	\$750
<b>Outpatient Surgery</b>	\$100	\$250	\$250	20%*	\$100	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250	\$150	\$100	\$250
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50</b>	\$50	<b>\$50</b>	\$55	\$40
<b>Outpatient Mental Health</b>	<b>Covered in Full</b>	Covered in Full	Covered in Full	Covered in Full	\$15	3 visits CIF then \$25
<b>Diabetic Supplies (per 30 days)</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$45 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$35 <b>Tier 3/50%</b>	<b>Tier 1/\$10</b> Tier 2/\$25 <b>Tier 3/50%</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	Tier 1/\$5 Tier 2/\$35 Tier 3/ \$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>						
<b>Single</b>	<b>\$864.09</b>	<b>\$862.98</b>	<b>\$849.70</b>	<b>\$845.38</b>	<b>\$879.25</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,728.18</b>	<b>\$1,725.96</b>	<b>\$1,699.40</b>	<b>\$1,690.76</b>	<b>\$1,758.50</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,468.95</b>	<b>\$1,467.07</b>	<b>\$1,444.49</b>	<b>\$1,437.15</b>	<b>\$1,494.73</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$2,462.66</b>	<b>\$2,459.49</b>	<b>\$2,421.65</b>	<b>\$2,409.33</b>	<b>\$2,505.86</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 2: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 1	Univera Gold 2	Univera Gold 4	Univera Gold 5
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$1,600</b>	\$2,000	\$1,800	\$2,000
<b>Family Deductible</b>	<b>\$3,200</b>	\$4,000	\$3,600	\$4,000
<b>Individual OoP Max</b>	<b>\$4,500</b>	\$8,000	\$3,600	\$5,500
<b>Family OoP Max</b>	<b>\$9,000</b>	\$16,000	\$7,200	\$11,000
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$10*	\$10	20%*	\$25*
<b>Specialist Visit</b>	\$35*	\$50	20%*	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	\$1,200*	20%*	\$500*
<b>Outpatient Surgery</b>	\$150*	\$250*	20%*	\$150*
<b>Emergency Room Care</b>	\$150*	\$600	20%*	\$150*
<b>Urgent Care Center</b>	<b>\$50*</b>	<b>\$75</b>	20%*	<b>\$50*</b>
<b>Outpatient Mental Health</b>	Covered in Full*	<b>Covered in Full</b>	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	\$10*	\$10	20%*	\$25*
<b>Prescription Coverage</b>	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$10 Tier 2/40% Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/\$90*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$708.43</b>	<b>\$697.16</b>	<b>\$697.99</b>	<b>\$687.86</b>
<b>Subscriber and Spouse</b>	<b>\$1,416.86</b>	<b>\$1,394.32</b>	<b>\$1,395.98</b>	<b>\$1,375.72</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,204.33</b>	<b>\$1,185.17</b>	<b>\$1,186.58</b>	<b>\$1,169.36</b>
<b>Family</b>	<b>\$2,019.03</b>	<b>\$1,986.91</b>	<b>\$1,989.27</b>	<b>\$1,960.40</b>

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Insurance  
Payroll  
HR Solutions

## 2024 Quarter 2: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 6 (NEW)	Univera Clear Options Gold	Univera Standard Gold
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Copay</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$2,250	n/a	\$600
<b>Family Deductible</b>	\$4,500	n/a	\$1,200
<b>Individual OoP Max</b>	\$5,500	\$8,250	\$5,900
<b>Family OoP Max</b>	\$11,000	\$16,500	\$11,800
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	\$25*	Up to \$50	\$25*
<b>Specialist Visit</b>	\$40*	Up to \$100	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	Up to \$4000	\$1,000*
<b>Outpatient Surgery</b>	\$150*	Up to \$1000	\$100*
<b>Emergency Room Care</b>	\$150*	Up to \$250	\$150*
<b>Urgent Care Center</b>	\$40*	Up to \$100	\$60*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full	\$25*
<b>Diabetic Supplies (per 30 days)</b>	\$25*	Up to \$50	\$25*
<b>Prescription Coverage</b>	Tier 1/\$5* Tier 2/\$45* Tier 3/\$90*	Tier 1/\$10 Tier 2/\$50 Tier 3/\$100	Tier 1/\$10 Tier 2/\$35 Tier 3/\$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$676.70</b>	<b>\$766.60</b>	<b>\$770.67</b>
<b>Subscriber and Spouse</b>	<b>\$1,353.40</b>	<b>\$1,533.20</b>	<b>\$1,541.34</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,150.39</b>	<b>\$1,303.22</b>	<b>\$1,310.14</b>
<b>Family</b>	<b>\$1,928.60</b>	<b>\$2,184.81</b>	<b>\$2,196.41</b>

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Insurance  
Payroll  
HR Solutions

## 2024 Quarter 2: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera Silver 1	Univera Silver 2	Univera Silver 5	Univera Silver 6 (NEW)
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,250</b>	\$4,500
<b>Family Deductible</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$6,500</b>	\$9,000
<b>Individual OoP Max</b>	<b>\$7,000</b>	<b>\$9,000</b>	<b>\$7,500</b>	\$6,550
<b>Family OoP Max</b>	<b>\$14,000</b>	<b>\$18,000</b>	<b>\$15,000</b>	\$13,100
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	20%*	\$20*	\$25*	20%*
<b>Specialist Visit</b>	20%*	\$60*	\$50*	20%*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	20%*	20%*	\$1,000*	20%*
<b>Outpatient Surgery</b>	20%*	20%*	\$350*	20%*
<b>Emergency Room Care</b>	20%*	\$400*	\$350*	20%*
<b>Urgent Care Center</b>	20%*	<b>\$75*</b>	<b>\$75*</b>	20%*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full* First 3 visits NSD	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	20%*	\$20*	\$25*	20%*
<b>Prescription Coverage</b>	Tier 1/\$5* <b>Tier 2/\$35*</b> Tier 3/50%*	<b>Tier 1/\$15</b> Tier 2/\$50 Tier 3/50%	<b>Tier 1/\$15*</b> Tier 2/\$45* Tier 3/\$90*	Tier 1/\$5* Tier 2/\$35* Tier 3/50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$579.53</b>	<b>\$593.77</b>	<b>\$611.88</b>	<b>\$573.44</b>
<b>Subscriber and Spouse</b>	<b>\$1,159.06</b>	<b>\$1,187.54</b>	<b>\$1,223.76</b>	<b>\$1,146.88</b>
<b>Subscriber and Child(ren)</b>	<b>\$985.20</b>	<b>\$1,009.41</b>	<b>\$1,040.20</b>	<b>\$974.85</b>
<b>Family</b>	<b>\$1,651.66</b>	<b>\$1,692.24</b>	<b>\$1,743.86</b>	<b>\$1,634.30</b>

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Insurance  
Payroll  
HR Solutions

## 2024 Quarter 2: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Silver 7 (NEW)	Univera Standard Silver	Univera Silver 3
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$6,500	<b>\$2,100</b>	\$3,200.00
<b>Family Deductible</b>	\$13,000	<b>\$4,200</b>	\$6,400.00
<b>Individual OoP Max</b>	\$6,500	<b>\$9,450</b>	\$6,550.00
<b>Family OoP Max</b>	\$13,000	<b>\$18,900</b>	\$13,100.00
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	0%*	\$30* First visit NSD	20% Coinsurance*
<b>Specialist Visit</b>	0%*	\$65* First visit NSD	20% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full* First visit NSD	20% Coinsurance*
<b>Hospital Inpatient</b>	0%*	\$1,500*	20% Coinsurance*
<b>Outpatient Surgery</b>	0%*	\$150*	20% Coinsurance*
<b>Emergency Room Care</b>	0%*	\$500	20% Coinsurance*
<b>Urgent Care Center</b>	0%*	\$70	20% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	\$30* First visit NSD	20% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	\$30	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10 Tier 2/\$40 Tier 3/\$75	Tier 1 \$5* Tier 2 \$45* Tier 3 50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$540.67</b>	<b>\$646.61</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,081.34</b>	<b>\$1,293.22</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$919.14</b>	<b>\$1,099.24</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,540.91</b>	<b>\$1,842.84</b>	<b>DISCONTINUED</b>

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# 2024 Quarter 2: Small Group Rates Univera Healthcare-Bronze Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Bronze 1	Univera Bronze 3	Univera Bronze 4	Univera Bronze 2
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>HDHP</b>	<b>HDHP</b>
<b>Individual Deductible</b>	<b>\$8,000</b>	\$6,100	<b>\$8,700</b>	5500
<b>Family Deductible</b>	<b>\$16,000</b>	\$12,200	<b>\$17,400</b>	11000
<b>Individual OoP Max</b>	<b>\$8,000</b>	<b>\$7,300</b>	<b>\$8,700</b>	\$7,000
<b>Family OoP Max</b>	<b>\$16,000</b>	<b>\$14,600</b>	<b>\$17,400</b>	\$14,000
<b>Accumulator Type</b>	Aggregate	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Specialist Visit</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Hospital Inpatient</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Surgery</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Emergency Room Care</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Urgent Care Center</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/\$50* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1 50% Coinsurance* Tier 2 50% Coinsurance* Tier 3 50% Coinsurance*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$485.58</b>	<b>\$519.64</b>	<b>\$503.34</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$971.16</b>	<b>\$1,039.28</b>	<b>\$1,006.68</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$825.49</b>	<b>\$883.39</b>	<b>\$855.68</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,383.90</b>	<b>\$1,480.97</b>	<b>\$1,434.52</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 2: Small Group Rates Univera Healthcare-Access Plus Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera	Univera	Univera	Univera
	Platinum 1 Plus	Gold 1 Plus	Silver 1 Plus	Bronze 1 Plus
Plan Type	Copay	Qualified HDHP	Qualified HDHP	Qualified HDHP
Individual Deductible	n/a	<b>\$1,600</b>	<b>\$3,500</b>	<b>\$8,000</b>
Family Deductible	n/a	<b>\$3,200</b>	<b>\$7,000</b>	<b>\$16,000</b>
Individual OoP Max	<b>\$5,500</b>	<b>\$4,500</b>	<b>\$7,000</b>	<b>\$8,000</b>
Family OoP Max	<b>\$11,000</b>	<b>\$9,000</b>	<b>\$14,000</b>	<b>\$16,000</b>
Accumulator Type	Embedded	Aggregate	Aggregate	Aggregate
PCP Office Visit	\$5	\$10*	20%*	0%*
Specialist Visit	\$45	\$35*	20%*	0%*
Telemedicine (MD Live)	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*
Hospital Inpatient	\$500	\$500*	20%*	0%*
Outpatient Surgery	\$100	\$150*	20%*	0%*
Emergency Room Care	\$100	\$150*	20%*	0%*
Urgent Care Center	<b>\$50</b>	<b>\$50*</b>	20%*	0%*
Outpatient Mental Health	Covered in Full	Covered in Full*	20%*	0%*
Diabetic Supplies (per 30 days)	\$5	\$10*	20%*	0%*
Prescription Coverage	Tier 1/ <b>\$10</b> Tier 2/\$30 Tier 3/50%	Tier 1/ <b>\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$5* <b>Tier 2/\$35*</b> <b>Tier 3/50%*</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*
Wellness	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
Single	<b>\$1,151.55</b>	<b>\$941.40</b>	<b>\$767.40</b>	<b>\$640.55</b>
Subscriber and Spouse	<b>\$2,303.10</b>	<b>\$1,882.80</b>	<b>\$1,534.80</b>	<b>\$1,281.10</b>
Subscriber and Child(ren)	<b>\$1,957.64</b>	<b>\$1,600.38</b>	<b>\$1,304.58</b>	<b>\$1,088.94</b>
Family	<b>\$3,281.92</b>	<b>\$2,682.99</b>	<b>\$2,187.09</b>	<b>\$1,825.57</b>

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Insurance  
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## 2024 Quarter 3: Small Group Rates Univera Healthcare-Platinum Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

**DISCONTINUED**

Plan Name	Univera Platinum 1	Univera Platinum 2	Univera Platinum 4	Univera Platinum 5	Univera Standard Platinum	Univera Platinum 3
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>	<b>Hybrid</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a	\$250	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a	\$500	n/a	n/a
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$5,500	\$6,550	\$3,000	\$2,000	\$6,550
<b>Family OoP Max</b>	<b>\$11,000</b>	\$11,000	\$13,100	\$6,000	\$4,000	\$13,100
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Specialist Visit</b>	\$45	\$30	\$50	\$25	\$35	\$40
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	\$25
<b>Hospital Inpatient</b>	\$500	\$750	\$750	20%*	\$500	\$750
<b>Outpatient Surgery</b>	\$100	\$250	\$250	20%*	\$100	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250	\$150	\$100	\$250
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50</b>	\$50	<b>\$50</b>	\$55	\$40
<b>Outpatient Mental Health</b>	<b>Covered in Full</b>	Covered in Full	Covered in Full	Covered in Full	\$15	3 visits CIF then \$25
<b>Diabetic Supplies (per 30 days)</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$45 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$35 <b>Tier 3/50%</b>	<b>Tier 1/\$10</b> Tier 2/\$25 <b>Tier 3/50%</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	Tier 1/\$5 Tier 2/\$35 Tier 3/ \$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>						
<b>Single</b>	<b>\$881.37</b>	<b>\$880.24</b>	<b>\$866.69</b>	<b>\$862.29</b>	<b>\$896.84</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,762.74</b>	<b>\$1,760.48</b>	<b>\$1,733.38</b>	<b>\$1,724.58</b>	<b>\$1,793.68</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,498.33</b>	<b>\$1,496.41</b>	<b>\$1,473.37</b>	<b>\$1,465.89</b>	<b>\$1,524.63</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$2,511.90</b>	<b>\$2,508.68</b>	<b>\$2,470.07</b>	<b>\$2,457.53</b>	<b>\$2,555.99</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 3: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 1	Univera Gold 2	Univera Gold 4	Univera Gold 5
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$1,600</b>	\$2,000	\$1,800	\$2,000
<b>Family Deductible</b>	<b>\$3,200</b>	\$4,000	\$3,600	\$4,000
<b>Individual OoP Max</b>	<b>\$4,500</b>	\$8,000	\$3,600	\$5,500
<b>Family OoP Max</b>	<b>\$9,000</b>	\$16,000	\$7,200	\$11,000
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$10*	\$10	20%*	\$25*
<b>Specialist Visit</b>	\$35*	\$50	20%*	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	\$1,200*	20%*	\$500*
<b>Outpatient Surgery</b>	\$150*	\$250*	20%*	\$150*
<b>Emergency Room Care</b>	\$150*	\$600	20%*	\$150*
<b>Urgent Care Center</b>	<b>\$50*</b>	<b>\$75</b>	20%*	<b>\$50*</b>
<b>Outpatient Mental Health</b>	Covered in Full*	<b>Covered in Full</b>	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	\$10*	\$10	20%*	\$25*
<b>Prescription Coverage</b>	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$10 Tier 2/40% Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/\$90*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$722.60</b>	<b>\$711.10</b>	<b>\$711.95</b>	<b>\$701.62</b>
<b>Subscriber and Spouse</b>	<b>\$1,445.20</b>	<b>\$1,422.20</b>	<b>\$1,423.90</b>	<b>\$1,403.24</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,228.42</b>	<b>\$1,208.87</b>	<b>\$1,210.32</b>	<b>\$1,192.75</b>
<b>Family</b>	<b>\$2,059.41</b>	<b>\$2,026.64</b>	<b>\$2,029.06</b>	<b>\$1,999.62</b>





Insurance  
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## 2024 Quarter 3: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 6 (NEW)	Univera Clear Options Gold	Univera Standard Gold
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Copay</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$2,250	n/a	\$600
<b>Family Deductible</b>	\$4,500	n/a	\$1,200
<b>Individual OoP Max</b>	\$5,500	\$8,250	\$5,900
<b>Family OoP Max</b>	\$11,000	\$16,500	\$11,800
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	\$25*	Up to \$50	\$25*
<b>Specialist Visit</b>	\$40*	Up to \$100	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	Up to \$4000	\$1,000*
<b>Outpatient Surgery</b>	\$150*	Up to \$1000	\$100*
<b>Emergency Room Care</b>	\$150*	Up to \$250	\$150*
<b>Urgent Care Center</b>	\$40*	Up to \$100	\$60*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full	\$25*
<b>Diabetic Supplies (per 30 days)</b>	\$25*	Up to \$50	\$25*
<b>Prescription Coverage</b>	Tier 1/\$5* Tier 2/\$45* Tier 3/\$90*	Tier 1/\$10 Tier 2/\$50 Tier 3/\$100	Tier 1/\$10 Tier 2/\$35 Tier 3/\$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$690.23</b>	<b>\$781.93</b>	<b>\$786.08</b>
<b>Subscriber and Spouse</b>	<b>\$1,380.46</b>	<b>\$1,563.86</b>	<b>\$1,572.16</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,173.39</b>	<b>\$1,329.28</b>	<b>\$1,336.34</b>
<b>Family</b>	<b>\$1,967.16</b>	<b>\$2,228.50</b>	<b>\$2,240.33</b>

This comparison is intended to be a brief summary of benefits only.  
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## 2024 Quarter 3: Small Group Rates Univera Healthcare-Silver Plans PD

BOLD print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera Silver 1	Univera Silver 2	Univera Silver 5	Univera Silver 6 (NEW)
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,250</b>	\$4,500
<b>Family Deductible</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$6,500</b>	\$9,000
<b>Individual OoP Max</b>	<b>\$7,000</b>	<b>\$9,000</b>	<b>\$7,500</b>	\$6,550
<b>Family OoP Max</b>	<b>\$14,000</b>	<b>\$18,000</b>	<b>\$15,000</b>	\$13,100
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	20%*	\$20*	\$25*	20%*
<b>Specialist Visit</b>	20%*	\$60*	\$50*	20%*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	20%*	20%*	\$1,000*	20%*
<b>Outpatient Surgery</b>	20%*	20%*	\$350*	20%*
<b>Emergency Room Care</b>	20%*	\$400*	\$350*	20%*
<b>Urgent Care Center</b>	20%*	<b>\$75*</b>	<b>\$75*</b>	20%*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full* First 3 visits NSD	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	20%*	\$20*	\$25*	20%*
<b>Prescription Coverage</b>	Tier 1/\$5* <b>Tier 2/\$35*</b> Tier 3/50%*	<b>Tier 1/\$15</b> Tier 2/\$50 Tier 3/50%	<b>Tier 1/\$15*</b> Tier 2/\$45* Tier 3/\$90*	Tier 1/\$5* Tier 2/\$35* Tier 3/50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$591.12</b>	<b>\$605.65</b>	<b>\$624.12</b>	<b>\$584.91</b>
<b>Subscriber and Spouse</b>	<b>\$1,182.24</b>	<b>\$1,211.30</b>	<b>\$1,248.24</b>	<b>\$1,169.82</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,004.90</b>	<b>\$1,029.61</b>	<b>\$1,061.00</b>	<b>\$994.35</b>
<b>Family</b>	<b>\$1,684.69</b>	<b>\$1,726.10</b>	<b>\$1,778.74</b>	<b>\$1,666.99</b>

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Insurance  
Payroll  
HR Solutions

## 2024 Quarter 3: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Silver 7 (NEW)	Univera Standard Silver	Univera Silver 3
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$6,500	<b>\$2,100</b>	\$3,200.00
<b>Family Deductible</b>	\$13,000	<b>\$4,200</b>	\$6,400.00
<b>Individual OoP Max</b>	\$6,500	<b>\$9,450</b>	\$6,550.00
<b>Family OoP Max</b>	\$13,000	<b>\$18,900</b>	\$13,100.00
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	0%*	\$30* First visit NSD	20% Coinsurance*
<b>Specialist Visit</b>	0%*	\$65* First visit NSD	20% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full* First visit NSD	20% Coinsurance*
<b>Hospital Inpatient</b>	0%*	\$1,500*	20% Coinsurance*
<b>Outpatient Surgery</b>	0%*	\$150*	20% Coinsurance*
<b>Emergency Room Care</b>	0%*	\$500	20% Coinsurance*
<b>Urgent Care Center</b>	0%*	\$70	20% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	\$30* First visit NSD	20% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	\$30	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10 Tier 2/\$40 Tier 3/\$75	Tier 1 \$5* Tier 2 \$45* Tier 3 50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$551.48</b>	<b>\$659.54</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,102.96</b>	<b>\$1,319.08</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$937.52</b>	<b>\$1,121.22</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,571.72</b>	<b>\$1,879.69</b>	<b>DISCONTINUED</b>

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# 2024 Quarter 3: Small Group Rates Univera Healthcare-Bronze Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Bronze 1	Univera Bronze 3	Univera Bronze 4	Univera Bronze 2
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>HDHP</b>	<b>HDHP</b>
<b>Individual Deductible</b>	<b>\$8,000</b>	\$6,100	<b>\$8,700</b>	5500
<b>Family Deductible</b>	<b>\$16,000</b>	\$12,200	<b>\$17,400</b>	11000
<b>Individual OoP Max</b>	<b>\$8,000</b>	<b>\$7,300</b>	<b>\$8,700</b>	\$7,000
<b>Family OoP Max</b>	<b>\$16,000</b>	<b>\$14,600</b>	<b>\$17,400</b>	\$14,000
<b>Accumulator Type</b>	Aggregate	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Specialist Visit</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Hospital Inpatient</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Surgery</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Emergency Room Care</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Urgent Care Center</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/\$50* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1 50% Coinsurance* Tier 2 50% Coinsurance* Tier 3 50% Coinsurance*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$495.29</b>	<b>\$530.03</b>	<b>\$513.41</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$990.58</b>	<b>\$1,060.06</b>	<b>\$1,026.82</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$841.99</b>	<b>\$901.05</b>	<b>\$872.80</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,411.58</b>	<b>\$1,510.59</b>	<b>\$1,463.22</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 3: Small Group Rates Univera Healthcare-Access Plus Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera	Univera	Univera	Univera
	Platinum 1 Plus	Gold 1 Plus	Silver 1 Plus	Bronze 1 Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$3,500</b>	<b>\$8,000</b>
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$7,000</b>	<b>\$16,000</b>
<b>Individual OoP Max</b>	<b>\$5,500</b>	<b>\$4,500</b>	<b>\$7,000</b>	<b>\$8,000</b>
<b>Family OoP Max</b>	<b>\$11,000</b>	<b>\$9,000</b>	<b>\$14,000</b>	<b>\$16,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$5	\$10*	20%*	0%*
<b>Specialist Visit</b>	\$45	\$35*	20%*	0%*
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500	\$500*	20%*	0%*
<b>Outpatient Surgery</b>	\$100	\$150*	20%*	0%*
<b>Emergency Room Care</b>	\$100	\$150*	20%*	0%*
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50*</b>	20%*	0%*
<b>Outpatient Mental Health</b>	Covered in Full	Covered in Full*	20%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	\$5	\$10*	20%*	0%*
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$5* <b>Tier 2/\$35*</b> <b>Tier 3/50%*</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$1,174.58</b>	<b>\$960.23</b>	<b>\$782.75</b>	<b>\$653.36</b>
<b>Subscriber and Spouse</b>	<b>\$2,349.16</b>	<b>\$1,920.46</b>	<b>\$1,565.50</b>	<b>\$1,306.72</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,996.79</b>	<b>\$1,632.39</b>	<b>\$1,330.68</b>	<b>\$1,110.71</b>
<b>Family</b>	<b>\$3,347.55</b>	<b>\$2,736.66</b>	<b>\$2,230.84</b>	<b>\$1,862.08</b>

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Insurance  
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## 2024 Quarter 4: Small Group Rates Univera Healthcare-Platinum Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

**DISCONTINUED**

Plan Name	Univera Platinum 1	Univera Platinum 2	Univera Platinum 4	Univera Platinum 5	Univera Standard Platinum	Univera Platinum 3
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>	<b>Hybrid</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a	\$250	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a	\$500	n/a	n/a
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$5,500	\$6,550	\$3,000	\$2,000	\$6,550
<b>Family OoP Max</b>	<b>\$11,000</b>	\$11,000	\$13,100	\$6,000	\$4,000	\$13,100
<b>Accumulator Type</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Specialist Visit</b>	\$45	\$30	\$50	\$25	\$35	\$40
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	\$25
<b>Hospital Inpatient</b>	\$500	\$750	\$750	20%*	\$500	\$750
<b>Outpatient Surgery</b>	\$100	\$250	\$250	20%*	\$100	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250	\$150	\$100	\$250
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50</b>	\$50	<b>\$50</b>	\$55	\$40
<b>Outpatient Mental Health</b>	<b>Covered in Full</b>	Covered in Full	Covered in Full	Covered in Full	\$15	3 visits CIF then \$25
<b>Diabetic Supplies (per 30 days)</b>	\$5	<b>\$10</b>	\$30	\$10	\$15	\$25
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$45 Tier 3/50%	<b>Tier 1/\$10</b> Tier 2/\$35 <b>Tier 3/50%</b>	<b>Tier 1/\$10</b> Tier 2/\$25 <b>Tier 3/50%</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	Tier 1/\$5 Tier 2/\$35 Tier 3/ \$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>						
<b>Single</b>	<b>\$899.00</b>	<b>\$897.84</b>	<b>\$884.02</b>	<b>\$879.54</b>	<b>\$914.78</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,798.00</b>	<b>\$1,795.68</b>	<b>\$1,768.04</b>	<b>\$1,759.08</b>	<b>\$1,829.56</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,528.30</b>	<b>\$1,526.33</b>	<b>\$1,502.83</b>	<b>\$1,495.22</b>	<b>\$1,555.13</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$2,562.15</b>	<b>\$2,558.84</b>	<b>\$2,519.46</b>	<b>\$2,506.69</b>	<b>\$2,607.12</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 4: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 1	Univera Gold 2	Univera Gold 4	Univera Gold 5
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$1,600</b>	\$2,000	\$1,800	\$2,000
<b>Family Deductible</b>	<b>\$3,200</b>	\$4,000	\$3,600	\$4,000
<b>Individual OoP Max</b>	<b>\$4,500</b>	\$8,000	\$3,600	\$5,500
<b>Family OoP Max</b>	<b>\$9,000</b>	\$16,000	\$7,200	\$11,000
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$10*	\$10	20%*	\$25*
<b>Specialist Visit</b>	\$35*	\$50	20%*	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	\$1,200*	20%*	\$500*
<b>Outpatient Surgery</b>	\$150*	\$250*	20%*	\$150*
<b>Emergency Room Care</b>	\$150*	\$600	20%*	\$150*
<b>Urgent Care Center</b>	<b>\$50*</b>	<b>\$75</b>	20%*	<b>\$50*</b>
<b>Outpatient Mental Health</b>	Covered in Full*	<b>Covered in Full</b>	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	\$10*	\$10	20%*	\$25*
<b>Prescription Coverage</b>	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$10 Tier 2/40% Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/\$90*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$737.05</b>	<b>\$725.32</b>	<b>\$726.19</b>	<b>\$715.65</b>
<b>Subscriber and Spouse</b>	<b>\$1,474.10</b>	<b>\$1,450.64</b>	<b>\$1,452.38</b>	<b>\$1,431.30</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,252.99</b>	<b>\$1,233.04</b>	<b>\$1,234.52</b>	<b>\$1,216.61</b>
<b>Family</b>	<b>\$2,100.59</b>	<b>\$2,067.16</b>	<b>\$2,069.64</b>	<b>\$2,039.60</b>



Insurance  
Payroll  
HR Solutions

## 2024 Quarter 4: Small Group Rates Univera Healthcare-Gold Plans PD

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Univera Gold 6 (NEW)	Univera Clear Options Gold	Univera Standard Gold
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Copay</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$2,250	n/a	\$600
<b>Family Deductible</b>	\$4,500	n/a	\$1,200
<b>Individual OoP Max</b>	\$5,500	\$8,250	\$5,900
<b>Family OoP Max</b>	\$11,000	\$16,500	\$11,800
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	\$25*	Up to \$50	\$25*
<b>Specialist Visit</b>	\$40*	Up to \$100	\$40*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full	Covered in Full*
<b>Hospital Inpatient</b>	\$500*	Up to \$4000	\$1,000*
<b>Outpatient Surgery</b>	\$150*	Up to \$1000	\$100*
<b>Emergency Room Care</b>	\$150*	Up to \$250	\$150*
<b>Urgent Care Center</b>	\$40*	Up to \$100	\$60*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full	\$25*
<b>Diabetic Supplies (per 30 days)</b>	\$25*	Up to \$50	\$25*
<b>Prescription Coverage</b>	Tier 1/\$5* Tier 2/\$45* Tier 3/\$90*	Tier 1/\$10 Tier 2/\$50 Tier 3/\$100	Tier 1/\$10 Tier 2/\$35 Tier 3/\$70
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$704.03</b>	<b>\$797.57</b>	<b>\$801.80</b>
<b>Subscriber and Spouse</b>	<b>\$1,408.06</b>	<b>\$1,595.14</b>	<b>\$1,603.60</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,196.85</b>	<b>\$1,355.87</b>	<b>\$1,363.06</b>
<b>Family</b>	<b>\$2,006.49</b>	<b>\$2,273.07</b>	<b>\$2,285.13</b>

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## 2024 Quarter 4: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera Silver 1	Univera Silver 2	Univera Silver 5	Univera Silver 6 (NEW)
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,250</b>	\$4,500
<b>Family Deductible</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$6,500</b>	\$9,000
<b>Individual OoP Max</b>	<b>\$7,000</b>	<b>\$9,000</b>	<b>\$7,500</b>	\$6,550
<b>Family OoP Max</b>	<b>\$14,000</b>	<b>\$18,000</b>	<b>\$15,000</b>	\$13,100
<b>Accumulator Type</b>	Aggregate	Embedded	Aggregate	Aggregate
<b>PCP Office Visit</b>	20%*	\$20*	\$25*	20%*
<b>Specialist Visit</b>	20%*	\$60*	\$50*	20%*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	20%*	20%*	\$1,000*	20%*
<b>Outpatient Surgery</b>	20%*	20%*	\$350*	20%*
<b>Emergency Room Care</b>	20%*	\$400*	\$350*	20%*
<b>Urgent Care Center</b>	20%*	<b>\$75*</b>	<b>\$75*</b>	20%*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full* First 3 visits NSD	Covered in Full*	Covered in Full*
<b>Diabetic Supplies (per 30 days)</b>	20%*	\$20*	\$25*	20%*
<b>Prescription Coverage</b>	Tier 1/\$5* <b>Tier 2/\$35*</b> Tier 3/50%*	<b>Tier 1/\$15</b> Tier 2/\$50 Tier 3/50%	<b>Tier 1/\$15*</b> Tier 2/\$45* Tier 3/\$90*	Tier 1/\$5* Tier 2/\$35* Tier 3/50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$602.94</b>	<b>\$617.76</b>	<b>\$636.60</b>	<b>\$596.61</b>
<b>Subscriber and Spouse</b>	<b>\$1,205.88</b>	<b>\$1,235.52</b>	<b>\$1,273.20</b>	<b>\$1,193.22</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,025.00</b>	<b>\$1,050.19</b>	<b>\$1,082.22</b>	<b>\$1,014.24</b>
<b>Family</b>	<b>\$1,718.38</b>	<b>\$1,760.62</b>	<b>\$1,814.31</b>	<b>\$1,700.34</b>



Insurance  
Payroll  
HR Solutions

## 2024 Quarter 4: Small Group Rates Univera Healthcare-Silver Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Silver 7 (NEW)	Univera Standard Silver	Univera Silver 3
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Hybrid</b>	<b>Hybrid</b>
<b>Individual Deductible</b>	\$6,500	<b>\$2,100</b>	\$3,200.00
<b>Family Deductible</b>	\$13,000	<b>\$4,200</b>	\$6,400.00
<b>Individual OoP Max</b>	\$6,500	<b>\$9,450</b>	\$6,550.00
<b>Family OoP Max</b>	\$13,000	<b>\$18,900</b>	\$13,100.00
<b>Accumulator Type</b>	Aggregate	Embedded	Embedded
<b>PCP Office Visit</b>	0%*	\$30* First visit NSD	20% Coinsurance*
<b>Specialist Visit</b>	0%*	\$65* First visit NSD	20% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full* First visit NSD	20% Coinsurance*
<b>Hospital Inpatient</b>	0%*	\$1,500*	20% Coinsurance*
<b>Outpatient Surgery</b>	0%*	\$150*	20% Coinsurance*
<b>Emergency Room Care</b>	0%*	\$500	20% Coinsurance*
<b>Urgent Care Center</b>	0%*	\$70	20% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	\$30* First visit NSD	20% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	\$30	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10 Tier 2/\$40 Tier 3/\$75	Tier 1 \$5* Tier 2 \$45* Tier 3 50%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$562.51</b>	<b>\$672.73</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,125.02</b>	<b>\$1,345.46</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$956.27</b>	<b>\$1,143.64</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,603.15</b>	<b>\$1,917.28</b>	<b>DISCONTINUED</b>

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# 2024 Quarter 4: Small Group Rates Univera Healthcare-Bronze Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

**DISCONTINUED**

Plan Name	Univera Bronze 1	Univera Bronze 3	Univera Bronze 4	Univera Bronze 2
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>HDHP</b>	<b>HDHP</b>
<b>Individual Deductible</b>	<b>\$8,000</b>	\$6,100	<b>\$8,700</b>	5500
<b>Family Deductible</b>	<b>\$16,000</b>	\$12,200	<b>\$17,400</b>	11000
<b>Individual OoP Max</b>	<b>\$8,000</b>	<b>\$7,300</b>	<b>\$8,700</b>	\$7,000
<b>Family OoP Max</b>	<b>\$16,000</b>	<b>\$14,600</b>	<b>\$17,400</b>	\$14,000
<b>Accumulator Type</b>	Aggregate	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Specialist Visit</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Telemedicine (MD Live)</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Hospital Inpatient</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Surgery</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Emergency Room Care</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Urgent Care Center</b>	0%*	25%*	0%*	50% Coinsurance*
<b>Outpatient Mental Health</b>	Covered in Full*	Covered in Full*	Covered in Full	50% Coinsurance*
<b>Diabetic Supplies (per 30 days)</b>	0%*	25%*	\$30	50% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/\$50* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1 50% Coinsurance* Tier 2 50% Coinsurance* Tier 3 50% Coinsurance*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$505.20</b>	<b>\$540.63</b>	<b>\$523.68</b>	<b>DISCONTINUED</b>
<b>Subscriber and Spouse</b>	<b>\$1,010.40</b>	<b>\$1,081.26</b>	<b>\$1,047.36</b>	<b>DISCONTINUED</b>
<b>Subscriber and Child(ren)</b>	<b>\$858.84</b>	<b>\$919.07</b>	<b>\$890.26</b>	<b>DISCONTINUED</b>
<b>Family</b>	<b>\$1,439.82</b>	<b>\$1,540.80</b>	<b>\$1,492.49</b>	<b>DISCONTINUED</b>

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## 2024 Quarter 4: Small Group Rates Univera Healthcare-Access Plus Plans PD

**BOLD** print represent a cost share change

\*Services Subject to Deductible

Plan Name	Univera Platinum 1 Plus	Univera Gold 1 Plus	Univera Silver 1 Plus	Univera Bronze 1 Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$3,500</b>	<b>\$8,000</b>
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$7,000</b>	<b>\$16,000</b>
<b>Individual OoP Max</b>	<b>\$5,500</b>	<b>\$4,500</b>	<b>\$7,000</b>	<b>\$8,000</b>
<b>Family OoP Max</b>	<b>\$11,000</b>	<b>\$9,000</b>	<b>\$14,000</b>	<b>\$16,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate	Aggregate	Aggregate
<b>PCP Office Visit</b>	\$5	\$10*	20%*	0%*
<b>Specialist Visit</b>	\$45	\$35*	20%*	0%*
<b>Telemedicine (MD Live)</b>	Covered in Full	Covered in Full*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	\$500	\$500*	20%*	0%*
<b>Outpatient Surgery</b>	\$100	\$150*	20%*	0%*
<b>Emergency Room Care</b>	\$100	\$150*	20%*	0%*
<b>Urgent Care Center</b>	<b>\$50</b>	<b>\$50*</b>	20%*	0%*
<b>Outpatient Mental Health</b>	Covered in Full	Covered in Full*	20%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	\$5	\$10*	20%*	0%*
<b>Prescription Coverage</b>	<b>Tier 1/\$10</b> Tier 2/\$30 Tier 3/50%	<b>Tier 1/\$10*</b> Tier 2/\$45* Tier 3/50%*	Tier 1/\$5* <b>Tier 2/\$35*</b> <b>Tier 3/50%*</b>	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards	Wellness & Dental Rewards
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$1,198.07</b>	<b>\$979.43</b>	<b>\$798.41</b>	<b>\$666.43</b>
<b>Subscriber and Spouse</b>	<b>\$2,396.14</b>	<b>\$1,958.86</b>	<b>\$1,596.82</b>	<b>\$1,332.86</b>
<b>Subscriber and Child(ren)</b>	<b>\$2,036.72</b>	<b>\$1,665.03</b>	<b>\$1,357.30</b>	<b>\$1,132.93</b>
<b>Family</b>	<b>\$3,414.50</b>	<b>\$2,791.38</b>	<b>\$2,275.47</b>	<b>\$1,899.33</b>

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