



# Bronze Select

High Deductible Health Plan 2025



Right here.  
For you.

# Understanding the Bronze Select Plan

A high deductible health plan may work a little differently than other health insurance plans you have had in the past. A high deductible health plan or "HDHP" is designed to help keep premium costs lower for you and your family.

## You will have coverage for things like:

- Choice of doctors and hospitals
- Doctor visits
- No-cost preventive care
- Hospitalization
- Laboratory coverage
- Maternity and newborn care
- Prescription drugs
- Specialty care
- Telemedicine and telehealth visits
- Urgent care visits
- Vitalize<sup>SM</sup> health and wellbeing benefit, in partnership with Personify Health
- Adult eye exams and dental (preventive & routine)
- Pediatric vision and dental

## Let's start with the basics:

**FREE Preventive care** - Preventive care can help you avoid getting sick and improve your health. With an HDHP, most preventive services such as routine physicals, screenings and vaccinations are covered in full.\* The deductible does not apply to preventive services or preventive drugs.

**Deductible applies** - For services other than preventive care, you are responsible for paying out of your pocket until you meet your deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. Coinsurance is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and we will pay the rest.

## How this works

### Preventive Services

We pay **100%**

Preventive care is covered in full, so we provide full coverage. You do not need to meet your deductible first.

### Other Services

Until deductible amount is reached:

You pay **100%**



You pay a deductible up to a certain amount

After deductible amount is reached:

You pay **50%**

We pay **50%**

Once the deductible amount is reached you pay a percentage of the cost and we'll pay the rest.

-  Health insurance company pays
-  You pay

Note: Cost shares shown are for illustrative purposes only. Plan options and costs may vary.

\* In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

## Example:

Let's say your deductible is **\$5,500**.



You go to your doctor for low back pain. **You pay \$100** for the visit. **You still have to pay \$5,400** more to reach your deductible.



Your doctor orders an MRI of your lower back. **You pay \$1,000** for the MRI. **You still have to pay \$4,400** more to reach your deductible.

After a series of visits to your doctor and a chiropractor, **you have \$0** left to reach your deductible. Now you will pay a percentage of cost, **called coinsurance**.



If your coinsurance is **50%**, and the next time you visit your doctor **your bill is \$100**, then **you will pay \$50** and **we will pay \$50**.

**Remember preventive care is covered in full and is not subject to the deductible. So you have free coverage for things like your annual physical.**

## The top 4 things to know

### 1 What benefits are free?

- Preventive care for you (and your family) is covered in full on the first day your coverage begins.

### 2 Does my plan have a deductible? If so when does it apply?

- Yes, this plan has a deductible.
- The deductible will apply to all medical care and to most prescription drugs (except insulin).
- The deductible does not apply to preventive prescription drugs – including insulin and glucometers – nor to some additional medical preventive services for chronic conditions including diabetes, asthma, heart disease, liver disease, and bleeding disorders. Coinsurance will apply from day one; you do not need to meet your deductible first.

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

- When only covering yourself, you will pay the single deductible amount.
- Once you meet your deductible, the plan begins paying on your claims.
- When covering more than one person, the family deductible is met for everyone on the plan once any combination of members reaches the family deductible amount.

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

- All of our plans have a limit on the amount that any one person will pay. This is called an out-of-pocket maximum.
- This amount varies, depending on the plan you have. You will want to know what that amount is.
- If you are covering more than one person (similar to the deductible), one or any combination of family members will need to pay the full family maximum. Once this amount is met, care is covered in full for everyone on the plan. Any individual on a plan covering more than one person will not pay more than \$7,500.

# Important terms to know

## Deductible

The amount of money you have to pay before we will make any payments toward health care services. Your deductible amount varies and is based on which of these plans you have.

## Copay

This is a fixed dollar amount you pay for covered health care services. We cover the rest.

**For example**, your doctor visit costs \$100. You pay \$20 for the visit. We cover the remaining \$80. If you have not met your deductible: You pay the full \$100.

**Please note:** Copay amounts can vary for different services depending on your plan.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. **For example**, if your daughter's eyeglasses are \$100 and you have met your deductible, your coinsurance payment of 50% would be \$50. We would pay the rest, or \$50.

## Covered in full

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

## Out-of-pocket maximum

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

# Tax-Free Funding account

If you enroll in Silver Select or Bronze Select, you are eligible to open a tax-free health savings account (HSA) which will help you cover the costs associated with your plan.

## What is an HSA?

An HSA is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more.

- The money you put into your HSA is not subject to federal income tax when you make the deposit.
- There are limits to how much you can contribute. In 2025, the maximum is:
  - \$4,300 for single coverage
  - \$8,550 for family coverage
- If you are under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus have to pay a tax penalty.

## What can I buy with an HSA?

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

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

For a complete list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov).

Coverage of all services is subject to the terms of your HDHP.



To learn more about how to set up an HSA, visit [UniveraHealthcare.com](https://www.UniveraHealthcare.com)

# How do I use my HSA when I need health care services?

## What do I do when I go to the doctor's office?

When you go to the doctor's office, let them know you are using an HSA. The doctor will bill Univera Healthcare. Once the bill has been processed, you and your doctor will get a letter that summarizes the costs associated with that visit. It will also show how much goes towards your deductible and how much you have to pay your doctor. Your doctor will send you a bill for the balance. You can use money from your HSA to pay that bill. If you have an HSA debit card, which works like a credit card, you can use it at the doctor's office.

**Please note:** Your physician may bill you, up front, at the time of service if the deductible is not met.

## What do I do when I need a prescription?

The pharmacy system processes in real-time so the pharmacist will be able to tell you exactly what you owe when you pick up your prescription. You can also use your HSA debit card at the pharmacy.



### Health Savings Account (HSA)

#### Overview

A tax-free account owned by you that works with a high deductible health plan to help you pay for qualified medical expenses

#### Who owns the account?

You

#### Who funds the account?

You

#### Are there contribution limits?

In 2025 the maximum is \$4,300 for single coverage and \$8,550 for family

#### Can I transfer the account?

Yes, you own the account

# Benefits you can count on.



## More access

**Many providers** — a large network of hospitals and doctors from Buffalo to Rochester accept our 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. Our partnership with Vori Health makes physical therapy and back, neck and joint care also available remotely (available with our Qualified Health Plans). 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.

**NEW!** — Cardiac and pulmonary rehabilitation is now **covered in full** (subject to the deductible where applicable).



## More security

Providing quality coverage for over four decades, with free and low cost individual and family plans for all life phases.



## More savings

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

**Vitalize<sup>SM</sup>** — Our health and wellbeing benefit, in partnership with Personify Health, 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 or \$400 a year in Rewards Cash for completing a Health Risk Assessment and by earning reward points through healthy activities.<sup>1</sup>

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

**NEW!** — Save on glasses and contacts with our increased **\$100 vision allowance**.



## 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>

<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.

Vori Health is an independent company that offers virtual physical therapy and back, neck and joint health care for eligible Univera Healthcare members.

Personify Health 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:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o 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。

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**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.

B-5495



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