

**Univera**  
**Quarter 1 Rates**

	Univera Access Platinum 1	Univera Access Standard Platinum	Univera Preferred Access Platinum
<b>In Network</b>			
H.S.A. Eligible	Non-Qualified	Non-Qualified	Non-Qualified
Deductible (single/family)	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out-of-Pocket Maximum (single/family)	\$4,500/\$9,000	\$2,000/\$4,000	\$5,500/\$11,000
<b>Out-of-Network</b>			
Deductible (single/family)	\$2,000/\$4,000	\$500/\$1,000	\$2,000/\$4,000
Coinsurance	40%	20%	40%
Out-of-Pocket Maximum (single/family)	\$9,000/\$18,000	\$2,000/\$4,000	\$11,000/\$22,000
<b>Medical Services</b>			
Primary Office Visits	\$5	\$15	\$5
Specialist Office Visits	\$45	\$35	\$30
Laboratory	\$20	\$15 PCP \$35 Specialist	\$10
Advanced Radiology	\$45	\$15 PCP \$35 Specialist	\$30
<b>Hospital Care</b>			
Inpatient Hospital	\$500	\$500	\$500
Outpatient Surgery Facility	\$100	\$100	\$150
Emergency Room	\$100	\$100	\$150
Urgent Care	\$45	\$55	\$30
<b>Prescription Drugs</b>			
Copays	\$5/\$30/50%	\$10/\$30/\$60	\$5/\$45/\$50
<b>Unique Benefits</b>			
Unique Benefits	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental
<b>Rates</b>			
Single	\$636.82	\$659.25	\$611.41
Employee & Child(ren)	\$1,082.60	\$1,120.73	\$1,039.40
Employee & Spouse	\$1,273.65	\$1,318.51	\$1,222.82
Family	\$1,814.95	\$1,878.87	\$1,742.52

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**Univera**  
**Quarter 1 Rates**

	Univera Access Standard Gold	Univera Preferred Access Gold	Univera Access Gold 1
<b>In Network</b>			
H.S.A. Eligible	Non-Qualified	Non-Qualified	Qualified
Deductible (single/family)	\$600/\$1,200	\$750/\$1,500	\$1,300/\$2,600
Coinsurance	N/A	N/A	N/A
Out-of-Pocket Maximum (single/family)	\$4,000/\$8,000	\$6,350/\$12,700	\$4,000/\$8,000
<b>Out-of-Network</b>			
Deductible (single/family)	\$600/\$1,200	\$1,500/\$3,000	\$2,600/\$5,200
Coinsurance	40%	40%	40%
Out-of-Pocket Maximum (single/family)	\$4,000/\$8,000	\$12,700/\$25,400	\$8,000/\$16,000
<b>Medical Services</b>			
Primary Office Visits	Deductible then \$25	\$5	Deductible then \$5
Specialist Office Visits	Deductible then \$40	\$45	Deductible then \$35
Laboratory	Deductible then \$25 PCP \$40 Specialist	\$25	Deductible then \$35
Advanced Radiology	Deductible then \$25 PCP \$40 Specialist	\$45	Deductible then \$35
<b>Hospital Care</b>			
Inpatient Hospital	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$500
Outpatient Surgery Facility	Deductible then \$100	Deductible then \$150	Deductible then \$150
Emergency Room	Deductible then \$150	\$150	Deductible then \$150
Urgent Care	Deductible then \$60	\$45	Deductible then \$35
<b>Prescription Drugs</b>			
Copays	\$10/\$35/\$70	\$5/\$50/50%	Deductible then \$5/\$45/50% Preventive drugs not subject to deductible
<b>Unique Benefits</b>			
Unique Benefits	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental
<b>Rates</b>			
Single	\$566.12	\$521.57	\$566.49
Employee & Child(ren)	\$962.41	\$886.68	\$963.03
Employee & Spouse	\$1,132.25	\$1,043.15	\$1,132.98
Family	\$1,613.46	\$1,486.48	\$1,614.50

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**Univera  
Quarter 1 Rates**

	Univera Access Standard Silver	Univera Preferred Access Silver	Univera Access Silver 1
<b>In Network</b>			
H.S.A. Eligible	Non-Qualified	Non-Qualified	Qualified
Deductible (single/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	N/A	N/A	20%
Out-of-Pocket Maximum (single/family)	\$6,750/\$13,500	\$6,850/\$13,700	\$6,550/\$13,100
<b>Out-of-Network</b>			
Deductible (single/family)	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance	40%	40%	40%
Out-of-Pocket Maximum (single/family)	\$6,750/\$13,500	\$13,700/\$27,400	\$13,100/\$26,200
<b>Medical Services</b>			
Primary Office Visits	Deductible then \$30	Deductible then \$5	Deductible then 20%
Specialist Office Visits	Deductible then \$50	Deductible then \$50	Deductible then 20%
Laboratory	Deductible then \$30 PCP \$50 Specialist	Deductible then \$30	Deductible then 20%
Advanced Radiology	Deductible then \$30 PCP \$50 Specialist	Deductible then \$50	Deductible then 20%
<b>Hospital Care</b>			
Inpatient Hospital	Deductible then \$1,500	Deductible then \$1,000	Deductible then 20%
Outpatient Surgery Facility	Deductible then \$100	Deductible then \$200	Deductible then 20%
Emergency Room	Deductible then \$250	Deductible then \$200	Deductible then 20%
Urgent Care	Deductible then \$70	Deductible then \$50	Deductible then 20%
<b>Prescription Drugs</b>			
Copays	\$10/\$35/\$70	\$5/\$50/50%	Deductible then \$5/\$25/\$50 Preventive drugs not subject to deductible
<b>Unique Benefits</b>			
Unique Benefits	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental
<b>Rates</b>			
Single	\$470.73	\$434.73	\$439.95
Employee & Child(ren)	\$800.25	\$739.05	\$747.92
Employee & Spouse	\$941.47	\$869.47	\$879.90
Family	\$1,341.59	\$1,238.99	\$1,253.87

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**Univera  
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	Univera Access Standard Bronze H.S.A.	Univera Access Standard Bronze	Univera Access Bronze 1	Univera Preferred Access Bronze
<b>In Network</b>				
H.S.A. Eligible	Qualified	Non-Qualified	Qualified	Qualified
Deductible (single/family)	\$5,500/\$11,000	\$4,000/\$8,000	\$6,550/\$13,100	\$4,500/\$9,000
Coinsurance	50%	50%	0%	50%
Out-of-Pocket Maximum (single/family)	\$6,550/\$13,100	\$7,150/\$14,300	\$6,550/\$13,100	\$6,550/\$13,100
<b>Out-of-Network</b>				
Deductible (single/family)	\$5,500/\$11,000	\$4,000/\$8,000	\$13,100/\$26,200	\$9,000/\$18,000
Coinsurance	50%	50%	0%	50%
Out-of-Pocket Maximum (single/family)	\$6,550/\$13,100	\$7,150/\$14,300	\$13,100/\$26,200	\$13,100/\$26,200
<b>Medical Services</b>				
Primary Office Visits	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Specialist Office Visits	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Laboratory	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Advanced Radiology	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
<b>Hospital Care</b>				
Inpatient Hospital	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Outpatient Surgery Facility	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Emergency Room	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
Urgent Care	Deductible then 50%	Deductible then 50%	Deductible then covered in full	Deductible then 50%
<b>Prescription Drugs</b>				
Copays	Deductible then \$10/\$35/\$70	Deductible then \$10/\$35/\$70	Deductible then covered in full	Deductible then 50% Preventive drugs not subject to deductible
<b>Unique Benefits</b>				
Unique Benefits	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental	Up to \$600 a year in ExerciseRewards; Pediatric Dental
<b>Rates</b>				
Single	\$320.11	\$339.26	\$309.73	\$314.53
Employee & Child(ren)	\$544.18	\$576.75	\$526.54	\$534.71
Employee & Spouse	\$640.22	\$678.53	\$619.46	\$629.07
Family	\$912.31	\$966.90	\$882.74	\$896.42

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