

Sole Proprietorships – Univera Rates

<u>Value Plus</u>	<u>Simply Univera</u>	<u>Solutions B Healthy Choices</u>	<u>Solutions B Family First</u>
<p>Sngl: \$ 1,194.00 qtr. Fam: \$ 3,224.61 qtr.</p> <p>Co-payment: \$25 doctor visits/specialists \$15 Lifetime Health Center \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient \$75 emergency room charge \$75 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3)</p> <p>Vision: Routine Eye Exam: \$20 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p>	<p>Sngl: \$ 1,044.09 qtr. Fam: \$ 2,819.76 qtr.</p> <p>Co-payment: \$25 doctor /\$40 specialists visits \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$7 Generic (Tier 1) \$50 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3)</p> <p>Vision: Routine Eye Exam \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Not Included</p>	<p>Sngl: \$ 1,190.37 qtr. Fam: \$ 3,311.25 qtr.</p> <p>Co-payment: \$20 doctor visits \$40 specialist visits \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3) \$0 Oral Contraceptives</p> <p>Vision: Routine Eye Exam: \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p> <p>Extra Benefits: Up to \$250 annual allowance toward a Health club membership, LASIK eye surgery or teeth whitening at participating providers (See Univera Website: univerahealthcare.com)</p>	<p>Sngl: \$ 1,190.37 qtr. Fam: \$ 3,311.25 qtr.</p> <p>Co-payment: \$25 doctor visits \$40 specialists visits \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$0 Generic for Kids (18 & Under) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3) \$0 Oral Contraceptives</p> <p>Vision: Routine Eye Exam: \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19; full time students to age 26</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p> <p>Extra Benefits: Up to \$250 annual allowance toward massage therapy visits and “Swim and Gym” programs at participating providers (See Univera Website: univerahealthcare.com)</p>

*For more information call the Buffalo Niagara Partnership Insurance department
at 716/541-1714 or 716/541-1715*