

Certified Health Insurance Plan Options



Get access to more top-quality doctors, hospitals and pharmacies in Buffalo and Rochester



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program

**Need help choosing the right plan for you?
Call our dedicated insurance agents at 1-888-588-1447.**



Below are additional plan options that include cost-sharing reductions that reduce how much you pay when you get care. Eligibility is based on your Federal Poverty Level (FPL) which is determined by household income and size. (Plans with other FPLs are available.)

Plan Benefits & Features	STANDARD								
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard Plus 3	Silver Standard	Gold Standard Plus 3	Gold Standard	Platinum Standard	
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Deductible (Single/Family)	\$8,700 / \$17,400	\$6,100 / \$12,200	\$4,700 / \$9,400	\$1,875 / \$3,750	\$1,300 / \$2,600	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0	
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$6,900 / \$13,800	\$8,700 / \$17,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000	
Aggregation Type	Individual	Individual		Individual		Individual		Individual	
Coinsurance	You pay 0%	You pay 50%	You pay 50%	You pay 30%*	You pay 0%*	You pay 20%*	You pay 0%*	You pay 0%*	
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD	
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$50 PCP / \$75 SPC. First 3 visits NSD.	\$35. First 3 visits NSD.	\$30	\$25. First 3 visits NSD.	\$25	\$15	
Specialist Office Visit (SPC)				\$55	\$50	\$40	\$40	\$35	
Hospital Services				\$1,500	\$1,500	\$1,000	\$1,000	\$500	
Outpatient Services				\$150	\$150	\$100	\$100	\$100	
Emergency Room				\$500	\$300	\$300	\$150	\$100	
Urgent Care	0%			\$75	\$70	\$60	\$60	\$55	
Lab Work				\$50	\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC
Basic X-Ray				\$75	\$75	\$75	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC
Prescription Drugs		\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3		\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3	
Telehealth and Telemedicine (MDLive Program)	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0	\$0	
Pediatric Vision* and Dental	Covered	Covered		Covered		Covered		Covered	

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)								
Single	\$229.66	\$440.07	\$458.00	\$569.25	\$598.60	\$732.48	\$740.35	\$868.40
Single + Spouse	\$459.33	\$880.13	\$915.99	\$1,138.50	\$1,197.20	\$1,464.96	\$1,480.71	\$1,736.80
Single + Child(ren)	\$390.43	\$748.11	\$778.60	\$967.72	\$1,017.62	\$1,245.22	\$1,258.60	\$1,476.28
Single + Spouse + Child(ren)	\$654.54	\$1,254.19	\$1,305.30	\$1,622.37	\$1,706.01	\$2,087.57	\$2,110.01	\$2,474.94
Child Only	NA	\$181.31	\$188.69	NA	\$246.62	NA	\$305.02	\$357.78

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$8,700 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account 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. Subsidized health plans are not eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

Plan Benefits & Features	STANDARD		NON-STANDARD	
	Silver Standard Plus 3 (200-250% FPL)	Silver Standard (200-250% FPL)	Silver Select (HSA** qualified, 200-250% FPL)	Advantage Silver SM (200-250% FPL)
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$1,725 / \$3,450	\$1,100 / \$2,200	\$2,250 / \$4,500	\$2,750 / \$5,500
Out-of-Pocket Maximum (Single/Family)	\$6,625 / \$13,250	\$6,500 / \$13,000	\$5,700 / \$11,400	\$4,750 / \$9,500
Aggregation Type	Individual		Family	
Coinsurance	You pay 25%*	You pay 0%*	You pay 20%*	You pay 20%
Preventive Care (Immunizations, screenings)	\$0 for most preventive services, not subject to the deductible			
Primary Care Office Visit (PCP)	\$35. First 3 visits NSD.	\$30	20%	\$15
Specialist Office Visit (SPC)	\$55	\$50		\$50
Acupuncture Visit (up to 10)	Not Covered	Not Covered		50%
Hospital Services	\$1,500	\$1,500		\$380 per day up to 5 days. Day 6 and after, you pay \$0.
Outpatient Services	\$150	\$150		20%
Emergency Room	\$250	\$275		\$90
Urgent Care	\$70	\$70		\$65
Lab Work Primary	\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC		\$15
Basic X-Ray	\$35 PCP / \$55 SPC	\$75	\$55	
Prescription Drugs	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$5 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$0 for Tier 1 \$50 for Tier 2 50% for Tier 3 Preventative Rx NSD
Telehealth and Telemedicine (MDLive Program)	\$0	\$0	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	Not Covered	Not Covered	20%	Vision \$50. Dental not covered.
Pediatric Vision* and Dental	Covered			

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates Through NY State of Health - Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)				
Single	\$569.25	\$598.60	\$578.91	\$579.13
Single + Spouse	\$1,138.50	\$1,197.20	\$1,157.81	\$1,158.27
Single + Child(ren)	\$967.72	\$1,017.62	\$984.14	\$984.52
Single + Spouse + Child(ren)	\$1,622.37	\$1,706.01	\$1,649.88	\$1,650.53
Child Only	NA	\$246.62	NA	NA

Western New York Region
Allegany, Cattaraugus, Chautauqua,
Erie, Genesee, Niagara, Orleans and Wyoming Counties.

NON-STANDARD

Plan Benefits & Features	Bronze Secure Plus 3	Bronze Select (HSA** qualified)	Silver Select (HSA** qualified)	Advantage Silver SM (HSA** qualified)	Gold Select	Advantage Gold SM	Platinum Select	
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Deductible (Single/Family)	\$8,700 / \$17,400	\$5,500 / \$11,000	\$2,550 / \$5,100	\$3,000 / \$6,000	\$750 / \$1,500	\$950 / \$1,900 Medical \$200 / \$400 Drug	\$0 / \$0	
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$6,900 / \$13,800	\$7,000 / \$14,000	\$8,000 / \$16,000	\$6,700 / \$13,400	\$6,350 / \$12,700	
Aggregation Type	Individual	Family	Family		Individual	Family	Individual	
Coinsurance	You pay 0%	You pay 50%	You pay 20%*	You pay 20%	You pay 0%*	You pay 20%	You pay 0%*	
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD	
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	20%	\$15	\$25	\$15	\$15	
Specialist Office Visit (SPC)				\$50	\$40	\$50	\$25	
Acupuncture Visit (up to 10)				50%	\$40	50%	\$25	
Hospital Services				\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$1,000	\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$750	
Outpatient Services				20%	\$350	\$600	\$150	
Emergency Room				\$90	\$350	\$90	\$150	
Urgent Care				0%	\$65	\$40	\$50	\$25
Lab Work				\$15	\$40	\$15	\$25	
Basic X-Ray				\$55	\$40	\$50	\$15	
Prescription Drugs				\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$0 for Tier 1 \$50 for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$0 for Tier 1 \$50 for Tier 2 50% for Tier 3 Preventative Rx NSD
Telehealth and Telemedicine (MDLive Program)	0%. First 3 qualifying visits NSD.	0%	0%	\$0	\$0	\$0	\$0	
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	20%	Vision \$50. Dental not covered.	\$25	Vision \$0. Dental not covered.	\$15	
Pediatric Vision* and Dental	Covered		Covered		Covered		Covered	

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

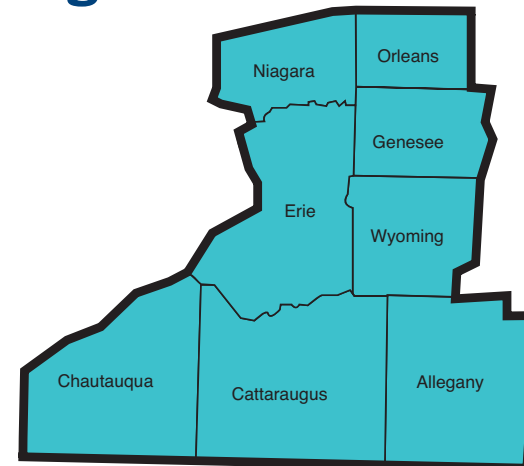
Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)							
Single	\$401.58	\$442.94	\$578.91	\$579.13	\$715.04	\$725.95	\$852.72
Single + Spouse	\$803.17	\$885.88	\$1,157.81	\$1,158.27	\$1,430.08	\$1,451.89	\$1,705.44
Single + Child(ren)	\$682.69	\$753.00	\$984.14	\$984.52	\$1,215.57	\$1,234.11	\$1,449.63
Single + Spouse + Child(ren)	\$1,144.52	\$1,262.37	\$1,649.88	\$1,650.53	\$2,037.86	\$2,068.95	\$2,430.26
Child Only	NA	NA	NA	NA	NA	NA	NA

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.
 Any one person insured on a family plan will not pay more than \$8,700 in compliance with the Affordable Care Act.
 *Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.
 **An HSA or Health Savings Account 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. Subsidized health plans are not eligible for health savings accounts.
 Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.



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Western New York Region



NEW FOR 2022:

Preventative prescription drugs including insulin and glucometers are not subject to the deductible on non-standard HDHPs.

Additional medical preventative services are not subject to the deductible on non-standard HDHPs, for chronic conditions including diabetes, asthma, heart disease, liver disease and bleeding disorders.

Univera Healthcare Advantage GoldSM early retiree plan has a lower overall deductible, split between medical and prescription drugs.

Essential Plan is \$0 a month and now includes dental and vision coverage at no additional cost.



Essential Plan - \$0 a month for eligible individuals

Eligibility is based on your household size, income and other eligibility requirements. **All plans include adult vision and dental coverage.** To find out if you qualify for the Essential Plan, call our dedicated insurance agents.

Annual Income Eligibility for Essential Plan		
Household Size	Essential Plan 1 & 2 (139%-200%FPL)	Essential Plan 3 & 4 (under 100%-138% FPL***)
	\$17,775 - \$25,760	\$0 - \$17,774
	\$24,041 - \$34,840	\$0 - \$24,040
	\$30,306 - \$43,920	\$0 - \$30,305
	\$36,571 - \$53,000	\$0 - \$36,570
	\$42,836 - \$62,080	\$0 - \$42,835
	\$49,101 - \$71,160	\$0 - \$49,100

The benefits and out of pocket costs for the Essential Plan will be the same for all health insurance companies.

Plan Benefits & Features	Essential Plan 1 (151% - 200% FPL)	Essential Plan 2 (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Deductible	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	\$2,000	\$200	\$200	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services			
Primary Care Office Visit (PCP)	\$15	\$0	\$0	\$0
Specialist Office Visit (PCP)	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$0	\$0	\$0
Outpatient Services	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Lab Work	\$25	\$0	\$0	\$0
Basic X-Ray	\$25	\$0	\$0	\$0
Adult Vision Exam	\$0	\$0	\$0	\$0
Glasses and Contact Lenses	\$0	\$0	\$0	\$0
Adult Dental	\$0	\$0	\$0	\$0
Telehealth and Telemedicine (MDLive Program)	\$0	\$0	\$0	\$0
Prescription Drugs	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	\$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.	\$0 for all Tiers
Rates Through NY State of Health				
Single	\$0	\$0	\$0	\$0

New York State has identified the fitness facility reward program as a required essential benefit that must be included for all plans, therefore the ExerciseRewards program cannot be removed from the plans.
 ***Must be a lawfully present immigrant ("Qualified non-citizen" immigration status without a waiting period; Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture victims of trafficking); Valid non-immigration visas; Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals). To see a full list of eligible immigration statuses, please visit the web site at www.healthcare.gov/immigrants/immigration-status/ or call the NY State of Health at 1-855-355-5777.