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low cost. high control.

Welcome to consumer driven health care

What is consumer driven health care?

It's an approach to health care that puts you and your employees in charge. By pairing comprehensive, low-premium plans (made possible through higher deductibles) with tax-advantaged funding accounts, consumer driven health plans offer your business several benefits:

For you:

- Lower health care premiums
- Tax advantages for your business
- Higher productivity by encouraging healthy behavior

For your employees:

- Lower health care costs
- Same outstanding coverage and benefits they expect from Univera Healthcare plans
- Tax savings through health care funding accounts
- Greater control over health care expenses with choice of services and payment options that suit their needs
- Cash back incentives for living healthy from our ^s300 gym membership credit with valUcare[™], to ^s1,000* cash back with ActiveUnivera[®]

*\$1,000 per family includes \$500 per subscriber and eligible domestic partner or spouse.

the two parts of consumer driven health care

Consumer driven plans include:		
1. Comprehensive health coverage	2. Funding accounts	
Plans with lower premiums and higher deductibles	Three ways to get tax-advantaged savings:	
 Preventive services covered in full 	 Health Reimbursement Account (HRA) 	
• Strong national provider network with choice of doctors and no referrals	 Health Savings Account (HSA) 	
Access to health services and resources	• Flexible Spending Account (FSA)	

how does it work?

With consumer driven health care, your employees' regular health plan coverage combines with a funding account to cover medical expenses with tax-free dollars.

Health plan coverage

• Preventive services are covered in full, while other services require employees to pay a deductible and coinsurance

Employee responsibility

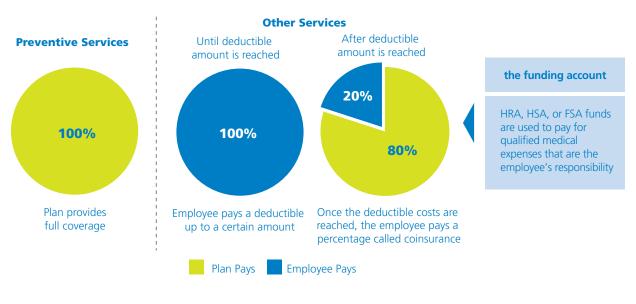
• Employees are responsible for paying a deductible up to a certain amount, as well as a percentage of cost, called coinsurance – but are protected by an out-of-pocket maximum

Funding account

• The employee funding account, which may be funded by the employee (with tax-free dollars), employer, or both, helps reduce out-of-pocket expenses for the employee

Greater control

• Employees have more control over how their account dollars are spent – with a wide range of qualified medical expenses







funding account options

Choosing a funding account

Essentially, the differences between funding accounts relate to:

- Who contributes to and owns the account
- Whether or not there are contribution limitations
- If the funds can roll over from year to year
- What expenses the money can be used for

Before you choose a funding account, talk to your account consultant or broker to find out which option is right for you.

	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)
Overview	A tax-free, employee-owned account that combines with a high deductible health plan to help employees save on qualified medical expenses	A tax-free medical reimbursement plan funded by the employer, for use on qualified medical expenses	A tax-free spending account used for qualified medical expenses, which must be used by the end of each year
Is a high deductible health plan required?	Yes	No	No
Who owns the account?	The employee	The employer	The employer
Who funds the account?	Employers and employees	The employer	Employers and employees
Are there contribution limits?	In 2009, the maximum is ^{\$} 3,000 for single coverage, and ^{\$} 5,950 for family	The employer controls contribution limits	The employer controls contribution limits
Is the account transferable?	Yes, since the employee owns the account	It may or may not be, depending on how the employer designs the plan	Money not used by the end of a given year is forfeited to the employer
What are the advantages?	 Both employer and employee can contribute Account is transferable Employee has investment options Expansive list of qualified medical expenses After age 65, employee can spend money on anything without penalties 	 No trust required Employer designs the plan Cash flow advantage for the employer – no upfront funding required Employer can decide to vest money or not Employees can only spend money on qualified expenses 	 Can be used with any commercial health plan Can be combined with an HSA or HRA Tax savings for employers and employees

"I set up the account that works best for the company. Then my employees spend their money how they want to. It's a win-win."

qualified expenses for funding accounts

Here's a partial list of qualified medical expenses for your employees' HSA, HRA, or FSA.

- Abdominal supports
- Acupuncture
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoette (when used for relief of sickness/disability)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Contact lenses
- Crutches
- Dental treatment
- Dental x-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Drug addiction therapy
- Drugs (prescription)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
- FICA and FUTA tax paid for medical care service
- Fluoridation unit
- Guide dog
- Gum treatment

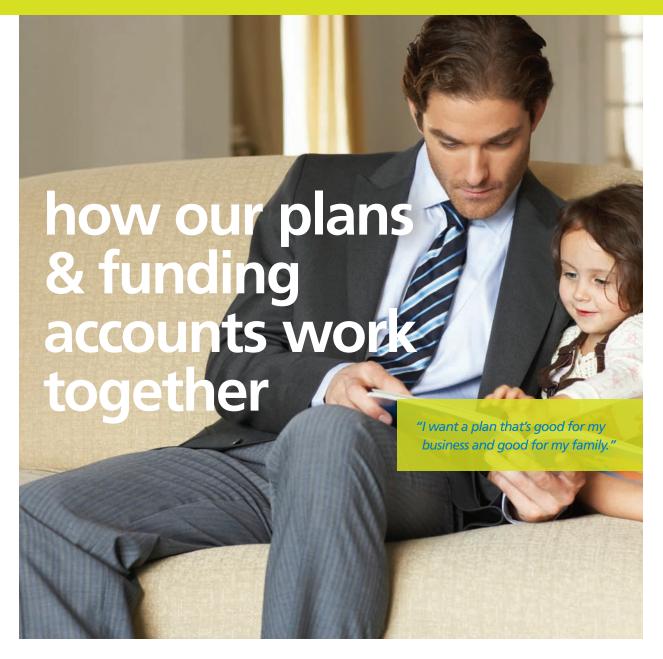
- Gynecologist
- Healing services
 - Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatments
- Lab tests
- Laser eye surgery
- Lead paint removal
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Over-the-counter drugs (except for vitamins and supplements)
- Oxygen and oxygen
- equipment
- Pediatrician
- Physician

For a complete list of qualified medical expenses, go to irs.gov.

- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical services
- Prenatal care
- Prescription medicines
- Psvchiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Stop-smoking aids
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses (relative to health care)
- Ultraviolet ray treatment
- Vaccines
- Wheelchair
- X-rays







To give you a better idea of exactly how consumer driven health care works, we've provided two examples, one using a single employee, and the other using a family. These examples are based on the plan information below:

Example plan details

	Single	Family	
Preventive Services	Covered in full		
Deductible	^{\$} 1,300	^{\$} 2,600	
Out-of-Pocket Maximum	\$3,000 \$6,000		
Coinsurance	20% In Network, 40% Out of Network		

example: single employee

In this example, a single employee incurs a one-time medical expense of \$2,700. Here's how her health care plan and funding account work together to reduce her out-of-pocket costs:

Employee HSA funds	^{\$} 1,500	
Total bill for health care expenses	^{\$} 2,700	The end has UCA finds to source has
Employee pays deductible from HSA funds	- ^{\$} 1,300	The employee used her HSA funds to cover her deductible of ^s 1,300.
Remaining balance for the cost of services	^{\$} 1,400	Because the employee paid her deductible, and her
Her ActiveUnivera [®] plan covers 80% of the remaining cost	- ^{\$} 1,120	coinsurance is 20%, her health plan paid 80% of the remaining \$1,400 balance, totaling \$1,120. This left a \$280 balance that the employee is responsible for.
Employee must pay the remaining 20%	^{\$} 280	
Employee uses remaining HSA funds	- ^{\$} 200	Since she only used \$1,300 of her HSA funds, she still had \$200 left in HSA funds to put toward her \$280 balance.
Total out-of-pocket expense	\$80	After using her remaining HSA funds, the employee was left with only an [§] 80 out-of-pocket cost on her [§] 2,700 medical bill.

example: family

In this example, a family's HSA helps them pay for typical costs that are not covered through their health insurance plan.

Employee HSA funds	^{\$} 1,500	
Family member incurs an expense of ^{\$} 300 and pays using HSA funds	-\$300	The employee used ^{\$} 300 of her HSA funds to cover her expenses.
Employee HSA fund balance	^{\$} 1,200	
Family member gets a routine exam that is covered in full by the health plan	\$0	Preventive services are covered in full by the plan.
Family member incurs an expense of ^{\$} 900 and pays using HSA funds	-\$900	The employee used ^{\$} 900 of her HSA funds to cover her expenses.
Employee HSA fund balance	\$300	The family ends the year with ^{\$} 300 in the HSA, which they can carry over into the next year.

For more information about high deductible health plans, visit univerahealthcare.com/employer





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plan options

Deductible	\$1,300 (S) \$2,600 (F)	\$1,800 (S) \$3,600 (F)	\$2,600 (S) \$5,200 (F)	\$2,600 (S) \$5,200 (F)
Out-of-Pocket Max.	\$3,000 (S) \$6,000 (F)	\$3,600 (S) \$7,200 (F)	\$5,500 (S) \$11,000 (F)	\$5,500 (S) \$11,000 (F)
Coinsurance	20% In Network, 40% Out of Network	10% In Network, 20% Out of Network	0% In and Out of Network	20% In Network, 40% Out of Network
Rx	^{\$} 5/ ^{\$} 35/ ^{\$} 70	^{\$} 5/ ^{\$} 35/ ^{\$} 70	^{\$} 5/ ^{\$} 35/ ^{\$} 70	^{\$} 5/ ^{\$} 35/ ^{\$} 70
Dependent/Student	19/23	19/23	19/23	19/23
Healthy Incentive	With ActiveUnivera®, employees get up to ^{\$} 1,000 cash back per family* With valUcare™, employees get a ^{\$} 300 gym credit			

Ask your broker or consultant for other available options.

ActiveUnivera®

A comprehensive health plan featuring ActiveRewards®, a wellness incentive program that pays employees to live healthier:

• Up to \$1,000 cash back per family*

- Helps employees live healthier
- Cost savings balanced with financial incentive
- Improves employee productivity
- Great coverage with no referrals

valUcare™

With the new valUcare™ product suite from Univera Healthcare, you can give your employees an affordable health insurance option that provides them with great coverage.

*\$1,000 per family includes \$500 per subscriber and eligible domestic partner or spouse.

health & wellness resources

Our plans have a variety of programs and resources dedicated to helping members live well:

take steps

 A program that provides personal tools and resources to help members meet health goals and track them at their own pace

Online deductible accumulator

 Helps members track how much they've paid toward their deductible and out-of-pocket maximum

Funding account management

• Keeps an up-to-date record of contributions, expenses, and available account balance

Healthcare advisor

 Allows members to research health conditions, treatment options, estimate treatment costs, and compare medication choices and costs

24/7 health coaching

 Gives members answers to virtually any health care question, anytime



urgent care centers

Our members enjoy urgent care centers at a number of convenient locations:

Lifetime Health -

Amherst Health Center 1185 Sweet Home Road Amherst, NY 14226 (716) 689-0040

Lifetime Health -

West Seneca Health Center 120 Gardenville Parkway West West Seneca, NY 14224 (716) 668-3600

WNY Immediate Care LLC 2099 Niagara Falls Blvd. Amherst, NY 14228 (716) 564-2273

WNY Immediate Care LLC

3050 Orchard Park Road Orchard Park, NY 14224 (716) 675-3700 WNY Immediate Care LLC 7616 Transit Road Williamsville, NY 14221 (716) 204-2273

MedFirst Urgent Care Centers PLLC 3980 Sheridan Drive Amherst, NY 14226 (716) 929-2800

walk-ins welcome - appointments available

Visit univerahealthcare.com for a current list of urgent care centers.





FAQs

The concept of consumer driven health care may be new for you, and we know you'll have questions. Here are answers to commonly asked questions:

Health savings accounts (HSA)

Who owns the HSA?

Your employee owns the HSA as soon as funds are contributed – whether the contribution comes from you or your employees.

Are members only allowed to withdraw from their HSA for eligible medical expenses?

Funds may be used for any reason, however only eligible medical expenses are tax-free. Nonqualified expenses are subject to income tax. If a member uses funds for nonqualified expenses before age 65, they will have to pay an additional penalty tax.

When may HSA contributions be made? Is there a deadline for contributions for a taxable year?

For calendar year taxpayers, the deadline for contributions is generally April 15 following the year for which the contributions are made. The maximum contribution may be made on the first day of the year in a lump sum.

Do HSA contributions have to be made in equal amounts each month?

No, you can contribute in a lump sum or in any amount or frequency you wish.

As an employer, do I have to contribute the same amount to every employee's HSA?

Employer contributions must be "comparable"; that is, they must be in the same dollar amount or same percentage of the employee's deductible for all employees with the same category of coverage. For this purpose, generally categories of coverage are either "self-only" or "family," although you should consult the comparability regulations regarding the ability to subdivide the family category. You can also vary the level of contributions for full-time vs. part-time employees, and employees covered by a collective bargaining agreement are not covered by the comparability rules if health benefits were part of the agreement.

Our company wants to offer "matching" contributions, can we do that?

Yes, but your company can only offer matching contributions through a Section 125 plan. Remember that the nondiscrimination rules still apply.

What happens when a member is enrolled in the HSA compatible plan and then changes coverage – whether it's a different plan or they become eligible for Medicare?

HSA funds will remain in the account and can be used for eligible expenses. However, the account will no longer be permitted to receive contributions.

What forms will members need for tax season?

Members will receive Form 5498-SA that states all contributions for the previous calendar year – including employer and other contributions to the HSA. In addition, each member will receive a 1099-SA that shows the distribution from the HSA account.

Health reimbursement accounts (HRA)

Who is eligible to set up an HRA?

The employer establishes the HRA account and has complete flexibility to offer an HRA with any kind of insurance plan. Unlike HSAs, members do not have to be enrolled in a high deductible health plan to have an HRA account.

Who funds an HRA account?

The HRA is funded solely by the employer and it may not be funded through employee salary reduction or through a cafeteria plan. The employer decides if any unused funds will roll over to the next year.

What are the minimum employer contributions for the HRA?

There are no limitations on employer contributions, which are excluded from an employee's gross income.

Are HRAs subject to COBRA?

Yes, HRAs are subject to the COBRA continuation rules and the employer is responsible for sending the COBRA notice.

Can an employer offer an HRA and an FSA account?

Yes, but the IRS requires that the employer decide what account must be used first – the FSA or the HRA.

Do employees have to substantiate their claims?

Yes, as with an FSA account, the IRS requires that all claims be validated. Therefore, it is important that employees save any explanation of benefits or receipts for all claims.

Flexible spending accounts (FSA)

What are the employer benefits of offering an FSA account?

Offering an FSA provides potential tax savings due to reduced payroll tax, and unused funds are forfeited back to the employer.

Can we offer an FSA with an HSA or HRA?

Yes. However, when combined with an HSA, the FSA must be a "limited purpose" account.

What is a "limited purpose" FSA?

A limited purpose FSA restricts payments for certain benefits such as vision, dental or preventive care benefits.

What are the minimum and maximum contribution amounts?

The employer establishes the contribution requirements.

Who funds an FSA account?

The employee, the employer or both may contribute to the account.

Are FSAs subject to COBRA?

Yes. FSAs must comply with COBRA rules and the employer is responsible for sending the COBRA notification.

Do employees have to substiantiate their claims?

Yes, the IRS requires that all claims be validated. Therefore, it is important that employees save any explanation of benefits or receipts for all claims.





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