

Find the right health plan, then put it to work.

Annual Benefits Enrollment
October 30 - November 17

California Plan Comparison

Medical

		United Savings PPO	United PPO1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO ²	Bronze EPO
Monthly premium cost ¹		\$	\$\$	\$\$	\$\$	\$\$	\$
Deductible	Individual	\$2,000	\$1,250	\$750	\$500	\$0	\$2,000
	W/ dependents	\$4,000	\$2,500	\$1,500	\$1,000	\$0	\$4,000
Out-of-pocket maximum	Individual	\$5,500	\$4,500	\$4,250	\$2,500	\$2,500	\$9,450
	W/ dependents	\$11,000	\$9,000	\$8,500	\$5,000	\$5,000	\$18,900
United HSA contribution	Individual	\$800 ³	N/A	N/A	N/A	N/A	N/A
	W/ dependents	\$1,600 ³	N/A	N/A	N/A	N/A	N/A
Provider visit PCP = Primary Care Physician SCP = Specialty Care Physician		You pay 20% for most services once your deductible is met	\$20 copay for PCP/ 20% coinsurance for SCP once your deductible is met	\$20 copay for PCP/ 20% coinsurance for SCP once your deductible is met	\$10 copay for PCP/ \$40 copay for SCP	\$0 copay for PCP/ \$40 copay for SCP	You pay 30% for some services once your deductible is met
		Core HDHP⁴	Core EPO⁴	Core PPO⁴	Traditional PPO⁴		
Monthly premium cost ¹		\$\$	\$\$\$	\$\$\$	\$\$\$		
Deductible	Individual	\$2,500	\$200	\$300	\$250		
	W/ dependents	\$5,000	\$400	\$600	\$500		
Out-of-pocket maximum	Individual	\$3,000	\$1,500	\$2,000	\$1,500		
	W/ dependents	\$6,000	\$3,000	\$4,000	\$3,000		
United HSA contribution	Individual	\$750	N/A	N/A	N/A		
	W/ dependents	\$1,500	N/A	N/A	N/A		
Provider visit		You pay 5% for some services once your deductible is met	\$25 copay for PCP/ \$40 copay for SCP	\$25 copay for PCP/ \$40 copay for SCP	You pay 20% for some services once your deductible is met		
		Kaiser N. CA HMO - Opt A. (SFO)	Kaiser N. CA HMO - Opt B. (SFO)	Kaiser S. CA HMO - Opt A. (LAX)	Kaiser S. CA HMO - Opt B. (LAX)		
Monthly premium cost ¹		\$\$	\$\$	\$\$	\$\$		
Deductible	Individual	\$0	\$0	\$0	\$0		
	W/ dependents	\$0	\$0	\$0	\$0		
Out-of-pocket maximum	Individual	\$1,500	\$2,500	\$1,500	\$3,000		
	W/ dependents	\$3,000	\$5,000	\$3,000	\$6,000		
United HSA contribution	Individual	N/A	N/A	N/A	N/A		
	W/ dependents	N/A	N/A	N/A	N/A		
Provider visit		\$20 copay for PCP/ \$20 copay for SPC	\$30 copay for PCP/ \$30 copay for SPC	\$20 copay for PCP/ \$20 copay for SPC	\$30 copay for PCP/ \$50 copay for SPC		

1. This is a preliminary estimate. Check YBR for exact costs during the enrollment process.

2. Only available in LAX based on your home zip code.

3. Annual physical is required.

4. If you're eligible for these plan options, you'll see them in your available plan options on YBR during Annual Benefits Enrollment.



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Pharmacy¹

	United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO ²	Bronze EPO
Out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical ³
Generic	10% coinsurance after deductible (\$5 min/ \$25 max; 2.5x for mail order)	\$10 copay retail/ \$25 copay mail order	\$10 copay retail/ \$25 copay mail order	\$5 copay retail/ \$12.50 copay mail order	\$0 copay retail/ \$0 copay mail order	\$5 copay retail/ \$12.50 copay mail order
Brand	20% coinsurance after deductible (\$30 min/ \$100 max; 2.5x for mail order)	\$30 copay retail/ \$75 copay mail order	\$30 copay retail/ \$75 copay mail order	\$30 copay retail/ \$75 copay mail order	\$25 copay retail/ \$50 copay mail order	35% coinsurance after deductible (\$40 max retail/ \$100 max mail order)
Non-formulary	50% coinsurance after deductible (\$55 min/ \$200 max; 2.5x for mail order)	50% coinsurance (\$55 min/ \$200 max; 2.5x for mail order)	50% coinsurance (\$55 min/ \$200 max; 2.5x for mail order)	50% coinsurance (\$50 min/ \$160 max; 2.5x for mail order)	\$150 copay retail/ \$300 copay mail order	45% coinsurance after deductible (\$100 max retail/ \$250 max mail order)
	Core HDHP⁴	Core EPO⁴	Core PPO⁴	Traditional PPO⁴		
Out-of-pocket maximum	Combined with medical	\$7,950 individual/ \$15,900 family	\$7,450 individual/ \$14,900 family	\$7,600 individual/ \$15,200 family ⁵		
Generic	100% covered after deductible for retail and mail order	\$10 copay retail/ \$25 copay mail order	\$10 copay retail/ \$25 copay mail order	20% coinsurance after deductible retail/ \$30 copay mail order ⁵		
Brand	5% coinsurance after deductible	\$30 copay retail/ \$75 copay mail order	\$30 copay retail/ \$75 copay mail order	20% coinsurance after deductible retail/ \$95 copay mail order ⁵		
Non-formulary	5% coinsurance after deductible	\$50 copay retail/ \$125 copay mail order	\$50 copay retail/ \$125 copay mail order	20% coinsurance after deductible retail/ \$95 copay mail order ⁵		
	Kaiser N. CA HMO - Opt A. (SFO)	Kaiser N. CA HMO - Opt B. (SFO)	Kaiser S. CA HMO - Opt A. (LAX)	Kaiser S. CA HMO - Opt B. (LAX)		
Out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical	Combined with medical		
Generic	\$10 copay retail/ \$10 copay mail order	\$15 copay retail/ \$30 copay mail order	\$10 copay retail/ \$10 copay mail order	\$15 copay retail/ \$30 copay mail order		
Brand	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order		
Non-formulary	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order		

1. 30 day supply retail/ 90 day supply mail order.

2. Only available in LAX based on your home zip code.

3. Prescription drug copayments and coinsurances apply to the medical out-of-pocket maximum: \$9,450 Individual; \$18,900 Family.

4. If you're eligible for these plan options, you'll see them in your available plan options on YBR during Annual Benefits Enrollment.

5. Retail Rx is included in medical OOP; 90 day/Mail Order applies to its own OOP medical: \$1,500 Individual; \$3,000 Family; includes deductible, medical copays and retail Rx; Prescription Drug: 90 day supply only \$7,950 Individual; \$15,900 Family.

