

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

Annual Benefits Enrollment  
October 30 - November 17

## Orlando and Newark Plan Comparison

### Medical

|                                                                                  |               | United Savings PPO                                        | United PPO1250                                                             | United PPO                                                                 | United Silver Plus EPO                                    | Centivo Platinum Plus EPO                | Bronze EPO                                                |
|----------------------------------------------------------------------------------|---------------|-----------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| Monthly premium cost <sup>1</sup>                                                |               | \$                                                        | \$\$                                                                       | \$\$                                                                       | \$\$                                                      | \$\$                                     | \$                                                        |
| 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 <sup>2</sup>                                        | N/A                                                                        | N/A                                                                        | N/A                                                       | N/A                                      | N/A                                                       |
|                                                                                  | W/ dependents | \$1,600 <sup>2</sup>                                      | N/A                                                                        | N/A                                                                        | N/A                                                       | N/A                                      | N/A                                                       |
| Provider visit<br>PCP = Primary Care Physician<br>SCP = Specialty Care Physician |               | You pay 20% for most services once your deductible is met | \$20 copay for PCP/<br>20% coinsurance for SCP once your deductible is met | \$20 copay for PCP/<br>20% coinsurance for SCP once your deductible is met | \$10 copay for PCP/<br>\$40 copay for SCP                 | \$0 copay for PCP/<br>\$40 copay for SCP | You pay 30% for some services once your deductible is met |
|                                                                                  |               | <b>Core HDHP<sup>3</sup></b>                              | <b>Core EPO<sup>3</sup></b>                                                | <b>Core PPO<sup>3</sup></b>                                                | <b>Traditional PPO<sup>3</sup></b>                        |                                          |                                                           |
| Monthly premium cost <sup>1</sup>                                                |               | \$\$                                                      | \$\$\$                                                                     | \$\$\$                                                                     | \$\$\$                                                    |                                          |                                                           |
| 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/<br>\$40 copay for SCP                                  | \$25 copay for PCP/<br>\$40 copay for SCP                                  | You pay 20% for some services once your deductible is met |                                          |                                                           |

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

2. Annual physical is required.

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



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

Annual Benefits Enrollment  
October 30 - November 17

## Orlando and Newark Plan Comparison

### Pharmacy<sup>1</sup>

|                              | United Savings PPO                                                          | United PPO 1250                                            | United PPO                                                 | United Silver Plus EPO                                                      | Centivo Platinum Plus EPO                  | Bronze EPO                                                                |
|------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| <b>Out-of-pocket maximum</b> | Combined with medical                                                       | Combined with medical                                      | Combined with medical                                      | Combined with medical                                                       | Combined with medical                      | Combined with medical <sup>2</sup>                                        |
| <b>Generic</b>               | 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                                |
| <b>Brand</b>                 | 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)  |
| <b>Non-formulary</b>         | 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) |
|                              | <b>Core HDHP<sup>3</sup></b>                                                | <b>Core EPO<sup>3</sup></b>                                | <b>Core PPO<sup>3</sup></b>                                | <b>Traditional PPO<sup>3</sup></b>                                          |                                            |                                                                           |
| <b>Out-of-pocket maximum</b> | Combined with medical                                                       | \$7,950 individual/ \$15,900 family                        | \$7,450 individual/ \$14,900 family                        | \$7,600 individual/ \$15,200 family <sup>4</sup>                            |                                            |                                                                           |
| <b>Generic</b>               | 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 <sup>4</sup> |                                            |                                                                           |
| <b>Brand</b>                 | 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 <sup>4</sup> |                                            |                                                                           |
| <b>Non-formulary</b>         | 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 <sup>4</sup> |                                            |                                                                           |

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

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

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

4. 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.

