

# Now is your time to choose

Annual Benefits Enrollment  
October 28-November 15, 2024

## California Plan Comparison

### Medical

		United Savings PPO	United PPO1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO <sup>2</sup>	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	\$9,200
	W/ dependents	\$11,000	\$9,000	\$8,500	\$5,000	\$5,000	\$18,400
United HSA contribution	Individual	\$800 <sup>3</sup>	N/A	N/A	N/A	N/A	N/A
	W/ dependents	\$1,600 <sup>3</sup>	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 HDHP <sup>4</sup>	Core EPO <sup>4</sup>	Core PPO <sup>4</sup>	Traditional PPO <sup>4</sup>		
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/ \$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 N. CA HMO-Opt C. (SFO)	Kaiser S. CA HMO-Opt A. (LAX)	Kaiser S. CA HMO-Opt B. (LAX)	
Monthly premium cost <sup>1</sup>		\$\$	\$\$	\$\$	\$\$	\$\$	
Deductible	Individual	\$0	\$0	\$750	\$0	\$0	
	W/ dependents	\$0	\$0	\$1,500	\$0	\$0	
Out-of-pocket maximum	Individual	\$1,500	\$2,500	\$3,000	\$1,500	\$3,000	
	W/ dependents	\$3,000	\$5,000	\$6,000	\$3,000	\$6,000	
United HSA contribution	Individual	N/A	N/A	N/A	N/A	N/A	
	W/ dependents	N/A	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	\$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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### Pharmacy<sup>1</sup>

	United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO <sup>2</sup>	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>3</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>4</sup></b>	<b>Core EPO<sup>4</sup></b>	<b>Core PPO<sup>4</sup></b>	<b>Traditional PPO<sup>4</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>5</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>5</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>5</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>5</sup>		
	<b>Kaiser N. CA HMO-Opt A. (SFO)</b>	<b>Kaiser N. CA HMO-Opt B. (SFO)</b>	<b>Kaiser N. CA HMO-Opt C. (SFO)<sup>6</sup></b>	<b>Kaiser S. CA HMO-Opt A. (LAX)</b>	<b>Kaiser S. CA HMO-Opt B. (LAX)</b>	
<b>Out-of-pocket maximum</b>	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	
<b>Generic</b>	\$10 copay retail/ \$10 copay mail order	\$15 copay retail/ \$30 copay mail order	\$10 copay retail/ \$20 copay mail order	\$10 copay retail/ \$10 copay mail order	\$15 copay retail/ \$30 copay mail order	
<b>Brand</b>	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order	\$35 copay retail/ \$70 copay mail order	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 copay mail order	
<b>Non-formulary</b>	\$15 copay retail/ \$15 copay mail order	\$35 copay retail/ \$70 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: \$9,200 Individual; \$18,400 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.

6. Only available to employees with an SFO station code, excluding pilots and flight attendants.

