# Now is your time to choose

**Annual Benefits Enrollment** October 28-November 15, 2024

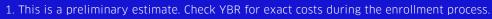
deductible is met

# 2025 Plan Comparison for non-hub locations

### Medical

		United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Bronze EPO
Monthly premium cost <sup>1</sup>		\$	\$\$	\$\$	\$\$	\$
Deductible	Individual	\$2,000	\$1,250	\$750	\$500	\$2,000
	W/dependents	\$4,000	\$2,500	\$1,500	\$1,000	\$4,000
Out-of-pocket maximum	Individual	\$5,500	\$4,500	\$4,250	\$2,500	\$9,200
	W/dependents	\$11,000	\$9,000	\$8,500	\$5,000	\$18,400
United HSA contribution	Individual	\$800 <sup>2</sup>	N/A	N/A	N/A	N/A
	W/dependents	\$1,6002	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	You pay 30% for some services once your deductible is met
		Core HDHP <sup>3</sup>	Core EPO <sup>3</sup>	Core PPO <sup>3</sup>	Traditional PPO <sup>3</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	

Note: Some locations may have specific plans offered regionally that are not reflected in this plan comparison. Plan information will be available during enrollment on YBR.



<sup>2.</sup> Annual physical is required.



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

# Now is your time to choose

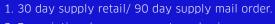
**Annual Benefits Enrollment**October 28-November 15, 2024

# 2025 Plan Comparison for non-hub locations

## Pharmacy<sup>1</sup>

	United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Bronze EPO
Out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical <sup>2</sup>
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	\$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	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)	45% coinsurance after deductible (\$100 max retail/\$250 max mail order)
	Core HDHP <sup>3</sup>	Core EPO <sup>3</sup>	Core PPO <sup>3</sup>	Traditional PPO <sup>3</sup>	
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 <sup>4</sup>	
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 <sup>4</sup>	
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 <sup>4</sup>	
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 <sup>4</sup>	

Note: Some locations may have specific plans offered regionally that are not reflected in this plan comparison. Plan information will be available during enrollment on YBR.



<sup>2.</sup> Prescription drug copayments and coinsurances apply to the medical out-of-pocket maximum: \$9,200 Individual; \$18,400 Family.



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

<sup>4.</sup> 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.