Now is your time to choose

Annual Benefits EnrollmentOctober 28-November 15, 2024

Orlando and Newark Plan Comparison

Medical

		United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO	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	\$9,200
	W/dependents	\$11,000	\$9,000	\$8,500	\$5,000	\$5,000	\$18,400
United HSA contribution	Individual	\$800 ²	N/A	N/A	N/A	N/A	N/A
	W/dependents	\$1,6002	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 ³	Core EPO ³	Core PPO ³	Traditional PPO ³		
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		



 $^{1. \} This is a preliminary estimate. \ Check \ YBR \ for exact \ costs \ during \ the \ enrollment \ process.$

^{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.

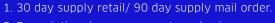
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Pharmacy¹

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	United Savings PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO	Bronze EPO
Out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical ²
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 HDHP ³	Core EPO ³	Core PPO ³	Traditional PPO ³		
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 ⁴		
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 ⁴		
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 ⁴		
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 ⁴		



^{2.} Prescription drug copayments and coinsurances apply to the medical out-of-pocket maximum: \$9,200 Individual; \$18,400 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.