

Make your plan work for you

Annual Benefits Enrollment
October 6–24, 2025

California Plan Comparison

Medical

		United Savings PPO	United Informed Choice PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO ²
Monthly premium cost ¹		\$	\$\$	\$\$	\$\$	\$\$	\$\$
Deductible	Individual	\$2,000	\$1,250	\$1,250	\$750	\$500	\$0
	W/ dependents	\$4,000	\$2,500	\$2,500	\$1,500	\$1,000	\$0
Out-of-pocket maximum	Individual	\$5,500	\$3,000	\$4,500	\$4,250	\$2,500	\$2,500
	W/ dependents	\$11,000	\$6,000	\$9,000	\$8,500	\$5,000	\$5,000
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	\$10-30 copay for PCP/ \$25-75 copay for SCP	\$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
		Bronze EPO	Core HDHP ⁴	Core EPO ⁴	Core PPO ⁴	Traditional PPO ⁴	
Monthly premium cost ¹		\$	\$\$	\$\$\$	\$\$\$	\$\$\$	
Deductible	Individual	\$2,000	\$2,500	\$200	\$300	\$250	
	W/ dependents	\$4,000	\$5,000	\$400	\$600	\$500	
Out-of-pocket maximum	Individual	\$10,600	\$3,000	\$1,500	\$2,000	\$1,500	
	W/ dependents	\$21,200	\$6,000	\$3,000	\$4,000	\$3,000	
United HSA contribution	Individual	N/A	\$750	N/A	N/A	N/A	
	W/ dependents	N/A	\$1,500	N/A	N/A	N/A	
Provider visit		You pay 30% for some services once your deductible is met	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) ⁵	Kaiser N. CA HMO–Opt B. (SFO) ⁵	Kaiser N. CA HMO–Opt C. (SFO) ⁵	Kaiser S. CA HMO–Opt A. (LAX) ⁵	Kaiser S. CA HMO–Opt B. (LAX) ⁵	Kaiser HSA HMO–N. CA & S. CA ⁵
Monthly premium cost ¹		\$\$	\$\$	\$\$	\$\$	\$\$	\$\$
Deductible	Individual	\$0	\$0	\$750	\$0	\$0	\$2,000
	W/ dependents	\$0	\$0	\$1,500	\$0	\$0	\$4,000 per family/ \$3,300 per member for plans with two or more members in the family
Out-of-pocket maximum	Individual	\$1,500	\$2,500	\$3,000	\$1,500	\$3,000	\$5,500
	W/ dependents	\$3,000	\$5,000	\$6,000	\$3,000	\$6,000	\$11,000
United HSA contribution	Individual	N/A	N/A	N/A	N/A	N/A	\$800 ³
	W/ dependents	N/A	N/A	N/A	N/A	N/A	\$1,600 ³
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	You pay 20% for most services once your deductible is met

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.

5

Plan eligibility is based on your home zip code, not work location.



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Pharmacy¹

	United Savings PPO	United Informed Choice PPO	United PPO 1250	United PPO	United Silver Plus EPO	Centivo Platinum Plus EPO ²
Out-of-pocket maximum	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical	Combined with medical
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	\$10 copay retail/ \$25 copay mail order	\$5 copay retail/ \$12.50 copay mail order	\$0 copay retail/ \$0 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	\$30 copay retail/ \$75 copay mail order	\$25 copay retail/ \$50 copay 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 (\$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
	Bronze EPO	Core HDHP ⁴	Core EPO ⁴	Core PPO ⁴	Traditional PPO ⁴	
Out-of-pocket maximum	Combined with medical ³	Combined with medical	\$9,100 individual/ \$18,200 family	\$8,600 individual/ \$17,200 family	\$9,100 individual/ \$18,200 family ⁵	
Generic	\$5 copay retail/ \$12.50 copay mail order	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	35% coinsurance after deductible (\$40 max retail/ \$100 max mail order)	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	45% coinsurance after deductible (\$100 max retail/ \$250 max mail order)	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 N. CA HMO–Opt C. (SFO) ⁶	Kaiser S. CA HMO–Opt A. (LAX)	Kaiser S. CA HMO–Opt B. (LAX)	Kaiser HSA HMO–N. CA & S. CA
Out-of-pocket maximum	Combined with medical	Combined with medical	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/ \$20 copay mail order	\$10 copay retail/ \$10 copay mail order	\$15 copay retail/ \$30 copay mail order	10% coinsurance after deductible (\$5 min/ \$25 max; 2.5x for mail order)
Brand	\$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	20% coinsurance after deductible (\$30 min/ \$100 max; 2.5x for mail order)
Non-formulary	\$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	20% coinsurance after deductible (\$30 min/ \$100 max; when approved through the approval process)

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: \$10,600 individual; \$21,200 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 — \$9,100 individual; \$18,200 family.
6 Only available to employees with an SFO station code, excluding pilots and flight attendants.

