

Make your plan work for you

Annual Benefits Enrollment
October 6–24, 2025

Houston and Chicago Plan Comparison

Medical

		United Savings PPO	United Informed Choice PPO	United PPO 1250	United PPO
Monthly premium cost ¹		\$	\$\$	\$\$	\$\$
Deductible	Individual	\$2,000	\$1,250	\$1,250	\$750
	W/ dependents	\$4,000	\$2,500	\$2,500	\$1,500
Out-of-pocket maximum	Individual	\$5,500	\$3,000	\$4,500	\$4,250
	W/ dependents	\$11,000	\$6,000	\$9,000	\$8,500
United HSA contribution	Individual	\$800 ²	N/A	N/A	N/A
	W/ dependents	\$1,600 ²	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
		United Silver Plus EPO	Bronze EPO	Core HDHP ³	Core EPO ³
Monthly premium cost ¹		\$\$	\$	\$\$	\$\$\$
Deductible	Individual	\$500	\$2,000	\$2,500	\$200
	W/ dependents	\$1,000	\$4,000	\$5,000	\$400
Out-of-pocket maximum	Individual	\$2,500	\$10,600	\$3,000	\$1,500
	W/ dependents	\$5,000	\$21,200	\$6,000	\$3,000
United HSA contribution	Individual	N/A	N/A	\$750	N/A
	W/ dependents	N/A	N/A	\$1,500	N/A
Provider visit		\$10 copay for PCP/ \$40 copay for SCP	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
		Core PPO ³	Traditional PPO ³	BCBS HMO (Houston and Chicago) ⁴	
Monthly premium cost ¹		\$\$\$	\$\$\$	\$\$	
Deductible	Individual	\$300	\$250	\$0	
	W/ dependents	\$600	\$500	\$0	
Out-of-pocket maximum	Individual	\$2,000	\$1,500	\$1,500	
	W/ dependents	\$4,000	\$3,000	\$3,000	
United HSA contribution	Individual	N/A	N/A	N/A	
	W/ dependents	N/A	N/A	N/A	
Provider visit		\$25 copay for PCP/ \$40 copay for SCP	You pay 20% for some services once your deductible is met	\$25 copay for PCP/ \$40 copay for SCP	

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.

4 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
Out-of-pocket maximum	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
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
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)
	United Silver Plus EPO	Bronze EPO	Core HDHP ³	Core EPO ³
Out-of-pocket maximum	Combined with medical	Combined with medical ²	Combined with medical	\$9,100 individual/ \$18,200 family
Generic	\$5 copay retail/ \$12.50 copay mail order	\$5 copay retail/ \$12.50 copay mail order	100% covered after deductible for retail and mail order	\$10 copay retail/ \$25 copay mail order
Brand	\$30 copay retail/ \$75 copay mail order	35% coinsurance after deductible (\$40 max retail/ \$100 max mail order)	5% coinsurance after deductible	\$30 copay retail/ \$75 copay mail order
Non-formulary	50% coinsurance (\$50 min/ \$160 max; 2.5x for mail order)	45% coinsurance after deductible (\$100 max retail/ \$250 max mail order)	5% coinsurance after deductible	\$50 copay retail/ \$125 copay mail order
	Core PPO ³	Traditional PPO ³	BCBS HMO (Houston and Chicago)	
Out-of-pocket maximum	\$8,600 individual/ \$17,200 family	\$9,100 individual/ \$18,200 family ⁴	\$7,950 individual/ \$15,900 family	
Generic	\$10 copay retail/ \$25 copay mail order	20% coinsurance after deductible retail/ \$30 copay mail order ⁴	\$20 copay retail/ \$60 copay mail order	
Brand	\$30 copay retail/ \$75 copay mail order	20% coinsurance after deductible retail/ \$95 copay mail order ⁴	\$40 copay retail/ \$120 copay mail order	
Non-formulary	\$50 copay retail/ \$125 copay mail order	20% coinsurance after deductible retail/ \$95 copay mail order ⁴	\$60 copay retail/ \$180 copay mail order	

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

2 Prescription drug copayments and coinsurances apply to the medical out-of-pocket maximum: \$10,600 individual; \$21,200 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 — \$9,100 individual; \$18,200 family.

