

# Make your plan work for you

Annual Benefits Enrollment  
October 6–24, 2025

## Washington D.C. (Dulles) Plan Comparison

### Medical

		United Savings PPO	United Informed Choice PPO	United PPO 1250	United PPO	United Silver Plus EPO
Monthly premium cost <sup>1</sup>		\$	\$\$	\$\$	\$\$	\$\$
Deductible	Individual	\$2,000	\$1,250	\$1,250	\$750	\$500
	W/ dependents	\$4,000	\$2,500	\$2,500	\$1,500	\$1,000
Out-of-pocket maximum	Individual	\$5,500	\$3,000	\$4,500	\$4,250	\$2,500
	W/ dependents	\$11,000	\$6,000	\$9,000	\$8,500	\$5,000
United HSA contribution	Individual	\$800 <sup>2</sup>	N/A	N/A	N/A	N/A
	W/ dependents	\$1,600 <sup>2</sup>	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
		Bronze EPO	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	\$2,000	\$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 Mid-Atlantic HMO (Washington D.C.) <sup>4</sup>	Kaiser Mid-Atlantic HSA (Washington D.C.) <sup>4</sup>			
Monthly premium cost <sup>1</sup>		\$\$	\$\$			
Deductible	Individual	\$0	\$2,000			
	W/ dependents	\$0	\$4,000			
Out-of-pocket maximum	Individual	\$3,500	\$5,500			
	W/ dependents	\$9,400	\$11,000			
United HSA contribution	Individual	N/A	\$800 <sup>2</sup>			
	W/ dependents	N/A	\$1,600 <sup>2</sup>			
Provider visit		\$25 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 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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### Pharmacy<sup>1</sup>

	United Savings PPO	United Informed Choice PPO	United PPO 1250	United PPO	United Silver Plus EPO
Out-of-pocket maximum	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
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
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)
	Bronze EPO	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 <sup>2</sup>	Combined with medical	\$9,100 individual/ \$18,200 family	\$8,600 individual/ \$17,200 family	\$9,100 individual/ \$18,200 family <sup>4</sup>
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 <sup>4</sup>
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 <sup>4</sup>
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 <sup>4</sup>
	Kaiser Mid-Atlantic HMO (Washington D.C.)	Kaiser Mid-Atlantic HSA (Washington D.C.)			
Out-of-pocket maximum	Combined with medical	Combined with medical			
Generic	\$20 copay retail/ \$40 copay mail order	10% coinsurance after deductible (\$5 min/ \$25 max; 2.5x for mail order)			
Brand	\$40 copay retail/ \$80 copay mail order	20% coinsurance after deductible (\$30 min/ \$100 max; 2.5x for mail order)			
Non-formulary	\$40 copay retail/ \$80 copay for mail order	50% coinsurance after deductible (\$55 min/ \$200 max; 2.5x for 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.

