



	UNITED HEALTHCARE						KAISER PERMANENTE	
	UHC Standard PPO		UHC HDHP PPO \$2000*		UHC HDHP PPO \$5000*		Kaiser HMO	
	All States		All States		All States		CALIFORNIA ONLY	
Annual Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	
Individual	\$1,500	\$3,000	\$2,000****	\$4,000****	\$5,000	\$10,000	\$0	
Family	\$3,000	\$6,000	\$4,000****	\$8,000****	\$10,000	\$20,000	\$0	
Coinsurance (You pay)	20%	40%	20%	40%	20%	40%	0%	
Out of Pocket Maximum (includes deductible)								
Individual	\$5,000	\$10,000	\$4,000	\$8,000	\$6,550	\$12,500	\$1,500	
Family	\$10,000	\$20,000	\$6,850	\$16,000	\$13,100	\$25,000	\$3,000	
Medical Care								
Preventive Care	100% covered	40% after ded.	100% covered	40% after ded.	100% covered	40% after ded.	100% covered	
Virtual Visit- (Telemedicine)	\$5	N/A	20% after ded.	N/A	20% after ded.	N/A	N/A	
Office Visit- Primary Care	\$30	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$20	
Office Visit- Specialist	\$30	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$20	
Urgent Care	\$60	\$60	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$20 per visit	
Inpatient Services	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$500 per admit	
Outpatient Services	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$20 per visit	
Emergency Room	\$300	\$300	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$100 per visit	
Prescription Drugs								
	Retail**	Mail Order***	Retail**	Mail Order***	Retail**	Mail Order***	Retail**	Mail Order***
Generic	\$15	2.5x Retail	\$10 copay after ded.	2.5x Retail	\$10 copay after ded.	2.5x Retail	\$10	2x Retail
Brand Formulary	\$40	2.5x Retail	\$35 copay after ded.	2.5x Retail	\$35 copay after ded.	2.5x Retail	\$30	2x Retail
Brand Non Formulary	\$75	2.5x Retail	\$60 copay after ded.	2.5x Retail	\$60 copay after ded.	2.5x Retail	20% up to \$150 maximum	2x Retail

Weekly premiums are listed on page 5.

*Enrollment in this plan allows you to contribute to a **Health Savings Account, or HSA**.

**Retail pricing is for a 30 day supply

***Mail Order pricing is for a 90-day supply.

****Deductible is non-embedded, meaning if you have family coverage, the full family deductible must be met before coinsurance starts, no matter which member receives the service(s).