

Medical Options

Important information regarding the \$300 Deductible and CDHP Health Plans:

Deductible: Amount that must be paid each year by you before coinsurance benefits are paid.

\$300 Deductible: Each covered individual must meet their individual deductible.

CDHP: The entire family must accumulate to the family deductible before any individual reaches coinsurance; the deductible applies to all services except preventive care exams.

Out-of-Pocket Maximum (OOPM): Maximum you will pay before the plan pays 100% of covered charges. Includes amounts paid toward your annual deductible, copays, coinsurance and prescriptions.

Prescriptions under the CDHP: Deductible and coinsurance apply.

Prescription Drug Coverage

Chronic Condition Medications:

Medications prescribed for the treatment of diabetes, high blood pressure, and high cholesterol are provided at no cost to UnitedHealthcare plan participants when filled by in-network pharmacies.

Prescription Quantity

Information: Retail—You may purchase up to a 30-day supply. You may purchase up to a 90-day supply of maintenance drugs via mail order or at a CVS or Target pharmacy for a reduced co-pay. (Does not apply to CDHP.)

Medical Coverage



The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description" for specific details about each plan.

Provider Choice	UnitedHealthcare \$300 Deductible		UnitedHealthcare CDHP with HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible				
Individual	\$ 300	\$ 500	\$1,300	\$ 2,100
Family	\$ 900	\$1,500	\$2,600	\$ 4,200
Out-of-Pocket Maximum				
Individual	\$2,300	\$3,500	\$3,000	\$ 5,000
Family	\$4,900	\$7,500	\$6,000	\$10,000
Coinsurance (plan pays)	90%	70%	90%	70%
Hospital (inpatient)	\$250 copay, then 90% covered	70% covered ²	90% covered ²	70% covered ²
Emergency Room* (copay waived if admitted)	\$100 copay, then 90% covered ² (for both in- and out-of-network coverage)		90% covered ² (for both in- and out-of-network coverage)	
Doctor Office Visits	\$20 copay	70% covered ²	90% covered ²	70% covered ²
Specialist Office Visits	\$35 copay	70% covered ²	90% covered ²	70% covered ²
Annual Physical Exams	100% covered	70% covered ²	100% covered	70% covered ²
Diagnostic X-Ray/Lab	90% covered ²	70% covered ²	90% covered ²	70% covered ²

Prescription Drug Coverage

PRESCRIPTION COPAY – Prescription coverage provided by CVS/caremark for UnitedHealthcare plan participants.

	\$300 Deductible		CDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$10 ³	\$10 + 50%	90% covered ²	70% covered ²
Brand Formulary	\$25 ³	\$25 + 50%	90% covered ²	70% covered ²
Brand Non-Formulary	\$40 ³	\$35 + 50%	90% covered ²	70% covered ²
Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum (OOPM)			
Individual	\$3,000	No limit	\$3,000	No limit
Family	\$6,000	No limit	\$6,000	No limit

Employee Costs per Pay Period

Your benefit costs are based on whether you cover you only, or you and your eligible dependent(s).

	\$300 Deductible	CDHP with HSA
Employee Only	\$ 45	\$ 40
Employee + Spouse/Partner*	\$154	\$128
Employee + Child(ren)	\$130	\$120
Employee + Family	\$219	\$166

*The IRS states that the fair market value for domestic partner coverage is taxable to the employee. This means the full cost of individual coverage (for your domestic partner) would be added to your taxable income, which is referred to as "imputed income." You will see domestic partner imputed income added to your earnings (to incur the tax liability) and then deducted from your gross pay.

Medical Options

Aon Your Benefits Resources™ (YBR)
Customer Service: 844-474-6641
www.ybr.com/benefits/paypal

Medical Coverage



The following table summarizes the medical plan options. Refer to the plan's "Summary Plan Description" for specific details about each plan.

	Kaiser HMO (CA)	Health Net HMO (AZ)	SelectHealth HMO (UT)
Provider Choice	Kaiser facilities and physicians	Health Net providers only	SelectHealth providers only
Annual Deductible			
Individual	None	None	\$ 150
Family	None	None	\$ 300
Out-of-Pocket Maximum			
Individual	\$1,500 ⁴	\$2,000	\$1,500 ⁴
Family	\$3,000 ⁴	\$4,000	\$3,000 ⁴
Coinsurance (plan pays)	N/A	N/A	N/A
Hospital	\$250 copay, then 100% covered	\$250 copay, then 100% covered	\$250 copay, then 100% covered ²
Emergency Room* (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Doctor Office Visits	\$20 copay	\$20 copay	\$20 copay
Specialist Office Visits	\$35 copay	\$35 copay	\$35 copay
Annual Physical Exams	100% covered	100% covered	100% covered
Diagnostic X-Ray/Lab	100% covered	100% covered	100% covered

Prescription Drug Coverage

PRESCRIPTION COPAY (In-Network Only)

	Kaiser	Health Net	SelectHealth
Generic	\$10	\$10 ⁵	\$10
Brand Formulary	\$25	\$25 ⁵	\$25
Brand Non-Formulary	\$25 ⁴	\$40 ⁵	\$45

Employee Costs per Pay Period

Your benefit costs are based on whether you cover you only, or you and your eligible dependent(s).

	Kaiser	Health Net	SelectHealth
Employee Only	\$ 36	\$ 45	\$ 40
Employee + Spouse/Partner*	\$120	\$159	\$128
Employee + Child(ren)	\$ 98	\$134	\$106
Employee + Family	\$169	\$226	\$181

*The IRS states that the fair market value for domestic partner coverage is taxable to the employee. This means the full cost of individual coverage (for your domestic partner) would be added to your taxable income, which is referred to as "imputed income." You will see domestic partner imputed income added to your earnings (to incur the tax liability) and then deducted from your gross pay.

Notes to Medical and Prescription Plans

1. If you use an out-of-network provider, you will be responsible for any billed charges that exceed "customary and reasonable" charges.
2. Deductible applies.
3. Copays will be applied towards a combined medical and prescription out-of-pocket maximum.
4. Includes office visit and pharmacy copayments.
5. Copays apply towards separate prescription out-of-pocket maximum (OOPM) of \$1,000 individual and \$2,000 family.

*If services are not a true emergency, applicable hospital benefits apply based on the provider's network status.

Prescription Drug Coverage

Chronic Condition Medications:

Medications prescribed for the treatment of diabetes, high blood pressure, and high cholesterol are provided at no cost to Health Net and Kaiser HMO (CA) medical plan participants when filled by in-network pharmacies.

Prescription Quantity

Information: Retail—You may purchase up to a 30-day supply; Mail Order—You may purchase up to a 90-day supply of maintenance drugs for just 2x the retail copay amount (does not apply to SelectHealth HMO).

⁴Requires pre-authorization by PCP.