



Choosing the non-Medicare medical plan that's right for you



NON-MEDICARE ELIGIBLE

Understanding how much you can expect to pay

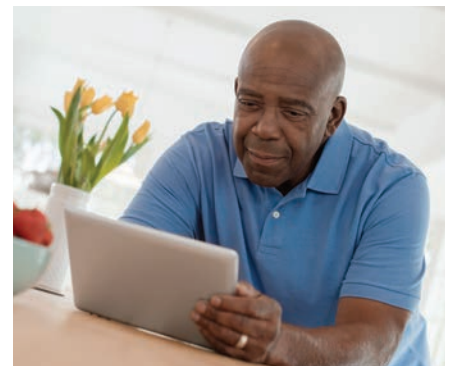
Your out-of-pocket costs and your deductible – the amount you must pay each year before the plan begins to pay – will be different, depending on the plan you choose.

PPO

With this plan, you pay a fixed copay for many services, which counts toward your out-of-pocket costs. **Copays do not count toward the deductible.**

Network deductibles	Out-of-network deductibles
For 2024, your deductible for services in the network is:	The individual out-of-network deductible applies to each enrolled family member and does not have a family deductible limit:
\$500 for individual (single) coverage	\$1,000 for each individual (single)
\$1,000 for family coverage*	Unlimited for family coverage

*If you cover family members, the network family deductible is met when the combined eligible network expenses for you and/or your covered family members reach \$1,000. If 1 family member reaches \$500 but the combined family deductible of \$1,000 has not been met, the member who met the \$500 deductible can move to coinsurance until 1 more family member reaches the deductible. If no family member reaches the \$500 deductible but the combined family deductible is met, all family members move to coinsurance.



Need more details?
Visit pebcinfo.com.

HDP

The HDP does not use copays. You pay 100% of the allowable cost for network services – including office visits, urgent care, prescription drugs, emergency room visits and other covered expenses – until your deductible is met. Once the deductible is met, you pay a portion of the costs as coinsurance.

The deductibles are another big difference between this plan and the PPO plan:

- **\$1,600 individual (single) deductible**
- **\$3,200 family deductible***

*If you cover any family member, **the entire network family deductible must be met before any family member can move to coinsurance.** The HDP network family deductible is met when the combined eligible expenses for you and/or any covered family members reach \$3,200. Even if 1 family member reaches the \$1,600 deductible, that member cannot move to coinsurance until the full \$3,200 family deductible is met.

Pre-certification

If care is provided by a network doctor, hospital or other health care provider, you do not need pre-certification for services. If you receive care from an out-of-network provider, your care must be pre-certified or you may incur higher costs. It is your responsibility to make sure your out-of-network care is pre-certified.

Network

To locate a doctor, hospital or other provider in UnitedHealthcare's Choice Plus network, visit myuhc.com. While each plan includes out-of-network benefits, you will often pay more for care received from an out-of-network provider.

Questions?
Talk to your
Human Resources
representative.