2024 Non-Medicare Core Value Plans Comparison

Benefit Description	Kaiser Permanente	UnitedHealthcare Choice Plus	
		In-Network	Out-of-Network
Eligible Providers	Kaiser Permanente facilities and affiliated providers. See kp.org/locations	Preferred physicians and facilities	Any Licensed Physician or facility
	Member Pays:	**Member Pays:**	
Calendar Year Medical Deductible	None	$1,000 per Individual/$2,000 per Family	
Calendar Year Medical Out-of-Pocket Maximum	$2,000 per individual $4,000 per family (2 or more)	$6,350 + $1,000 Deductible = $7,350/Individual; $12,700 + $2,000 Deductible = $14,700/Family	
Preventive Care	Covered in full per ACA guidelines	Covered in full per ACA guidelines	40% after deductible per ACA guidelines
Inpatient Care			
Inpatient Hospital Care	$200 copay/day; $1,000 max per admit	20% after deductible	40% after deductible
Skilled Nursing Facility	Covered in full	20% after deductible	40% after deductible
Outpatient Care			
Physician Office Visits	$30 copay[1]	$20 copay, no deductible	40% after deductible
Specialist Office Visits	$40 copay	$20 copay, no deductible	40% after deductible
Outpatient Surgery	$200 copay	20% after deductible	40% after deductible
Ambulance (air-ground)	$100 copay	20% after deductible	20% after deductible
Emergency Services	$200 copay	$200 copay, then 20%, no deductible	$200 copay, then 20%, no deductible
Urgent Care	$30 copay	$20 copay, no deductible	40% after deductible
DME	20%	20% after deductible	40% after deductible
Lab Test	$30 copay[2]	20%, no deductible	40% after deductible
X-ray	$30 copay	20%, no deductible	40% after deductible
Diagnostic Procedures (CT/MRI, PET)	20%	20%, no deductible	40% after deductible
OT/PT/ST Therapies[3]	$40 copay	$20 copay, no deductible	40% after deductible
Other Services			
Alternative Care[4]	$30 copay	$30 copay, no deductible	40% after deductible
Vision	Exam: $30 copay; Hardware: $100 allowance every 2 years for lenses, frames and/or contacts		
Calendar Year Pharmacy Out-of-Pocket Maximum	$5,000 per individual	Combined with medical	
Prescription Drugs[5]			
Tier 1	Up to an $8 copay per 30-day supply	Brand: 40%, no deductible Generic: 40%, no deductible Specialty: 40%, no deductible	
Tier 2	Up to a $15 copay per 30-day supply		
Tier 3	40% to $250 max per script/30-day supply		
Tier 4	40% to $250 max per script/30-day supply		
Tier 5	40% to $250 max per script/30-day supply		
Tier 6	$0 cost share		
Rates (per member, per month)			
Adult	$1,053.62	$1,373.08	
Child	$320.22	$416.05	

[1] One annual preventative primary care visit per year at $0. First three primary care or primary care-related visits per year at $5 per visit. This includes any combination of in-person or virtual care.
[2] Certain diagnosis-based screening and lab tests available at $0 cost-share per IRS guidelines.
[3] Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy. Benefit is limited to 20 visits per therapy per calendar year.
[4] Spinal manipulation is limited to 20 visits and acupuncture is limited to 12 visits per calendar year. Naturopathy, no visit limit. Massage therapy not covered.
[5] See Health Plan EOC for more details on each tier. EOC may contain expanded language.

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.