2024 PHIP Non-Medicare HDHP Plans Comparison*

Benefit Description	Kaiser Permanente	UnitedHealthcare	
		In-Network	Out-of-Network
Eligible Providers		Preferred physicians and facilities	Any Licensed Physician or facility
	Member Pays:	**Member Pays:**	
Calendar Year Deductible/ Pharmacy Deductible	$3,000 per individual If enrolled as a family, a total of $6,000 for all members combined[1]	$3,000 per individual If enrolled as a family, a total of $6,000 for all members combined[1]	
Calendar Year Medical/Pharmacy Out-of-Pocket Maximum	$6,650 per individual $13,300 per family	$6,650 per individual $13,300 per 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	20% after deductible	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible	40% after deductible
Outpatient Care			
Physician Office Visits	20% after deductible[2]	20% after deductible	40% after deductible
Specialist Office Visits	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Ambulance (Air-Ground)	20% after deductible	20% after deductible	20% after deductible
Emergency Services	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible	40% after deductible
DME	20% after deductible[3]	20% after deductible	40% after deductible
Lab Tests	20% after deductible[4]	20% after deductible	40% after deductible
X-ray	20% after deductible	20% after deductible	40% after deductible
Diagnostic Procedures (CT/MRI/PET)	20% after deductible	20% after deductible	40% after deductible
OT/PT/ST Therapies	20% after deductible[5]	20% after deductible[5]	40% after deductible[5]
Alternative Care	20% after deductible[6]	$30 copay after deductible[6]	40% after deductible[6]
Calendar Year Pharmacy Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	
Prescription Drugs			
Brand/Generic/Specialty	20% after deductible	20% after deductible	
Rates (per member, per month)			
Adult	$629.45	$1,053.63	
Child	$192.95	$320.22	

*Once enrolled in the qualified HDHP, you cannot switch to a Core Value plan at any time in the future.

Acupuncture and spinal manipulations are included in the medical coverage. You can find information about both on pershealth.com

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.

[1] A family has to meet the entire family deductible before covered expenses are paid at the plan coinsurance level for any of the family members.

[2] One annual preventive 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.

[3] Certain DME are covered prior to deductible per IRS guidelines.

[4] Certain diagnosis-based screening and lab tests available at $0 cost-share and prior to deductible per IRS guidelines.

[5] Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy. Limited to 20 visits per therapy per calendar year.

[6] 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.