

# 2025 PHIP Non-Medicare Plan Comparison

## HDHP Plans\*

Benefit Description	Kaiser Permanente	UnitedHealthcare	
		In-Network	Out-of-Network
	<b>Member Pays:</b>	<b>Member Pays:</b>	
Calendar Year Deductible/ Pharmacy Deductible	\$3,000 per individual If enrolled as a family, a total of \$6,000 for all members combined <sup>1</sup>	\$3,000 per individual If enrolled as a family, a total of \$6,000 for all members combined <sup>1</sup>	
Calendar Year Medical/ Pharmacy Out-of-Pocket Maximum	\$6,650 per individual \$13,300 per family (2 or more)	\$6,650 per individual \$13,300 per family (2 or more)	
<b>Preventive Care</b>	Covered in full	Covered in full	40% after deductible
<b>Inpatient Care</b>			
Inpatient Hospital Care	20% after deductible	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible	40% after deductible
<b>Outpatient Care</b>			
Physician Office Visits <sup>2</sup>	20% after deductible	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 <sup>4</sup>	20% after deductible	40% after deductible
Lab Tests	20% after deductible <sup>5</sup>	20% after deductible	40% after deductible
X-ray	20% after deductible	20% after deductible	40% after deductible
<b>Prescription Drugs</b>			
Brand/Generic/Specialty	20% after deductible	20% after deductible	
<b>Rates<sup>3</sup> (per member, per month)</b>			
Adult	\$708.89	\$1,083.65	
Child	\$216.78	\$329.23	

<sup>1</sup> 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.

<sup>2</sup> 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

<sup>3</sup> Apply the adult rate to the PERS retiree; spouse; and dependent domestic partner. Apply the child rate to a dependent child regardless of age. There is no additional premium (cost) for more than two children. Monthly rates shown do not include the RHIPA premium subsidy contribution.

<sup>4</sup> Certain DME are covered prior to deductible per IRS guidelines.

<sup>5</sup> Certain labs are covered at \$0 cost share and prior to deductible per IRS guidelines.

\*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 that you can use to compare plans. If you find any differences between this outline and the health plan document, please refer to the information in the online health plan document.