

# 2025 PHIP Non-Medicare Plan Comparison

## Core Value Plans

Benefit Description	Kaiser Permanente	UnitedHealthcare Select Plus	
		In-Network	Out-of-Network
	<b>Member Pays:</b>	<b>Member Pays:</b>	
Calendar Year 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	
<b>Preventive Care</b>	Covered in full per ACA guidelines	Covered in full per ACA guidelines	40% after deductible per ACA guidelines
<b>Inpatient Care</b>			
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
<b>Outpatient Care</b>			
Physician Office Visits <sup>1</sup>	\$30 copay	\$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 Tests	\$30 copay <sup>2</sup>	20%, no deductible	40% after deductible
X-ray	\$30 copay	20%, no deductible	40% after deductible
<b>Prescription Drugs</b>		Combined with medical	
Calendar Year Pharmacy Out-of-Pocket Maximum	\$5,000 per member	Brand: 40%, no deductible Generic: 40%, no deductible Specialty: 40%, no deductible	
Tier 1	Up to an \$8 copay/30-day supply		
Tier 2	Up to a \$15 copay/30-day supply		
Tier 3	40% to \$250 max/30-day supply		
Tier 4	40% to \$250 max/30-day supply		
Tier 5	40% to \$250 max/30-day supply		
Tier 6	\$0 cost share		
<b>Rates<sup>3</sup> (per member, per month)</b>			
Adult	\$1,187.10		\$1,502.63
Child	\$360.26		\$454.92

<sup>1</sup> 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.

<sup>2</sup> Certain diagnosis-based screening and lab tests available at \$0 cost-share per IRS guidelines.

<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.

Acupuncture and spinal manipulation 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.