

PSHCG 2025 Benefits Program for Colorado's Front Range

Presented by:

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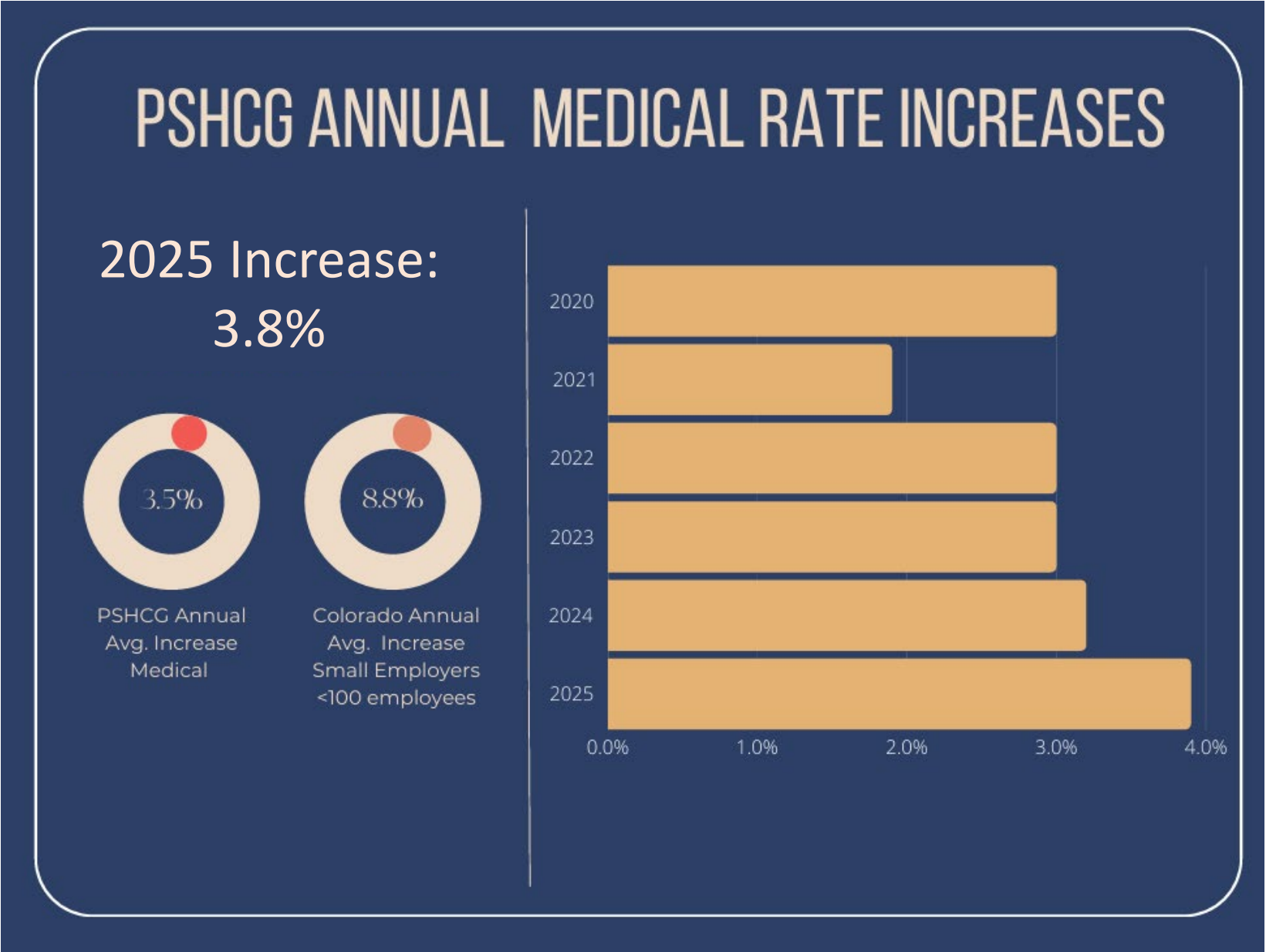
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PSHCG Recent Rate History

Renewal increase for 2025 is 3.9%

Average renewal increase since the inception of the program (2010) is 3.5% per year



PSHCG United Healthcare PPO Plans

Choice Plus PPO Network

MEDICAL	United Healthcare Plan A PPO	United Healthcare Plan A 1500	United Healthcare Plan B PPO	United Healthcare Plan C PPO
Provider Network	UHC Choice Plus PPO	UHC Choice Plus PPO	UHC Choice Plus PPO	UHC Choice Plus PPO
Dr. Office Copay	\$25 copay	\$25 copay	\$30 copay	No copay
Specialist Copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Associated Lab Work	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay
Prescription Drug Copays	\$10 / \$30 / \$60 / 25% max \$500	\$10 / \$30 / \$60 / 25% max \$500	\$15 / \$40 / \$70 / 25% max \$500	\$5 / \$40 / \$60 / 25% max \$500
	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty
Individual Deductible	\$1,000 in-network	\$1,500 in-network	\$3,000 in-network	\$3,000 in-network
Family Deductible	\$2,000 In-network	\$3,000 in-network	\$6,000 in-network	\$6,000 in-network
Co-Insurance Percentage	Plan pays 80% in-network	Plan pays 80% in-network	Plan pays 100% in-network	Plan pays 80% in-network/50% out
(applied after deductible)				
Individual Out of Pocket Max	\$4,500 per individual	\$4,000 per individual	\$6,000 per individual	\$6,500 per individual
Family Out of Pocket Max	\$9,000 per family	\$8,000 per family	\$12,000 per family	\$13,000 per family
(after which plan pays 100%)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 80% after deductible	\$500 copay, 100% after deductible	Plan pays 80% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 80% after deductible	\$500 copay, 100% after deductible	Plan pays 80% after deductible
Emergency Room	\$400 copay, \$25 urgent care	\$400 copay, \$25 urgent care	\$400 copay, \$30 urgent care	ER 80% Ded, Urgent Care \$0 copay
MRI, CT, PET Scans	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible	\$750 copay
4 TIER OPTIONS				
Employee	\$812.00	\$786.00	\$738.00	\$638.00
Employee + Spouse	\$1,785.00	\$1,741.00	\$1,620.00	\$1,402.00
Employee + Child(ren)	\$1,473.00	\$1,428.00	\$1,337.00	\$1,157.00
Family	\$2,415.00	\$2,167.00	\$2,205.00	\$1,936.00

Rates do not include a \$2 per employee per month administrative fee

Rates do not include the annual PCORI fee of \$3.22 per covered member, per year

United Healthcare Surest Plans Choice Plus Network

MEDICAL	United Healthcare Surest A3000	United Healthcare Surest D6500	United Healthcare Surest B4000
Provider Network	UHC Choice Plus PPO	UHC Choice Plus PPO	UHC Choice Plus PPO
Dr. Office Copay	\$5 - \$40	\$25 to \$130	\$10 to \$65
Specialist Copay	\$5 - \$40	\$25 to \$130	\$10 to \$65
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Associated Lab Work	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prescription Drug Copays	\$5 / \$20 / \$40 / \$150	\$10 / \$90 / \$120 / \$370	\$5 / \$40 / \$60 / \$200
Individual Deductible	None	None	None
Family Deductible	None	None	None
Co-Insurance Percentage	Copays	Copays	Copays
(applied after deductible)			
Individual Out of Pocket Max	\$3,000	\$6,500	\$4,000
Family Out of Pocket Max	\$6,000	\$13,000	\$8,000
(after which plan pays 100%)			
Inpatient Hospital	Up to \$2000	Up to \$3500	Up to \$2500
Outpatient Surgery	Up to \$2000	Up to \$3500	Up to \$2500
Emergency Room	\$200 ER/ \$20 UC	\$850 ER/ \$80 UC	\$375 ER/ \$35 UC
MRI, CT, PET Scans	\$50 - \$340	\$150 - \$1050	\$75 - \$550
4 TIER OPTIONS			
Employee	\$785.00	\$685.00	\$745.00
Employee + Spouse	\$1,731.00	\$1,374.00	\$1,642.00
Employee + Child(ren)	\$1,423.00	\$1,268.00	\$1,350.00
Family	\$2,391.00	\$1,953.00	\$2,268.00

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Grab your phones!

We'll show you how Surest works.

Scan the QR code:



<https://join-demo.surest.com/>

Access code:

24OPTUMB4K

1. Open the camera app on your phone.
2. Point your camera at the QR code and hold your phone steady — like you would scan a barcode.
3. Follow the prompt on your phone to the app.

Member Experience

- Surest member portal
- Search providers on simple phone app
- Same PPO network and Rx program

United Healthcare HSA Plans (HDHP) Choice Plus and Choice Network

MEDICAL	United Healthcare HSA Qualified Plan D PPO	United Healthcare HSA Qualified Plan E PPO	United Healthcare NEW HSA Qualified Plan F EPO
Provider Network	UHC Choice Plus PPO	UHC Choice Plus PPO	UHC Choice EPO
Dr. Office Copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Specialist Copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Associated Lab Work	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Prescription Drug Copays	Deductible then \$15/\$40/\$70/25% max \$500	Deductible then \$15/\$40/\$70/25% max \$500	Plan pays 80% after deductible
Individual Deductible	\$2,500 per employee only in-network	\$3,500 per INDIVIDUAL in-network	\$4000 per INDIVIDUAL
Family Deductible	\$5,000 per family COMBINED	\$7,000 per family EMBEDDED	\$6000 per family Embedded
Co-Insurance Percentage (applied after deductible)	Plan pays 100% in-network/70% out	Plan pays 90% in-network/70% out	Plan Pays 80% In-Network
Individual Out of Pocket Max	\$3,500 per employee only	\$4,500 per INDIVIDUAL	\$6,000 per INDIVIDUAL
Family Out of Pocket Max (after which plan pays 100%)	\$7,000 per family COMBINED (INCLUDES DEDUCTIBLE & RX COPAYS)	\$9,000 per family EMBEDDED (INCLUDES DEDUCTIBLE & RX COPAYS)	\$12,000 per family EMBEDDED
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
MRI, CT, PET Scans	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
4 TIER OPTIONS			
Employee	\$699.00	\$623.00	\$517.00
Employee + Spouse	\$1,538.00	\$1,370.00	\$1,136.00
Employee + Child(ren)	\$1,270.00	\$1,131.00	\$937.00
Family	\$2,124.00	\$1,892.00	\$1,570.00

2025 HSA Contribution Limits

Employee Only: \$4,300

Family: \$8,550

Catch-up: \$1,000
(age 55 or older)

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