



The Difference Card

WELCOME TO YOUR DIFFERENCE CARD BENEFITS!

The Difference Card is a benefit funded by your employer that helps you save money on your medical costs.



Hi I'm Danny! I'm here to help you understand how to use your Difference Card benefits with your health insurance.

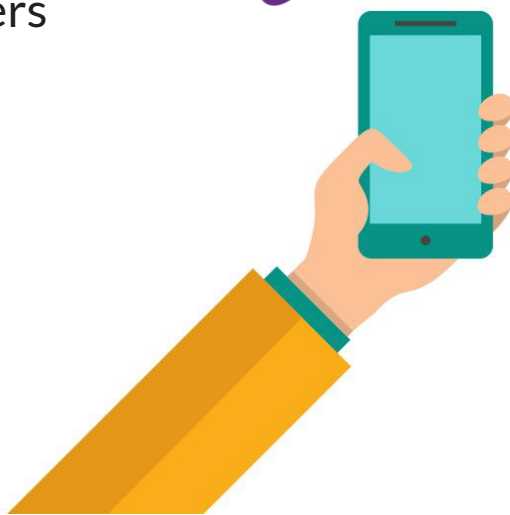
GETTING STARTED

MOBILE APP

Using your smart phone's camera, scan this to download mobile app.

With The Difference Card Smart Mobile App, you can:

- Snap a picture to easily submit your claim
- Find the cheapest place to buy your prescriptions
- Compare cost and search for providers
- View your account balance
- Check claim status
- Sign up for Direct Deposit



LEARN MORE
















Visit us online at DifferenceCard.com.

Questions? Our Customer Care Team is available Monday - Friday, from 8AM to 9PM ET.

Call us at (888) 343-2110

<div><div></div><div>The Difference Card</div></div> <div>SUMMARY OF BENEFITS</div> <div>Institute on AgingKaiser7/1/2025to6/30/2026HMO Plan (California)</div>			
<div><div></div>Swipe card for benefit listed under the "Difference Card Pays" column.</div>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	KAISER BENEFIT
PHYSICIAN SERVICES			
<div><div></div>Primary Care Office Visit Copay</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
<div><div></div>Specialist Office Visit Copay</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
Preventive Care / Screening / Immunization	No Charge		
<div><div></div>Urgent Care</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
PHARMACY			
<div><div></div>Retail Prescriptions</div>	\$25/\$50/\$125/\$75	50%	30% to \$50/\$100/\$250 20% to \$150
<div><div></div>Mail Order Prescriptions</div>	\$25/\$50/\$125	50%	30% to \$50/\$100/\$250
DIAGNOSTIC PROCEDURES			
<div><div></div>Diagnostic Test- Lab Bloodwork</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
<div><div></div>Diagnostic Test X-Ray</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
<div><div></div>Complex Imaging (CT/Pet Scans, MRIs)</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
HOSPITAL SERVICES			
<div><div></div>Emergency Room Care</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
<div><div></div>Outpatient Surgery</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
<div><div></div>Inpatient Hospital</div>	Remaining Amount	First \$3,000	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		
In-Network Individual Deductible	\$0	<div><div></div>\$3,000</div>	\$3,000
In-Network Family Deductible	\$3,000	<div><div></div>\$3,000</div>	\$6,000
In-Network Individual Coinsurance Limit	\$3,000	\$0	30% to \$3,000
In-Network Family Coinsurance Limit	\$6,000	\$0	30% to \$6,000
In-Network Family Multiplier2		Mail Order Multiplier2	
All claims must be submitted within 3 months of the end of the deductible accumulation period. Terminated members must submit claims within 3 months of the termination date. Information on this document based on carrier SBC.		<div><div><div></div>Please have your provider swipe the Difference Card for the following amounts: Primary Care Swipe - First \$3,000 Specialist Swipe - First \$3,000 UC & ER Visit Swipe - First \$3,000 Deductible Expenses - First \$3,000 RX Copay - 50% Call 888.343.2110 with any questions.</div><div>Download the Mobile App to View and Submit Claims<div><div></div><div>SCAN THIS WITH YOUR CAMERA</div></div></div></div>	

<div><div></div><div>The Difference Card</div></div> <div>SUMMARY OF BENEFITS</div> <div><div>Institute on Aging</div><div>United Healthcare</div><div>7/1/2025</div><div>to</div><div>6/30/2026</div></div> <div>UHC PPO Core</div>			
<div><div></div><div>Swipe card for benefit listed under the "Difference Card Pays" column.</div></div>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
PHYSICIAN SERVICES			
<div></div> Primary Care Office Visit Copay	\$0	\$30	\$30 Copay
<div></div> Specialist Office Visit Copay	\$0	\$60	\$60 Copay
Preventive Care / Screening / Immunization	No Charge		
<div></div> Urgent Care	\$0	\$30	\$30 Copay
PHARMACY			
Retail Prescriptions	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250	\$0	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250
Mail Order Prescriptions	\$25/\$87.50/\$175	\$0	\$25/\$87.50/\$175
DIAGNOSTIC PROCEDURES			
<div></div> Diagnostic Test- Lab Bloodwork	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Diagnostic Test X-Ray	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Complex Imaging (CT/Pet Scans, MRIs)	Remaining Amount	First \$3,500	Deductible and Coinsurance
HOSPITAL SERVICES			
<div></div> Emergency Room Care	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Outpatient Surgery	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Inpatient Hospital	Remaining Amount	First \$3,500	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$0	<div></div> \$3,500	\$3,500
In-Network Family Deductible	\$3,500	<div></div> \$3,500	\$7,000
In-Network Individual Coinsurance Limit	\$3,500	\$0	30% to \$3,500
In-Network Family Coinsurance Limit	\$7,000	\$0	30% to \$7,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$10,500	\$0	\$10,500
Out-of-Network Family Deductible	\$21,000	\$0	\$21,000
Out-of-Network Individual Coinsurance Limit	\$12,000	\$0	50% to \$12,000
Out-of-Network Family Coinsurance Limit	\$24,000	\$0	50% to \$24,000
<div><div>In-Network Family Multiplier2</div><div>Mail Order Multiplier2.5</div></div> <div><div><div><div>All claims must be submitted within 3 months of the end of the deductible accumulation period.</div><div>Terminated members must submit claims within 3 months of the termination date.</div><div>All Out-of-Network Services are subject to the Deductible.</div><div>Information on this document based on carrier SBC.</div></div><div><div><div><div></div><div>Please have your provider swipe the Difference Card for the following amounts:</div><div><div>Primary Care Swipe - \$30</div><div>Specialist Swipe - \$60</div><div>Urgent Care Swipe - \$30</div><div>Deductible Expenses - First \$3,500</div></div><div>Call 888.343.2110 with any questions.</div></div><div><div><div>Download the Mobile App to View and Submit Claims</div><div></div><div>SCAN THIS WITH YOUR CAMERA</div></div></div></div></div></div></div>			

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<div><div></div><div>Swipe card for benefit listed under the "Difference Card Pays" column.</div></div>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
PHYSICIAN SERVICES			
<div></div> Primary Care Office Visit Copay	\$0	\$30	\$30
<div></div> Specialist Office Visit Copay	\$0	\$60	\$60
Preventive Care / Screening / Immunization	No Charge		
<div></div> Urgent Care	\$0	\$30	\$30
PHARMACY			
Retail Prescriptions	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250	\$0	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250
Mail Order Prescriptions	\$25/\$87.50/\$175	\$0	\$25/\$87.50/\$175
DIAGNOSTIC PROCEDURES			
<div></div> Diagnostic Test- Lab Bloodwork	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Diagnostic Test X-Ray	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Complex Imaging (CT/Pet Scans, MRIs)	Remaining Amount	First \$3,500	Deductible and Coinsurance
HOSPITAL SERVICES			
<div></div> Emergency Room Care	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Outpatient Surgery	Remaining Amount	First \$3,500	Deductible and Coinsurance
<div></div> Inpatient Hospital	Remaining Amount	First \$3,500	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	Yes		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$0	<div></div> \$3,500	\$3,500
In-Network Family Deductible	\$3,500	<div></div> \$3,500	\$7,000
In-Network Individual Coinsurance Limit	\$3,500	\$0	30% to \$3,500
In-Network Family Coinsurance Limit	\$7,000	\$0	30% to \$7,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$10,500	\$0	\$10,500
Out-of-Network Family Deductible	\$21,000	\$0	\$21,000
Out-of-Network Individual Coinsurance Limit	\$10,500	\$0	50% to \$10,500
Out-of-Network Family Coinsurance Limit	\$21,000	\$0	50% to \$21,000
<div><div>In-Network Family Multiplier2</div><div>Mail Order Multiplier2.5</div></div>			
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WAYS TO SUBMIT YOUR CLAIM



MOBILE

Download the Difference Card Smart Mobile App to submit your claim with a picture.



ONLINE

Login to your account at **DifferenceCard.com** to submit your claim online.



MAIL

**PO Box 322
Mount Kisco, NY
10549**

*Reimbursement is Required



FAX

(602) 333-4252
*Reimbursement is Required



DIRECT DEPOSIT

The fastest way to get your money.

Money will come back to you via direct deposit if you select that as your Reimbursement Preference.

TOOLS ON THE GO

Scan this code with your camera app to get helpful resources at your fingertips.



SCAN ME