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.

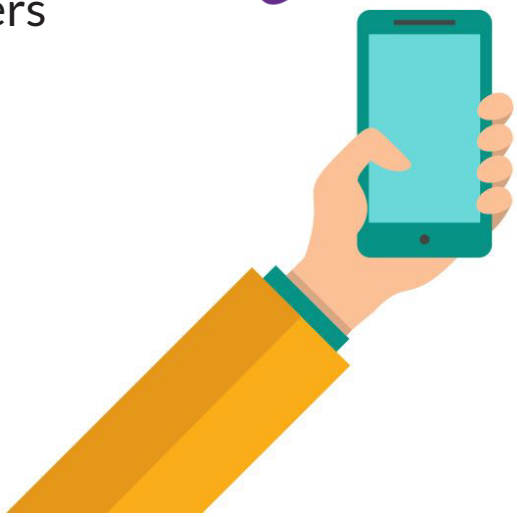
GETTING STARTED

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

SUMMARY OF BENEFITS

Institute on Aging **Kaiser** **7/1/2024** **to** **6/30/2025**

HMO Plan (California)

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	KAISER BENEFIT
DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar Year		
Family Deductible Accumulation Type	Yes		
In-Network Individual Deductible	Last $500	First $2,500	$3,000
In-Network Family Deductible	Last $3,500	First $2,500	$6,000
Out-of-Network Individual Deductible	No out of Network		
Out-of-Network Family Deductible			
Prescription Deductible Application	N/A		
Prescription Individual Deductible	No Prescription Deductible		
Prescription Family Deductible			
In-Network Coinsurance %	30%	0%	30%
In-Network Individual Coinsurance Limit	$3,000	$0	$3,000
In-Network Family Coinsurance Limit	$6,000	$0	$6,000
Out-of-Network Coinsurance %	No out of Network		
Out-of-Network Individual Coinsurance Limit			
Out-of-Network Family Coinsurance Limit			
In/Out Network Cross Accumulation	No		
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	Remaining Charges	First $2,500	Deductible & Coinsurance
Specialist Office Visit Copay	Remaining Charges	First $2,500	Deductible & Coinsurance
Telemedicine Copay	No Charge		
Other (Chiro) Office Copay	N/A	N/A	N/A
PREVENTIVE CARE			
Preventive Care / Screening / Immunization	No Charge		
DIAGNOSTIC PROCEDURES			
Diagnostic Test X-Ray	Remaining Charges	First $2,500	Deductible & Coinsurance
Diagnostic Test- Lab Bloodwork	Remaining Charges	First $2,500	Deductible & Coinsurance
Imaging (CT/Pet Scans, MRIs)	Remaining Charges	First $2,500	Deductible & Coinsurance
PHARMACY			
Tier 1 RX Retail Copay	$0	100% up to $50	30% up to $50
Tier 1 RX Mail Order Copay			
Tier 2 RX Retail Copay	$0	100% up to $100	30% up to $100
Tier 2 RX Mail Order Copay			
Tier 3 RX Retail Copay	$0	100% up to $250	30% up to $250
Tier 3 RX Mail Order Copay			
Tier 4 RX Retail Copay	$0	100% up to $150	20% up to $150
Tier 4 RX Mail Order Copay	N/A	N/A	N/A
MAJOR MEDICAL SERVICES			
Outpatient Surgery Facility Fee	Remaining Charges	First $2,500	Deductible & Coinsurance
Outpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $2,500	Deductible & Coinsurance
Emergency Room Care	Remaining Charges	First $2,500	Deductible & Coinsurance
Emergency Medical Transportation	Remaining Charges	First $2,500	Deductible & Coinsurance
Urgent Care	Remaining Charges	First $2,500	Deductible & Coinsurance
Inpatient Hospital Facility Fee	Remaining Charges	First $2,500	Deductible & Coinsurance
Inpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $2,500	Deductible & Coinsurance
Behavioral Health Outpatient Services	Remaining Charges	First $2,500	Deductible & Coinsurance
Behavioral Health Inpatient Services	Remaining Charges	First $2,500	Deductible & Coinsurance
Prenatal and Postnatal Care	No Charge		
Delivery and All Inpatient Services	Remaining Charges	First $2,500	Deductible & Coinsurance
Home Health Care	No Charge		
Rehabilitation Services	Remaining Charges	First $2,500	Deductible & Coinsurance
Habilitative Services	Remaining Charges	First $2,500	Deductible & Coinsurance
Skilled Nursing Care	Remaining Charges	First $2,500	Deductible & Coinsurance
Durable Medical Equipment	Remaining Charges	First $2,500	Deductible & Coinsurance
Hospice Service	No Charge		

Family Multiplier 2 Mail Order Multiplier 2

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

Please have your provider swipe the Difference Card for the following amounts:

Primary Care & Specialist Swipe -	First $2,500
ER Visit Swipe -	First $2,500
Urgent Care Swipe -	First $2,500
Rx Swipe -	100% up to $250
Deductible Expenses -	Up to $2500

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

SCAN THIS WITH YOUR CAMERA

The Difference Card

SUMMARY OF BENEFITS

Institute on Aging | **United Healthcare** | **7/1/2024 to 6/30/2025**

Core PPO Plan

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar Year		
Family Deductible Accumulation Type	Embedded		
In-Network Individual Deductible	Last $500	First $3,000	$3,500
In-Network Family Deductible	Last $4,000	First $3,000	$7,000
Out-of-Network Individual Deductible	$10,500	$0	$10,500
Out-of-Network Family Deductible	$21,000	$0	$21,000
Prescription Deductible Application	N/A		
Prescription Individual Deductible	No Prescription Deductible		
Prescription Family Deductible			
In-Network Coinsurance %	30%	0%	30%
In-Network Individual Coinsurance Limit	$3,500	$0	$3,500
In-Network Family Coinsurance Limit	$7,000	$0	$7,000
Out-of-Network Coinsurance %	50%	0%	50%
Out-of-Network Individual Coinsurance Limit	$10,500	$0	$10,500
Out-of-Network Family Coinsurance Limit	$21,000	$0	$21,000
In/Out Network Cross Accumulation	No		
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	$0	$30	$30 Copay
Specialist Office Visit Copay	$0	$60	$60 Copay
Telemedicine Copay	No Charge		
Other (Chiro) Office Copay	$0	$30	$30 Copay
PREVENTIVE CARE			
Preventive Care / Screening / Immunization	No Charge		
DIAGNOSTIC PROCEDURES			
Diagnostic Test X-Ray	Remaining Charges	First $3,000	Deductible & Coinsurance
Diagnostic Test- Lab Bloodwork	Remaining Charges	First $3,000	Deductible & Coinsurance
Imaging (CT/Pet Scans, MRIs)	Remaining Charges	First $3,000	Deductible & Coinsurance
PHARMACY			
Tier 1 RX Retail Copay	$10.00	$0.00	$10.00
Tier 1 RX Mail Order Copay	$25.00	$0.00	$25.00
Tier 2 RX Retail Copay	$35.00	$0.00	$35.00
Tier 2 RX Mail Order Copay	$87.50	$0.00	$87.50
Tier 3 RX Retail Copay	$70.00	$0.00	$70.00
Tier 3 RX Mail Order Copay	$175.00	$0.00	$175.00
Tier 4 RX Retail Copay	$10/$150/$250	$0.00	$10/$150/$250
Tier 4 RX Mail Order Copay	N/A	$0.00	N/A
MAJOR MEDICAL SERVICES			
Outpatient Surgery Facility Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Outpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Emergency Room Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Emergency Medical Transportation	Remaining Charges	First $3,000	Deductible & Coinsurance
Urgent Care	$0 Copay	$50	$50
Inpatient Hospital Facility Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Inpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Behavioral Health Outpatient Services	$0	$30	$30 Copay
Behavioral Health Inpatient Services	Remaining Charges	First $3,000	Deductible & Coinsurance
Prenatal and Postnatal Care	No Charge		
Delivery and All Inpatient Services	Remaining Charges	First $3,000	Deductible & Coinsurance
Home Health Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Rehabilitation Services	$0	$30	$30 Copay
Habilitative Services	$0	$30	$30 Copay
Skilled Nursing Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Durable Medical Equipment	Remaining Charges	First $3,000	Deductible & Coinsurance
Hospice Service	Remaining Charges	First $3,000	Deductible & Coinsurance

Family Multiplier 2

Mail Order Multiplie 2.5

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.

All Out-of-Network Services are subject to the Deductible Information on this document based on carrier SBC

Please have your provider swipe the Difference Card for the following amounts:

Primary Care Swipe -	$30
Specialist Swipe -	$60
Urgent Care Swipe -	$50
Deductible Expense	Up to $3,000

Call 888.343.2110 with any questions.

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SCAN THIS WITH YOUR CAMERA

The Difference Card

SUMMARY OF BENEFITS

Institute on Aging | **United Healthcare** | **7/1/2024** to **6/30/2025**

Select Plus PPO Plan

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar Year		
Family Deductible Accumulation Type	Embedded		
In-Network Individual Deductible	Last $500	First $3000	$3,500
In-Network Family Deductible	Last $4,000	First $3,000	$7,000
Out-of-Network Individual Deductible	$6,000	$0	$10,500
Out-of-Network Family Deductible	$12,000	$0	$21,000
Prescription Deductible Application	N/A		
Prescription Individual Deductible	No Prescription Deductible		
Prescription Family Deductible			
In-Network Coinsurance %	30%	0%	30%
In-Network Individual Coinsurance Limit	$3,500	$0	$3,500
In-Network Family Coinsurance Limit	$7,000	$0	$7,000
Out-of-Network Coinsurance %	50%	0%	50%
Out-of-Network Individual Coinsurance Limit	$10,500	$0	$10,500
Out-of-Network Family Coinsurance Limit	$21,000	$0	$21,000
In/Out Network Cross Accumulation	0		
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	$0	$30	$30 Copay
Specialist Office Visit Copay	$0	$60	$60 Copay
Telemedicine Copay	No Charge		
Other (Chiro) Office Copay	$0	$30	$30 Copay
PREVENTIVE CARE			
Preventive Care / Screening / Immunization	No Charge		
DIAGNOSTIC PROCEDURES			
Diagnostic Test X-Ray	Remaining Charges	First $3,000	Deductible & Coinsurance
Diagnostic Test- Lab Bloodwork	Remaining Charges	First $3,000	Deductible & Coinsurance
Imaging (CT/Pet Scans, MRIs)	Remaining Charges	First $3,000	Deductible & Coinsurance
PHARMACY			
Tier 1 RX Retail Copay	$10.00	$0.00	$10.00
Tier 1 RX Mail Order Copay	$25.00	$0.00	$25.00
Tier 2 RX Retail Copay	$35.00	$0.00	$35.00
Tier 2 RX Mail Order Copay	$87.50	$0.00	$87.50
Tier 3 RX Retail Copay	$70.00	$0.00	$70.00
Tier 3 RX Mail Order Copay	$175.00	$0.00	$175.00
Tier 4 RX Retail Copay	$10/$150/$250	$0.00	$10/$150/$250
Tier 4 RX Mail Order Copay	N/A	$0.00	N/A
MAJOR MEDICAL SERVICES			
Outpatient Surgery Facility Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Outpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Emergency Room Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Emergency Medical Transportation	Remaining Charges	First $3,000	Deductible & Coinsurance
Urgent Care	$0 Copay	$50	$50
Inpatient Hospital Facility Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Inpatient Surgery Physician / Surgeon Fee	Remaining Charges	First $3,000	Deductible & Coinsurance
Behavioral Health Outpatient Services	$0	$30	$30 Copay
Behavioral Health Inpatient Services	Remaining Charges	First $3,000	Deductible & Coinsurance
Prenatal and Postnatal Care	No Charge		
Delivery and All Inpatient Services	Remaining Charges	First $3,000	Deductible & Coinsurance
Home Health Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Rehabilitation Services	$0	$30	$30 Copay
Habilitative Services	$0	$30	$30 Copay
Skilled Nursing Care	Remaining Charges	First $3,000	Deductible & Coinsurance
Durable Medical Equipment	Remaining Charges	First $3,000	Deductible & Coinsurance
Hospice Service	Remaining Charges	First $3,000	Deductible & Coinsurance

Family Multiplier 2

Mail Order Multiplier 2.5

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.

All Out-of-Network Services are subject to the Deductible Information on this document based on carrier SBC

Please have your provider swipe the Difference Card for the following amounts:

Primary Care Swipe -	$30
Specialist Swipe -	$60
Urgent Care Swipe -	$50
Deductible Expense	Up to $3,000

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

SCAN THIS WITH YOUR CAMERA

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