The Difference Card

SUMMARY OF BENEFITS

Peru Public School District #124 | **UHC** | **9/1/2026** to **8/31/2027**

$4000 Ded/100% H.S.A.

Submit a claim for reimbursement with EOB for payment.

Swipe card for benefit listed under the "Difference Card Pays" column.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	First $4,000/$8,000	Remaining Costs	Deductible
Specialist Office Visit Copay	First $4,000/$8,000	Remaining Costs	Deductible
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	First $4,000/$8,000	Remaining Costs	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
Prescription Individual Deductible	First $4,000/$8,000	Remaining Costs	Integrates w/ Medical Deductible
Prescription Family Deductible			
Retail Prescriptions			
Mail Order Prescriptions			
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	First $4,000/$8,000	Remaining Costs	Deductible
Diagnostic Test X-Ray	First $4,000/$8,000	Remaining Costs	Deductible
Complex Imaging (CT/Pet Scans, MRIs)	First $4,000/$8,000	Remaining Costs	Deductible
HOSPITAL SERVICES			
Emergency Room Care	First $4,000/$8,000	Remaining Costs	Deductible
Outpatient Surgery	First $4,000/$8,000	Remaining Costs	Deductible
Inpatient Hospital	First $4,000/$8,000	Remaining Costs	Deductible
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	Yes		Yes
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		Individual Accumulation
In-Network Individual Deductible	First $4,000/$8,000	Last $2,350/$4,700	$6,350
In-Network Family Deductible			$12,700
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	$10,000	$0	$10,000
Out-of-Network Family Deductible	$20,000		$20,000
Out-of-Network Individual Coinsurance Limit	20% to $10,000		20% to $10,000
Out-of-Network Family Coinsurance Limit	20% to $20,000		20% to $20,000

In-Network 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:

In-Network Medical & RX	Remaining Costs After First $4,000/$8,000

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

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