

2022-23 UBC Rate Sheet



Plan Summary

HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
<ul style="list-style-type: none"> Lowest Premiums Zero cost for Employee Only Coverage Nationwide Network No PCP referrals Integrated Drug Deductible Compatible with a Health Savings Account 	<ul style="list-style-type: none"> Low Premiums Copays for doctor visits Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs Free Wellvia 24/7 Virtual Visits 	<ul style="list-style-type: none"> Low Deductibles Copays for doctor visits Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs Free Wellvia 24/7 Virtual Visits 	<ul style="list-style-type: none"> Lowest Deductibles and Out of Pocket Maximums In and Out of Network Benefits Copays for doctor visits Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs Free Wellvia 2/7 Virtual Visits

Wellness Benefits at No Extra Cost

- Free Wellvia 24/7 Virtual Visits on 4 of 5 plans
- Zero cost Employee Only coverage available
- Low Cost Prescription Drugs

Things to Know

- Nationwide Network
- No PCP Referrals
- HSA Compatible Plan available

Monthly Premiums	HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
Employee Only	\$0	\$211	\$242	\$463
Employee and Spouse	\$373	\$943	\$1,037	\$1,533
Employee and Child	\$121	\$516	\$569	\$903
Employee and Family	\$542	\$1,249	\$1,352	\$1,956
Plan Features	HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
Type of Coverage	In Network Only	In Network Only	In Network Only	In / Out of Network
Individual / Family Deductible	\$6,450/\$12,900	\$4,000/\$8,000	\$2,000/\$4,000	\$1,500/\$3,000 / \$5,000/\$10,000
Coinsurance	0% after Deductible	30% after Deductible	30% after Deductible	20% / 50% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,600/\$13,200	\$6,500/\$13,000	\$4,000/\$8,000 / \$10,000/\$20,000
Network	Nationwide	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No	No
Doctor Visits	HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
Primary Care	\$0 after Deductible	\$30 Copay	\$30 Copay	\$30 Copay / 50% after Deductible
Specialist	\$0 after Deductible	\$60 Copay	\$60 Copay	\$60 Copay / 50% after Deductible
Wellvia 24/7 Virtual Visits	\$40 per visit	\$0	\$0	\$0
Immediate Care	HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
Urgent Care	\$0 after Deductible	\$75 Copay	\$75 Copay	\$75 Copay / 50% after Deductible
Emergency Care	\$0 after Deductible	\$300 Copay + 30% of balance	\$300 Copay + 30% of balance	\$300 Copay + 20% of balance
Prescription Drugs	HD/HSA Plan	Low Plan	Mid Plan	High PPO Plan
Drug Deductible	Integrated with Medical	None	None	None
Generics (30 day Supply/90 day supply)	\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order (after Ded)	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order (after Ded)	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Specialty	50% up to a max of \$1500	\$50% up to a max of \$1500	50% up to a max of \$1500	50% up to a max of \$1500



Plan Summary

Wellness Benefits at No Extra Cost

- Free Wellvia 24/7 Virtual Visits
- Free Generic Drugs
- No Drug Deductible

Things to Know

- Available only to those currently enrolled
- Regional Network
- No PCP Referrals
- Low Premiums

Low Plan - Baptist	
* available only to those currently enrolled in a Baptist Network (ACO) Plan *	
<ul style="list-style-type: none"> • Low Premiums • Copays for doctor visits • Regional Network • No PCP referrals • No Drug Deductible • Free Generic Drugs • Free Wellvia 24/7 Virtual Visits 	
Monthly Premiums	
Employee Only	\$162
Employee and Spouse	\$858
Employee and Child	\$448
Employee and Family	\$1,134
Plan Features	
Type of Coverage	In Network Only
Individual / Family Deductible	\$4,000/\$8,000
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$6,600/\$13,200
Network	Local/Regional
Primary Care Provider (PCP) Required	No
Doctor Visits	
Primary Care	\$30 Copay
Specialist	\$60 Copay
Wellvia 24/7 Virtual Visits	\$0
Immediate Care	
Urgent Care	\$75 Copay
Emergency Care	\$300 Copay + 30% of balance
Prescription Drugs	
Drug Deductible	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$25 Mail Order
Specialty	\$50% up to a max of \$1500

Low Plan - Baptist Network Includes:

Primary Care

- Health Texs Medical Group
- MedFirst (Baptist Health System)
- WellMed
- Mercy Wellness Clinic Spring Branch

Pediatricians

- San Antonio Pediatric Associates
- ABCD Pediatrics
- A Plus Pediatrics
- Leon Valley Pediatrics
- South Texas Centers for Pediatrics
- New Braunfels Pediatric Associates
- HoneyBee Pediatrics
- NorthEast Pediatric Associates

Urgent Care

- Concentra Health Services
- Texas MedClinic
- Med Post Urgent Care
- Quality Urgent Care
- FastMed Urgent Care
- Promptu Urgent Care
- HealthTexas (Saturday Clinic)

OB/GYN

- Mary E. Geldernick
- New Braunfels OB/GYN
- Caring Center for Women
- Comal Women's Medical Associates

For a complete list of Physicians and Specialists, refer to DocFind or call 210-920-9301 to find an In-Network Provider