2022-23 UBC Rate Sheet



Wellness Benefits at No Extra Cost

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

Things to Know

- No PCP Referrals
- In and Out-of-Network Benefits
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Herman Network

	MEM	ORIAL HE	RMAN		CIGNA		OUT-OF-NETWORK			
HD Plan Summary	 Lowest Premiums available Lowest Out-of-Pocket Maximums available Memorial Herman Network No PCP referrals No Drug Deductible Free Generic Drugs 		 Lowest C Maximur Nationwi No PCP r No Drug 	Premiums availa Dut-of-Pocket ms available ide Network referrals Deductible neric Drugs	able	 Lowest Premiums available No PCP referrals No Drug Deductible Free generic Drugs 				
Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	
Employee Only	\$72	\$97	\$147	\$72	\$97	\$147	\$72	\$97	\$147	
Employee and Spouse	\$620	\$645	\$695	\$620	\$645	\$695	\$620	\$645	\$695	
Employee and Child	\$340	\$365	\$415	\$340	\$365	\$415	\$340	\$365	\$415	
Employee and Family	\$852	\$877	\$927	\$852	\$877	\$927	\$852	\$877	\$927	
Plan Features										
Type of Coverage	In-	-Network Cover	aqe	In-Network Coverage			Out-of-Network Coverage			
Individual/Family Deductible	\$1,500/\$3,000			\$3,000/\$6,000			\$6,000/\$12,000			
Coinsurance	You pay 20% after deductible			You pay 20% after deductible			You pay 40% after deductible			
Individual/Family Maximum Out-of-Pocket		\$8,000/\$16,00		\$8,000/\$16,000			None			
Network	Memori	al Herman Net	work Only	CIGNA OAP Nationwide Network						
Primary Care Provider (PCP) Required		No		No				No		
Doctor Visits										
Primary Care	20)% after deduct	ible	20% after deductible			40	% after deduct	ible	
Specialist	20	% after deducti	ible	20% after deductible			20% after deductible			
Wellvia 24/7 Virtual Health		\$O		\$O			\$O			
Immediate Care										
Urgent Care		\$50 Copay		\$100 Copay			40% after deductible			
Emergency Care	209	% after deducti	ble	\$250 Copay then 20% after deductible			40% after deductible			
Wellvia 24/7 Virtual Health		\$0		\$0			\$0			
Prescription Drugs										
Drug Deductible		None		None			None			
Generics (30 day Supply/90 day supply)	\$0 F	Retail and Mail C	Drder	\$0 Retail and Mail Order			\$0 Retail and Mail Order			
Preferred Brand	30% R	etail / \$125 Ma	il Order	30% Retail / \$125 Mail Order			30% Retail / \$125 Mail Order			
Non-Preferred Brand	30% R	etail / \$125 Ma	il Order	30% Retail / \$125 Mail Order			30% Retail / \$125 Mail Order			
Specialty	50% to a maximum of \$1500 a month			50% to a maximum of \$1500 a month			50% to a maximum of \$1500 a month			

UNIVERSAL BENEFITS CONSORTIUM

2022-23 UBC Rate Sheet



Wellness Benefits at No Extra Cost

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- Free Generic Drugs •
- **No PCP referrals** •
- Free Wellvia 24/7 Virtual Health •

Things to Know

- No PCP Referrals
- In and Out-of-Network Benefits
- Nationwide Network available through Cigna
- Lower annual deductible when • utilizing Memorial Herman Network

Basic Plan	
Summary	

Employee and Family \$891

			-						
	•	Low Prer	niums		•	Low Pren	niums		
	• Lower Annual Deductibles than HD Plan					• Lower Annual Deductibles than HD Plan			
Basic Plan	•	Memoria	l Herman Netv	work	•	Nationwi	de Network		
	•	No PCP r	eferrals		•	No PCP re	eferrals		
Summary		• No Drug Deductible				No Drug Deductible			
-	•	Free Gen	eric Drugs		•	Free Gen	eric Drugs		
Monthly Premiums		< 25k	25k-50k	> 50k		< 25k	25k-50k	>	
Employee Only		\$87	\$112	\$162		\$87	\$112	Ċ	
Employee and Spouse		\$670	\$695	\$745		\$670	\$695	C C	
Employee and Child		\$351	\$376	\$426		\$351	\$376	ç	

\$966

\$891

\$916

MEMORIAL HERMAN

Plan Features			
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$1,250/\$2,500	\$2,500/\$5,000	\$5,000/\$8,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,500/\$17,000	\$8,500/\$17,000	None
Network	Memorial Herman Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No
Doctor Visits			
Primary Care	\$35 Copay	\$35 Copay	40% after deductible
Specialist	\$70 Сорау	\$70 Сорау	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0
Immediate Care			
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	20% after deductible	\$250 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$O
Prescription Drugs			
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Specialty	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a mor



OUT-OF-NETWORK

• Low Premiums

CIGNA

\$916

- No Drug Deductible
- Free generic Drugs

< 25k	25k-50k	> 50k
\$87	\$112	\$162
\$670	\$695	\$745
\$351	\$376	\$426
\$891	\$916	\$966
	\$87 \$670 \$351	\$87 \$112 \$670 \$695 \$351 \$376

2022-23 UBC Rate Sheet



Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- No PCP referrals
- Free Wellvia 24/7 Virtual Health

Things to Know

- No PCP Referrals
- In and Out-of-Network Benefits
- Nationwide Network available
 through Cigna
- Lower annual deductible when utilizing Memorial Herman Network

Enhanced Plan	
Summary	

	MEMORIAL HERMAN	CIGNA		
	 Lowest Annual Deductibles available 	 Lowest Annual Deductibles available 		
	 Lowest Out-of-Pocket Maximums available 	Lowest Out-of-Pocket Maximums available		
	Memorial Herman Network	Nationwide Network		
,	• No PCP referrals	• No PCP referrals		
	No Drug Deductible	• No Drug Deductible		
	Free Generic Drugs	• Free Generic Drugs		
	< 25k = 25k - 50k	< 25k 25k-50k		

Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k
Employee Only	\$240	\$265	\$315	\$240	\$265	\$315	\$240	\$265	\$315
Employee and Spouse	\$852	\$877	\$927	\$852	\$877	\$927	\$852	\$877	\$927
Employee and Child	\$521	\$546	\$596	\$521	\$546	\$596	\$521	\$546	\$596
Employee and Family	\$1,192	\$1,217	\$1,267	\$1,192	\$1,217	\$1,267	\$1,192	\$1,217	\$1,267

Plan Features			
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$600/\$1,200	\$1,200/\$2,400	\$3,000/\$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,000/\$16,000	\$8,000/\$16,000	None
Network	Memorial Herman Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No
Doctor Visits			
Primary Care	\$35 Copay	\$35 Copay	40% after deductible
Specialist	\$70 Copay	\$70 Copay	40% after deductible
Wellvia 24/7 Virtual Health	\$O	\$O	\$0
Immediate Care			
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	20% after deductible	\$250 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0
Prescription Drugs			
Drug Deductible			
Diug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	None \$0 Retail and Mail Order	None \$0 Retail and Mail Order	None \$0 Retail and Mail Order
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order



OUT-OF-NETWORK

- Lowest Out-of-Network Deductibles available
- No Drug Deductible
- Free generic Drugs