

2022-23 UBC Rate Sheet



Plan Summary

	Value HD	Basic HD	Standard	Enhanced
• Lowest Premiums of the plans	• Low Premiums	• Low Deductibles and Out of Pocket Maximums	• Lowest Deductibles and Out of Pocket Maximums	
• Copays for doctor visits before you meet deductible (Limited to 4 per year)	• Nationwide Network	• Copays for doctor visits	• Copays for doctor visits	
• Nationwide Network	• No PCP referrals	• Nationwide Network	• Nationwide Network	
• No PCP referrals	• Compatible with a health savings account (HSA)	• No PCP referrals	• No PCP referrals	
• Free Generic Drugs		• No Drug Deductible	• No Drug Deductible	
		• Free Generic Drugs	• Low Copays on Brand Drugs	

Wellness Benefits at No Extra Cost

- Free Preventative Care
- Low Cost Prescription Drugs

Monthly Premiums	Value HD	Basic HD	Standard	Enhanced
Employee Only	\$50	\$112	\$140	\$240
Employee and Spouse	\$715	\$936	\$1,021	\$1,102
Employee and Child	\$340	\$476	\$529	\$611
Employee and Family	\$915	\$1,180	\$1,283	\$1,452

Plan Features	Value HD	Basic HD	Standard	Enhanced
Type of Coverage	In and Out of Network	In and Out of Network	In and Out of Network	In and Out of Network
Individual / Family Deductible	\$5,000/\$10,000 - In Network	\$3,000/\$6,000 - In Network	\$2,500/\$5,000 - In Network	\$1,500/\$3,000 - In Network
Coinsurance (In Network/Out of Network)	20%/40% after deductible	20%/40% after deductible	30%/50% after deductible	10%/40% after deductible
Individual / Family Maximum Out-of-Pocket	\$8,700/\$17,400 - In Network	\$6,650/\$13,300 - In Network	\$8,150/\$16,300 - In Network	\$5,000/\$10,000 - In Network
Network	Nationwide	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No	No

Things to Know

- Nationwide Network
- No PCP Referrals
- In and Out of Network benefits

Doctor Visits	Value HD	Basic HD	Standard	Enhanced
Primary Care	\$50 copay (Limited to 4 per year with Specialist)	20% after Deductible	\$35 Copay	\$35 Copay
Specialist	\$50 copay (Limited to 4 per year with PCP)	20% after Deductible	\$70 Copay	\$35 Copay
Preventative Care Visits	\$0	\$0	\$0	\$0

Immediate Care	Value HD	Basic HD	Standard	Enhanced
Urgent Care	\$20% after Deductible	20% after Deductible	\$50 Copay	\$75 Copay
Emergency Care	\$20% after Deductible	20% after Deductible	30% after Deductible	\$150 Copay

Prescription Drugs	Value HD	Basic HD	Standard	Enhanced
Drug Deductible	\$250 on Brand Drugs only	Included with Medical	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	20% after deductible	\$0 Retail and Mail Order	\$10 Retail/\$25 Mail Order
Preferred Brand	30% after Deductible	20% after deductible	30% Retail / \$125 Mail Order	\$30 Retail/\$75 Mail Order
Non-Preferred Brand	30% after Deductible	20% after deductible	30% Retail / \$125 Mail Order	\$50 Retail/\$125 Mail Order
Specialty	50% up to a max of \$1500	20% after deductible	50% up to a max of \$1500	50% up to a max of \$1500