## 2022-23 UBC Rate Sheet



50% up to a max of \$1500



## Wellness Benefits at No Extra Cost

- Low Cost Prescription Drugs
- Free Wellvia 24/7 Virtual
   Health (except for the Basic HD plan)
- Free Preventative Care

## Things to Know

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

## Plan Summary

Employee Only

Type of Coverage

Network

Primary Care

Urgent Care

**Emergency Care** 

Drug Deductible

Preferred Brand

Specialty

20% after deductible

Non-Preferred Brand

Specialist

Individual/Family Deductible

Wellvia 24/7 Virtual Health

Wellvia 24/7 Virtual Health

Generics (30 day Supply/90 day supply)

In-Network/Out-of-Network Coinsurance
Individual/Family Maximum Out-of-Pocket

Primary Care Provider (PCP) Required

Employee and Spouse
Employee and Child
Employee and Family

**Monthly Premiums** 

Plan Features

**Doctor Visits** 

Immediate Care

**Prescription Drugs** 

Basic HD	Standard	Enhanced
<ul> <li>Low Premiums</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Compatible with a health savings account (HSA)</li> </ul>	<ul> <li>Low Deductibles and Out-of- Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul> <li>Low Deductibles and Out- of- Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>
\$24 \$843 \$383 \$1,097	\$52 \$928 \$436 \$1,200	\$157 \$1,024 \$517 \$1,374
In and Out-of-Network \$3,000/\$6,000 - In Network 20%/40% after deductible \$6.650/\$13,300 - In Network Nationwide No	In and Out-of-Network \$2,500/\$5,000 - In Network 30%/50% after deductible \$8,150/\$16,300- In Network Nationwide No	In and Out-of-Network \$1,500/\$3,000 - In Network 10%/40% after deductible \$5,000/\$10,000 - In Network Nationwide No
20% after Deductible 20% after Deducitble \$40 per visit	\$35 Copay \$70 Copay \$0	\$35 Copay \$35 Copay \$0
20% after Deductible 20% after Deductible \$40 per visit	\$50 Copay 30% after Deductible \$0	\$75 Copay \$150 Copay \$0
Included with Medical  20% after deductible  20% after deductible  20% after deductible	None \$0 Retail and Mail Order 30% Retail / \$125 Mail Order 30% Retail / \$125 Mail Order	None \$10 Retail/\$25 Mail Order \$30 Retail/\$75 Mail Order \$50 Retail/\$125 Mail Order

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