

2023-24 UBC Rate Sheet



Plan Summary

Wellness Benefits at No Extra Cost

- **Free Recuro 24/7 Virtual Acute & Behavioral Visits**
- **Zero cost Employee Only coverage available**
- **Low Cost Prescription Drugs**

Things to Know

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

	HD/HSA Plan	Low Plan	Mid Plan	High Plan
Plan Features	<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 	<ul style="list-style-type: none"> • Low Deductibles • Copays for doctor visits • Nationwide Network • No PCP referrals • No Drug Deductible • Free Generic Drugs 	<ul style="list-style-type: none"> • Lowest Deductibles and Out of Pocket Maximums • Copays for doctor visits • Nationwide Network • No PCP referrals • No Drug Deductible • Free Generic Drugs
Monthly Premiums * after \$420 District Contribution				
Employee Only	\$0	\$216	\$307	\$563
Employee and Spouse	\$418	\$983	\$1,192	\$1,763
Employee and Child(ren)	\$146	\$536	\$674	\$1,053
Employee and Family	\$597	\$1,284	\$1,537	\$2,231
Plan Features				
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				
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
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0	\$0
Immediate Care				
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
Recuro 24/7 Virtual Visits	\$0	\$0	\$0	\$0
Prescription Drugs				
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