

2023-24 UBC Rate Sheet



Plan Summary

	Value HD	Basic HD	Standard	Enhanced
<ul style="list-style-type: none"> Lowest Premiums of the plans Copays for doctor visits before you meet deductible (Limited to 4 per year) Nationwide Network No PCP referrals Free Generic Drugs 	<ul style="list-style-type: none"> Low Premiums Nationwide Network No PCP referrals Free Preventative Generic Drugs Compatible with a health savings account (HSA) 	<ul style="list-style-type: none"> Low Deductibles and Out of Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals 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 Free Generic Drugs 	

Wellness Benefits at No Extra Cost

- **Free Preventative Care**
- **Low Cost Prescription Drugs**

Things to Know

- **Nationwide Network**
- **No PCP Referrals**
- **HSA Compatible Plan available**
- **In an Out-of-Network Benefits**

	Value HD	Basic HD	Standard	Enhanced
Monthly Premiums				
Employee Only	\$75	\$137	\$170	\$280
Employee and Spouse	\$800	\$1,041	\$1,121	\$1,222
Employee and Child(ren)	\$390	\$536	\$594	\$681
Employee and Family	\$1,015	\$1,300	\$1,398	\$1,587
Plan Features				
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	\$9,000/\$18,000 - In Network	\$8,100/\$16,200 - In Network	\$9,000/\$18,000 - In Network	\$6,000/\$12,000 - In Network
Network	Nationwide	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No	No
Doctor Visits				
Primary Care	\$50 copay (Limited to 4 per year with Specialist)	20% after Deductible	\$35 Copay	\$35 Copay
Specialist	\$75 copay (Limited to 4 per year with PCP)	20% after Deductible	\$70 Copay	\$50 Copay
Preventative Care Visits	\$0	\$0	\$0	\$0
Immediate Care				
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				
Drug Deductible	\$250 (Brand /Specialty ONLY)	Included with Medical	\$250 (Brand /Specialty ONLY)	\$250 (Brand /Specialty ONLY)
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	20% after deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	20% after deductible	30% Retail / \$150 Mail Order	\$40 Retail/\$100 Mail Order
Non-Preferred Brand	30% after Deductible	20% after deductible	30% Retail / \$150 Mail Order	\$80 Retail/\$200 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