

2023-24 UBC Rate Sheet



Plan Summary

	Basic HD	Standard	Enhanced
• Low Premiums	• Low Deductibles and Out-of-Pocket Maximums	• Low Deductibles and Out-of-Pocket Maximums	• Low Deductibles and Out-of-Pocket Maximums
• Nationwide Network	• Copays for doctor visits	• Copays for doctor visits	• Copays for doctor visits
• No PCP referrals	• Nationwide Network	• Nationwide Network	• Nationwide Network
• Free Preventative Generic Drugs	• No PCP referrals	• No PCP referrals	• No PCP referrals
• Compatible with a Health Savings Account (HSA)	• Free Generic Drugs	• Free Generic Drugs	• Free Generic Drugs

Monthly Premiums	Basic HD	Standard	Enhanced
Employee Only	\$10	\$40	\$153
Employee and Spouse	\$891	\$982	\$1,085
Employee and Child	\$396	\$453	\$540
Employee and Family	\$1,164	\$1,274	\$1,461

Plan Features	Basic HD	Standard	Enhanced
Type of Coverage	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network
Individual/Family Deductible	\$3,000/\$6,000 - In Network	\$2,500/\$5,000 - In Network	\$1,500/\$3,000 - In Network
In-Network/Out-of-Network Coinsurance	20%/40% after deductible	30%/50% after deductible	10%/40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,050/\$16,100 - In Network	\$9,000/\$18,000- In Network	\$6,000/\$12,000 - In Network
Network	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Basic HD	Standard	Enhanced
Primary Care	20% after Deductible	\$35 Copay	\$35 Copay
Specialist	20% after Deductible	\$70 Copay	\$50 Copay
Recuro 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	Basic HD	Standard	Enhanced
Urgent Care	20% after Deductible	\$50 Copay	\$75 Copay
Emergency Care	20% after Deductible	30% after Deductible	\$150 Copay
Recuro 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Basic HD	Standard	Enhanced
Drug Deductible	Included with Medical	\$250 (Brand /Specialty ONLY)	\$250 (Brand /Specialty ONLY)
Generics (30 day Supply/90 day supply)	20% after deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$40 Retail/\$100 Mail Order
Non-Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$80 Retail/\$200 Mail Order
Specialty	20% after deductible	50% up to a max of \$1500	50% up to a max of \$1500

Wellness Benefits at No Extra Cost

- **Low Cost Prescription Drugs**
- **Free Recuro 24/7 Virtual Health**
- **Free Preventative Care**

Things to Know

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