

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 Recuro 24/7 Virtual Acute & Behavioral Visits
- Free Preventative Care
- Low Cost Prescription Drugs
- Free Health Care Concierge through Health Advocate

Things to Know

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

Monthly Premiums	Value HD	Basic HD	Standard	Enhanced
Employee Only	\$35	\$75	\$115	\$228
Employee and Spouse	\$900	\$1,030	\$1,075	\$1,140
Employee and Child(ren)	\$375	\$445	\$500	\$585
Employee and Family	\$975	\$1,175	\$1,250	\$1,625

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	\$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	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	\$75 copay (Limited to 4 per year with PCP)	20% after Deductible	\$70 Copay	\$50 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$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
Recuro 24/7 Virtual Health	\$0	\$0	\$0	\$0

Prescription Drugs	Value HD	Basic HD	Standard	Enhanced
Drug Deductible	\$250 on Brand Drugs 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