## 2024-25 UBC Rate Sheet





## Wellness Benefits at No Extra Cost

- Zero Cost Employee Only Coverage Available
- Free Recuro 24/7 Virtual Acute and Behavioral Visits
- Low Cost Prescription Drugs

## Things to Know

- **Nationwide Network**
- **No PCP Referrals**
- **Out-of-Network Benefits Available**
- HSA Compatible Plan Available

Lowest Premiums

50% up to a max of \$1500

Specialty

50% up to a max of \$1500

50% up to a max of \$1500

Plan Summary  Monthly Premiums * after \$420 District Contribution	<ul> <li>Lowest Premiums</li> <li>Zero cost for Employee Only Coverage</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Integrated Drug Deductible</li> <li>Compatible with a Health Savings Account</li> </ul>	<ul> <li>Low Premiums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deducitble</li> <li>Free Generic Drugs</li> </ul>	<ul> <li>Low Deductibles</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>Lowest 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>
Employee Only	\$0	\$216	\$380	\$660
Employee & Spouse	\$418	\$983	\$1,350	\$1,980
Employee & Child(ren)	\$146	\$536	\$761	\$1,200
Employee & Family	\$597	\$1,284	\$1,730	\$2,495
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	<b>Nation</b> wide	Nationwide
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
ER - Emergency Care	\$0 after Deductible	\$300 Copay + 30% of balance	\$300 Copay + 30% of balance	\$300 Copay + 20% of balance
ER - Non Emergency Care	Not Covered	Not Covered	Not Covered	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$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

\$50% up to a max of \$1500