

2024-25 UBC Rate Sheet



Plan Summary

Monthly Premiums

Employee Only	\$180
Employee & Spouse	\$965
Employee & Child(ren)	\$523
Employee & Family	\$1,201

Plan Features

Type of Coverage	In Network Only
Individual / Family Deductible	\$3,500 / \$7,000
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,100 / \$16,200

Doctor Visits

Primary Care	30% after Deductible
Specialist	30% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	30% after Deductible
ER - Emergency Care	30% after Deductible
ER - Non Emergency Care	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible
Preferred Brand	30% after Deductible
Non-Preferred Brand	30% after Deductible
Specialty	50% after Deductible to a Max of \$2,500
International Mail Order	\$0 Brand / Specialty (after Deductible)

Basic HD

- Low Premiums
- Nationwide Network
- No PCP referrals
- Free Preventative Generic Drugs
- Compatible with a Health Savings Account (HSA)

Standard

- Low Deductibles and Out-of-Pocket Maximums
- Copays for doctor visits
- Nationwide Network
- No PCP referrals
- Free Generic Drugs

Enhanced

- Low 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
- Free Recuro 24/7 Virtual Acute & Behavioral Visits
- Free Generic Drugs Available

Additional Services

Patient Choice Program

- Free or Low Cost Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

International Pharmacy (Can-Path)

- Free or Low Cost Mail Order Prescriptions

Employee Only	\$180
Employee & Spouse	\$965
Employee & Child(ren)	\$523
Employee & Family	\$1,201

Employee Only	\$195
Employee & Spouse	\$1,000
Employee & Child(ren)	\$543
Employee & Family	\$1,240

Employee Only	\$285
Employee & Spouse	\$1,056
Employee & Child(ren)	\$613
Employee & Family	\$1,394

Type of Coverage	In Network Only
Individual / Family Deductible	\$3,500 / \$7,000
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,100 / \$16,200

Type of Coverage	In Network Only
Individual / Family Deductible	\$2,750 / \$5,500
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$9,000 / \$18,000

Type of Coverage	In Network Only
Individual / Family Deductible	\$2,250 / \$4,500
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,000 / \$16,000

Primary Care	30% after Deductible
Specialist	30% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Primary Care	\$40 Copay
Specialist	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Primary Care	\$40 Copay
Specialist	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Urgent Care	30% after Deductible
ER - Emergency Care	30% after Deductible
ER - Non Emergency Care	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0

Urgent Care	\$50 Copay
ER - Emergency Care	30% after Deductible
ER - Non Emergency Care	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0

Urgent Care	\$50 Copay
ER - Emergency Care	30% after Deductible
ER - Non Emergency Care	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0

Drug Deductible	Integrated with Medical
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible
Preferred Brand	30% after Deductible
Non-Preferred Brand	30% after Deductible
Specialty	50% after Deductible to a Max of \$2,500
International Mail Order	\$0 Brand / Specialty (after Deductible)

Drug Deductible	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$300 Mail Order
Non-Preferred Brand	30% Retail / \$300 Mail Order
Specialty	50% up to a max of \$2,500
International Mail Order	\$0 Brand / Specialty (No Deductible)

Drug Deductible	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	\$200 Retail / \$400 Mail Order
Specialty	50% up to a max of \$2,500
International Mail Order	\$0 Brand / Specialty (No Deductible)