

2024-25 UBC Rate Sheet



Plan Summary

	Baylor Scott & White Value HD	Baylor Scott & White Standard	Basic HD	Enhanced
	<ul style="list-style-type: none"> Lowest Premiums Copays for Doctor visits before you meet deductible Baylor Scott & White Area Network Coverage No PCP referrals Free Generic Drugs 	<ul style="list-style-type: none"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Baylor Scott & White Area Network Coverage 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
Monthly Premiums				
Employee Only	\$93	\$195	\$180	\$337
Employee & Spouse	\$855	\$1,191	\$1,176	\$1,372
Employee & Child(ren)	\$425	\$639	\$621	\$776
Employee & Family	\$1,080	\$1,483	\$1,460	\$1,777
Plan Features				
Network Coverage	Baylor Scott & White Network Only	Baylor Scott & White Network Only	Cigna OAP Network Only	Cigna OAP Network Only
Individual / Family Deductible	\$5,000 / \$10,000	\$2,750 / \$5,500	\$3,500 / \$7,000	\$2,250 / \$4,500
Coinsurance	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$9,000 / \$18,000	\$9,000 / \$18,000	\$8,100 / \$16,200	\$8,000 / \$16,000
Doctor Visits				
Primary Care	\$50 Copay (Limited to 4 per year w/Specialist)	\$40 Copay	30% after Deductible	\$40 Copay
Specialist	\$75 Copay (Limited to 4 per year w/PCP)	\$75 Copay	30% after Deductible	\$75 Copay
Immediate Care				
Urgent Care	20% after Deductible	\$50 Copay	30% after Deductible	\$50 Copay
ER - Emergency Care	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
ER - Non Emergency Care	20% after Deductible	Not Covered	Not Covered	Not Covered
Recurro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0	\$0
Prescription Drugs				
Drug Deductible	\$500 (Brand /Specialty ONLY)	\$500 (Brand /Specialty ONLY)	Integrated with Medical	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 after Deductible	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	30% after Deductible	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	30% after Deductible	\$200 Retail / \$400 Mail Order
Specialty	50% up to a max of \$2,500	50% up to a max of \$2,500	50% after Deductible to a Max of \$2,500	50% up to a max of \$2,500
International Mail Order	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)

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