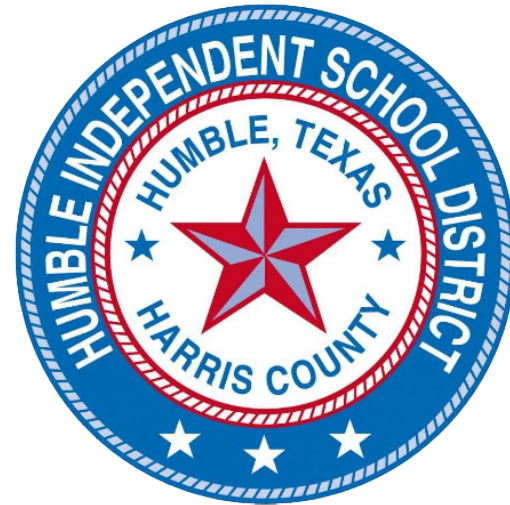


2024-25 UBC Rate Sheet



Plan Summary

Wellness Benefits at No Extra Cost

- Free Generic Drugs on Primary Plan
- Free Next Level Urgent Care / Clinic on Primary Plan
- Free Preventative Care

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

Monthly Premiums

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Plan Features

Type of Coverage	In-Network Coverage
Individual/Family Deductible	\$1,400/\$2,800
Coinsurance	25% after Deductible
Individual/Family Maximum Out-of-Pocket	\$7,500/\$15,000
Network	Memorial Hermann Network

Doctor Visits

Next Level Urgent Care / Clinic	\$25 Copay/100% after Deductible
Primary Care	25% after Deductible
Specialist	25% after Deductible

Immediate Care

Next Level Urgent Care / Clinic	\$25 Copay
Urgent Care	25% after deductible
Emergency Room (True Emergency)	25% after deductible
Emergency Room (Non- Emergency)	50% after deductible

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order (after Deductible)
Preferred Brand	30% Retail / \$125 Mail Order (after Deductible)
Non-Preferred Brand	30% Retail / \$125 Mail Order (after Deductible)
Specialty	50% to a maximum of \$2,500 a month (after Deductible)
International Mail Order	\$0 Brand / Specialty (after Deductible)

Basic HD

- Low Premiums
- Lowest Out-of-Pocket Maximums Available
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs (after deductible)

Primary

- Low Premiums
- Lowest Annual Deductibles
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Employee Only	\$50
Employee and Spouse	\$680
Employee and Child	\$305
Employee and Family	\$875

Memorial Hermann	CIGNA OAP
In-Network Coverage	
\$1,400/\$2,800	\$2,800/\$5,600
25% after Deductible	
\$7,500/\$15,000	
Memorial Hermann Network	Cigna OAP Nationwide Network

Memorial Hermann	CIGNA OAP
In-Network Coverage	
\$1,250/\$2,500	\$2,500/\$5,000
25% after Deductible	
\$9,000/\$18,000	
Memorial Hermann Network	Cigna OAP Nationwide Network

Memorial Hermann	CIGNA OAP
\$25 Copay/100% after Deductible	
25% after Deductible	
25% after Deductible	

Memorial Hermann	CIGNA OAP
\$0	
\$20 Copay	\$50 Copay
\$50 Copay	\$100 Copay

Memorial Hermann	CIGNA OAP
\$25 Copay	
25% after deductible	\$80 Copay, then 25% after Deductible
25% after deductible	
50% after deductible	

Memorial Hermann	CIGNA OAP
\$0	
\$50 Copay	\$100 Copay
25% after deductible	
50% after deductible	

Memorial Hermann	CIGNA OAP
Integrated with Medical	
\$0 Retail and Mail Order (after Deductible)	
30% Retail / \$125 Mail Order (after Deductible)	
30% Retail / \$125 Mail Order (after Deductible)	
50% to a maximum of \$2,500 a month (after Deductible)	
\$0 Brand / Specialty (after Deductible)	

Memorial Hermann	CIGNA OAP
\$500 Brand / Specialty ONLY	
\$0 Retail and Mail Order	
30% Retail / \$125 Mail Order	
30% Retail / \$125 Mail Order	
50% to a maximum of \$2,500 a month	
\$0 Brand / Specialty (No Deductible)	