

2024-25 UBC Rate Sheet



Plan Summary

| | Value HD | Basic HD | Standard | Enhanced |
|---|--|---|--|--|
| | <ul style="list-style-type: none"> Lowest Premiums Copays for Doctor visits before you meet deductible 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"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals Free Generic Drugs |
| Monthly Premiums | | | | |
| Employee Only | \$95 | \$140 | \$190 | \$320 |
| Employee & Spouse | \$1,090 | \$1,240 | \$1,290 | \$1,365 |
| Employee & Child(ren) | \$485 | \$570 | \$630 | \$730 |
| Employee & Family | \$1,180 | \$1,410 | \$1,495 | \$1,925 |
| Plan Features | | | | |
| Type of Coverage | In Network Only | In Network Only | In Network Only | In Network Only |
| Individual / Family Deductible | \$6,000 / \$12,000 | \$3,500 / \$7,000 | \$2,750 / \$5,500 | \$2,250 / \$4,500 |
| Coinsurance | 30% after Deductible | 30% after Deductible | 30% after Deductible | 30% after Deductible |
| Individual / Family Maximum Out-of-Pocket | \$9,250 / \$18,500 | \$8,050 / \$16,100 | \$9,000 / \$18,000 | \$8,000 / \$16,000 |
| Doctor Visits | | | | |
| Primary Care | \$75 Copay (Limited to 2 per year w/Specialist) | 30% after Deductible | \$40 Copay | \$40 Copay |
| Specialist | \$100 Copay (Limited to 2 per year w/PCP) | 30% after Deductible | \$75 Copay | \$75 Copay |
| Recuro 24/7 Virtual Acute & Behavioral | \$0 | \$0 | \$0 | \$0 |
| Immediate Care | | | | |
| Urgent Care | 30% after Deductible | 30% after Deductible | \$50 Copay | \$50 Copay |
| ER - Emergency Care | 30% after Deductible | 30% after Deductible | 30% after Deductible | 30% after Deductible |
| 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 | \$500 (Brand /Specialty ONLY) | Integrated with Medical | \$500 (Brand /Specialty ONLY) | \$500 (Brand /Specialty ONLY) |
| Generics (30 Day Supply/90 Day Supply) | \$0 Retail and Mail Order | \$0 after Deductible | \$0 Retail and Mail Order | \$0 Retail and Mail Order |
| Preferred Brand | 30% after Deductible | 30% after Deductible | 30% Retail / \$300 Mail Order | \$75 Retail / \$150 Mail Order |
| Non-Preferred Brand | 30% after Deductible | 30% after Deductible | 30% Retail / \$300 Mail Order | \$200 Retail / \$400 Mail Order |
| Specialty | 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 | 50% up to a max of \$2,500 |
| International Mail Order | \$0 Brand / Specialty (No Deductible) | \$0 Brand / Specialty (after Deductible) | \$0 Brand / Specialty (No 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