

2024-25 UBC Rate Sheet



Plan Summary

Monthly Premiums

Employee Only	\$174
Employee & Spouse	\$1,179
Employee & Child(ren)	\$603
Employee & Family	\$1,488

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	Standard	Enhanced
Plan Features	<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	\$174	\$206	\$332
Employee & Spouse	\$1,179	\$1,286	\$1,338
Employee & Child(ren)	\$603	\$671	\$732
Employee & Family	\$1,488	\$1,615	\$1,769
Plan Features			
Type of Coverage	In Network Only	In Network Only	In Network Only
Individual / Family Deductible	\$3,500 / \$7,000	\$2,750 / \$5,500	\$2,250 / \$4,500
Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,100 / \$16,200	\$9,000 / \$18,000	\$8,000 / \$16,000
Doctor Visits			
Primary Care	30% after Deductible	\$40 Copay	\$40 Copay
Specialist	30% after Deductible	\$75 Copay	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
Immediate Care			
Urgent Care	30% after Deductible	\$50 Copay	\$50 Copay
ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible
ER - Non Emergency Care	Not Covered	Not Covered	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
Prescription Drugs			
Drug Deductible	Integrated with Medical	\$500 (Brand /Specialty ONLY)	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$200 Retail / \$400 Mail Order
Specialty	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 (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