2024-25 UBC Rate Sheet





Wellness Benefits at No Extra Cost

- Zero Cost Employee Only Coverage Available
- Free Recuro 24/7 Virtual Acute and **Behavioral Visits**
- **Low Cost Prescription Drugs**

Things to Know

- **Nationwide Network**
- No PCP Referrals
- **Out-of-Network Benefits Available**
- **HSA Compatible Plan Available**

Lowest Premiums

HD/HSA

• Low Premiums

Low

- Low Deductibles

Mid

• Lowest Deductibles and Out of

High

Summary Monthly Premiums * after \$420 District Contribution	 Zero cost for Employee Only Coverage Nationwide Network No PCP referrals Integrated Drug Deductible Compatible with a Health Savings Account 	 Copays for doctor visits Nationwide Network No PCP referrals No Drug Deducitble Free Generic Drugs 	 Copays for doctor visits Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs 	Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs
Employee Only	\$0	\$216	\$380	\$660
Employee & Spouse	\$418	\$983	\$1,350	\$1,980
Employee & Child(ren)	\$146	\$536	\$761	\$1,200
Employee & Family	\$597	\$1,284	\$1,730	\$2,495
Plan Features				
Type of Coverage	In Network Only	In Network Only	In Network Only	In / Out of Network
Individual / Family Deductible	\$6,450/\$12,900	\$4,000/\$8,000	\$2,000/\$4,000	\$1,500/\$3,000 / \$5,000/\$10,000
Coinsurance	0% after Deductible	30% after Deductible	30% after Deductible	20% / 50% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,600/\$13,200	\$6,500/\$13,000	\$4,000/\$8,000 / \$10,000/\$20,000
Network	Nationwide	Nationwide	Nationwide	Nationwide
Doctor Visits				
Primary Care	\$0 after Deductible	\$30 Copay	\$30 Copay	\$30 Copay / 50% after Deductible
Specialist	\$0 after Deductible	\$60 Copay	\$60 Copay	\$60 Copay / 50% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0	\$0
Immediate Care				
Urgent Care	\$0 after Deductible	\$75 Copay	\$75 Copay	\$75 Copay / 50% after Deductible
ER - Emergency Care	\$0 after Deductible	\$300 Copay + 30% of balance	\$300 Copay + 30% of balance	\$300 Copay + 20% of balance

Orgent Care
ER - Emergency Care
ER - Non Emergency Care

Recuro 24/7 Virtual Acute & Behavioral

Not Covered

50% up to a max of \$1500

Not Covered

\$0

\$50% up to a max of \$1500

Not Covered

\$0

50% up to a max of \$1500

Not Covered

\$0

None

Prescription	n Drug:
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Generics (30 Day Supply/90 Day Supply
Preferred Brand

Non-Preferred Brand Specialty

Drug Deductible

Integrated with Medical None \$0 Retail and Mail Order \$0 after Deductible 30% Retail / \$125 Mail Order 30% Retail / \$125 Mail Order (after Ded) 30% Retail / \$125 Mail Order (after Ded)

None \$0 Retail and Mail Order 30% Retail / \$125 Mail Order 30% Retail / \$125 Mail Order 30% Retail / \$125 Mail Order

\$0 Retail and Mail Order 30% Retail / \$125 Mail Order

30% Retail / \$125 Mail Order 50% up to a max of \$1500