

2025-26 UBC Rate Sheet



Plan Summary		HD/HSA	Low	Mid	High
Monthly Premiums * after \$420 District Contribution		<ul style="list-style-type: none">Lowest PremiumsVery low cost for Employee Only CoverageNationwide NetworkNo PCP referralsIntegrated Drug DeductibleCompatible with a Health Savings Account	<ul style="list-style-type: none">Low PremiumsCopays for doctor visitsNationwide NetworkNo PCP referralsFree Generic Drugs	<ul style="list-style-type: none">Low DeductiblesCopays for doctor visitsNationwide NetworkNo PCP referralsFree Generic Drugs	<ul style="list-style-type: none">Lowest Deductibles and Out of Pocket MaximumsCopays for doctor visitsNationwide NetworkNo PCP referralsFree Generic Drugs
Employee Only		\$40	\$280	\$460	\$770
Employee & Spouse		\$505	\$1,125	\$1,530	\$2,220
Employee & Child(ren)		\$205	\$630	\$880	\$1,360
Employee & Family		\$700	\$1,455	\$1,945	\$2,785
Plan Features					
Type of Coverage		In Network Only	In Network Only	In Network Only	In / Out of Network
Individual / Family Deductible		\$6,750 / \$13,500	\$4,750 / \$9,500	\$3,500 / \$7,000	\$2,500/\$5,000 / \$7,500/\$15,000
Coinsurance		0% after Deductible	30% after Deductible	30% after Deductible	20% / 50% after Deductible
Individual / Family Maximum Out-of-Pocket		\$8,500 / \$17,000	\$8,500 / \$17,000	\$8,500 / \$17,000	\$6,500/\$13,000 / \$20,000/\$40,000
Network		Nationwide	Nationwide	Nationwide	Nationwide
Doctor Visits					
Primary Care		\$0 after Deductible	\$50 Copay	\$50 Copay	\$50 Copay / 50% after Deductible
Specialist		\$0 after Deductible	\$75 Copay	\$75 Copay	\$75 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
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		Integrated with Medical	\$250 (Brand/Specialty ONLY)	\$250 (Brand/Specialty ONLY)	\$250 (Brand/Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)		\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand		30% Retail / \$125 Mail Order (after Ded)	30% Retail / \$300 Mail Order	30% Retail / \$300 Mail Order	30% Retail / \$300 Mail Order
Non-Preferred Brand		30% Retail / \$125 Mail Order (after Ded)	30% Retail / \$300 Mail Order	30% Retail / \$300 Mail Order	30% Retail / \$300 Mail Order
Specialty		30% up to a max of \$1,500	\$30% up to a max of \$1,500	30% up to a max of \$1,500	30% up to a max of \$1,500
International Mail Order		\$0 Brand / Specialty (After Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)

New Services

Patient Choice Program

- Free or Low Cost Major Imaging & Outpatient Surgeries
- Concierge Healthcare Navigation

International Pharmacy (LucyRx)

- Free or Low Cost Mail Order Prescriptions

Wellness Benefits at No Extra Cost

- Free Recuro 24/7 Virtual Acute and Behavioral Visits
- Low Cost Prescription Drugs