## 2025-26 UBC Rate Sheet





# 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 (LucyRx)

 Free or Low Cost Mail Order Prescriptions

	Basic HD	Standard	Enhanced
Plan Summary	<ul> <li>Low Premiums</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Free Preventative Generic Drugs</li> <li>Compatible with a Health Savings Account (HSA)</li> </ul>	<ul> <li>Low Deductibles and Out-of-Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Free Generic Drugs</li> </ul>	<ul> <li>Low Deductibles and Out-of-Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Free Generic Drugs</li> </ul>
<b>Monthly Premiums</b>			
Employee Only	\$155	\$175	\$280
Employee & Spouse	\$1,085	\$1,125	\$1,190
Employee & Child(ren)	\$560	\$585	\$670
Employee & Family	\$1,360	\$1,410	\$1,590
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
<b>Doctor Visits</b>			
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
<b>Prescription Drugs</b>			
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	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)