

# 2025-26 UBC Rate Sheet



Innovate. Empower. Educate.

## 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**

## Plan Summary

### Monthly Premiums

Employee Only
Employee & Spouse
Employee & Child(ren)
Employee & Family

### Plan Features

Type of Coverage
Individual / Family Deductible
Coinsurance
Individual / Family Maximum Out-of-Pocket

### Doctor Visits

Primary Care
Specialist
Recuro 24/7 Virtual Acute & Behavioral

### Immediate Care

Urgent Care
ER - Emergency Care
ER - Non Emergency Care
Recuro 24/7 Virtual Acute & Behavioral

### Prescription Drugs

Drug Deductible
Generics (30 Day Supply/90 Day Supply)
Preferred Brand
Non-Preferred Brand
Specialty
International Mail Order

### Basic HD

- Low Premiums
- Nationwide Network
- No PCP referrals
- Free Preventative Generic Drugs
- Compatible with a Health Savings Account (HSA)

### Standard

- Low Deductibles and Out-of-Pocket Maximums
- Copays for doctor visits
- Nationwide Network
- No PCP referrals
- Free Generic Drugs

### Enhanced

- Low Deductibles and Out-of-Pocket Maximums
- Copays for doctor visits
- Nationwide Network
- No PCP referrals
- Free Generic Drugs

\$475

\$1,330

\$850

\$1,595

In Network Only

\$3,500 / \$7,000

30% after Deductible

\$8,050 / \$16,100

30% after Deductible

30% after Deductible

\$0

30% after Deductible

30% after Deductible

Not Covered

\$0

Integrated with Medical

\$0 after Deductible

30% after Deductible

30% after Deductible

30% up to a max of \$1,500

\$0 Brand / Specialty (after Deductible)

\$495

\$1,390

\$885

\$1,660

In Network Only

\$2,750 / \$5,500

30% after Deductible

\$9,000 / \$18,000

\$40 Copay

\$75 Copay

\$0

\$50 Copay

30% after Deductible

Not Covered

\$0

\$500 (Brand / Specialty ONLY)

\$0 Retail and Mail Order

30% Retail / \$300 Mail Order

30% Retail / \$300 Mail Order

30% up to a max of \$1,500

\$0 Brand / Specialty (No Deductible)

\$560

\$1,415

\$930

\$1,780

In Network Only

\$2,250 / \$4,500

30% after Deductible

\$8,000 / \$16,000

\$40 Copay

\$75 Copay

\$0

\$50 Copay

30% after Deductible

Not Covered

\$0

\$500 (Brand / Specialty ONLY)

\$0 Retail and Mail Order

\$75 Retail / \$150 Mail Order

\$200 Retail / \$400 Mail Order

30% up to a max of \$1,500

\$0 Brand / Specialty (No Deductible)