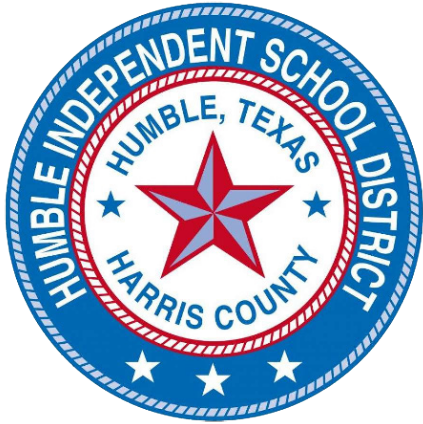


2025-26 UBC Rate Sheet



Plan Summary

Wellness Benefits at No Extra Cost

- **Free Generic Drugs on Primary Plan**
- **Free Next Level Urgent Care / Clinic on Primary Plan**
- **Free Preventative Care**

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**

Monthly Premiums

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Plan Features

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

Doctor Visits

Next Level Urgent Care / Clinic
Primary Care
Specialist

Immediate Care

Next Level Urgent Care / Clinic
Urgent Care
Emergency Room (True Emergency)
Emergency Room (Non- Emergency)

Prescription Drugs

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

Basic HD
<ul style="list-style-type: none">• Low Premiums• Lowest Out-of-Pocket Maximums Available• Memorial Hermann and Cigna Open Access Plus Network• No PCP referrals• Free Generic Drugs (after deductible)

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Memorial Hermann	CIGNA OAP
In-Network Coverage	In-Network Coverage
\$2,000 / \$4,000	\$4,000 / \$8,000
25% after Deductible	25% after Deductible
\$8,000 / \$16,000	\$9,500 / \$19,000
Memorial Hermann Network	Cigna OAP Nationwide Network

\$25 Copay/100% after Deductible
25% after Deductible
25% after Deductible

Memorial Hermann	CIGNA OAP
\$25 Copay	\$25 Copay
25% after deductible	\$80 Copay, then 25% after Deductible
25% after deductible	25% after deductible
50% after deductible	50% after deductible

Integrated with Medical
\$0 Retail and Mail Order (after Deductible)
30% Retail / \$400 Mail Order (after Deductible)
30% Retail / \$400 Mail Order (after Deductible)
30% to a maximum of \$1,500 (after Deductible)
\$0 Brand / Specialty (after Deductible)

Primary
<ul style="list-style-type: none">• Low Premiums• Lowest Annual Deductibles• Memorial Hermann and Cigna Open Access Plus Network• No PCP referrals• Free Generic Drugs

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Memorial Hermann	CIGNA OAP
In-Network Coverage	In-Network Coverage
\$1,500 / \$3,000	\$3,000 / \$6,000
25% after Deductible	25% after Deductible
\$9,500 / \$19,000	\$9,500 / \$19,000
Memorial Hermann Network	Cigna OAP Nationwide Network

Memorial Hermann	CIGNA OAP
\$0	\$0
\$20 Copay	\$50 Copay
\$50 Copay	\$100 Copay

Memorial Hermann	CIGNA OAP
\$0	\$0
\$50 Copay	\$100 Copay
25% after deductible	25% after deductible
50% after deductible	50% after deductible

\$500 Brand / Specialty ONLY
\$0 Retail and Mail Order
30% Retail / \$400 Mail Order
30% Retail / \$400 Mail Order
30% to a maximum of \$1,500
\$0 Brand / Specialty (No Deductible)