


# 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

Plan Summary	Value HD	Basic HD	Standard	Enhanced
	<ul style="list-style-type: none"><li>Lowest Premiums</li><li>Copays for Doctor visits before you meet deductible</li><li>Nationwide Network</li><li>No PCP referrals</li><li>Free Generic Drugs</li></ul>	<ul style="list-style-type: none"><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 style="list-style-type: none"><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 style="list-style-type: none"><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>
	Monthly Premiums			
	Employee Only	\$120	\$165	\$220
	Employee & Spouse	\$1,165	\$1,320	\$1,375
Plan Features	Employee & Child(ren)	\$530	\$615	\$680
	Employee & Family	\$1,255	\$1,500	\$1,590
	Type of Coverage	In Network Only	In Network Only	In Network Only
	Individual / Family Deductible	\$6,000 / \$12,000	\$3,500 / \$7,000	\$2,750 / \$5,500
Doctor Visits	Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible
	Individual / Family Maximum Out-of-Pocket	\$9,250 / \$18,500	\$8,050 / \$16,100	\$9,000 / \$18,000
	Primary Care	\$75 Copay (Limited to 2 per year w/Specialist)	30% after Deductible	\$40 Copay
	Specialist	\$100 Copay (Limited to 2 per year w/PCP)	30% after Deductible	\$75 Copay
Immediate Care	Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
	Urgent Care	30% after Deductible	30% after Deductible	\$50 Copay
	ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible
	ER - Non Emergency Care	Not Covered	Not Covered	Not Covered
Prescription Drugs	Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
	Drug Deductible	\$500 (Brand / Specialty ONLY)	Integrated with Medical	\$500 (Brand / Specialty ONLY)
	Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order	\$0 after Deductible	\$0 Retail and Mail Order
	Preferred Brand	30% after Deductible	30% after Deductible	30% Retail / \$300 Mail Order
	Non-Preferred Brand	30% after Deductible	30% after Deductible	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
	International Mail Order	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)