

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

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
Recurro 24/7 Virtual Acute & Behavioral

Immediate Care

Urgent Care
ER - Emergency Care
ER - Non Emergency Care
Recurro 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

	\$185
	\$1,240
	\$635
	\$1,565

	\$220
	\$1,350
	\$710
	\$1,700

\$350
\$1,405
\$770
\$1,860

In Network Only
\$3,500 / \$7,000
30% after Deductible
\$8,100 / \$16,200

In Network Only
\$2,750 / \$5,500
30% after Deductible
\$9,000 / \$18,000

In Network Only
\$2,250 / \$4,500
30% after Deductible
\$8,000 / \$16,000

30% after Deductible
30% after Deductible
\$0

\$40 Copay
\$75 Copay
\$0

\$40 Copay
\$75 Copay
\$0

	30% after Deductible
	30% after Deductible
	Not Covered
	\$0

\$50 Copay
30% after Deductible
Not Covered
\$0

\$50 Copay
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)

\$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)

\$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)