

2026 UBC Rate Sheet



Wellness Benefits at No Additional Cost

- **Free Preventative Care**
- **Free Recuro 24/7 Virtual Acute & Behavioral Visits**
- **Free Generic Drugs Available**

Additional Support

Questions?

- **ubc-benefits.com/shesc-benefits**
- **Email: help@ubc-benefits.com**

Prescription Benefits through LucyRx

- **Helping you find the lowest possible cost**
- **LucyRx: 877-860-8846**

Plan Summary

Monthly Premiums

Employee Only	\$65.27
Employee & Spouse	\$400.39
Employee & Child(ren)	\$377.75
Employee & Family	\$790.48

Plan Features

Type of Coverage	In and Out of Network Benefits
Individual / Family Deductible	\$3,000/\$9,000
Coinsurance	0% after Deductible
Individual / Family Maximum Out-of-Pocket	\$3,000/\$9,000

Doctor Visits

Primary Care	0% after Deductible
Specialist	0% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	0% after Deductible
ER - Emergency Care	0% after Deductible
Inpatient/Outpatient Hospital Services	0% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 Day Supply/90 Day Supply)	0% after Deductible
Preferred Brand	0% after Deductible
Non-Preferred Brand	0% after Deductible
Specialty	0% after Deductible
International Mail Order	0% Brand / Specialty (after Deductible)

HDHP CIGNA

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

Gold CIGNA

Employee Only	\$83.98
Employee & Spouse	\$454.65
Employee & Child(ren)	\$430.15
Employee & Family	\$897.74

Platinum CIGNA

Type of Coverage	In and Out of Network Benefits
Individual / Family Deductible	\$2,000/\$4,000
Coinsurance	20% after Deductible
Individual / Family Maximum Out-of-Pocket	\$4,500/\$9,000

Doctor Visits

Primary Care	\$25 Copay
Specialist	\$45 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	\$50 Copay
ER - Emergency Care	20% Co-Ins after \$300 copay
Inpatient/Outpatient Hospital Services	20% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Prescription Drugs

Drug Deductible	\$0
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / Mail \$200 Copay
Non-Preferred Brand	30% Retail / Mail \$200 Copay
Specialty	30% up to a max of \$1,500
International Mail Order	\$0 Brand / Specialty (No Deductible)

HDHP CIGNA

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

Gold CIGNA

Employee Only	\$83.98
Employee & Spouse	\$454.65
Employee & Child(ren)	\$430.15
Employee & Family	\$897.74

Platinum CIGNA

Type of Coverage	In and Out of Network Benefits
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Doctor Visits

Primary Care	\$25 Copay
Specialist	\$45 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	\$50 Copay
ER - Emergency Care	20% Co-Ins after \$300 copay
Inpatient/Outpatient Hospital Services	20% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Prescription Drugs

Drug Deductible	\$0
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / Mail \$200 Copay
Non-Preferred Brand	30% Retail / Mail \$200 Copay
Specialty	30% up to a max of \$1,500
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HDHP CIGNA

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

Gold CIGNA

Employee Only	\$114.58
Employee & Spouse	\$528.66
Employee & Child(ren)	\$499.16
Employee & Family	\$1,008.12

Platinum CIGNA

Type of Coverage	In and Out of Network Benefits
Individual / Family Deductible	\$1,000/\$2,000
Coinsurance	20% after Deductible
Individual / Family Maximum Out-of-Pocket	\$3,500/\$7,000

Doctor Visits

Primary Care	\$25 Copay
Specialist	\$45 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	\$50 Copay
ER - Emergency Care	\$300 Copay
Inpatient/Outpatient Hospital Services	20% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Prescription Drugs

Drug Deductible	\$0
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / Mail \$200 Copay
Non-Preferred Brand	30% Retail / Mail \$200 Copay
Specialty	30% up to a max of \$1,500
International Mail Order	\$0 Brand / Specialty (No Deductible)

*Summary of benefits are for **In Network** benefits