

2026 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

CareATC Health & Wellness Clinic

- **Free or Low Cost Acute and Chronic condition management**
- **Convenient location with 24/7 scheduling availability**

International Pharmacy (LucyRx)

- **Free or Low Cost Mail Order Prescriptions**

Plan Summary

Monthly Premiums

Employee Only
Employee & Spouse
Employee & Child / Children
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

Option III HSA

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

Option II

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

Option I

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

\$0
\$555
\$350 / \$395
\$775

\$90
\$605
\$385 / \$440
\$805

\$190
\$780
\$510 / \$590
\$1,035

In Network Only
\$2,000 / \$4,000
25% after Deductible
\$6,000 / \$12,000

In Network Only
\$3,000 / \$6,000
25% after Deductible
\$6,000 / \$12,000

In Network Only
\$2,250 / \$4,500
25% after Deductible
\$6,750 / \$13,500

25% after Deductible
25% after Deductible
\$0

25% after Deductible
25% after Deductible
\$0

\$60 Copay
\$100 Copay
\$0

25% after Deductible
\$200 Copay + 25% after Deductible
Not Covered
\$0

25% after Deductible
\$200 Copay + 25% after Deductible
Not Covered
\$0

\$60 Copay
\$200 Copay + 25% after Deductible
Not Covered
\$0

\$1,700 Individual / \$3,400 Family
0% / 25% after Deductible
25% after Deductible
25% after Deductible
25% after Deductible
\$0 Brand / Specialty (after Deductible)

\$500 per Person (Brand / Specialty Only)
\$0 (Deductible Waived)
\$100 / \$200 (30/90-day) (after Deductible)
\$175 / \$350 (30/90-day) (after Deductible)
Lesser of \$1,500 or 25% after Deductible
\$0 Brand / Specialty (after Deductible)

\$500 per Person (Brand / Specialty Only)
\$0 (Deductible Waived)
\$100 / \$200 (30/90-day) (after Deductible)
\$175 / \$350 (30/90-day) (after Deductible)
Lesser of \$1,500 or 25% after Deductible
\$0 Brand / Specialty (No Deductible)