2026-27 UBC Rate Sheet

UNIVERSAL BENEFITS CONSORTIUM

Hays CISD

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**

Rx Benefits through LucyRx

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

Plan Summary

	Ascension Seton/EHN	Cigna HD	Cigna Standard	Cigna Enhanced
	• Copays for Doctor visits before you meet deductible • Ascension Seton/EHN Network Coverage • No PCP referrals • Free Generic Drugs	• Low Premiums • Nationwide Network • No PCP referrals • Free Generic Drugs after deductible • Compatible with a Health Savings Account (HSA)	• Low Premiums • Copays for doctor visits • Nationwide Network • No PCP referrals • Free Generic Drugs	• Low Deductibles and Out-of-Pocket Maximums • Copays for doctor visits • Nationwide Network • No PCP referrals • Free Generic Drugs
Monthly Premiums				
Employee Only	$100	$85	$120	$190
Employee & Spouse	$1,015	$995	$1,035	$1,205
Employee & Child(ren)	$475	$465	$485	$635
Employee & Family	$1,395	$1,365	$1,425	$1,650
Plan Features				
Type of Coverage	Ascension Seton/EHN Network Only	In / Out of Network	Cigna OAP Network Only	Cigna OAP Network Only
Individual / Family Deductible	$2,500 / $5,000	$3,400/$6,800 / $9,000/$18,000	$2,750 / $5,500	$2,000 / $4,000
Coinsurance	20% after Deductible	20% after Deductible / 40% after Deductible	30% after Deductible	20% after Deductible
Individual / Family Maximum Out-of-Pocket	$9,000 / $18,000	$8,300/$16,600 / $20,500/$41,000	$9,000 / $18,000	$7,500 / $15,000
Doctor Visits				
Primary Care	$15 Copay	20% after Deductible / 40% after Deductible	$30 Copay	$30 Copay
Specialist	$35 Copay	20% after Deductible / 40% after Deductible	$70 Copay	$70 Copay
Recuro 24/7 Virtual Acute & Behavioral	$0	$0	$0	$0
Immediate Care				
Urgent Care	$50 Copay	20% after Deductible / 40% after Deductible	$50 Copay	$50 Copay
ER - Emergency Care	$300 Copay	20% after Deductible / 20% after Deductible	30% after Deductible	$500 Copay
Recuro 24/7 Virtual Acute & Behavioral	$0	$0	$0	$0
Prescription Drugs				
Drug Deductible	$300 Per Person (Brand / Specialty Only)	Integrated with Medical	$300 Per Person (Brand / Specialty Only)	$300 Per Person (Brand / Specialty Only)
Generics (30 Day Supply/90 Day Supply)	$0 Retail and Mail Order	Plan pays 100% after Deductible	$0 Retail and Mail Order	$0 Retail and Mail Order
Preferred Brand	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order after Deductible	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order
Non-Preferred Brand	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order after Deductible	30% Retail / $300 Mail Order	30% Retail / $300 Mail Order
Specialty	30% to a maximum of $1,500	30% after Deductible to a Max of $1,500	30% to a maximum of $1,500	30% to a maximum of $1,500
International Mail Order	Plan pays 100%	Plan pays 100% after $1,700 Deductible	Plan pays 100%	Plan pays 100%