

2026-27 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
	- Lowest Premiums - Copays for Doctor visits before you meet deductible - Nationwide Network - No PCP referrals - Free Generic Drugs	- Low Premiums - Nationwide Network - No PCP referrals - Free Preventative Generic Drugs - Compatible with a Health Savings Account (HSA)	- Low Deductibles and Out-of-Pocket Maximums - 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	\$145	\$190	\$250
	Employee & Spouse	\$1,240	\$1,405	\$1,460
Plan Features	Employee & Child(ren)	\$575	\$665	\$735
	Employee & Family	\$1,335	\$1,595	\$1,690
	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)