2023-24 UBC Rate Sheet





Wellness Benefits at No Extra Cost

- Low Cost Prescription
 Drugs
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free Preventative Care

Things to Know

- Nationwide Network
- No PCP Referrals
- In and Out-of-Network Benefits

	Basic HD	Standard	Enhanced
Plan Summary	 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	\$125	\$135	\$215
Employee and Spouse	\$805	\$835	\$886
Employee and Child	\$423	\$438	\$498
Employee and Family	\$1,011	\$1,045	\$1,179
Plan Features			
Type of Coverage	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network
Individual/Family Deductible	\$3,000/\$6,000 - In Network	\$2,500/\$5,000 - In Network	\$1,500/\$3,000 - In Network
In-Network/Out-of-Network Coinsurance	20%/40% after deductible	30%/50% after deductible	10%/40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,100/\$16,200 - In Network	\$9,000/\$18,000- In Network	\$6,000/\$12,000 - In Network
Network	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No
Doctor Visits			
Primary Care	20% after Deductible	\$35 Copay	\$35 Copay
Specialist	20% after Deductible	\$70 Copay	\$50 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$O
Immediate Care			
Urgent Care	20% after Deductible	\$50 Copay	\$75 Copay
Emergency Care	20% after Deductible	30% after Deductible	\$150 Copay
Recuro 24/7 Virtual Health	\$O	\$0	\$0
Prescription Drugs			
Drug Deductible	Included with Medical	\$250 (Brand /Specialty ONLY)	\$250 (Brand /Specialty ONLY)
Generics (30 day Supply/90 day supply)	20% after deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$40 Retail/\$100 Mail Order
Non-Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$80 Retail/\$200 Mail Order
Specialty	20% after deductible	50% up to a max of \$1500	50% up to a max of \$1500