

2024-25 UBC Rate Sheet



Plan Summary

Monthly Premiums

Employee Only	\$120
Employee & Spouse	\$854
Employee & Child(ren)	\$482
Employee & Family	\$1,215

Plan Features

Type of Coverage	In Network Only
Individual / Family Deductible	\$1,200 / \$2,400
Coinsurance	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$2,700 / \$5,400

Doctor Visits

Primary Care	30% after Deductible
Specialist	30% after Deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0

Immediate Care

Urgent Care	30% after Deductible
Next Level Urgent Care/Clinic	\$35 Copay
ER - Emergency Care	30% after Deductible
ER - Non Emergency Care	Not Covered

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible
Preferred Brand	30% after Deductible
Non-Preferred Brand	30% after Deductible
Specialty	50% after Deductible to a Max of \$2,500
International Mail Order	\$0 Brand / \$50 Specialty (No Deductible)

	Basic HD	Standard	Enhanced
	<ul style="list-style-type: none"> Low Premiums Nationwide Network No PCP referrals Free Preventative Generic Drugs Compatible with a Health Savings Account (HSA) 	<ul style="list-style-type: none"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals Free Generic Drugs 	<ul style="list-style-type: none"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals Free Generic Drugs
Monthly Premiums			
Employee Only	\$120	\$170	\$303
Employee & Spouse	\$854	\$1,033	\$1,272
Employee & Child(ren)	\$482	\$602	\$715
Employee & Family	\$1,215	\$1,436	\$1,571
Plan Features			
Type of Coverage	In Network Only	In Network Only	In Network Only
Individual / Family Deductible	\$1,200 / \$2,400	\$1,000 / \$3,000	\$750 / \$1,500
Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$2,700 / \$5,400	\$3,000 / \$6,000	\$2,700 / \$5,400
Doctor Visits			
Primary Care	30% after Deductible	\$40 Copay	\$40 Copay
Specialist	30% after Deductible	\$75 Copay	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
Immediate Care			
Urgent Care	30% after Deductible	\$50 Copay	\$50 Copay
Next Level Urgent Care/Clinic	\$35 Copay	\$0	\$0
ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible
ER - Non Emergency Care	Not Covered	Not Covered	Not Covered
Prescription Drugs			
Drug Deductible	Integrated with Medical	\$500 (Brand /Specialty ONLY)	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$200 Retail / \$400 Mail Order
Specialty	50% after Deductible to a Max of \$2,500	50% up to a max of \$2,500	50% up to a max of \$1500
International Mail Order	\$0 Brand / \$50 Specialty (No Deductible)	\$0 Brand / \$50 Specialty (No Deductible)	\$0 Brand / \$50 Specialty (No Deductible)

Wellness Benefits at No Extra Cost

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

Additional Services

Patients Choice Program

- Free or Low Cost Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

International Pharmacy (Can-Path)

- Free or Low Cost Mail Order Prescriptions

NextLevel Urgent Care

- Free or Low Cost Urgent Care visits