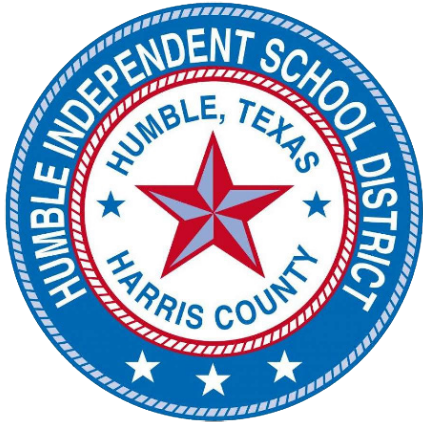


2025-26 UBC Rate Sheet



Plan Summary

Wellness Benefits at No Extra Cost

- **Free Generic Drugs on Primary Plan**
- **Free Next Level Urgent Care / Clinic on Primary Plan**
- **Free Preventative Care**

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**

Monthly Premiums

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Plan Features

Type of Coverage
Individual/Family Deductible
Coinsurance
Individual/Family Maximum Out-of-Pocket
Network

Doctor Visits

Next Level Urgent Care / Clinic
Primary Care
Specialist

Immediate Care

Next Level Urgent Care / Clinic
Urgent Care
Emergency Room (True Emergency)
Emergency Room (Non- Emergency)

Prescription Drugs

Drug Deductible
Generics (30 day Supply/90 day supply)
Preferred Brand
Non-Preferred Brand
Specialty
International Mail Order

Basic HD
• Low Premiums • Lowest Out-of-Pocket Maximums Available • Memorial Hermann and Cigna Open Access Plus Network • No PCP referrals • Free Generic Drugs (after deductible)

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Memorial Hermann	CIGNA OAP
In-Network Coverage	In-Network Coverage
\$2,000 / \$4,000	\$4,000 / \$8,000
25% after Deductible	25% after Deductible
\$8,000 / \$16,000	\$9,500 / \$19,000
Memorial Hermann Network	Cigna OAP Nationwide Network

\$25 Copay/100% after Deductible
25% after Deductible
25% after Deductible

Memorial Hermann	CIGNA OAP
\$25 Copay	\$25 Copay
25% after deductible	\$80 Copay, then 25% after Deductible
25% after deductible	25% after deductible
50% after deductible	50% after deductible

Integrated with Medical
\$0 Retail and Mail Order (after Deductible)
30% Retail / \$400 Mail Order (after Deductible)
30% Retail / \$400 Mail Order (after Deductible)
30% to a maximum of \$1,500 (after Deductible)
\$0 Brand / Specialty (after Deductible)

Primary
• Low Premiums • Lowest Annual Deductibles • Memorial Hermann and Cigna Open Access Plus Network • No PCP referrals • Free Generic Drugs

Employee Only
Employee and Spouse
Employee and Child
Employee and Family

Memorial Hermann	CIGNA OAP
In-Network Coverage	In-Network Coverage
\$1,500 / \$3,000	\$3,000 / \$6,000
25% after Deductible	25% after Deductible
\$9,500 / \$19,000	\$9,500 / \$19,000
Memorial Hermann Network	Cigna OAP Nationwide Network

Memorial Hermann	CIGNA OAP
\$0	\$0
\$20 Copay	\$50 Copay
\$50 Copay	\$100 Copay

Memorial Hermann	CIGNA OAP
\$0	\$0
\$50 Copay	\$100 Copay
25% after deductible	25% after deductible
50% after deductible	50% after deductible

\$500 Brand / Specialty ONLY
\$0 Retail and Mail Order
30% Retail / \$400 Mail Order
30% Retail / \$400 Mail Order
30% to a maximum of \$1,500
\$0 Brand / Specialty (No Deductible)