2025-26 UBC Rate Sheet

UNIVERSAL BENEFITS CONSORTIUM

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**

Plan Summary

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

Monthly Premiums		
Employee Only	$35	$70
Employee and Spouse	$650	$720
Employee and Child	$305	$335
Employee and Family	$793	$925

Plan Features	Memorial Hermann	CIGNA OAP	Memorial Hermann	CIGNA OAP
Type of Coverage	In-Network Coverage		In-Network Coverage	
Individual/Family Deductible	$2,000 / $4,000	$4,000 / $8,000	$1,500 / $3,000	$3,000 / $6,000
Coinsurance	25% after Deductible		25% after Deductible	
Individual/Family Maximum Out-of-Pocket	$8,000 / $16,000		$9,500 / $19,000	
Network	Memorial Hermann Network	Cigna OAP Nationwide Network	Memorial Hermann Network	Cigna OAP Nationwide Network

Doctor Visits		Memorial Hermann	CIGNA OAP
Next Level Urgent Care / Clinic	$25 Copay/100% after Deductible	$0	
Primary Care	25% after Deductible	$20 Copay	$50 Copay
Specialist	25% after Deductible	$50 Copay	$100 Copay

Immediate Care	Memorial Hermann	CIGNA OAP	Memorial Hermann	CIGNA OAP
Next Level Urgent Care / Clinic	$25 Copay		$0	
Urgent Care	25% after deductible	$80 Copay, then 25% after Deductible	$50 Copay	$100 Copay
Emergency Room (True Emergency)	25% after deductible		25% after deductible	
Emergency Room (Non- Emergency)	50% after deductible		50% after deductible	

Prescription Drugs		
Drug Deductible	Integrated with Medical	$500 Brand / Specialty ONLY
Generics (30 day Supply/90 day supply)	$0 Retail and Mail Order (after Deductible)	$0 Retail and Mail Order
Preferred Brand	30% Retail / $400 Mail Order (after Deductible)	30% Retail / $400 Mail Order
Non-Preferred Brand	30% Retail / $400 Mail Order (after Deductible)	30% Retail / $400 Mail Order
Specialty	30% to a maximum of $1,500 (after Deductible)	30% to a maximum of $1,500
International Mail Order	$0 Brand / Specialty (after Deductible)	$0 Brand / Specialty (No Deductible)