

2026-27 UBC Rate Sheet



Monthly Premiums

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

\$3,500 BCBS PPO Plan

This HSA-compatible plan offers nationwide access, in- and out-of-network coverage, and the lowest out-of-pocket maximums.

\$305.55
\$938.89
\$995.04
\$1,628.37

\$2,500 BCBS HMO Plan

This in-network plan offers the lowest monthly premiums, nationwide access, predictable copays, and preferred generic medications at no cost.

\$124.01
\$612.82
\$656.14
\$1,144.97

\$2,000 BCBS HMO Plan

This plan offers nationwide access, the lowest deductibles, lower doctor visit copays, and preferred generic medications at no cost.

\$154.41
\$667.40
\$712.87
\$1,225.89

Plan Features

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

In and Out of Network
\$3,500 / \$7,000
20% after deductible
\$5,500 / \$11,000

In Network Only
\$2,500 / \$7,500
30% after deductible
\$7,500 / \$15,000

In Network Only
\$2,000 / \$6,000
20% after deductible
\$6,000 / \$15,700

Doctor Visits

Primary Care Physician Office Visit
Specialist Physician Office Visit
Recuro 24/7 Virtual Acute & Behavioral

20% after deductible
20% after deductible
\$0

\$40 copay
\$80 copay
\$0

\$35 copay
\$70 copay
\$0

Immediate Care

Urgent Care
ER - Emergency Care
ER - Non Emergency Care
Recuro 24/7 Virtual Acute & Behavioral

20% after deductible
20% after deductible
Not Covered
\$0

\$75
30% after \$750 copay
Not Covered
\$0

\$75
20% after \$750 copay
Not Covered
\$0

Prescription Drugs

Generic Drugs
Brand Drugs - Preferred
Brand Drugs - Non-Preferred
Specialty Drugs - Preferred

Preferred	Non-Preferred
10%	20%
20%	30%
30%	40%
40%	50%

Preferred	Non-Preferred
\$0	\$10
\$50	\$70
\$100	\$120
\$150	\$250

Preferred	Non-Preferred
\$0	\$10
\$50	\$70
\$100	\$120
\$150	\$250

Rates shown reflect in-network coverage only.

Please refer to your Enrollment Guide for complete plan pricing and out-of-network benefit details



1-800-521-2227

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