

Summary of Health Plan Benefits

2015 Healthy Rewards HSA Compatible Plan



	GatorCare Network Tier 1	Florida Blue BlueOptions ¹ Tier 2	Out-of-Network ² Tier 3
Calendar Year Deductible (CYD)			
The CYD met for Tier 2 will also accumulate to Tier 1, and the CYD met for Tier 3 will also accumulate to Tier 1 and Tier 2.			
Individual Deductible	\$1,300	\$2,500	\$3,500
Family Deductible – Must be met by one or more family members before coinsurance applies	\$3,125	\$6,250	\$8,750
Out-of-Pocket Maximum (OOP)			
Includes Medical CYD, Per Visit Co-Pay, Coinsurance, and Pharmacy. The OOP Maximum values cross accumulate between all tiers.			
Individual Maximum	\$4,000	\$6,350	\$10,000
Family Maximum – Coinsurance will continue to apply until one or more family members have met the OOP maximum	\$10,000	\$12,700	\$25,000
Coinsurance			
Coinsurance (plan pays after CYD has been satisfied)	90%	70%	60%
Coinsurance (member pays after CYD has been satisfied)	10%	30%	40%
Lifetime Maximum			
Lifetime Maximum	Unlimited		
Physician Office Services			
Primary Office Visit	10% after CYD	30% after CYD	40% after CYD
Specialist Office Visit	10% after CYD	30% after CYD	40% after CYD
Urgent Care Center	10% after CYD	30% after CYD	40% after CYD
Wellness and Preventive Care (Annual Physical and Related Labs)			
Primary Office Visit	\$0 copay	\$0 Copay	40% after CYD
Specialist Office Visit	\$0 copay	\$0 Copay	40% after CYD
Hospital Services (Pre-certification required for Inpatient Admissions)			
Per-Admission Deductible	N/A	N/A	N/A
Inpatient Services	10% after CYD	30% after CYD	40% after CYD
Outpatient Services	10% after CYD	30% after CYD	40% after CYD
Emergency Care			
Emergency Room Services	10% after CYD	10% after CYD	10% after CYD

¹Outside the state of Florida members will utilize the National Blue Card PPO network for Tier 2 services.

²Balance Billing may apply for out of network providers



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Other Services			
Skilled Nursing Facility	10% after CYD	30% after CYD	40% after CYD
	60-Day Limit Per Benefit Period*		
Home Health Care	10% after CYD	30% after CYD	40% after CYD
	30-Visit Limit Per Benefit Period*		
Hospice Facility	10% after CYD	30% after CYD	40% after CYD
Outpatient Therapies in Physician Office (Occupational, Physical, Speech, and Cardiac)	10% after CYD	30% after CYD	40% after CYD
Outpatient Therapies Facility	10% after CYD	30% after CYD	40% after CYD
Therapy maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit Limit Per Benefit Period*		
Chiropractic Services	10% after CYD	10% after Tier 1 CYD	40% after CYD
Chiropractic limit is included in overall Therapy Maximum	Chiropractic 26-Visit Limit Per Benefit Period*		
Ambulance	20% after Tier 1 CYD		
Durable Medical Equipment (Authorization required)	20% after CYD	20% after Tier 1 CYD	40% after CYD
Outpatient Diagnostic Lab and X-Ray	10% after CYD	30% after CYD	40% after CYD
In-network Pharmacy Benefit administered by Magellan Pharmacy Solutions**			
Prescription – Retail (up to a 34-Day Supply) Tier 1 CYD applies.			
<i>You will pay the brand copay plus the difference in cost between the brand and generic if you choose a brand product when a generic equivalent is available.</i>			
Generic	25% Coinsurance with \$10 Min. up to \$20 Max.		N/A
Preferred Brands	25% Coinsurance with \$25 Min. to \$50 Max.		N/A
Preferred Specialty	25% Coinsurance with \$50 Min. to \$100 Max.		N/A
Non-Preferred Brands	40% Coinsurance with \$70 Min. to \$240 Max.		N/A
Non-Preferred Specialty	40% Coinsurance with \$70 Min. to \$240 Max.		N/A
Prescription – 90-day supply** (Retail and Mail Order) Tier 1 CYD does apply			
Generic	25% Coinsurance with \$25 Min. up to \$50 Max.		N/A
Preferred Brands	25% Coinsurance with \$62.50 Min. to \$125 Max.		N/A
Preferred Specialty	N/A		
Non-Preferred Brands	40% Coinsurance with \$175 Min. to \$600 Max.		N/A
Non-Preferred Specialty	N/A		

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²Balance Billing may apply for out of network providers

*Benefit Period is defined as a Calendar Year. Visit Limit is combined in-and out-of-network.

**Applies to in-network pharmacies only.

This is a summary of benefits and not a contract.

All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.

