

2019 Options Plan

Summary of Health Plan Benefits



Medical Benefits

Medical Benefits are administered by Florida Blue

	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.			
Individual Deductible	\$200	\$300	N/A
Family Deductible	\$400	\$600	N/A
Out-of-Pocket Maximum (OOP) Includes Medical CYD, Coinsurance, Copays, Per-Visit Deductibles, Per-Admission Deductibles, and Pharmacy CYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between all tiers.			
Individual Maximum	\$2,600	\$3,850	N/A
Family Maximum	\$5,200	\$7,700	N/A
Coinsurance			
Coinsurance (plan pays after CYD has been satisfied)	90%	70%	N/A
Coinsurance (member pays after CYD has been satisfied)	10%	30%	N/A
Lifetime Maximum			
Lifetime Maximum	Unlimited		
Physician Office and Virtual Visit Services			
Primary Office Visit	\$20 copay	30% after CYD	N/A
Specialist Office Visit	\$35 copay	30% after CYD	N/A
Virtual Visit—Primary Care ³	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care ³	\$20 copay	N/A	N/A
Urgent Care Center	\$35 copay	30% after CYD	N/A
Wellness and Preventive Care (Annual Physical and Related Labs)			
Primary Office Visit	\$0 copay	30% after CYD	N/A
Specialist Office Visit	\$0 copay	30% after CYD	N/A
Hospital Services (Pre-certification required for Inpatient Admissions)			
Per-Admission Deductible	\$0	\$1,500	N/A
Inpatient Services	10% after CYD	30% after CYD	N/A
Outpatient Services	10% after CYD	30% after CYD	N/A
Emergency Care⁴			
Emergency Room Services	\$150 Per-Visit Deductible Plus 10% after CYD Waived if Admitted	\$250 Per-Visit Deductible Plus 10% after CYD Waived if Admitted	

¹Within state of Florida, members will utilize the Blue Options Network for Tier 2 services; outside of the state of Florida members will utilize the National Blue Card PPO network for Tier 2 services.

²Member is responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers.

³At UF Health Participating Clinics Only.

⁴Per-visit deductible applies to every visit and is independent of the calendar year deductible.

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	GatorCare Network Tier 1	Florida Blue BlueOptions ¹ Tier 2	Out-of-Network ² Tier 3
Other Services			
Skilled Nursing Facility	10% after CYD	30% after CYD	N/A
	60-Day Limit Per Benefit Period ³		N/A
Home Health Care	10%	30% after CYD	N/A
	30-Visit Limit Per Benefit Period ³		N/A
Hospice Facility	10% after CYD	30% after CYD	N/A
Outpatient Therapies in Physician Office (Occupational, Physical, Speech, & Cardiac)	\$35 copay	30% after CYD	N/A
Outpatient Therapies Facility	10%	30% after CYD	N/A
Therapy maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit Limit Per Benefit Period ³		N/A
Chiropractic Services	\$35 copay	\$35 copay	N/A
Chiropractic limit is included in overall Therapy maximum	Chiropractic 26-Visit Limit Per Benefit Period ³		N/A
Ambulance ²	20% after Tier 1 CYD		
Durable Medical Equipment (Authorization required)	20% after CYD	20% after Tier 1 CYD	N/A
Outpatient Diagnostic Lab and X-Ray	10%	30% after CYD	N/A

Pharmacy Benefits

In-network Pharmacy Benefits are administered by Magellan Rx.

\$100 per Member Pharmacy (Rx) CYD must be satisfied for Rx Tiers 2 – 5, Tier 1 medications do not apply toward Rx CYD. Family cap for the Rx deductible is \$400 per family.

- Member pays the first \$100 for medications in Tiers 2-5, then coinsurance benefits apply.
- Rx deductible does not apply to Medical CYD, but counts towards Medical Maximum OOP.
- Member pays the brand copay plus the difference in cost between the brand and generic if brand product is chosen when a generic equivalent is available.

Prescriptions – up to Retail 30-day supply:

Tier 0: Value Based	0% coinsurance - includes Healthcare Reform medications covered at no cost to member (no Rx CYD applies)
Tier 1: Generic	25% coinsurance with \$10 minimum to \$20 maximum (no Rx CYD applies)
Tier 2: Preferred Brands	25% coinsurance with \$25 minimum to \$50 maximum after Rx CYD
Tier 3: Preferred Specialty	25% coinsurance with \$50 minimum to \$100 maximum after Rx CYD
Tier 4: Non-Preferred Brands	40% coinsurance with \$70 minimum to \$240 maximum after Rx CYD
Tier 5: Non-Preferred Specialty	40% coinsurance with \$70 minimum to \$240 maximum after Rx CYD

Prescriptions – 90-day supply retail and mail order⁴

Tier 0: Value Based	0% coinsurance - includes Healthcare Reform medications covered at no cost to member (no Rx CYD applies)
Tier 1: Generic	25% coinsurance with \$25 minimum to \$50 maximum (no Rx CYD applies)
Tier 2: Preferred Brands	25% coinsurance with \$62.50 minimum to \$125 maximum after Rx CYD
Tier 3: Preferred Specialty	N/A
Tier 4: Non-Preferred Brands	40% coinsurance with \$175 minimum to \$600 maximum after Rx CYD
Tier 5: Non-Preferred Specialty	N/A

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²Member is responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers.

³Benefit Period is defined as a Calendar Year. Visit Limit is combined In-and Out-of-Network.

⁴Mandatory 90-day supply at either retail or mail order for Tier 1 or 2 maintenance medications following a maximum of two 30-day supply at retail. Controlled Drugs including, but not limited to, medications used to treat anxiety, sleep, pain, and hyperactivity disorders are EXCLUDED from the mandatory 90-day Rx rule. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.