

GatorGradCare Plan – Effective 1/1/2021 - 12/31/2023

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 Year³ Deductible (CYD) The CYD met for Tier 2 will also accumulate to Tier 1.			
Individual Deductible	\$200	\$400	N/A
Family Deductible	\$400	\$800	N/A
Out-of-Pocket Maximum (OOP) Includes Medical CYD, Coinsurance, Copays, Per-Admission Deductibles, Per-Visit Deductibles, and Pharmacy CYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between all tiers.			
Individual Maximum	\$2,700	\$4,000	N/A
Family Maximum	\$5,400	\$8,000	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	\$30 copay	30% after CYD	N/A
Virtual Visit—Primary Care ⁴	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care ⁴	\$20 copay	N/A	N/A
Urgent Care Center	\$35 copay	\$35 copay	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 ⁵	\$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 Care			
Per-Visit Deductible ⁵	\$250 Per-Visit Deductible; Waived if Admitted	\$350 Per-Visit Deductible; Waived if Admitted	
Emergency Room Services	10% after CYD	10% after CYD	10% after Tier 2 CYD

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.

³Benefit Period is defined as a Calendar Year.

⁴Virtual Visits are available at the Student Health Care Center and may be available at UF Health Participating Clinics and New Directions Behavioral Health providers. Check with your provider to see if they offer Virtual Visits.

⁵Per-admission and per-visit deductibles apply to every visit and are independent of the calendar year deductible.

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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 ⁴ , & Cardiac)	\$30 copay	30% after CYD	N/A
Outpatient Therapies Facility ⁴	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	\$30 copay	\$30 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.

\$125 per Member Pharmacy (Rx) CYD must be satisfied for Rx Tiers 2 – 5, with a Family cap of \$500. Tier 0 & 1 medications do not apply toward Rx CYD.

- Member pays the first \$125 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 order⁵

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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³Benefit Period is defined as a Calendar Year.

⁴Additional 30 visits per benefit year for Developmental Speech Therapy for children ages 18 months - 5 years at participating UF Health providers only.

⁵Mandatory 90-day supply at either retail or mail order for Tier 0, 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.