

BlueOptions – Healthy Rewards HSA Plan

Schedule of Benefits – Plan 05173

Important things to keep in mind as you review this Schedule of Benefits:

- This Schedule of Benefits is part of your Benefit Booklet, where more detailed information about your benefits can be found.
- GatorCare features a panel of Providers designated as In-Network (Tier 1) for your plan. Network Blue is the panel of Providers designated as Tier 2 for your plan. Out of Network Providers are designated as Tier 3 providers. You should always verify a Provider's participation status prior to receiving Health Care Services. To verify a Provider's specialty or participation status, you may contact the local BCBSF on site representative or access the Provider directory at <http://gatorcare.org>. If you receive Covered Services outside the state of Florida from Blue Card® participating Providers, payment will be made based on the tier 2 level of benefits.
- References to Benefit Period Deductible are abbreviated as "DED".
- Your benefits accumulate toward the satisfaction of Deductibles, Out-of-Pocket Maximums, and any applicable benefit maximums based on your Benefit Period unless indicated otherwise within this Schedule of Benefits.

Your Benefit Period..... 01/01/22 – 12/31/22

Deductible, Coinsurance and Out-of-Pocket Maximums

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|--|--------------------------|---------------------|-----------------------|
| Deductible (DED) | | | |
| Per Person per Benefit Period | \$1,525 | \$2,500 | \$3,500 |
| Per Family per Benefit Period | \$3,625 | \$6,250 | \$8,750 |
| Coinsurance (The percentage of the Allowed Amount you pay for Covered Services) | 10% | 30% | 40% |
| Out-of-Pocket Maximums | | | |
| Per Person per Benefit Period | \$4,000 | \$6,650 | \$10,000 |
| Per Family per Benefit Period | \$10,000 | \$13,300 | \$25,000 |

Deductible amounts incurred for GatorCare Network Services will only be applied to the amounts listed in the Tier 1 column. Amounts incurred for Network Blue Services will be applied to the amounts listed in the Tier 1 and Tier 2 column and amounts incurred for Out-of-Network Services will be applied to the amounts listed in the Tier 1, Tier 2, and Tier 3 column, unless otherwise indicated within this Schedule of Benefits.

Out-of-Pocket Maximum amounts will cross accumulate between all tiers.

What **applies** to out-of-pocket maximums?

- DED
- Coinsurance
- Copayments
- PAD, when applicable
- PVD, when applicable
- Any Prescription Drug Cost Share amounts

What **does not apply** to out-of-pocket maximums?

- Non-covered charges
- Any benefit penalty reductions
- Charges in excess of the Allowed Amount

Important information affecting the amount you will pay:

As you review the Cost Share amounts in the following charts, please remember:

- Review this Schedule of Benefits carefully; it contains important information concerning your share of the expenses for Covered Services you receive. Amounts listed in this schedule are the Cost Share amounts **you pay**.
- Your Cost Share amounts **will vary** depending upon the Provider you choose, the type of Services you receive, and the setting in which the Services are rendered.
- Payment for Covered Services is based on our **Allowed Amount** and may be less than the amount the Provider bills for such Service. You are responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers.
- If a Copayment is listed in the charts that follow, the Copayment applies per visit.

Office Services

A Family Physician is a Physician whose primary specialty is, according to BCBSF's records, one of the following: Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, and Pediatrics.

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|--|--------------------------|---------------------|-----------------------|
| Office Visits rendered by Family Physicians | DED + 10% | DED + 30% | DED + 40% |
| Specialist Office | DED + 10% | DED + 30% | DED + 40% |
| Advanced Imaging Services* (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear cardiology) and All other diagnostic Services (e.g., X-rays) rendered by Family Physicians | DED + 10% | DED + 30% | DED + 40% |
| Specialist Office | DED + 10% | DED + 30% | DED + 40% |
| Allergy Injections rendered by Family Physicians | DED + 10% | DED + 30% | DED + 40% |
| Specialist Office | DED + 10% | DED + 30% | DED + 40% |
| Virtual Visits rendered by UF Health Family Physicians | DED + 10% | Not Covered | Not Covered |
| Specialist Office | DED + 10% | Not Covered | Not Covered |
| Disease Management Initial Assessment and Program Initiation | \$0 | Not Covered | Not Covered |
| Durable Medical Equipment, Prosthetics, and Orthotics | DED + 20% | Tier 1 DED + 20% | DED + 40% |
| Maternity (Initial visit) | DED + 10% | DED + 30% | DED + 40% |
| Nurse Practitioner | DED + 10% | DED + 30% | DED + 40% |
| Chiropractic | DED + 10% | Tier 1 DED + 10% | DED + 40% |
| Convenient Care Centers | Not Covered | Not Covered | Not Covered |

*Prior Coverage Authorization is required for these services.

Preventive Health Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|----------------------------------|--------------------------|---------------------|-----------------------|
| Adult Wellness Services | | | |
| Rendered by Family Physicians | \$0 | \$0 | DED + 40% |
| Specialist Office | \$0 | \$0 | DED + 40% |
| All other locations | \$0 | \$0 | DED + 40% |
| Adult Well Woman Services | | | |
| Rendered by Family Physicians | \$0 | \$0 | DED + 40% |
| Specialist Office | \$0 | \$0 | DED + 40% |
| All other locations | \$0 | \$0 | DED + 40% |
| Well Child Services | | | |
| Rendered by Family Physicians | \$0 | \$0 | DED + 40% |
| Specialist Office | \$0 | \$0 | DED + 40% |
| All other locations | \$0 | \$0 | DED + 40% |
| Mammograms | \$0 | \$0 | DED + 40% |
| Routine Colonoscopy | \$0* | \$0 | DED + 40% |

*Beginning on the 1st of the year, \$0 Copay applies to all locations of Service and Provider related Services with no age limitations. Any subsequent services within the same year will resume normal member cost shares.

Outpatient Diagnostic Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|--|---|---------------------|-----------------------|
| Independent Clinical Lab | DED + 10% | DED + 30% | DED + 40% |
| Independent Diagnostic Testing Facility Advanced Imaging Services* (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine) | DED + 10% | DED + 30% | DED + 40% |
| All other diagnostic Services (e.g., X-rays) | DED + 10% | DED + 30% | DED + 40% |
| Outpatient Hospital Facility | See Hospital Services Outpatient | | |

*Prior Coverage Authorization is required for these services.

Emergency and Urgent Care Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|------------------------------|--|---------------------|-----------------------|
| Ambulance Services | Tier 1 DED + 20% | | |
| Emergency Room Visits | See Hospital Services Emergency Room Visits | | |
| Urgent Care Center | DED + 10% | DED + 30% | DED + 40% |

Outpatient Surgical Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|---|---|---------------------|-----------------------|
| Ambulatory Surgical Center Facility (per visit) | DED + 10% | DED + 30% | DED + 40% |
| Radiologists, Anesthesiologists, and Pathologists | DED + 10% | DED + 30% | Tier 2 DED + 30% |
| Physician and other health care professional Services | DED + 10% | DED + 30% | DED + 40% |
| Outpatient Hospital Facility | See Hospital Services Outpatient | | |

Hospital Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|---|--------------------------|---------------------|-----------------------|
| Inpatient | | | |
| Facility Services (per admission) | DED + 10% | DED + 30% | ***Tier 2 DED + 30% |
| Radiologists, Anesthesiologists, and Pathologists | DED + 10% | DED + 30% | Tier 2 DED + 30% |
| Physician and other health care professional Services | DED + 10% | DED + 30% | DED + 40% |
| Outpatient | | | |
| Facility (per visit) | DED + 10% | DED + 30% | DED + 40% |
| Radiologists, Anesthesiologists, and Pathologists | DED + 10% | DED + 30% | Tier 2 DED + 30% |
| Physician and other health care professional Services | DED + 10% | DED + 30% | DED + 40% |
| Diagnostic Colonoscopy | DED + 10%* | DED + 30% | DED + 40% |
| Advanced Imaging Services** (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear cardiology) and All other diagnostic Services (e.g. Lab, X-rays) | DED + 10% | DED + 30% | DED + 40% |
| Therapy Services | DED + 10% | DED + 30% | DED + 40% |
| Emergency Room Visits | | | |
| Facility | DED + 10% | DED + 10% | Tier 2 DED + 10% |
| ER Physicians | DED + 10% | DED + 10% | Tier 2 DED + 10% |

*Beginning on the 1st of the year, \$0 Copay applies to all locations of Service and Provider related Services with no age limitations. Any subsequent services within the same year will resume normal member cost shares.

**Prior Coverage Authorization is required for these services.

***If you are admitted to an Out-of-Network Hospital as an inpatient at the time of the emergency room visit to the same facility the Tier 2 In-Network inpatient Cost Share will apply to that admission.

Important:

Certain categories of Providers may not be available In-Network in all geographic regions. This includes, but is not limited to, anesthesiologists, radiologists, pathologists and emergency room Physicians. Covered Services rendered by a Physician in a Hospital setting (i.e., inpatient, outpatient, or emergency room) will be covered at the Tier 2 In-Network benefit level. Claims paid in accordance with this note will be applied to the In-Network Deductible and Out-of-Pocket Maximums.

Note: Please refer to the current Provider Directory to determine the applicable option for each In-Network Hospital.

Behavioral Health Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|---|--------------------------|---------------------|-----------------------|
| Mental Health and Substance Dependency Care and Treatment Services Outpatient Facility Services rendered at: | | | |
| Emergency Room | DED + 10% | DED + 10% | Tier 2 DED + 10% |
| Hospital | DED + 10% | DED + 30% | DED + 40% |
| Physician Services at ER | DED + 10% | DED + 10% | Tier 2 DED + 10% |
| Physician Services at Hospital | DED + 10% | DED + 30% | DED + 40% |
| Physician and other health care professionals licensed to perform such Services | | | |
| Family Physician office | DED + 10% | DED + 30% | DED + 40% |
| Specialist office | DED + 10% | DED + 30% | DED + 40% |
| All other locations | DED + 10% | DED + 30% | DED + 40% |
| Inpatient | | | |
| Facility Services | DED + 10% | DED + 30% | *DED + 40% |
| Physician Services at Hospital | DED + 10% | DED + 30% | DED + 40% |

*If you are admitted to an Out-of-Network Hospital as an inpatient at the time of the emergency room visit to the same facility the Tier 2 In-Network inpatient Cost Share will apply to that admission.

Other Services

| Benefit Description | GatorCare Network Tier 1 | Network Blue Tier 2 | Out-of-Network Tier 3 |
|---|---------------------------------|----------------------------|------------------------------|
| Birthing Center | DED + 10% | DED + 30% | DED + 40% |
| Diabetic Equipment | DED + 20% | Tier 1 DED + 20% | DED + 40% |
| Diabetic Self Management/ Education | 10% | DED + 30% | DED + 40% |
| Dialysis | DED + 10% | DED + 30% | DED + 40% |
| Enteral Formula | DED + 20% | Tier 1 DED + 20% | DED + 40% |
| Home Health Care | DED + 10% | DED + 30% | DED + 40% |
| Hospice | DED + 10% | DED + 30% | DED + 40% |
| Outpatient Rehabilitation Facility | DED + 10% | DED + 30% | DED + 40% |
| Skilled Nursing Facility | DED + 10% | DED + 30% | DED + 40% |
| Wigs (Cranial Prosthesis) Note: Limit of 1 per lifetime | DED + 20% | Tier 1 DED + 20% | Not Covered |

Benefit Maximums

Home Health Care Visits per Benefit Period..... 30

Inpatient Rehabilitation days per Benefit Period 21

Long Term Acute Care days per Benefit Period 30

Outpatient Therapies Visits per Benefit Period..... 75

Note: Refer to the Benefit Booklet for reimbursement guidelines.

Skilled Nursing Facility days per Benefit Period 60

Spinal Manipulations (combined with Outpatient therapies) Visits per Benefit Period..... 26

Additional Benefits/ Features

Experimental and/ or Investigational Services- Cover Tier 1 UF Health Providers In-Network Only