

2024 Healthy Rewards HRA Compatible Plan **GatorCare** Summary of Health Plan Benefits

Your Partner in Health

Medical Benefits

Medical Benefits are administered by Florida Blue

To **Find a Provider** within Tier 1 GatorCare Network please visit:
gatorcare.org/find-a-provider/#Network

**GatorCare Network
Tier 1**

**Florida Blue
BlueOptions¹
Tier 2**

**Out-of-Network²
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 | \$1,600 | \$2,700 | \$3,700 |
| Family Deductible | \$3,700 | \$6,700 | \$9,300 |

Out-of-Pocket Maximum (OOP)

Includes Medical CYD, Coinsurance, and Pharmacy CYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between all tiers.

| | | | |
|--------------------|----------|----------|----------|
| Individual Maximum | \$4,000 | \$8,050 | \$10,700 |
| Family Maximum | \$10,000 | \$16,100 | \$26,800 |

Coinsurance

| | | | |
|--|-----|-----|-----|
| Coinsurance (plan pays after CYD has been satisfied) | 90% | 70% | 60% |
| Coinsurance (member pays after CYD has been satisfied) | 10% | 30% | 40% |

Physician Office and Virtual Visit 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 |
| Virtual Visit—Primary Care and Urgent Care ³ | 10% after CYD | N/A | N/A |
| Virtual Visit—Specialist Care ³ | 10% after CYD | N/A | N/A |
| Urgent Care Center - UF Health & Affiliated locations ⁴ | 10% after CYD | N/A | N/A |
| Urgent Care Center - Non UF Health Affiliated locations | 15% after CYD | 30% after CYD | 40% after CYD |

Wellness and Preventive Care (Annual Physical and Related Labs)

| | | | |
|-------------------------|-----|-----|---------------|
| Primary Office Visit | \$0 | \$0 | 40% after CYD |
| Specialist Office Visit | \$0 | \$0 | 40% after CYD |

Hospital Services (Pre-certification required for Inpatient Admissions)

| | | | |
|--------------------------|---------------|---------------|---------------|
| Per-Admission Deductible | \$0 | \$0 | \$0 |
| 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 |
|-------------------------|---------------|---------------|---------------|

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 except for certain services that are provided in an in-network facility. Members consenting to services by applicable Out-of-Network providers may also be responsible for charges in excess of the Allowed Amount.

³At UF Health Participating Clinics Only.

⁴To locate UF Health & Affiliated Urgent Care Center locations please review the Tier 1 Urgent Care Centers in Florida 2023 document located at: <https://gatorcare.org/plans/healthy-rewards-hra/>

Treatments for infertility are covered when ordered and performed by UF Health Reproductive Medicine and/or UF Health Urology providers. Prior authorization is required. For complete details and eligibility, please read the infertility benefit summary and FAQs for the plans offered by your employer located at <https://gatorcare.org/plans>.

Elective Egg Freezing services/medications must be provided/prescribed by a Tier 1 UF Health Reproductive Endocrinologist, and filled at a UF Health outpatient pharmacy; Eligibility and prior authorization criteria apply. For complete details and eligibility, please review the Egg Freezing document located at: <https://gatorcare.org/plans/healthy-rewards-hra/>

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

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| To Find a Provider within Tier 1 GatorCare Network please visit: gatorcare.org/find-a-provider/#Network | 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 | 40% after CYD |
| | 60-Day Limit Per Benefit Period ³ | | |
| Home Health Care | 10% after CYD | 30% after CYD | 40% after CYD |
| | 30-Visit Limit Per Benefit Period ³ | | |
| Hospice Facility | 10% after CYD | 30% after CYD | 40% after CYD |
| Outpatient Therapies in Physician Office (Occupational, Physical, Speech ⁴ , & Cardiac) | 10% after CYD | 30% after CYD | 40% after CYD |
| Outpatient Therapies Facility ⁴ | 10% after CYD | 30% after CYD | 40% after CYD |
| Therapy maximum is inclusive of Chiropractic Services | Combined Therapy 75-Visit Limit Per Benefit Period ³ | | |
| 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 ³ | | |
| Ambulance ² | 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 |
| 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, Tier 0 & 1 medications do not apply toward Rx CYD. Family cap for the Rx deductible is \$500 per family. | | | |
| <ul style="list-style-type: none"> 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 | | |
| <p>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.</p> <p>²Member is responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers except for certain services that are provided in an in-network facility. Members consenting to services by applicable Out-of-Network providers may also be responsible for charges in excess of the Allowed Amount.</p> <p>³Benefit Period is defined as a Calendar Year. Visit Limit is combined In- and Out-of-Network.</p> <p>⁴Additional 30 visits per benefit year for Developmental Speech Therapy for children ages 18 months-5 years at participating UF Health providers only.</p> <p>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. Only pay two (2) copays for a 90 day supply of maintenance medication when filled at a UF Health pharmacy. Pay three (3) copays for a 90 day supply of maintenance medication when filled at a NON-UF Health pharmacy.</p> <p>Elective Egg Freezing services/medications must be provided/prescribed by a Tier 1 UF Health Reproductive Endocrinologist, and filled at a UF Health outpatient pharmacy; Eligibility and prior authorization criteria apply. For complete details and eligibility, please review the Egg Freezing document located at: https://gatorcare.org/plans/healthy-rewards-hra/</p> <p>Diabetes Copay Assistance program: Diabetes medication refills in drug classes: DPP4, SGLT-2, GLP-1 must be filled at a UF Health outpatient pharmacy. For complete details, please review the Diabetes Copay Assistance document located at: https://gatorcare.org/plans/healthy-rewards-hra/</p> | | | |
| All benefits are subject to the provisions, exclusions and limitations set forth in the master contract. | | | |