

2024 Premium Plus Plan

Summary of Health Plan Benefits

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	\$450	\$1,500	\$3,000
Family Deductible	\$900	\$3,000	\$6,000

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	\$6,850	\$10,000
Family Maximum	\$5,400	\$13,700	\$20,000

Coinsurance

Coinsurance (plan pays after CYD has been satisfied)	90%	80%	60%
Coinsurance (member pays after CYD has been satisfied)	10%	20%	40%

Physician Office and Virtual Visit Services

Primary Office Visit	\$15 copay	\$30 copay	40% after CYD
Specialist Office Visit	\$35 copay	\$50 copay	40% after CYD
Virtual Visit—Primary Care ³	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care ³	\$20 copay	N/A	N/A
Virtual Visit—Primary Care ⁵	\$15 copay	\$30 copay	N/A
Virtual Visit—Specialist Care ⁵	\$35 copay	\$50 copay	N/A
Urgent Care Center	\$35 copay	\$50 copay	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 ⁴	\$0	\$1,500	\$1,500
Inpatient Services	10% after CYD	20% after CYD	40% after CYD
Outpatient Services	10% after CYD	20% after CYD	40% after CYD

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
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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.

⁴Per-admission and per-visit deductibles apply to every visit and are independent of the calendar year deductible.

⁵At Florida Blue in network provider offices outside of UF Health

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/premium-plus>.

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/premium-plus>.

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	20% after CYD	40% after CYD
	60-Day Limit Per Benefit Period ³		
Home Health Care	10% after CYD	10% after CYD	40% after CYD
	30-Visit Limit Per Benefit Period ³		
Hospice Facility	10% after CYD	20% after CYD	40% after CYD
Outpatient Therapies in Physician Office (Occupational, Physical, Speech, & Cardiac)	\$35 copay	20% after CYD	40% after CYD
Outpatient Therapies Facility	10%	20% after CYD	40% after CYD
Therapy maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit Limit Per Benefit Period ³		
Chiropractic Services	\$35 copay	\$35 copay	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%	20% 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.

- 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 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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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 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.

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/premium-plus/>

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