

# BlueOptions – GatorGradCare

## Schedule of Benefits – Plan 05901

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**..... **01/1/24 – 12/31/24**

## Deductible, Coinsurance and Out-of-Pocket Maximums

<b>Benefit Description</b>	<b>GatorCare Network Tier 1</b>	<b>Network Blue Tier 2</b>	<b>Out-of-Network Tier 3</b>
<b>Deductible (DED)</b>			
Per Person per Benefit Period	\$200	\$400	Not Applicable
Per Family per Benefit Period	\$400	\$800	Not Applicable
<b>Per Admission Deductible (PAD)</b>	\$0	\$1,500	Not Applicable
<b>Emergency Room Per Visit Deductible (PVD)</b>	\$250	\$350	\$350
<b>Coinsurance</b> (The percentage of the Allowed Amount <b>you pay</b> for Covered Services)	10%	30%	Not Applicable
<b>Out-of-Pocket Maximums</b>			
Per Person per Benefit Period	\$2,700	\$4,000	Not Applicable
Per Family per Benefit Period	\$5,400	\$8,000	Not Applicable

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.

<b>Benefit Description</b>	<b>GatorCare Network Tier 1</b>	<b>Network Blue Tier 2</b>	<b>Out-of-Network Tier 3</b>
<b>Office Visits</b> rendered by			
Family Physicians	\$20	DED + 30%	Not Covered
Specialist Office	\$30	DED + 30%	Not Covered
<b>Advanced Imaging Services*</b> (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear cardiology) and <b>All other diagnostic Services</b> (e.g., X-rays) rendered by			
Family Physicians	\$20	DED + 30%	Not Covered
Specialist Office	\$30	DED + 30%	Not Covered
<b>Allergy Injections</b> rendered by			
Family Physicians	\$20	DED + 30%	Not Covered
Specialist Office	\$30	DED + 30%	Not Covered
<b>Virtual Visits (UF Student Healthcare Center &amp; UF Health)</b> rendered by			
Family Physicians	\$10	Not Covered	Not Covered
Specialist Office	\$20	Not Covered	Not Covered
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED + 20%	Tier 1 DED + 20%	Not Covered
<b>Maternity (Initial visit)</b>	\$20	DED + 30%	Not Covered
<b>Nurse Practitioner</b>	\$20	DED + 30%	Not Covered
<b>Chiropractic</b>	\$30	\$30	Not Covered
<b>Convenient Care Centers</b>	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
<b>Adult Wellness Services</b>			
Rendered by Family Physicians	\$0	DED + 30%	Not Covered
Specialist Office	\$0	DED + 30%	Not Covered
All other locations	\$0	DED + 30%	Not Covered
<b>Adult Well Woman Services</b>			
Rendered by Family Physicians	\$0	DED + 30%	Not Covered
Specialist Office	\$0	DED + 30%	Not Covered
All other locations	\$0	DED + 30%	Not Covered
<b>Well Child Services</b>			
Rendered by Family Physicians	\$0	DED + 30%	Not Covered
Specialist Office	\$0	DED + 30%	Not Covered
All other locations	\$0	DED + 30%	Not Covered
<b>Mammograms</b>	\$0	DED + 30%	Not Covered
<b>Routine Colonoscopy</b>	\$0	DED + 30%	Not Covered

## Outpatient Diagnostic Services

Benefit Description	GatorCare Network Tier 1	Network Blue Tier 2	Out-of-Network Tier 3
<b>Independent Clinical Lab</b>	10%	DED + 30%	Not Covered
<b>Independent Diagnostic Testing Facility</b> Advanced Imaging Services* (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine)	10%	DED + 30%	Not Covered
All other diagnostic Services (e.g., X-rays)	10%	DED +30%	Not Covered
<b>Outpatient Hospital Facility</b>	See <b>Hospital Services Outpatient</b>		

\*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
<b>Ambulance Services</b>	Tier 1 DED + 20%		
<b>Emergency Room Visits</b>	See <b>Hospital Services Emergency Room Visits</b>		
<b>Urgent Care Center</b>	\$35	\$35	Not Covered

## Outpatient Surgical Services

Benefit Description	GatorCare Network Tier 1	Network Blue Tier 2	Out-of-Network Tier 3
<b>Ambulatory Surgical Center</b> Facility (per visit)	DED + 10%	DED + 30%	Not Covered
Radiologists, Anesthesiologists, and Pathologists	DED + 10%	DED + 30%	Tier 2 DED + 30%
Physician and other health care professional Services	DED + 10%	DED + 30%	Not Covered
<b>Outpatient Hospital Facility</b>	See <b>Hospital Services Outpatient</b>		

## Hospital Services

Benefit Description	GatorCare Network Tier 1	Network Blue Tier 2	Out-of-Network Tier 3
<b>Inpatient</b>			
Facility Services ( per admission)	DED + 10%	PAD + DED + 30%	**Not Covered
Radiologists, Anesthesiologists, and Pathologists	DED + 10%	DED + 30%	Tier 2 DED + 30%
Physician and other health care professional Services	DED + 10%	DED + 30%	Not Covered
<b>Outpatient</b>			
Facility (per visit)	DED + 10%	DED + 30%	Not Covered
Radiologists, Anesthesiologists, and Pathologists	DED + 10%	DED + 30%	Tier 2 DED + 30%
Physician and other health care professional Services	10%	DED + 30%	Not Covered
Diagnostic Colonoscopy	10%	DED + 30%	Not Covered
Advanced Imaging Services* (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear cardiology) and All other diagnostic Services (e.g.,Lab, X-rays)	10%	DED + 30%	Not Covered
Therapy Services	10%	DED + 30%	Not Covered
<b>Emergency Room Visits</b>			
Facility	\$250 PVD + DED + 10%	\$350 PVD + DED + 10%	\$350 PVD + Tier 2 DED + 10%
ER Physicians	DED + 10%	DED + 10%	Tier 2 DED + 10%

\*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
<b>Mental Health and Substance Dependency Care and Treatment Services</b>			
Outpatient			
Facility Services rendered at:			
Emergency Room	\$250 PVD + DED + 10%	\$350 PVD + DED + 10%	\$350 PVD + Tier 2 DED + 10%
Hospital	DED + 10%	DED + 30%	Not Covered
Physician Services at ER	DED + 10%	DED + 10%	Tier 2 DED + 10%
Physician Services at Hospital	DED + 10%	DED + 30%	Tier 2 DED + 40%
Physician and other health care professionals licensed to perform such Services			
Family Physician office	\$20	DED + 30%	Not Covered
Specialist office	\$30	DED + 30%	Not Covered
Virtual Visits			
Rendered by a designated Virtual Care Provider	\$20	\$20	Not Covered
Home Health Care	10%	DED + 30%	Not Covered
All other locations	DED + 10%	DED + 30%	Not Covered
Inpatient			
Facility Services	DED + 10%	PAD + DED + 30%	*Not Covered
Physician Services at Hospital	DED + 10%	DED + 30%	Tier 2 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

<b>Benefit Description</b>	<b>GatorCare Network Tier 1</b>	<b>Network Blue Tier 2</b>	<b>Out-of-Network Tier 3</b>
<b>Birthing Center</b>	DED + 10%	DED + 30%	Not Covered
<b>Dental</b>	\$0	30%	30%
<b>Diabetic Equipment</b>	DED + 20%	Tier 1 DED + 30%	Not Covered
<b>Diabetic Self Management/ Education</b>	10%	DED + 30%	Not Covered
<b>Dialysis</b>	DED + 10%	Tier 1 DED + 30%	Not Covered
<b>Enteral Formula</b>	DED + 20%	Tier 1 DED + 20%	Not Covered
<b>Home Health Care</b>	10%	DED + 30%	Not Covered
<b>Hospice</b>	DED + 10%	DED + 30%	Not Covered
<b>Outpatient Rehabilitation Facility</b>	10%	DED + 30%	Not Covered
<b>Skilled Nursing Facility</b>	DED + 10%	DED + 30%	Not Covered
<b>Wigs (Cranial Prosthesis)</b> Note: Limit of 1 per lifetime	DED + 20%	Tier 1 DED + 20%	Not Covered

## Benefit Maximums

**Dental** Maximum per Benefit Period..... \$330

**Note:** Covered for Subscriber (Graduate Assistant) only once per Benefit Period.

**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.

- **Developmental Delay Speech Therapy** Visits per Benefit Period ..... 30

**Note:** Only covered for children ages 18 months to 5 years from Tier 1 participating UF Health providers.

**Skilled Nursing Facility** days per Benefit Period ..... 60

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