

2025 Healthy Rewards HSA Compatible 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) Medical & Pharmacy combined

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 (applies to Employee Only plan)	\$1,775	\$2,800	\$3,800
Family Deductible ⁴	\$4,000	\$6,900	\$9,600

Out-of-Pocket Maximum (OOP)

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

Individual Maximum	\$4,000	\$8,300	\$11,000
Family Maximum	\$10,000	\$16,600	\$27,600

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	10% 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
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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.

⁴The overall Family Deductible must be met before the plan begins to pay.

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

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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, & Cardiac)	10% after CYD	30% after CYD	40% after CYD
Outpatient Therapies Facility	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 (<i>Authorization required</i>)	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

- 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.
- Pharmacy coinsurance applies after the Medical/Pharmacy CYD is satisfied.
- Covered pharmacy expenses count towards CYD & Medical Maximum OOP.

Prescriptions – up to Retail 30-day supply:

Tier 0: Value Based	0% coinsurance - includes Healthcare Reform medications covered at no cost to member
Tier 1: Generic	25% coinsurance with \$10 minimum to \$20 maximum
Tier 2: Preferred Brands	25% coinsurance with \$25 minimum to \$50 maximum
Tier 3: Preferred Specialty	25% coinsurance with \$50 minimum to \$100 maximum
Tier 4: Non-Preferred Brands	40% coinsurance with \$70 minimum to \$240 maximum
Tier 5: Non-Preferred Specialty	40% coinsurance with \$70 minimum to \$240 maximum

Prescriptions – 90-day supply retail and mail order⁴

Tier 0: Value Based	0% coinsurance - includes Healthcare Reform medications covered at no cost to member
Tier 1: Generic	25% coinsurance with \$25 minimum to \$50 maximum
Tier 2: Preferred Brands	25% coinsurance with \$62.50 minimum to \$125 maximum
Tier 3: Preferred Specialty	N/A
Tier 4: Non-Preferred Brands	40% coinsurance with \$175 minimum to \$600 maximum
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/healthy-rewards-hsa/>

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