

# 2025 Premium Plan

## Summary of Health Plan Benefits

### Medical Benefits

Medical Benefits are administered by Florida Blue

To <b>Find a Provider</b> within Tier 1 GatorCare Network please visit: <a href="http://gatorcare.org/find-a-provider/#Network">gatorcare.org/find-a-provider/#Network</a>	GatorCare Network Tier 1	Florida Blue BlueOptions <sup>1</sup> Tier 2	Out-of-Network <sup>2</sup> Tier 3
<b>Calendar Year Deductible (CYD)</b> 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
<b>Out-of-Pocket Maximum (OOP)</b> 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
<b>Coinsurance</b>			
Coinsurance (plan pays after CYD has been satisfied)	90%	80%	60%
Coinsurance (member pays after CYD has been satisfied)	10%	20%	40%
<b>Physician Office and Virtual Visit Services</b>			
Primary Office Visit	\$15 copay	20% after CYD	40% after CYD
Specialist Office Visit	\$35 copay	20% after CYD	40% after CYD
Virtual Visit—Primary Care and Urgent Care <sup>3</sup>	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care <sup>3</sup>	\$20 copay	N/A	N/A
Urgent Care Center - UF Health & Affiliated locations <sup>5</sup>	\$35 copay	N/A	N/A
Urgent Care Center - Non UF Health Affiliated locations	\$50 copay	20% after CYD	40% after CYD
<b>Wellness and Preventive Care (Annual Physical and Related Labs)</b>			
Primary Office Visit	\$0 copay	\$0 copay	40% after CYD
Specialist Office Visit	\$0 copay	\$0 copay	40% after CYD
<b>Hospital Services (Pre-certification required for Inpatient Admissions)</b>			
Per-Admission Deductible <sup>4</sup>	\$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
<b>Emergency Care<sup>4</sup></b>			
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	

<sup>1</sup>Within 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.

<sup>2</sup>Member 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.

<sup>3</sup>At UF Health participating clinics and KeyCare only.

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

<sup>5</sup>To locate UF Health & Affiliated Urgent Care Center locations please review the Tier 1 Urgent Care Centers in Florida document located at: <http://gatorcare.org/find-a-provider/care/>

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/premium/>

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

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<b>Other Services</b>			
Skilled Nursing Facility	10% after CYD	20% after CYD	40% after CYD
	60-Day Limit Per Benefit Period <sup>3</sup>		
Home Health Care	10%	20% after CYD	40% after CYD
	30-Visit Limit Per Benefit Period <sup>3</sup>		
Hospice Facility	10% after CYD	20% after CYD	40% after CYD
Outpatient Therapies in Physician Office (Occupational, Physical, Speech <sup>4</sup> , & Cardiac)	\$35 copay	20% after CYD	40% after CYD
Outpatient Therapies Facility <sup>4</sup>	10%	20% after CYD	40% after CYD
Therapy maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit Limit Per Benefit Period <sup>3</sup>		
Chiropractic Services	\$35 copay	\$35 copay	40% after CYD
Chiropractic limit is included in overall Therapy maximum	Chiropractic 26-Visit Limit Per Benefit Period <sup>3</sup>		
Ambulance <sup>2</sup>	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%	20% after CYD	40% after CYD
<b>Pharmacy Benefits</b>			
In-network Pharmacy Benefits are administered by Prime Therapeutics			
<b>\$125 per Member Pharmacy (Rx) CYD must be satisfied for Rx Tiers 2 – 5, Tier 0 &amp; 1 medications do not apply toward Rx CYD. Family cap for the Rx deductible is \$500 per family.</b>			
<ul style="list-style-type: none"> <li>•Member pays the first <b>\$125</b> for medications in Tiers 2-5, then coinsurance benefits apply.</li> <li>•Rx deductible does not apply to Medical CYD, but counts towards Medical Maximum OOP.</li> <li>•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.</li> </ul>			
<b>Prescriptions – up to Retail 30-day supply:</b>			
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		
<b>Prescriptions – 90-day supply retail and mail order<sup>5</sup></b>			
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><sup>1</sup>Within 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><sup>2</sup>Member 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><sup>3</sup>Benefit Period is defined as a Calendar Year. Visit Limit is combined In- and Out-of-Network.</p> <p><sup>4</sup>Additional 30 visits per benefit year for Developmental Speech Therapy for children ages 18 months-5 years at participating UF Health providers only.</p> <p><sup>5</sup>Mandatory 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: <a href="https://gatorcare.org/plans/premium/">https://gatorcare.org/plans/premium/</a></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: <a href="https://gatorcare.org/plans/premium/">https://gatorcare.org/plans/premium/</a></p>			
<b>All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.</b>			