

2026 Premium Plan

Summary of Health Plan Benefits

Medical Benefits

Medical Benefits are administered by Florida Blue

To **Find a Provider** please visit:
FLBlueGroupBenefits.com

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	20% after CYD	40% after CYD
Specialist Office Visit	\$35 copay	20% after CYD	40% after CYD
Virtual Visit—Primary Care and Urgent Care ³	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care ³	\$20 copay	N/A	N/A
Urgent Care Center - UF Health & Affiliated locations ⁵	\$35 copay	N/A	N/A
Urgent Care Center - Non UF Health Affiliated locations	\$50 copay	20% after CYD	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.

³Virtual visits covered at UF Health participating clinics and KeyCare only.

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

⁵To 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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To Find a Provider please visit: FLBlueGroupBenefits.com	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%	20% 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 ⁴ , & Cardiac)	\$35 copay	20% after CYD	40% after CYD
Outpatient Therapies Facility ⁴	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 (<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
Pharmacy Benefits			
In-network Pharmacy Benefits are administered by Prime Therapeutics			
\$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/premium/</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/premium/</p>			
All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.			