

# 2026 Out-of-Area Plan (UF Health) Summary of Health Plan Benefits

## Medical Benefits

Medical Benefits are administered by Florida Blue

To **Find a Provider** please visit:  
[FLBlueGroupBenefits.com](http://FLBlueGroupBenefits.com)

**Florida Blue BlueOptions<sup>1</sup>  
In-Network**

**Out-of-Network<sup>2</sup>**

### Calendar Year Deductible (CYD)

The OON CYD met will contribute towards meeting the BlueOptions Network CYD.

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Individual Deductible	\$500	\$4,000
Family Deductible	\$1,000	\$8,000

### Out-of-Pocket Maximum (OOP)

Includes Medical CYD, Coinsurance, Copays, Per-Visit Deductibles, and Pharmacy CYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between BlueOptions Network and OON

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Individual Maximum	\$2,500	\$8,000
Family Maximum	\$5,000	\$16,000

### Coinsurance

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Coinsurance (plan pays after CYD has been satisfied)	90%	60%
Coinsurance (member pays after CYD has been satisfied)	10%	40%

### Physician Office & Virtual Visit Services

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Primary - Office & Virtual Visits	\$15 copay	40% after CYD
Specialist - Office & Virtual Visits	\$35 copay	40% after CYD
Urgent Care Center	\$35 copay	40% after CYD
Urgent Care - Virtual Visits	\$15 copay	N/A

### Wellness and Preventive Care (Annual Physical and Related Labs)

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Primary Office Visit	\$0 copay	40% after CYD
Specialist Office Visit	\$0 copay	40% after CYD

### Hospital Services (Pre-certification required for Inpatient Admissions)

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Per-Admission Deductible <sup>3</sup>	\$0	\$1,500
Inpatient Services <sup>3</sup>	10% after CYD	40% after CYD
Outpatient Services <sup>4</sup>	10% after CYD	40% after CYD

### Emergency Care<sup>3</sup>

	Florida Blue BlueOptions <sup>1</sup> In-Network	Out-of-Network <sup>2</sup>
Emergency Room Services <sup>3</sup>	\$150 Per-Visit Deductible Plus 10% after CYD Waived if Admitted <sup>3</sup>	\$150 Per-Visit Deductible Plus 10% after In-Network CYD Waived if Admitted <sup>3</sup>

<sup>1</sup>Within state of Florida, members will utilize the Blue Options Network for in-network services; outside of the state of Florida members will utilize the National Blue Card PPO network for in-network 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>Per-admission and per-visit deductibles apply to every visit and are independent of the calendar year deductible. ER per visit deductible waived if admitted.

<sup>4</sup>Services performed at a free standing Ambulatory Surgical Center within the Blue Options Network are subject to a \$250 copayment.

**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: <a href="http://FLBlueGroupBenefits.com">FLBlueGroupBenefits.com</a>	Florida Blue BlueOptions <sup>1</sup> Network	Out-of-Network <sup>2</sup>
<b>Other Services</b>		
Skilled Nursing Facility	10% after CYD	40% after CYD
	60-Day Limit Per Benefit Period <sup>3</sup>	
Home Health Care	10% after CYD	40% after CYD
	30-Visit Limit Per Benefit Period <sup>3</sup>	
Hospice Facility	10% after CYD	40% after CYD
Outpatient Therapies in Physician Office (Occupational, Physical, Speech, & Cardiac)	10% after CYD	40% after CYD
Outpatient Therapies Facility	10% 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	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 BlueOptions Network CYD	
Durable Medical Equipment (Authorization required)	20% after CYD	40% after CYD
Outpatient Diagnostic Lab and X-Ray <sup>4</sup>	10% 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.**

- 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 order<sup>5</sup>

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

<sup>1</sup>Within state of Florida, members will utilize the Blue Options Network for in-network services; outside of the state of Florida members will utilize the National Blue Card PPO network for in-network 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>Benefit Period is defined as a Calendar Year. Visit Limit is combined In- and Out-of-Network.

<sup>4</sup>Advanced Imaging Services (AIS), such as, CT, MRI, MRA, Nuclear and PET scans, performed at a Free Standing Radiology Center within the Blue Options Network are subject to a \$200 copayment. Diagnostic Services except for AIS are subject to a \$50 copayment when performed at a Free Standing Radiology Center. If performed at a UF Health facility 10% coinsurance applies.

<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.

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/explore-your-benefits/>

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