

# GatorGradCare OOA Plan, Effective 8/16/2017 - 8/15/2020

## Summary of Health Plan Benefits



### Medical Benefits

Medical Benefits are administered by Florida Blue

	GatorCare Network Tier 1	Florida Blue BlueOptions <sup>1</sup> Tier 2	Out-of-Network <sup>2</sup> Tier 3
<b>Benefit Year<sup>3</sup> Deductible (BYD)</b> The BYD met for Tier 2 will also accumulate to Tier 1.			
Individual Deductible	\$100	\$100	N/A
Family Deductible	\$200	\$200	N/A
<b>Out-of-Pocket Maximum (OOP)</b> Includes Medical BYD, Coinsurance, Copays, Per-Admission Deductibles, Per-Visit Deductibles, and Pharmacy BYD & Coinsurance/Copays. The OOP Maximum values cross accumulate between all tiers.			
Individual Maximum	\$2,500	\$2,500	N/A
Family Maximum	\$5,000	\$5,000	N/A
<b>Coinsurance</b>			
Coinsurance (plan pays after BYD has been satisfied)	90%	80%	N/A
Coinsurance (member pays after BYD has been satisfied)	10%	20%	N/A
<b>Lifetime Maximum</b>			
Lifetime Maximum	Unlimited		
<b>Physician Office and Virtual Visit Services</b>			
Primary Office Visit	\$20 copay	\$20 copay	N/A
Specialist Office Visit	\$30 copay	\$30 copay	N/A
Virtual Visit—Primary Care <sup>4</sup>	\$10 copay	N/A	N/A
Virtual Visit—Specialist Care <sup>4</sup>	\$20 copay	N/A	N/A
Urgent Care Center	\$30 copay	\$30 copay	N/A
<b>Wellness and Preventive Care (Annual Physical and Related Labs)</b>			
Primary Office Visit	\$0 copay	\$0 copay	N/A
Specialist Office Visit	\$0 copay	\$0 copay	N/A
<b>Hospital Services (Pre-certification required for Inpatient Admissions)</b>			
Per-Admission Deductible	\$0	\$0	\$0
Inpatient Services	10% after BYD	20% after BYD	40% after Tier 2 BYD
Outpatient Services	10% after BYD	20% after BYD	40% after Tier 2 BYD
<b>Emergency Care</b>			
Per-Visit Deductible	\$250 Per-Visit Deductible; Waived if Admitted	\$250 Per-Visit Deductible; Waived if Admitted	
Emergency Room Services	10% after BYD	10% after BYD	10% after Tier 2 BYD

<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.

<sup>3</sup>Benefit Period is defined as August 16th through August 15th. Visit Limit is combined In-and Out-of-Network.

<sup>4</sup>Virtual Visits available at Student Health Care Center and UF Health Participating Clinics only.

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<b>Other Services</b>			
Skilled Nursing Facility	10% after BYD	20% after BYD	N/A
	60-Day Limit Per Benefit Period <sup>3</sup>		N/A
Home Health Care	10%	20% after BYD	N/A
	30-Visit Limit Per Benefit Period <sup>3</sup>		N/A
Hospice Facility	10% after BYD	20% after BYD	N/A
Outpatient Therapies in Physician Office (Occupational, Physical, Speech, & Cardiac)	\$30 copay	\$30 copay	N/A
Outpatient Therapies Facility	10%	20% after BYD	N/A
Therapy maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit Limit Per Benefit Period <sup>3</sup>		N/A
Chiropractic Services	\$30 copay	\$30 copay	N/A
Chiropractic limit is included in overall Therapy maximum	Chiropractic 26-Visit Limit Per Benefit Period <sup>3</sup>		N/A
Ambulance <sup>2</sup>	20% after Tier 1 BYD		
Durable Medical Equipment (Authorization required)	20% after BYD	20% after Tier 1 BYD	N/A
Outpatient Diagnostic Lab and X-Ray	10%	20% after BYD	N/A
<b>Pharmacy Benefits</b>			
In-network Pharmacy Benefits are administered by Magellan Rx.			
<b>\$100 per Member Pharmacy (Rx) BYD must be satisfied for Rx Tiers 2 – 5, with a Family cap of \$400. Tier 1 medications do not apply toward Rx BYD.</b>			
<ul style="list-style-type: none"> <li>•Member pays the first \$100 for medications in Tiers 2-5, then coinsurance benefits apply.</li> <li>•Rx deductible does not apply to Medical BYD, 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 1: Generic	25% coinsurance with \$10 minimum to \$20 maximum (no Rx BYD applies)		
Tier 2: Preferred Brands	25% coinsurance with \$25 minimum to \$50 maximum after Rx BYD		
Tier 3: Preferred Specialty	25% coinsurance with \$50 minimum to \$100 maximum after Rx BYD		
Tier 4: Non-Preferred Brands	40% coinsurance with \$70 minimum to \$240 maximum after Rx BYD		
Tier 5: Non-Preferred Specialty	40% coinsurance with \$70 minimum to \$240 maximum after Rx BYD		
<b>Prescriptions – 90-day supply retail and mail order<sup>4</sup></b>			
Tier 1: Generic	25% coinsurance with \$25 minimum to \$50 maximum (no Rx BYD applies)		
Tier 2: Preferred Brands	25% coinsurance with \$62.50 minimum to \$125 maximum after Rx BYD		
Tier 3: Preferred Specialty	N/A		
Tier 4: Non-Preferred Brands	40% coinsurance with \$175 minimum to \$600 maximum after Rx BYD		
Tier 5: Non-Preferred Specialty	N/A		

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<sup>3</sup>Benefit Period is defined as a August 16th through August 15th. Visit Limit is combined In-and Out-of-Network.

<sup>4</sup>Mandatory 90-day supply at either retail or mail order for Tier 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.

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