

Summary of Health Plan Benefits

GatorGradCare, Effective August 16, 2015-August 15, 2017



| | GatorCare Network Tier 1 | NetworkBlue ¹ (Blue Options) Tier 2 | Out-of-Network ² Tier 3 |
|---|--|--|--|
| Deductible (DED) Per Person per Benefit Period* The DED met for Tier 3 will also accumulate Tier 2. | | | |
| Individual Deductible | \$0 | \$100 | \$300 |
| Out-of-Pocket Maximum (OOP) Includes Medical DED, Coinsurance, Copays, Per-Visit Deductibles and Pharmacy. The OOP Maximum values cross accumulate between all tiers. | | | |
| Individual Maximum | \$2,500 | \$2,500 | \$5,000 |
| Family Maximum | \$5,000 | \$5,000 | \$10,000 |
| Coinsurance | | | |
| Coinsurance (plan pays after DED has been satisfied) | 90% | 80% | 70% |
| Coinsurance (member pays after DED has been satisfied) | 10% | 20% | 30% |
| Lifetime Maximum | | | |
| Lifetime Maximum | Unlimited | | |
| Physician Office Services | | | |
| Primary Office Visit | \$20 copay | 20% after DED | 30% after DED |
| Specialist Office Visit | \$30 copay | 20% after DED | 30% after DED |
| Urgent Care Center | \$30 copay | 20% after DED | 30% after DED |
| Wellness and Preventive Care (Annual Physical and Related Labs) | | | |
| Primary Office Visit | \$0 copay | \$0 copay | 30% after DED |
| Specialist Office Visit | \$0 copay | \$0 copay | 30% after DED |
| Hospital Services (Pre-certification required for Inpatient Admissions) | | | |
| Per-Admission Deductible | \$0 | \$0 | \$0 |
| Inpatient Services | 10% | 20% after DED | 30% after DED |
| Outpatient Services | 10% | 20% after DED | 30% after DED |
| Emergency Care | | | |
| Per-Visit Deductible | \$150 Per-Visit Deductible; Waived if Admitted | \$250 Per-Visit Deductible; Waived if Admitted | \$250 Per-Visit Deductible; Waived if Admitted |
| Emergency Room Services | 10% | 10% after DED | 10% after DED |

¹Outside the state of Florida, members will utilize the National Blue Card PPO network for Tier 2 services.

²Balance Billing may apply for out of network providers

*Benefit Period is defined as August 16th through August 15th.



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| | GatorCare Network Tier 1 | NetworkBlue ¹ (Blue Options) Tier 2 | Out-of-Network ² Tier 3 |
|---|---|--|---------------------------------------|
| Other Services | | | |
| Skilled Nursing Facility | 10% | 20% after DED | 30% after DED |
| | 60-Day** Limit Per Benefit Period | | |
| Home Health Care | 10% | 20% after DED | 30% after DED |
| | 30-Visit** Limit Per Benefit Period | | |
| Hospice Facility | 10% | 20% after DED | 30% after DED |
| Outpatient Therapies in Physician Office (Occupational, Physical, Speech, and Cardiac) | \$30 copay | 20% after DED | 30% after DED |
| Outpatient Therapies Facility | 10% | 20% after DED | 30% after DED |
| Therapy maximum is inclusive of Chiropractic Services | Combined Therapy 75-Visit** Limit Per Benefit Period | | |
| Chiropractic Services | \$30 copay | \$30 copay | 30% after DED |
| Chiropractic Limit is included in overall Therapy maximum | Chiropractic – Limit of 26 Spinal Manipulations Visits** Per Benefit Period | | |
| Ambulance | 10% | | |
| Durable Medical Equipment (Authorization required) | 10% | 20% after DED | 30% after DED |
| Outpatient Diagnostic Lab and X-Ray | 10% | 20% after DED | 30% after DED |
| In-network Pharmacy Benefit administered by MagellanRx Management*** | | | |
| Prescription – Retail (up to a 34-Day Supply) DED does not apply; OOP accumulates towards Medical Maximum out-of-pocket | | | |
| <i>You will pay the brand copay plus the difference in cost between the brand and generic if you choose a brand product when a generic equivalent is available.</i> | | | |
| Generic | 25% Coinsurance with \$10 Min. up to \$20 Max. | | N/A |
| Preferred Brands | 25% Coinsurance with \$25 Min. to \$50 Max. | | N/A |
| Preferred Specialty | 25% Coinsurance with \$50 Min. to \$100 Max. | | N/A |
| Non-Preferred Brands | 40% Coinsurance with \$70 Min. to \$240 Max. | | N/A |
| Non-Preferred Specialty | 40% Coinsurance with \$70 Min. to \$240 Max. | | N/A |
| Prescription – 90 Day Supply*** (Retail and Mail Order) DED does not apply | | | |
| Generic | 25% Coinsurance with \$25 Min. up to \$50 Max. | | N/A |
| Preferred Brands | 25% Coinsurance with \$62.50 Min. to \$125 Max. | | N/A |
| Preferred Specialty | N/A | | |
| Non-Preferred Brands | 40% Coinsurance with \$175 Min. to \$600 Max. | | N/A |
| Non-Preferred Specialty | N/A | | |

¹Outside the state of Florida, members will utilize the National Blue Card PPO network for Tier 2 services.

²Balance Billing may apply for out of network providers

**Visit/Day Limit is combined in-and out- of- network.

*** Applies to in-network pharmacies only.

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.

