

# 2017 Premium Plan

## 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>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	\$500	\$1,500	\$3,000
Family Deductible	\$1000	\$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	\$2,600	\$6,850	\$10,000
Family Maximum	\$5,200	\$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>Lifetime Maximum</b>			
Lifetime Maximum	Unlimited		
<b>Physician Office Services</b>			
Primary Office Visit	\$20 copay	20% after CYD	40% after CYD
Specialist Office Visit	\$35 copay	20% after CYD	40% after CYD
Urgent Care Center	\$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	\$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</b>			
Per-Visit Deductible	\$150 Per-Visit Deductible; Waived if Admitted	\$250 Per-Visit Deductible; Waived if Admitted	
Emergency Room Services	10% after CYD	10% after CYD	10% after CYD

<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.

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	GatorCare Network Tier 1	Florida Blue BlueOptions <sup>1</sup> Tier 2	Out-of-Network <sup>2</sup> Tier 3
<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, & Cardiac)	\$35 copay	20% after CYD	40% after CYD
Outpatient Therapies Facility	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 (Authorization required)	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 Magellan Rx.

**NEW in 2017: \$100 per Member Pharmacy (Rx) CYD must be satisfied for Rx Tiers 2 – 5, with a deductible cap of \$400 per Family; Rx CYD does not apply to Rx Tier 1 medications.**

- Member pays the first \$100 for medications in Tiers 2-5, then co-insurance 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 34-day supply:

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 <b>after Rx CYD</b>
Tier 3: Preferred Specialty	25% coinsurance with \$50 minimum to \$100 maximum <b>after Rx CYD</b>
Tier 4: Non-Preferred Brands	40% coinsurance with \$70 minimum to \$240 maximum <b>after Rx CYD</b>
Tier 5: Non-Preferred Specialty	40% coinsurance with \$70 minimum to \$240 maximum <b>after Rx CYD</b>

#### Prescriptions – 90-day supply retail and mail order<sup>4</sup>

Tier 1: Generic	25% coinsurance with \$25 minimum to \$50 maximum (no Rx CYD)
Tier 2: Preferred Brands	25% coinsurance with \$62.50 minimum to \$125 maximum <b>after Rx CYD</b>
Tier 3: Preferred Specialty	N/A
Tier 4: Non-Preferred Brands	40% coinsurance with \$175 minimum to \$600 maximum <b>after Rx CYD</b>
Tier 5: Non-Preferred Specialty	N/A

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<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 a Calendar Year. Visit Limit is combined in-and out-of-network.

<sup>4</sup>Applies to in-network pharmacies only for eligible prescriptions following initial 30/34-day fill.

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