Listed below are the amounts you pay for Network/Non-Network (*) costs and services, if applicable.

<table>
<thead>
<tr>
<th>Plan Provider</th>
<th>Pre-existing Condition Provision</th>
<th>Coverage</th>
<th>Pre-exisiting Condition Provision</th>
<th>Hospital Admission and Stay</th>
<th>Doctor Office Visit</th>
<th>Coinsurance (co-ins)</th>
<th>Co-insurance (co-ins)</th>
<th>Prescription</th>
<th>Preventive</th>
<th>Doctor Office Visit</th>
<th>Hospitals Admission and Stay</th>
<th>Doctor Office Visit</th>
<th>Plan Provider</th>
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<tbody>
<tr>
<td>Florida Blue</td>
<td>No</td>
<td>United States/Worldwide*</td>
<td>Out of the coverage area, must be life or limb threatening</td>
<td>$250 + 20% co-ins/$500 + 40% co-ins*</td>
<td>$40 (network only)</td>
<td>20%/40%* Non-Network amounts reflected only apply to the PPO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Florida Blue</td>
</tr>
<tr>
<td>Aetna, AvMed, Capital, United HealthCare (certain Plan Providers may not be available in the areas you live or work)</td>
<td>No</td>
<td>United States/Worldwide*</td>
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**Benefits eligibility is determined by your employee classification. Refer to https://benefits.hr.ufl.edu/health/ for information regarding plan eligibility, premiums and more.

**GatorCare has 3 Network Coverage Tiers:**
- T1–UF Health, T2–Florida Blue, T3–Non-Network
- T1–$400, T2–$1,500, T3–$0
- T1–$1,500, T2–$3,000, T3–All
- T1–$2,500, T2–$5,000, T3–$7,500
- T1–$3,500, T2–$7,500, T3–$10,500

**30 day retail supply**
- Generic 25% Coinsurance with $10 Min. to $20 Max. [no Rx CYD applies]
- Generic 25% Coinsurance with $25 Min. to $50 Max. after Rx CYD
- Generic 25% Coinsurance with $50 Min. to $100 Max. after Rx CYD

**30 day retail and mail order**
- Generic 25% Coinsurance with $25 Min. to $50 Max. [no Rx CYD applies]
- Generic 25% Coinsurance with $50 Min. to $100 Max. after Rx CYD

**Premiums and More**
- Florida Blue
- Florida Blue
- Florida Blue

12/2018