



UNIVERSITY OF FLORIDA HEALTH PLANS **

GatorCare has 3 Network Coverage Tiers:
T1—UF Health, T2—Florida Blue, T3—Non-Network

	STATE PPO	STATE HMO	STATE HEALTH INVESTOR	GatorCare Prime Plus	GatorCare Premium	GatorCare Options
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Listed below are the amounts you pay for Network/Non-Network (*) costs and services, if applicable.

Annual Deductible	Individual	\$250/\$750*	\$0	\$1,350 / \$2,500* Non-network amounts reflected only apply to the PPO	T1—\$400 T2—\$1,500 T3—N/A	T1—\$400 T2—\$1,500 T3—\$3,000*	Individual T1—\$200 T2—\$300 T3—N/A
	Family	\$500/\$1,500*	\$0	\$2,700 / \$5,000* Non-Network amounts reflected only apply to the PPO	T1—\$800 T2—\$3,000 T3—N/A *	T1—\$800 T2—\$3,000 T3—\$6,000*	T1—\$400 T2—\$600 T3—N/A
Coinsurance (co-ins)	Percentage you pay of the allowed amount after the annual deductible. For Non-Network services you may pay the co-ins plus the difference between the allowed amount and the provider's actual charge	20%/40%* Non-network amounts reflected only apply to the PPO	No co-ins; however, varying copays are applied to certain services	20%/40%* Non-Network amounts reflected only apply to the PPO	T1—10% T2—40% T3—N/A	T1—10% T2—20% T3—40%*	T1—10% T2—30% T3—N/A
Doctor Office Visit	Primary Doctor	\$15/40% co-ins* (no annual deductible applies)	\$20 (network only)	20%/40%* Non-Network amounts reflected only apply to the PPO	T1—\$15 T2—40% co-ins T3—N/A	T1—\$15 T2—20% co-ins T3—40% co-ins*	T1—\$20 T2—30% co-ins T3—N/A
	Specialist	\$25/40% co-ins* (no annual deductible applies)	\$40 (network only)	20%/40%* Non-Network amounts reflected only apply to the PPO	T1—\$35 T2—40% co-ins T3—N/A	T1—\$35 T2—20% co-ins T3—40% co-ins*	T1—\$35 T2—30% co-ins T3—N/A
Hospital Admission and Stay	Per admission; co-ins amounts are after the annual deductible	\$250 + 20% co-ins/\$500 + 40% co-ins*	\$250	20%/40%* Non-Network amounts reflected only apply to the PPO	T1—\$0 + 10% co-ins T2—\$1,500 + 40% co-ins T3—N/A	T1—\$0 + 10% co-ins T2—\$1,500 + 20% co-ins T3—\$1,500 + 40% co-ins	T1—\$0 + 10% co-ins T2—\$1,500 + 30% co-ins T3—N/A
Preventive		100% of Allowed Amt./100% of Allowance*	Covered by plan	100% of Allowed Amt./100% of Allowance* Non-Network amts. reflected only apply to the PPO	T1—Covered by plan T2—40% after annual ded. T3—N/A	T1—Covered by plan T2—Covered by plan T3—40%* after annual ded.	T1—Covered by plan T2—30% co-ins T3—N/A
Coverage		United States/Worldwide*	Regional coverage area Out of the coverage area, must be life or limb threatening	PPO—United States /Worldwide* HMO—Regional; out of the coverage area, must be life or limb threatening	United States/Worldwide*	United States/Worldwide*	United States/Worldwide*
Pre-existing Condition Provision		No	No	No	No	No	No
Pharmacy (Non-network benefits provided under State PPO and State Health Investor plans only. You pay in full and file the claim.)	Participating Retail Pharmacy (CVS/Caremark for state plans, Magellan for GatorCare plans) (30-day supply)	Generic/Preferred Brand/Non-Preferred Brand \$7/\$30/\$50	Generic/Preferred Brand/Non-Preferred Brand \$7/\$30/\$50	Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50%	30 day retail supply Generic- 25% Coinsurance with \$10 Min. to \$20 Max. (no Rx CYD applies) Pref. Brand - 25% Coinsurance with \$25 Min. to \$50 Max. after Rx CYD Pref. Spec.- 25% Coinsurance with \$50 Min. to \$100 Max. after Rx CYD Non-Pref. Brand & Spec- 40% Coinsurance with \$70 Min. to \$240 Max. after Rx CYD 90 day retail and mail order Generic- 25% Coinsurance with \$25 Min. to \$50 Max. (no Rx CYD applies) Pref. Brand - 25% Coinsurance with \$62.50 Min. to \$125 Max. after Rx CYD Non-Pref. Brand - 40% Coinsurance with \$175 Min. to \$600 Max. after Rx CYD <i>\$100 Pharmacy Deductible For Brand and Specialty medications with a deductible cap of \$400 per family.</i>		
	Participating Retail Pharmacy (90-day supply)	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50%			
	Mail Order Pharmacy (90-day supply)	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50% (after In-Network CYD)			
Plan Provider	Certain plan providers may be unavailable in the areas you live or work	Florida Blue	Aetna, AvMed, Capital, United HealthCare (certain Plan Providers may not be available in the areas you live or work)	PPO—Florida Blue HMO—same as the state HMO (certain Plan Providers may not be available in the areas you live or work)	Florida Blue	Florida Blue	Florida Blue

**Benefits eligibility is determined by your employee classification. Refer to <https://benefits.hr.ufl.edu/health/> for information regarding plan eligibility, premiums and more.