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

<table>
<thead>
<tr>
<th>Benefits Type</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>Individual</td>
<td>Family</td>
</tr>
<tr>
<td>STATE PPO</td>
<td>$250/$750*</td>
<td>$500/$1,500*</td>
</tr>
<tr>
<td>STATE HMO</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>STATE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)</td>
<td>$1,400/$2,500*</td>
<td>$2,800/$5,000*</td>
</tr>
</tbody>
</table>

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

**Benefits eligibility is determined by your employee classification. Refer to benefits.hr.ufl.edu/my-benefits/explore/ for information regarding plan eligibility, premiums and more.**

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

50 day retail and mail order
Generic: 25% Coinsurance with $25 Min. to $50 Max. [no Rx CYD applies]
Prep. Brand: 25% Coinsurance with $50 Min. to $125 Max. after Rx CYD
Non-Pref. Brand: 40% Coinsurance with $175 Min. to $660 Max. after Rx CYD

3/12/22

*Non-network amounts reflected only apply to

The PPO

Your deductible applies

The PPO

The PPO

For Non-Network services you may pay

Per admission; co-ins amounts are after the annual
deductible

Covered by plan

Out of the coverage area, must be life or limb threatening

Covered by plan

Covered by plan

Out of the coverage area, must be life or limb threatening

Covered by plan

Covered by plan