

HEALTH PLANS

STATE PPO STATE HMO

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

Annual Deductible	Individual	\$250/\$750*	\$0
	Family	\$500/\$1,500*	\$0
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
Doctor Office Visit	Primary Doctor	\$15/40% co-ins* (no annual deductible applies)	\$20 (network only)
	Specialist	\$25/40% co-ins* (no annual deductible applies)	\$40 (network only)
Hospital admission and stay	Per admission; co-ins amounts are after the annual deductible	\$250 + 20% co-ins/\$500 + 40% co-ins*	\$250
Preventive		100% of Allowed Amt./100% of Allowance*	Covered by plan
Coverage		United States /Worldwide*	Regional coverage area Out of the coverage area, must be life or limb threatening
Pre-existing condition provision		No	No
Pharmacy (Non-network benefits provided under State PPO and State Health Investor PPO plans only. You pay in full and file the claim.)	(CVS/caremark) Participating Retail Pharmacy (30-day supply)	Generic/Preferred Brand/ Non-Preferred Brand \$7/\$30/\$50	Generic/Preferred Brand/Non-Preferred Brand \$7/\$30/\$50
	Participating Retail Pharmacy (90-day supply)	Generic/Preferred Brand/ Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100
	Mail Order Pharmacy (90-day supply)	Generic/Preferred Brand/ Non-Preferred Brand \$14/\$60/\$100	Generic/Preferred Brand/Non-Preferred Brand \$14/\$60/\$100
Plan Provider	Certain plan providers may be unavailable in the areas you live or work	Florida Blue	Aetna, AvMed, Capital, Coventry, Florida HealthCare, United HealthCare (certain Plan Providers may not be available in the areas you live or work)

Please see <http://hr.ufl.edu/benefits/health-insurance/premiums> for specific information regarding monthly premiums

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

STATE HEALTH INVESTOR

GatorCare Prime Plus

GatorCare Premium

GatorCare Options and GatorGrad Care

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

\$1,300 / \$2,500* Non-network amounts reflected only apply to the PPO	T1-\$400 T2-\$1,500 T3-N/A*	T1-\$500 T2-\$1,500 T3-\$3,000*	Individual T1-\$0 T2-\$100 T3-\$300*
\$2,600 / \$5,000* Non-Network amounts reflected only apply to the PPO	T1-\$800 T2-\$3,000 T3-N/A *	T1-\$1,000 T2-\$3,000 T3-\$6,000*	
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% T2-20% T3-30%*
20%/40%* Non-Network amounts reflected only apply to the PPO	T1-\$15 T2-40% co-ins T3-N/A*	T1-\$20 T2-20% co-ins T3-40% co-ins*	T1-\$20 T2-20% co-ins T3-30% co-ins*
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-\$30 T2-20% co-ins T3-30% co-ins*
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-\$0 +20% co-ins T3-\$0+30% co-ins
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 deduct.	T1-Covered by plan T2-Covered by plan T3-40%* after annual deduct.
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*
PPO—No; HMO—No	No	No	No
Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50%	34 day retail Generic- 25% Coinsurance with \$10 Min. to \$20 Max. Pref. Brand - 25% Coinsurance with \$25 Min. to \$50 Max. Pref. Spec.- 25% Coinsurance with \$50 Min. to \$100 Max. Non-Pref. Brand & Spec- 40% Coinsurance with \$70 Min. to \$240 Max.		
Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50%	90 day retail and mail order Generic- 25% Coinsurance with \$25 Min. to \$50 Max. Pref. Brand - 25% Coinsurance with \$62.50 Min. to \$125 Max. Non-Pref. Brand - 40% Coinsurance with \$175 Min. to \$600 Max.		
Generic/Preferred Brand/Non-Preferred Brand 30% / 30% / 50% (after In-Network CYD)	Florida Blue	Florida Blue	Florida Blue
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