

Tentative Agreement

	GatorCare Network Tier 1	NetworkBlue (Blue Options) Tier 2 ¹	Out-of-Network Tier 3 ²
Deductible (DED) Per Person per Benefit Period*			
The DED met for Tier 3 will also accumulate for Tier 2.			
Individual Deductible **	\$100	\$300	N/A
Family Deductible	\$200	\$600	N/A
Out-of-Pocket Maximum (OOP)			
Includes Medical DED, Coinsurance, Copays, Per-visit Deductibles and Pharmacy. The OOP Maximum values cross accumulate between all tiers.			
Individual Maximum	\$2,500	\$4,000	N/A
Family Maximum	\$5,000	\$8,000	N/A
Coinsurance			
Coinsurance (Plan pays after DED has been satisfied)	90%	70%	N/A
Coinsurance (member pays after DED has been satisfied)	10%	30%	N/A
Lifetime Maximum			
Lifetime Maximum	Unlimited		
Physician Office Services			
Primary Office Visit	\$20 copay	30% after DED	N/A
Specialist Office Visit	\$30 copay	30% after DED	N/A
Urgent Care Center	\$30 copay	\$35 copay	N/A
Wellness and Preventive Care (Annual Physical and Related Labs)			
Primary Office Visit	\$0 copay	\$0 copay	N/A
Specialist Office Visit	\$0 copay	\$0 copay	N/A
Hospital Services (Pre-certification required for Inpatient Admissions)			
Per-Admission Deductible	\$20	\$1,000	\$1,500
Inpatient Services	10%	30% after T2 DED	40% after T2 DED
Outpatient Services	10%	30% after T2 DED	40% after T2 DED
Emergency Care			
Per-Visit Deductible	\$250 Per-Visit Deductible; Waived if Admitted	\$250 per-Visit Deductible; Waived if Admitted	\$250 per-Visit Deductible; Waived if Admitted
Emergency Room services	15%	15% after DED	15% after DED

¹ Outside the state of Florida, members will utilize the National Blue Card PPO for Tier 2 services.

² Member is responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers.

* Benefit Period is defined as August 16th through August 15th.

** **A \$50.00 gift card wellness award will be provided to employees who participate in the wellness screening, provided they have met the \$100.00 deductible by the end of each plan year.**

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Other Services			
Skilled Nursing Facility	10%	30% after DED	N/A
	60-Day ^{**} Limit Per Benefit Period		
Home Health Care	10%	30% after DED	N/A
	30-Visit ^{**} Limit Per Benefit Period		
Hospice Facility	10%	30% after DED	N/A
Outpatient Therapies in Physician Office (occupational, physical, Speech, and Cardiac)	\$35 copay	30% after DED	N/A
Outpatient Therapies Facility	10%	30% after DED	N/A
Therapy Maximum is inclusive of Chiropractic Services	Combined Therapy 75-Visit ^{**} Limit Per Benefit Period		
Chiropractic Services	\$35 copay	\$35 copay	N/A
Chiropractic Limit is included in overall Therapy Maximum	Chiropractic-Limit of 26 Spinal Manipulations Visits ^{**} Per Benefit Period		
Ambulance	20% After DED		
Durable Medical Equipment (Authorization required)	20% after DED	20% after DED	N/A
Outpatient Diagnostic Lab and X-Ray	10%	30% after DED	N/A
In-network Pharmacy Benefit administered by Magellan Pharmacy Solutions^{***}			
Prescription-Retail (up to a 34-Day Supply) DED does not apply			
You will pay the brand copay plus the difference in cost between the brand and generic if you choose a brand product when a generic equivalent is available.			
Generic	25% Coinsurance with \$10 Min. Up to \$20 Max.		
Preferred Brands	25% Coinsurance with \$25 Min. to \$50 Max after Rx DED.		
Preferred Speciality	25% Coinsurance with \$50 Min. to \$100 Max after Rx DED.		
Non-Preferred Brands	40% Coinsurance with \$70 Min. to \$240 Max after Rx DED.		
Non-Preferred Speciality	40% Coinsurance with \$70 Min. to \$240 Max after Rx DED.		
Prescription- Mandatory 90 Day Supply (Retail and Mail Order) ^{****}			
Generic	25% Coinsurance with \$25 Min. to \$50 Max.		
Preferred Brands	25% Coinsurance with \$62.50 min. to \$125 Max after Rx DED.		
Preferred Speciality	N/A		
Non-Preferred Brands	40% Coinsurance with \$175 Min. to \$600 Max after Rx DED.		
Non-Preferred Speciality	N/A		

¹ Outside the state of Florida, members will utilize the National Blue Card PPO for Tier 2 services.

² Balance Billing may apply for out of network providers.

^{**} Visit/Day Limit is combined in- and out-of-network.

^{***} Applies to in-network pharmacies only.

^{****} **Using 90 day supplies will be mandatory Tier 1 & 2 Maintenance Medications after first 30 day fill Tier 1 medications. Member pays the first \$100 for medications in Tiers 2-5, then the coinsurance benefits apply. Rx DED does not apply to medical DEDs, but count towards medical maximum OOP.**