

# MEDICAL INSURANCE PLAN INFORMATION

General Employees Only	BlueOptions 03768 UF Health Plan <i>EPO</i>		BlueCare 48 <i>HMO</i>		BlueCare 65 <i>HMO HDHP</i>		BlueOptions 05782 <i>PPO</i>	
<b>In-Network Coverage</b>								
DEDUCTIBLE <b>DED</b>	\$250 single; \$500 family		\$300 per person; \$600 family max		\$1,500 single; \$3,000 family		\$750 per person; \$1,500 family max	
OUT-OF-POCKET MAXIMUM	<i>Combined medical and pharmacy</i>		<i>Combined medical and pharmacy</i>		<i>Combined medical and pharmacy</i>		<i>Combined medical and pharmacy</i>	
MEDICAL	\$1,500 single; \$3,000 family		\$2,500 per person		\$5,000 single coverage		\$6,000 per person	
PHARMACY	\$1,000 single; \$2,000 family		\$5,000 family maximum		\$10,000 family coverage		\$12,000 family maximum	
<b>Preventive Care</b>	<b>100% covered</b>		<b>100% covered</b>		<b>100% covered</b>		<b>100% covered</b>	
PRIMARY DOCTOR VISIT	\$10		\$25		\$25		\$30	
SPECIALIST DOCTOR VISIT	\$30		\$35		<b>DED</b> then 30%		\$40	
INDEPENDENT LABS	100% covered		100% covered		100% covered		100% covered	
X-RAYS	\$30		\$30		<b>DED</b> then 30%		\$35	
IMAGING: MRI / CT / PET	\$100		\$300		<b>DED</b> then 30%		\$300	
URGENT CARE CENTER	\$25		\$30		\$25		\$35	
EMERGENCY ROOM	<b>DED</b> then 20%		\$300 then 30%		<b>DED</b> then 30%		\$300 then 30%	
INPATIENT HOSPITAL	<b>DED</b> then 20%		<b>DED</b> then 30%		<b>DED</b> then 30%		<b>DED</b> then 30%	
OUTPATIENT SURGERY	<b>DED</b> then 20%		<b>DED</b> then 30%		<b>DED</b> then 30%		<b>DED</b> then 30%	
<b>Out-of-Network Coverage (plus balance billing)</b>								
DEDUCTIBLE	No coverage		No coverage		No coverage		\$1,000 per person; \$2,000 fam. max	
COINSURANCE	No coverage		No coverage		No coverage		50% after deductible	
OUT-OF-POCKET MAXIMUM	No coverage		No coverage		No coverage		\$9,000 per person; \$18,000 fam. max	
<b>Retail Prescriptions (up to 30 days)   Mail Order Prescriptions (90 days)</b>								
GENERIC	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20
PREFERRED BRAND	\$40	\$80	\$40	\$80	\$40	\$80	\$40	\$80
NON-PREFERRED	\$75	\$150	\$75	\$150	\$75	\$150	\$75	\$150