

GatorGradCare 2011-2012 Summary of Benefits

Plan Maximum	No Maximum Lifetime Benefit								
Pre-Existing Conditions	An exclusion for pre-existing medical conditions will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy.								
Coinsurance	<p>UF&Shands Hospital and Physicians: Benefits will be paid for Covered Medical Expenses incurred at 90%. Insured pays 10%.</p> <p>Blue Cross Blue Shield Providers: After the Deductible has been applied, benefits will be paid for Covered Medical Expenses incurred at 80%. Insured pays 20% plus deductible.</p> <p>Out-of-Network Providers: After the Deductible has been applied; benefits will be paid for Covered Medical Expenses incurred at 70%. Insured pays 30% plus out-of-network deductible.</p>								
Deductible (Waived at the UF Student Health Care Center and UF&Shands)	<p><i>Preferred Providers:</i> \$100 per person/per policy year</p> <p><i>Out-of-Network Providers:</i> \$300 per person/per policy year</p>								
Out-of-Pocket Maximum	The maximum out-of-pocket is \$3000. This is per insured per policy year. The out-of-pocket maximum includes the deductible, insured coinsurance, and copays for medical services. Prescription copays do not apply to the out-of-pocket maximum.								
Prescription Drug Benefit	<p>There is no prescription drug maximum. Mail order prescription drugs are available at 2½ times the retail copay up to 90 day supply.</p> <p>Prescriptions dispensed at the Student Health Care Center/UF&Shands and Retail Network pharmacies will have the following copays:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Student Health Care Center/UF&Shands</td> <td style="text-align: center;">Retail Network Pharmacy</td> </tr> <tr> <td style="text-align: center;"><i>Generic:</i> \$10</td> <td style="text-align: center;"><i>Generic:</i> \$20</td> </tr> <tr> <td style="text-align: center;"><i>Brand Name:</i> \$25</td> <td style="text-align: center;"><i>Brand:</i> \$30</td> </tr> <tr> <td style="text-align: center;"><i>Non-Preferred:</i> \$40</td> <td style="text-align: center;"><i>Non-Preferred:</i> \$50</td> </tr> </table>	Student Health Care Center/UF&Shands	Retail Network Pharmacy	<i>Generic:</i> \$10	<i>Generic:</i> \$20	<i>Brand Name:</i> \$25	<i>Brand:</i> \$30	<i>Non-Preferred:</i> \$40	<i>Non-Preferred:</i> \$50
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Preventive and Wellness Care	Adult wellness applies to age 17 and up. Preventive care includes covered services billed with a routine diagnosis, such as a physical or well woman exam; immunizations; screening lab tests; and bone density screening. Blue Cross Blue Shield of Florida has adopted the recommendations of the U.S. Preventive Services Task Force (USPSTF) A and B level recommendations for age-appropriate clinical preventative services. For Preventive and Wellness Care at the Student Health Care Center, UF&Shands, and at Blue Cross Blue Shield providers no out-of-pocket is applied to the insured. At out-of-network providers, insured pays 30%. There is no benefit maximum.								
Inpatient Hospitalization	<p>Covered Medical Expenses are payable as follows:</p> <p><i>UF&Shands: 90%/insured pays 10%</i></p> <p><i>Blue Cross Blue Shield: 80%/insured pays 20% plus deductible</i></p> <p><i>Out-of-Network Providers: 70% of the Usual and Customary Charge/insured pays 30% plus out-of-network deductible</i></p>								
Emergency Room	<p>Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows:</p> <p><i>Preferred Providers: \$200 copay per visit (waived if admitted)</i></p> <p><i>Out-of-Network Providers: \$200 deductible per visit (waived if admitted)</i></p>								
Outpatient Psychotherapy	<p><i>UF&Shands: 90%/insured pays 10%</i></p> <p><i>Blue Cross Blue Shield: 80%/insured pays 20% plus deductible</i></p> <p><i>Out-of-Network Providers: 70% of the Usual and Customary Charge/insured pays 30% plus out-of-network deductible</i></p>								