

MEDICAL INSURANCE PLAN INFORMATION

	UF Direct Health <i>EPO</i>	BlueCare 48 <i>HMO</i>	BlueCare 65 <i>HMO HDHP</i>	BlueOptions 05782 <i>PPO</i>
In-Network Coverage				
DEDUCTIBLE DED	\$750 single; \$1,500 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>separate 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
PREVENTIVE CARE	100% covered	100% covered	100% covered	100% covered
PRIMARY DOCTOR VISIT	\$10	\$25	\$25	\$30
SPECIALIST DOCTOR VISIT	\$30	\$35	DED then 30%	\$40
INDEPENDENT LABS	100% Covered	100% Covered	100% Covered	100% Covered
X-RAYS	DED then 20%	\$30	DED then 30%	\$35
IMAGING: MRI / CT / PET	DED then 20%	\$300	DED then 30%	\$300
URGENT CARE CENTER	\$25	\$30	\$25	\$35
EMERGENCY ROOM	DED then 20%	\$300 then 30%	DED then 30%	\$300 then 30%
INPATIENT HOSPITAL	DED then 20%	DED then 30%	DED then 30%	DED then 30%
OUTPATIENT SURGERY	DED then 20%	DED then 30%	DED then 30%	DED then 30%
Out-of-Network Coverage <i>(plus balance billing)</i>				
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

PHARMACY COVERAGE

Retail Prescriptions (up to 30 days) Mail Order Prescriptions (90 days)								
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