

**CITY OF JACKSONVILLE  
PLAN OF BENEFITS - Effective January 1, 2021**

<u>UF HEALTH DIRECT CARE NETWORK PROVIDERS</u>		
Individual Deductible _____	\$250	Deductible Year:
Family Deductible _____	\$500	January 1 – December 31
Individual Out of Pocket <i>*(Medical Co-pays do apply)</i> _____	\$1,500	
Family Out of Pocket <i>*(Medical Co-pays do apply)</i> _____	\$3,000	
Individual Annual Maximum _____	UNLIMITED	
*Medical Co-pays will NOT continue when out of pocket is met.		9/29/20

Pre Certification is **MANDATORY** for all In-Patient Admissions, Out-Patient Surgery, IV Infusion Therapy, Durable Medical Equipment (DME) and Home Health Care. For Pre Certification, please call Välenz: 1-877-608-2200.  
Pre Authorization **MUST BE APPROVED** for non-routine diagnostics for suspicion of cancer and prior to the inception of any chemotherapy regimen. For Pre Authorization call Välenz: 1-877-208-5002

<u>DESCRIPTION OF SERVICES</u>	<u>*UF HEALTH DIRECT CARE NETWORK PROVIDERS</u> (Charges above negotiated amounts are not billable to the Member)	<u>OUT – OF – SERVICE AREA BENEFITS</u> (Emergency Services and Exceptions Only.) (Charges above Reasonable & Customary (R & C) amounts are permitted & are billable to the Member)
--------------------------------	--	---

\*UF HEALTH DIRECT CARE NETWORK COUNTIES INCLUDE: DUVAL, ST. JOHN'S, CLAY, BAKER AND NASSAU

**FACILITY CHARGES**

Urgent Care Facility	You pay \$25 Co-pay, Plan pays 100%	You pay \$25 Co-pay, Plan pays 100%
In-Patient Hospital	After Deductible is met, Plan pays 80%	N/A
Emergency Room Emergency Use	After Deductible is met, Plan pays 80%	After In Network Deductible is met, Plan pays 80%
Non Emergency	You pay 50% Plan pays 50%	N/A
Ambulance to Hospital	After Deductible is met, Plan pays 80%	After In Network Deductible is met, Plan pays 80%

**PROFESSIONAL SERVICES**

In-Patient Surgery	After Deductible is met, Plan pays 80%	N/A
Out-Patient Surgery Doctor Office	You pay \$10 Co-pay, Plan pays 100%	N/A
Facility or Hospital	After Deductible is met, Plan pays 80%	N/A
Anesthesia	After Deductible is met, Plan pays 80%	N/A
Hospital Visits	After Deductible is met, Plan pays 80%	N/A

**OFFICE VISITS**

Primary Care	You pay \$10 Co-pay, Plan pays 100%	N/A
Specialist	You pay \$30 Co-pay, Plan pays 100%	N/A

**PREVENTIVE CARE:** (go to <https://www.healthcare.gov/coverage/preventive-care-benefits/> for covered services)  
Plan pays 100% N/A

Benefit Plan Sheet is for Informational Purposes ONLY. Please see Plan Booklet for specific Information on Plan.

**CITY OF JACKSONVILLE  
PLAN OF BENEFITS - Effective January 1, 2021**

<b><u>DESCRIPTION OF SERVICES</u></b>	<b><u>*UF HEALTH DIRECT CARE NETWORK PROVIDERS</u></b> (Charges above negotiated amounts are not billable to the Member)	<b><u>OUT – OF – SERVICE AREA BENEFITS</u></b> (Emergency Services and Exceptions Only.) (Charges above Reasonable & Customary (R & C) amounts are permitted & are billable to the Member)
---------------------------------------	---	--

**\*UF HEALTH DIRECT CARE NETWORK COUNTIES INCLUDE: DUVAL, ST. JOHN'S, CLAY, BAKER AND NASSAU**

<b><u>DIAGNOSTIC LAB:</u></b> LabCorp or UF Health Hospital Labs	Plan pays 100%	N/A
<b><u>DIAGNOSTIC X-RAY</u></b>	You pay \$30 Co-pay, Plan pays 100%	N/A
<b><u>MRI/CAT/PET</u></b>	You pay \$100 Co-pay, Plan pays 100%	N/A
<b><u>CHIROPRACTIC</u></b> (20 visits per plan year)	You pay \$35 Co-pay, Plan pays 100%	N/A
<b><u>THERAPY</u></b> – (60 visits Maximum per plan year, includes: Physical, Chiropractic, Occupational, Speech and Cardiac combined)	You pay \$35 Co-pay, Plan pays 100%	N/A
<b><u>DURABLE MEDICAL EQUIPMENT (DME)</u></b>	After Deductible is met, Plan pays 80%	N/A
<b><u>OTHER COVERED CHARGES</u></b>	After Deductible is met, Plan pays 80%	N/A
<b><u>MENTAL DISORDERS / SUBSTANCE ABUSE</u></b>		
In Patient	After Deductible is met, Plan pays 80%	N/A
Out Patient	You pay \$10 Co-pay, Plan pays 100%	N/A

**PRESCRIPTION DRUG CARD:** Deductible Year: January 1 – December 31  
 Maximum OOP: \$1,000 Individual. \$2,000 Family  
 Rx Co-pays will not continue when out of pocket is met.

**30 DAY SUPPLY:**

- You pay \$10 Co-pay for Generic Drugs
- You pay \$40 Co-pay for Preferred Brand Name Drugs
- You pay \$75 Co-pay for Non-Preferred Brand Name Drugs

**90 DAY SUPPLY:**

- You pay \$20 Co-pay for Generic Drugs
- You pay \$80 Co-pay for Preferred Brand Name Drugs
- You pay \$150 Co-pay for Non-Preferred Brand Name Drugs

PillarRx Consulting is offering a specialty prescription drug benefit called IPC Copay Assistance Program. This manufacturer assistance program will cover most, if not all, of the copay amount of the qualifying specialty prescription drug. Actual member out of pocket cost at the point of sale can be applied to the maximum out of pocket by E-mailing receipts to [receipts@pillarrx.com](mailto:receipts@pillarrx.com). Contact PillarRx at 636-614-3126 with questions.

Benefit Plan Sheet is for Informational Purposes ONLY. Please see Plan Booklet for specific Information on Plan.