

MEDICAL INSURANCE PLAN INFORMATION

General Employees Only	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 <small>DED</small>	\$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>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 family maximum	\$5,000 single coverage \$10,000 family coverage	\$6,000 per person \$12,000 family maximum				
PHARMACY	\$1,000 single; \$2,000 family							
Preventive Care	100% covered	100% covered	100% covered	100% covered				
PRIMARY DOCTOR VISIT	\$10	\$25	\$25	\$30				
SPECIALIST DOCTOR VISIT	\$30	\$35	<small>DED</small> then 30%	\$40				
INDEPENDENT LABS	100% covered	100% covered	100% covered	100% covered				
X-RAYS	\$30	\$30	<small>DED</small> then 30%	\$35				
IMAGING: MRI / CT / PET	\$100	\$300	<small>DED</small> then 30%	\$300				
URGENT CARE CENTER	\$25	\$30	\$25	\$35				
EMERGENCY ROOM	<small>DED</small> then 20%	\$300 then 30%	<small>DED</small> then 30%	\$300 then 30%				
INPATIENT HOSPITAL	<small>DED</small> then 20%	<small>DED</small> then 30%	<small>DED</small> then 30%	<small>DED</small> then 30%				
OUTPATIENT SURGERY	<small>DED</small> then 20%	<small>DED</small> then 30%	<small>DED</small> then 30%	<small>DED</small> then 30%				
Out-of-Network Coverage (plus balance billing)								
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