

GatorGradCare 2009-2010 Summary of Benefits

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|---|---|-----------------------------------|------------------------------|----------------------|---------------------|-------------------------|---------------------|----------------------------|---------------------|
| Plan Maximum | \$1,000,000 Maximum Lifetime Benefit (For each Injury or Sickness) | | | | | | | | |
| Pre-Existing Conditions | Pre-existing 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. This Exclusion does not apply to services rendered at the Student Health Care Center. | | | | | | | | |
| Coinsurance | <p>In Gainesville, Shands Hospital and Physicians: After the Deductible has been applied, benefits will be paid for Covered Medical Expenses incurred at 90% up to \$25,000; after the company has paid \$25,000, additional Covered Medical Expenses will be paid at 100% not to exceed the \$1,000,000 Maximum Lifetime Benefit for each Injury or Sickness. (Shands at Vista is a covered Psychiatric Hospital.)</p> <p>Other UnitedHealthcare Options PPO Preferred Providers: After the Deductible has been applied, benefits will be paid for Covered Medical Expenses incurred at 80% up to \$50,000; after the company has paid \$50,000, additional Covered Medical Expenses will be paid at 100% not to exceed the \$1,000,000 Maximum Lifetime Benefit for each Injury or Sickness.</p> <p>Out-of-Network Providers: After the Deductible has been applied, benefits will be paid for Covered Medical Expenses incurred at 70% Usual & Customary Charges up to the \$1,000,000 Maximum Lifetime Benefit for each Injury or Sickness.</p> | | | | | | | | |
| Deductible (Waived at the UF Student Health Care Center) | <p>Inpatient Preferred Providers: \$100 per sickness or injury</p> <p>Out-of-Network Providers: \$100 per sickness or injury</p> <p>Outpatient (waived at the UF Student Health Care Center) Preferred Providers: \$100 per sickness or injury</p> <p>Out-of-Network Providers: \$100 per sickness or injury</p> | | | | | | | | |
| Prescription Drug Benefit Includes birth control and allergy medications | <p>Covered Medical Expenses are payable up to a maximum of \$2,250 (increased from \$2,000) per Policy Year for all benefits. Benefits include oral contraceptives, birth control ring, and birth control patch. All prescriptions are limited to a 31 day supply, except at the Student Health Care Center. UHPS mail order limited to a 90 day supply with a 2½ month copay.</p> <p>Prescriptions dispensed at the Student Health Care Center and United HealthCare (Medco) pharmacies will have the following copays:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Student Health Care Center</td> <td style="text-align: center;">UHC (Medco) Providers</td> </tr> <tr> <td style="text-align: center;"><i>Generic:</i> \$10</td> <td style="text-align: center;"><i>Tier 1:</i> \$20</td> </tr> <tr> <td style="text-align: center;"><i>Brand Name:</i> \$25</td> <td style="text-align: center;"><i>Tier 2:</i> \$30</td> </tr> <tr> <td style="text-align: center;"><i>Non-Preferred:</i> \$40</td> <td style="text-align: center;"><i>Tier 3:</i> \$50</td> </tr> </table> | Student Health Care Center | UHC (Medco) Providers | <i>Generic:</i> \$10 | <i>Tier 1:</i> \$20 | <i>Brand Name:</i> \$25 | <i>Tier 2:</i> \$30 | <i>Non-Preferred:</i> \$40 | <i>Tier 3:</i> \$50 |
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| <i>Brand Name:</i> \$25 | <i>Tier 2:</i> \$30 | | | | | | | | |
| <i>Non-Preferred:</i> \$40 | <i>Tier 3:</i> \$50 | | | | | | | | |
| Wellness Benefit | The maximum benefit will be a \$500 for both Preferred Provider and Out-of-Network benefits. This benefit includes immunizations, physical exams, gynecological exams, eye testing and exams, one annual dental exam/cleaning (new to 2009-2010 policy) , test associated with routine exams (lab work, EKGs), PAP smears, prostate specific antigen (PSA) test (males age 50 years and over). The Deductibles will be waived for this Wellness Benefit, and coinsurance applies. Services may be obtained at the Student Health Care Center or from outside providers. <i>A Student Health Care Center referral is no longer required for this Wellness Benefit.</i> | | | | | | | | |
| Inpatient Hospitalization | <p>Covered Medical Expenses are payable as follows for a semi-private room rate for an overnight stay.</p> <p>Preferred Providers: Preferred Allowance</p> <p>Out-of-Network Providers: 70% of the Usual and Customary Charge</p> | | | | | | | | |
| Emergency Room | <p>Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows:</p> <p>Preferred Providers: 100% of Preferred Allowance/ \$50 copay per visit (waived if admitted)</p> <p>Out-of-Network Providers: 100% of Usual & Customary/ \$50 deductible per visit (waived if admitted) Copay/Deductible includes attending Physician's charges.</p> | | | | | | | | |
| Outpatient Psychotherapy | <p>Psychotherapy for all related or ancillary charges incurred as a result of Mental or Nervous Disorder. The Deductible will be waived for Outpatient Psychotherapy. Benefits are limited to one visit per day with a maximum of 30 visits per policy year. Covered as follows:</p> <p>Preferred Providers: Preferred Allowance</p> <p>Out-of-Network Providers: 70% of the Usual and Customary Charge</p> | | | | | | | | |