

2011 – 2012

GatorGradCare Health Insurance Plan

**Designed Especially for the
University of Florida Graduate
Assistants and Pre-Doctoral Fellows**

UF | UNIVERSITY *of*
FLORIDA

The Foundation for The Gator Nation

Customer Service 800-664-5295

Enrollment Support
352-392-0003



FLORIDA

An Independent Licensee of the
Blue Cross and Blue Shield Association



By partnering with Blue Cross Blue Shield of Florida, the University of Florida is pleased to continue to offer health insurance to Graduate Assistants and Pre-doctoral Fellows who meet the specified eligibility requirements for the GatorGradCare health plan. The plan covers hospitalization and a variety of health care services including coverage for services provided at the Student Health Care Center and prescription benefits.

Questions about how to enroll in the University of Florida GatorGradCare health plan may be directed to the GA and Post Doc Associate Benefits Office at **352-392-0003** or **gabenefits@admin.ufl.edu**. To enroll please go to **<http://hr.ufl.edu/benefits/gatorgradcare/enroll.asp>** and follow the instructions. Questions about benefits and utilization may be directed to Blue Cross Blue Shield of Florida customer service at **800-967-8938**. Please visit **<http://www.hr.ufl.edu/benefits/gatorgradcare/>** for more information.

We wish you a healthy and successful year ahead.

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UF Graduate Assistants and Pre-Doctoral Fellows Health Insurance Plan

The University of Florida GatorGradCare Health Plan has been developed especially for University of Florida Graduate Assistants and Pre-Doctoral Fellows. The plan provides comprehensive coverage 24 hours a day for illnesses and injuries that occur on and off campus or when traveling around the world. The plan includes special cost-saving features to keep required medical services as affordable as possible.

This summary brochure of the Blanket Accident and Sickness Medical Expense benefits available for University of Florida participants and their eligible dependents has been prepared by Blue Cross and Blue Shield of Florida (BCBSF). This brochure is not an insurance contract and nothing in this brochure shall override the actual benefits or eligibility criteria under GatorGradCare. You may contact BCBSF’s Customer Service Department at 800-664-5295 if you have any questions after you have enrolled in the plan. References to “we”, “us” and “our” throughout refer to BCBSF. The benefit booklet is available on-line at <http://www.hr.ufl.edu/benefits/gatorgradcare/>.

This brochure has been created to provide a summary of benefits and key features of the benefit plan. Please familiarize yourself with the benefits as well as eligibility and enrollment processes. Throughout this brochure we have made reference to the Benefit Booklet and Master Policy. The Benefit Booklet and the Master Policy are available online for participants to review the plan details and regulations at <http://www.hr.ufl.edu/benefits/gatorgradcare/>.

Participant Eligibility Requirements for Coverage

University of Florida graduate students on an appointment as a graduate assistant, teaching assistant, or research assistant may participate in the GatorGradCare Health Plan. To be eligible, University of Florida graduate students must be enrolled in a graduate degree program, on an appointment through University of Florida, appropriately registered and appointed 0.25 FTE (fulltime equivalent) or greater for a particular semester. University of Florida graduate students on a Pre-doctoral Fellowship appointment and appropriately registered are also eligible to participate. There is no FTE requirement for graduate students on a Fellowship appointment. Criteria for appropriate registration can be found in the Registration Requirements section of the Graduate Catalog.

Eligible students who do enroll may also insure their dependents. Dependent coverage is available only for Graduate Assistants and Pre-doctoral Fellows insured under the GatorGradCare Health Plan. Eligible Dependents are the spouse or domestic partner and their children under 26 years of age.

The term dependent does not include a person who is (a) an eligible participant; or (b) a member of the armed forces.

Supporting documentation, including a marriage certificate for spouse coverage and/or birth certificates for child(ren) will need to be submitted within 60 days of the coverage effective date. This documentation can be sent to the GA and Post Doc Associate Benefits Office via fax to 352-846-1854. The Graduate Assistant's or Pre-doctoral Fellow's name and UFID should be included on any documentation submitted.

Supporting documentation for a domestic partnership includes an Affidavit of Domestic Partnership, which can be obtained through the GA and Post Doc Associate Benefits Office at 352-392-0003, and any three of the following:

- (a) a joint mortgage or lease;
- (b) designation of the domestic partner as beneficiary for life insurance;
- (c) designation of the domestic partner as primary beneficiary in the Named Insured's will;
- (d) domestic partnership agreement;
- (e) power of attorney granted by either party to the other for property and/or health care;
- (f) joint ownership of either a motor vehicle, checking account or credit account.

Dependent Eligibility expires concurrently with that of the Insured participant.

Electing Coverage

When applying for coverage under the University of Florida program, the following categories apply. **Please note, the participant must be enrolled for the dependents to be covered:**

- 1. Participant Only Coverage** - covers the eligible participant only.
- 2. Spouse/Domestic Partner Coverage (Additional Charge)** - covers the "participant's" spouse under a legally valid, existing marriage or domestic partner with 6 months prior relationship and provides the required documentation.
- 3. Each Child Coverage (Additional Charge) - covers a single eligible child only OR All Children (Additional Charge)** - covers multiple eligible children only.
- 4. Participant/Family Coverage (Additional Charge)** - covers the eligible participant and the participant's eligible dependents.

How to Enroll in GatorGradCare

All GA, TA, RA, and Pre-Doctoral Fellows must enroll online at <http://hr.ufl.edu/benefits/gatorgradcare/enroll.asp> during the specified enrollment period and prior to the enrollment period deadline. Eligible participants who do

enroll may also insure their spouse or registered domestic partner and/or children. Dependent coverage must be purchased at the time the student enrolls. Criteria for eligibility can be found on Page One of this brochure, under the caption "Participant Eligibility Requirements for Coverage."

Insurance premiums for dependents of eligible GA's, TA's and RA's will be paid for through a payroll deduction process by the University of Florida. GA, TA, and RA Dependent (spouse, Domestic Partner and/or children) coverage must cover the same period as the student's coverage.

However, if the GA, TA, or RA chooses the category of Summer only, then the Dependent will have to fill out an enrollment application and submit the completed enrollment application and premium payment by mail to the GA and Post Doc Associate Benefits Office at P.O. Box 115007, Gainesville, FL 32611. There is a link posted at <http://hr.ufl.edu/benefits/gatorgradcare/enroll.asp> which will direct the student to the GatorGradCare enrollment card.

Dependents of Pre-Doctoral Fellows can only enroll in GatorGradCare by filling out an enrollment application and submitting the premium payment and completed application to the GA and Post Doc Associate Benefits Office at P.O. Box 115007, Gainesville, FL 32611. There is a link posted at <http://hr.ufl.edu/benefits/gatorgradcare/enroll.asp> which will direct the student to the GatorGradCare enrollment card. Payroll deduction of premiums for dependent coverage of Pre-Doctoral Fellows is not available.

Please note: Your health insurance coverage is not effective until your eligibility is confirmed by the University of Florida.

Effective Dates

The Master Policy becomes effective August 16, 2011. Coverage becomes effective on the first day of the term for which an enrollment is submitted, once the Eligibility requirements are confirmed by the University of Florida. Dependent coverage will not be effective prior to that of the insured student. This policy requires re-enrollment.

The coverage dates are as follows:

Annual	8/16/2011 to 8/15/2012
Fall	8/16/2011 to 12/31/2011
Fall/Spring	8/16/2011 to 5/15/2012
Spring	1/1/2012 to 5/15/2012
Spring/Summer	1/1/2012 to 8/15/2012
Summer	5/16/2012 to 8/15/2012

Termination Dates

Coverage will automatically terminate on the date that a Graduate Assistant or Pre-doctoral Fellow loses his/her eligibility status. The termination date of coverage will depend on when the Graduate Assistant or Pre-doctoral Fellow loses his/her eligibility status. Contact the GA and Post Doc Associate Benefits Office at **352-392-0003** if you are unsure when your GatorGradCare coverage will terminate. Dependent coverage will not extend beyond that of the insured student.

Refunds are allowed only upon entry into the armed forces and loss of eligibility by the Graduate Assistant or Pre-Doctoral Fellow.

Enrollment Deadlines

Annual, Fall, Fall/Spring:	September 14th
Spring and Spring/Summer:	January 30th
Summer Only:	May 16th

Please note: An enrollment must be submitted by the specified enrollment period deadline in order to be considered for coverage.

University of Florida Student Health Care Center and Pharmacy (SHCC)

**APPOINTMENTS/GEN. INFO.
(352) 392-1161**

There is no referral requirement in the GatorGradCare Health Plan. However, Graduate Assistants and Pre-doctoral Fellows insured under the GatorGradCare Health Plan are encouraged to use the Student Health Care Center for medical and prescription services. Covered medical services under the GatorGradCare Health Plan at the Student Health Care Center

will be paid at 90%. The copays for prescription services at the Student Health Care Center are as follows: \$10 copay for each generic drug, \$25 copay for each brand name drug, and \$40 copay for each non-preferred drug. Please see the Schedule of Benefits for additional information.

To make an appointment for medical services at the Student Health Care Center, call **(352) 392-1161**.

Note: Medical care for spouse, domestic partner and children will be available at the Student Student Health Care Center if the proper fee is paid. No dependents will be seen under the age of 16.

Newborn Infant Coverage and Adopted Child Coverage (upon completion of adoption proceedings)

Newborn children are covered for Injury and Sickness, including necessary care or treatment of medically diagnosed congenital defects, birth abnormalities or prematurity. Coverage also includes newborn wellness screenings and transportation costs of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition if the transportation is certified by the attending physician as necessary to protect the health and safety of the newborn child. The coverage of transportation costs may not exceed the Reasonable Charge, up to \$1,000. Newborn wellness screenings conducted during the first four days of life are also covered.

Timely notification of the birth or an adoption of the child must be received by Blue Cross and Blue Shield of Florida within the first 31 days after the date of birth or upon completion of adoption proceedings. Timely notification can be made through the GA and Post Doc Associate Benefits Office, Division of Human Resource Services, University of Florida at **352-392-0003**. If timely notice is given, no additional premium will be charged for coverage of the newborn or newly adopted child for the 31 days after birth or completion of adoption proceedings. **If notice is**

not given within 60 days of the birth/adoption of the child, coverage may be denied for the child due to the failure of the insured to make timely notification to Blue Cross and Blue Shield of Florida for the birth/adoption of the child. Coverage may then be purchased for the child during the next open enrollment period.

Child wellness visits are exempt from the deductible. Doctor visits for illness or injury are subject to the plan deductible. Refer to the Schedule of Benefits for details.

Termination of a Covered Dependent's Coverage

A covered dependent's coverage will automatically terminate at 12:01 a.m.:

1. on the date the School Master Policy terminates;
2. on the date the covered participant's coverage terminates for any reason;
3. on the date the covered dependent fails to meet any of the applicable eligibility requirements (e.g., a child reaches the limiting age, or a spouse is divorced from the covered participant);
4. on the date we specify that the covered dependent's coverage is terminated by us for cause;
5. on the date specified by the school that the covered dependent's coverage terminates; or
6. on the date the covered dependent enters the armed forces. A pro rata refund of premium will be made for such dependent upon written request, if the referenced request is made within 90 days of the dependent's entry in the armed forces.

Termination of Coverage for Cause

If, in our opinion, any of the following events occur, we may terminate an individual's coverage for cause:

1. fraud, material misrepresentation or omission in applying for coverage or benefits;

2. the knowing misrepresentation, omission or the giving of false information by or on your behalf; or
3. misuse of the identification card.

Physicians, Hospitals, and Other Providers

Introduction

It is important for you to understand how the provider you select and the setting in which you receive health care services affects how much you are responsible for paying under this plan. The benefit booklet, along with the schedule of benefits and our provider directory, describes the health care provider options available to you and our payment rules for services you receive.

As used throughout this section, “out-of-pocket expenses” or “out-of-pocket” refers to the amounts you are required to pay, including any applicable copayments, the benefit period deductible and/or coinsurance amounts for covered services.

You are entitled to preferred provider type benefits when you receive covered services from in-network providers. You are entitled to traditional program type benefits at the point of service when you receive covered services from traditional program providers.

Provider Participation Status

In order to help control health care costs, we have entered into contracts with certain providers to participate in NetworkBlue, one of our preferred provider networks. We have also entered into contracts with certain providers to participate in our traditional program. The allowances we establish are called allowed amounts. The amount you are responsible for paying out-of-pocket for a particular covered service is based on our allowed amount for that covered service. Your schedule of benefits designates the panel of NetworkBlue providers who are participating for your specific plan of coverage. This is important

because these providers are considered your in-network providers for purposes of this coverage.

For additional information regarding NetworkBlue and traditional program providers, refer to the benefit booklet.

To verify if a Provider is In-Network for your plan you can

Access the BlueOptions (NetworkBlue) provider directory on our website at **www.bcbsfl.com**.

In-Network Providers

When you use in-network providers, your out-of-pocket expenses for covered services will be lower. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits.

Out-of-Network Providers

When you use out-of-network providers, your out-of-pocket expenses for covered services will be higher. We will base our payment on the allowed amount at the coinsurance percentage listed in the schedule of benefits. Further, if the out-of-network provider is a traditional program provider, our payment to such provider may be under the terms of that provider’s contract.

Providers Outside the State of Florida

In most cases when you travel outside the state of Florida, you can take advantage of savings the local Blue Plan has negotiated with doctors and hospitals in the area. For covered services, you should not have to pay any amount above these negotiated rates. To find nearby doctors and hospitals outside Florida, call BlueCard® Access at **1-800-810-BLUE (2583)** or visit the BlueCard Doctor and Hospital Finder at **www.bcbs.com**.

Medical Transportation Benefits provided through the BlueCard Worldwide® program.

Repatriation Benefit

If the covered person dies, benefits will be paid for preparing and transporting the remains of the deceased's body to a funeral facility in the home country of the deceased. ("Repatriation of Remains") If the covered person requires treatment as a result of a covered injury or illness and wishes to return to their home country for ongoing treatment after stabilization, benefits will be paid for transporting the person back to the home country. ("Medical Repatriation" or "Repatriation of the Person") All medical transportation services must be authorized in advance by calling collect to **1-804-673-1177**.

Medical Evacuation Benefit

In the event a covered person requires treatment as a result of a covered injury or illness and the appropriate medical facility is not locally available for medically necessary treatment, or if the local medical facility can no longer provide the medically necessary treatment, the

covered person will be evacuated to the nearest appropriate medical facility. Expenses for evacuation, accompanying physician or nurse, services or supplies which are medically necessary for evacuation, and fees necessary to arrange for the evacuation are covered. The attending physician must certify in writing that the evacuation is medically necessary. All medical evacuation services must be authorized in advance by calling collect to **1-804-673-1177**.

International Benefits for Participants

BlueCard® Worldwide has you covered when you travel or study abroad. Through the BlueCard® Worldwide Program, you have access to doctors and hospitals in more than 200 countries and territories around the world. All medical services and medical transportation must be authorized when traveling abroad by calling collect to **1-804-673-1177**.

Graduate Assistants & Pre-Doctoral Fellows Plan Premium Rates 2011-2012

Term Dates
Annual Term August 16, 2011 - August 15, 2012
Fall Term August 16, 2011 - December 31, 2011
Fall/Spring Term August 16, 2011 - May 15, 2012
Spring Term January 1, 2012 - May 15, 2012
Spring/Summer Term January 1, 2012 - August 15, 2012
Summer Term May 16, 2012 - August 15, 2012

	Spouse/ Individual Domestic Partner*	Child*	Children*	Family**	
Annual Term	\$1,188	\$2,627	\$1,181	\$2,362	\$4,996
Fall Term	\$449	\$993	\$447	\$893	\$1,888
Fall/Spring Term	\$895	\$1,978	\$890	\$1,779	\$3,761
Spring Term	\$446	\$986	\$443	\$886	\$1,874
Spring/Summer Term	\$743	\$1,642	\$739	\$1,477	\$3,123
Summer Term	\$297	\$657	\$296	\$591	\$1,249

*Participant must be enrolled for dependents to be covered. Dependent rates do not include participant rate.

** Rate includes participant, Spouse/DP, one child or children.

Schedule of Benefits for Base Plan

This is not a contract. This is a summary of benefits only. Refer to the Master Policy, its terms prevail.

COST SHARING	
Maximums shown are Per Benefit Period (PBP) unless noted	
Benefit Period	
Deductible (DED) (Per Person/Per Benefit Period)	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Coinsurance (Member Responsibility)	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Out of Pocket Maximum (Per Person/Per Benefit Period)	
In-Network	
Out-of-Network	
Lifetime Maximum	
PROFESSIONAL PROVIDER SERVICES	
Allergy Injections	
Student Health Care Center and UF & Shands	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
E-Office Visit Services	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
Office Services	
Student Health Care Center and UF & Shands	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
Provider Services at Hospital and ER	
Student Health Care Center and UF & Shands	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	

Not all services are provided at SHCC. Please call **(352) 392-1161** to confirm available services.

BlueOptions	
Member's Responsibility Reflected Below	
August 16, 2011 - August 15, 2012	
Waived	
\$100 Per Person PBP	
\$300 Per Person PBP	
10% of the allowed amount	
20% of the allowed amount	
30% of the allowed amount	
Includes DED, Coins, Copays; Excludes Rx	
\$3,000	
Unlimited	
No Maximum	
10%	
DED + 20%	
DED + 20%	
DED + 30%	
\$10	
\$10	
DED + 30%	
\$15 Family Physician \$25 Specialist	
DED + 20%	
DED + 20%	
DED + 30%	
10%	
DED + 20%	
DED + 20%	
DED + 30%	

COST SHARING	
Maximums shown are Per Benefit Period (PBP) unless noted	
Provider Services at Other Locations	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center	
Student Health Care Center and UF & Shands	
In-Network Specialist	
Out-of-Network	
PREVENTIVE CARE	
Adult Wellness Office Services (Annual Maximum)	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
Colonoscopies (Routine)	
In-Network	
Out-of-Network	
Mammograms (Routine and Dx)	
In-Network	
Out-of-Network	
Well Child Office Visits (No BPM)	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
EMERGENCY/URGENT/CONVENIENT CARE	
Ambulance Maximum (per day)	
In-Network	
Out-of-Network	
Convenient Care Centers (CCC)	
In-Network	
Out-of-Network	
Emergency Room Facility Services	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Urgent Care Centers (UCC)	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	

BlueOptions	
Member's Responsibility Reflected Below	
	DED + 20%
	DED + 20%
	DED + 30%
	10%
	DED + 20%
	In-Ntwk DED + 20%
PREVENTIVE CARE	
	Unlimited
	\$0 FP
	\$0
	30% (No DED)
	Age 50+ then Frequency Schedule Applies
	\$0
	\$0
	\$0
	\$0
	30% (No DED)
EMERGENCY/URGENT/CONVENIENT CARE	
	\$5,000
	100%
	100%
	DED + 20%
	DED + 30%
	(waived if admitted)
	\$200
	\$200
	\$200
	\$25
	DED + 20%
	DED + 30%

COST SHARING

Maximums shown are Per Benefit Period (PBP) unless noted

FACILITY SERVICES - HOSP/SURG/ICL/IDTF

Ambulatory Surgical Center

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

Independent Clinical Lab

Student Health Care Center and UF & Shands

In-Network (Quest)

Out-of-Network

Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)

Student Health Care Center and UF & Shands

In-Network - Advanced Imaging Services (AIS)

In-Network - Other Diagnostic Services

Out-of-Network

Inpatient Hospital (per admit)

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

Inpatient Rehab Maximum

Outpatient Hospital (per visit)

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

Therapy at Outpatient Hospital

Outpatient Therapy and Spinal Manipulations BPM
(combined with office visits)

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

MENTAL HEALTH AND SUBSTANCE ABUSE

Inpatient Hospitalization

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

Outpatient Hospitalization (per visit)

Student Health Care Center and UF & Shands

In-Network

Out-of-Network

BlueOptions

Member's Responsibility Reflected Below

Unless otherwise noted, physician services
are in addition to facility services.
See Professional Provider Services.

10%

DED + 20%

DED + 30%

10%

\$0

DED + 30%

10%

DED + 20%

DED + 20%

DED + 30%

10%

DED + 20%

DED + 30%

21 Days

10%

DED + 20%

DED + 30%

35 Visits (Includes up to 26 Spinal Manipulations)

\$25

DED + 20%

DED + 30%

(Subject to Final Mental Health Parity Testing)

10%

DED + 20%

DED + 30%

10%

DED + 20%

DED + 30%

COST SHARING	
Maximums shown are Per Benefit Period (PBP) unless noted	
Provider Services at Hospital and ER	
Student Health Care Center and UF & Shands	
In-Network Family Physician or Specialist	
Out-of-Network Provider	
Physician Office Visit	
Student Health Care Center and UF & Shands	
In-Network Family Physician or Specialist	
Out-of-Network Provider	
Emergency Room Facility Services (per visit)	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
OTHER SPECIAL SERVICES AND LOCATIONS	
Advanced Imaging Services in Physician's Office	
Student Health Care Center and UF & Shands	
In-Network Family Physician	
In-Network Specialist	
Out-of-Network	
Birthing Center	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Diabetic Insulin Pump and Related Supplies	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Durable Medical Equipment, Prosthetics, Orthotics BPM	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Home Health Care BPM (20 visits)	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
Hospice LTM	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	

BlueOptions	
Member's Responsibility Reflected Below	
	10%
	DED + 20%
	In-Ntwk DED + 20%
	10%
	DED + 20%
	DED + 30%
	(waived if admitted)
	\$200
	\$200
	\$200
	10%
	DED + 20%
	DED + 20%
	DED + 30%
	10%
	DED + 20%
	DED + 30%
	10%
	DED + 20%
	DED + 30%
	Enteral Formulas:\$2,500 All Other: No Maximum
	10%
	DED + 20%
	DED + 30%
	10%
	DED + 20%
	DED + 30%
	No Maximum
	10%
	DED + 20%
	DED + 30%

COST SHARING	
Maximums shown are Per Benefit Period (PBP) unless noted	
Outpatient Therapy and Spinal Manipulations BPM (combined with office visits)	
Skilled Nursing Facility BPM	
Student Health Care Center and UF & Shands	
In-Network	
Out-of-Network	
PRESCRIPTION DRUGS	
Benefit Period Maximum	
Student Health Care Center and UF & Shands	
Student Health Care Center and UF & Shands (90 days)	
In-Network	
Retail (30 days)	
Generic/Preferred Brand/Non-Preferred	
Mail Order (90 days)	
Generic/Preferred Brand/Non-Preferred	
Out-of-Network	
Retail (30 days)	
Generic/Preferred Brand/Non-Preferred	
Mail Order (90 days)	
Generic/Preferred Brand/Non-Preferred	
Medical Pharmacy (Provider-Administered Rx)	
In-Network	
Out-of-Network	

BlueOptions	
Member's Responsibility Reflected Below	
35 Visits (Includes up to 26 Spinal Manipulations)	
60 days	
10%	
DED + 20%	
DED + 30%	
Unlimited	
\$10 / \$25 / \$40	
\$30 / \$75 / \$120	
\$20/\$30/\$50	
\$50/\$75/\$125	
50% / 50% / 50%	
50% / 50% / 50%	
\$200 Monthly Out of Pocket Maximum	
20% (No DED)	
DED + 50%	

Out-of-Network reimbursement based on participating allowed amount, balance billing protection if provider participates in our Traditional and BlueCard program.

Pre-existing conditions limitations apply for the first 6 months.

There is no referral requirement in the GatorGradCare Health Plan.

Where to Find Help

Enrollment and Pre-Enrollment Benefit Questions:

To Enroll

Telephone: **352-392-0003**

<http://hr.ufl.edu/benefits/gatorgradcare/enroll.asp>

Blue Cross and Blue Shield of Florida Claims & Customer Service

www.bcbsfl.com (MyBlueService)

Prior to receiving your BCBSF ID card please call
800-967-8938

Once you have received your BCBSF ID card please
call **800-664-5295**

Provider Directory (BlueOptions / NetworkBlue)
www.bcbsfl.com

Emergency Phone Numbers

After-hours Emergencies: 911

After-hours Urgent Medical Concerns:
(352) 392-1161

After-hours Urgent Mental Health Concerns:
(352) 392-1575

University of Florida Contact

GA and Post Doc Associate Benefits Office

Division of Human Resource Services

University of Florida

P.O. Box 115007

Gainesville, FL 32611

352-392-0003

352-846-1854 (fax)

gabenefits@admin.ufl.edu

BCBSF Group #78358



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Blue Cross and Blue Shield Association

70957-GA-0211 SU