

UCF Clinical, LLC - Medical Benefits Summary Effective 1/1/2022

INSURANCE PROVIDER	Florida Blue	Florida Blue	Florida Blue	Florida Blue
PLAN NAME	BlueCare Everyday 15358	BlueCare All Copay 14256	BlueOptions Everyday 15105	BlueOptions Everyday 14104
POLICY NUMBER				
NETWORK SELECTION	BlueCare (HMO)	BlueCare (HMO)	BlueOptions (PPO)	BlueOptions (PPO)
HSA ELIGIBLE	No	No	No	No
NEW HIRE WAITING PERIOD	1st of the month following DOH	1st of the month following DOH	1st of the month following DOH	1st of the month following DOH
IN-NETWORK BENEFITS				
DEDUCTIBLES & MAXIMUMS				
Calendar Year Deductible (Individual / Family)	\$6,000 / \$12,000	\$1,000 / \$3,000	\$2,500 / \$5,000	\$1,500 / \$3,000
Coinsurance (Carrier / Employee)	100% / 0%	100% / 0%	80% / 20%	80% / 20%
Calendar Year Out Of Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	\$4,500 / \$9,000	\$6,700 / \$13,400	\$5,000 / \$10,000
Calendar Year Out-of-Pocket Maximums includes:	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays	Medical Copays, Deductibles, Medical Coinsurance, Rx Copays
PHYSICIAN SERVICES				
Primary Care Office Visit	\$35 Copay	\$20 Copay	\$40 Copay	\$20 Copay
Specialist Office Visit	\$80 Copay	\$45 Copay	\$80 Copay	\$50 Copay
DIAGNOSTIC SERVICES				
Lab Services	No Copay	\$25 Copay	\$0 Copay	\$50 Copay
X-Ray (Independent Facility)	0% After Deductible	\$100 Copay	20% After Deductible	20% After Deductible
Complex Imaging	0% After Deductible	\$250 Copay	20% After Deductible	20% After Deductible
EMERGENCY SERVICES				
Emergency Room Visit	0% After Deductible	\$350 Copay	20% After Deductible	20% After Deductible
Urgent Care Visit	\$85 Copay	\$50 Copay	\$85 Copay	\$55 Copay
HOSPITAL SERVICES				
Inpatient Hospitalization	0% After Deductible	\$500 Copay per Day (\$2,500 Maximum)	20% After Deductible	20% After Deductible
Outpatient Surgery	0% After Deductible	\$350 Copay	20% After Deductible	20% After Deductible
PHARMACY - 30 DAY SUPPLY				
Pharmacy Deductible	None	None	None	None
Condition Care Rx (High Blood Pressure, High Cholesterol, Diabetes, Depression, Ashtma) - Generic / Brand	\$4 / \$30	\$4 / \$30	\$4 Copay / \$50 Copay	\$4 Copay / \$15 Copay
Generic (Tier 1 - 3)	\$10 Copay	\$15 Copay	\$15 Copay	\$10 Copay
Brand (Tier 4 - 5)	\$60 Copay	\$60 Copay	\$100 Copay	\$30 Copay
Non-Preferred (Tier 6)	\$100 Copay	\$100 Copay	\$200 Copay	\$50 Copay
Specialty (Tier 7)	\$150 Copay	\$200 Copay	\$300 Copay	\$150 Copay
Mail Order Available (90 Day Supply)	2.0x Copay	2.0x Copay	2.0x Copay	2.0x Copay
OUT-OF-NETWORK BENEFITS				
Calendar Year Deductible (Individual / Family)	N/A	N/A	\$5,000 / \$10,000	\$3,000 / \$6,000
Coinsurance (Carrier / Employee)	N/A	N/A	50% / 50%	50% / 50%
Calendar Year Out Of Pocket Maximum (Individual / Family)	N/A	N/A	\$13,400 / \$26,800	\$10,000 / \$20,000
Emergency Room Visit	Same as In-Network	Same as In-Network	Same as In-Network	Same as In-Network
PREMIUMS (January 1, 2022 - December 31, 2022)				
Per Pay Period Deductions (24/year)	BlueCare Everyday 15358	BlueCare All Copay 14256	BlueOptions Everyday 15105	BlueOptions Everyday 14104
Employee	\$39.00	\$58.75	\$78.50	\$84.00
Employee + Spouse	\$117.00	\$167.00	\$187.00	\$216.00
Employee + Child(ren)	\$94.50	\$144.50	\$164.50	\$181.00
Employee + Family	\$102.00	\$164.00	\$226.00	\$243.50

To Find a Physician within the network go to:

<https://providersearch.floridablue.com>

and select the appropriate network as referenced above.

Please Note: This is only a brief summary of benefits and services included. For a complete description of benefits and exclusions, please reference the SBC (Summary of Benefits and Coverage) provided by the carrier, its terms prevail.

Out of Network Benefits may be subject to balance billing. Final rates are based on actual enrollment.

I also understand, in conformity with the IRS Section 125, that I may not cancel or change my coverage unless I experience a qualifying event, until the next annual enrollment.

Qualifying Events, as recognized by the IRS, may arise during the plan year and are the only times an employee may make coverage changes. These include a marriage or divorce of the employee; the death of the employee's spouse or dependent; the birth, proposed adoption or adoption of a child of the employee; a change in employment (full-time or part-time); or a significant change in health coverage of employee or spouse attributable to spouse's employment. In these events, you must request enrollment within 30 days of the qualifying event. (For complete details, please refer to the plan Certificate of Coverage.)