

Frequently Asked Questions for the Colleges of Medicine and Dentistry Open Enrollment May 2013

General

Q. Where can I review information on the health plans offered by GatorCare?

A. Information can be found at gatorcare.org.

Q. What is the effective date of my health coverage?

A. Your coverage is effective on your first day of employment and your coverage will end on your last day of employment.

Q. When do I need to make a decision regarding the selection of health plans?

A. The Open Enrollment period for the Colleges of Medicine and Dentistry will be held from May 1 through May 31. Information will be provided by the Human Resources Office in your college.

Q. What is the cost of the insurance for the faculty and housestaff members?

A. There is no premium cost to the employee. The College pays 100% of the monthly premium cost for covering single employees, as well as those with dependents.

Q. What is a calendar year deductible?

A. A calendar year deductible (CYD) is the amount, when applicable, that must be satisfied by the member each calendar year before any payment will be made by the group health plan.

Q. What is a per admission deductible?

A. A per admission deductible is an amount, in addition to the CYD, that is paid by the member upon being admitted to the hospital.

Q. What is co-insurance?

A. Co-insurance is percentage share of health expenses paid by the member for covered services after the CYD is satisfied.

Q. What is balance billing?

A. Balance billing is the amount billed to and due from the member for services received outside of the network.

Q. Whom should I contact if I have questions on the health plans?

A. Florida Blue is available to respond to coverage questions. In Gainesville, please contact Leslie Florence at (352) 594-3354 or leslie.florence@floridablue.com; In Jacksonville, please contact Kelley Thomas at (904) 244-9130 or Kelley.thomas@floridablue.com.

Q. I haven't received my ID card. What should I do?

A. Members should receive their ID cards during the 3rd week of June. It is important to ensure your home address is up to date. If your ID card is not received prior to the effective date of coverage, a member can order an ID card directly from Florida Blue by logging on to www.FloridaBlue.com and signing in. Click on my account, and choose the ID Card Services. A temporary card also can be printed from this site. Members may also call Florida Blue customer service at 1-800-664-5295 or the on-site Florida Blue representative (Jacksonville 904-244-9130 or Gainesville 352-564-3354). The health and prescription card are one card. Members will not have a separate card for prescriptions.

Enrollments

Q. When can I enroll in GatorCare?

A. The Open Enrollment period runs May 1 through 31. Information on the enrollment process will be provided by the human resources office in your college.

Q. Whom should I contact regarding the enrollment process?

A. Please contact your college's human resources office. In Gainesville, the phone number for COM is (352) 273-5077, in Jacksonville, the number is (904) 244-8531. Residents at the College of Dentistry should contact their human resources office at (352) 273-5786.

Q. If I decide I want to change to another health plan offered through GatorCare, when can I make the change?

A. You may change to another health plan that your employer is offering during a future open enrollment period or when a qualifying event occurs. Following this initial May open enrollment period, open enrollment will be scheduled each year during the fall, normally between mid-October and early November. Please contact your human resources office for more information.

Q. What is a "qualifying" event?

A. A qualifying event is either a "work" or "life" event that permits a change to your benefits during the plan year. Common qualifying events include, but are not limited to: marriage, birth of a child, divorce, change of employment status or the death of a covered dependent. You must notify your human resources office within 60 days of an event.

Q. Will it be necessary to re-enroll in the supplemental plans like dental or vision during the GatorCare open enrollment period?

A. No, the UFSelect supplemental plans - such as dental, vision, pet insurance, legal coverage - etc. are not affected by the open enrollment scheduled in May. If you enrolled in UFSelect plans last fall during UF's open enrollment period, you will not need to re-enroll. You will have another opportunity to add/remove or change your enrollment in UFSelect during the UF's Open Enrollment period scheduled for fall 2013. New employees, such as incoming housestaff members and newly hired faculty members, will have 60 days from the hire date to enroll in the UFSelect programs.

Q. Am I required to enroll into one of the health plans being offered?

A. To opt out of the enrollment, the faculty and/or resident must provide proof of having alternative coverage.

Q. What if I do not make an election during the May 2013 election period?

A. Every effort should be made to contact your human resources office to make an election. In the event an election is not made, faculty and housestaff will default to the Premium plan and the current individual or family coverage will transfer.

Q. My dependent child is Age 26. How long can he remain covered on the College of Medicine health plan through GatorCare?

A. GatorCare provides health coverage for dependent children to the end of the calendar year in which the child turns age 26. If the dependent child is over the age of 26 and still covered by the College of Medicine group health plan, your child may remain on the policy until he no longer meets the eligibility criteria or 12/31/2014, whichever comes first. As of 1/1/2015, the College will no longer cover dependent children beyond the end of the year in which the child turns age 26.

Q. What do I do about the health insurance upon my retirement from the University of Florida?

A. You should contact Human Resources to discuss continuation of health coverage following retirement. At this time, plans offered through GatorCare are not available to new retirees. About 60 days before retiring, contact Human Resource Services to change your current coverage from a plan offered through GatorCare to a plan offered through the State Health Plan. You will be responsible for paying the premiums, and depending on your age at retirement, the coverage will be secondary to the Medicare Parts A and B. It will be necessary for you to coordinate your enrollment in Medicare Part B to coincide with your retirement date.

Coordination of Benefits

Q. How do I know if my or my spouse's insurance is primary?

A. If you are the employee, your GatorCare coverage is primary for you. Your spouse's policy is primary for him/her and secondary for you provided you also are covered by your spouse's policy. If you have children covered on both plans, except in the case of separation or divorce, the plan of the parent whose birthday excluding year of birth, falls earlier in the year, is the primary coverage. For more information on how your other coverage coordinates benefits, please contact that plan provider.

Q. How will GatorCare coordinate with my other health insurance?

A. GatorCare follows a standard Coordination of Benefits (COB) process. It is the member's responsibility to inform Florida Blue of any duplication of benefits or other health plan coverage. When GatorCare is your primary health plan, covered services are reimbursed without regard to coverage under the other plan. When GatorCare is not your primary health plan, covered services are reimbursed based on what the other insurance did not pay only up to the Florida Blue primary liability. In the event the primary payer's insurance exceeds the allowed amount, no payment will be made for such services.

Coverage

Q. Are chiropractic services covered?

A. Yes, chiropractic care is a covered service with GatorCare. Chiropractors who are participating with Florida Blue's Blue Options PPO network are covered under the Prime Plus and Premium plans with specialist co-pays. Non-participating chiropractors are covered only on the Premium Plan and are subject

to a calendar-year deductible and co-insurance and may balance bill the member for charges over the allowance. Chiropractic manipulations are limited to 26 per calendar year.

Q. How is massage therapy covered?

A. Massage therapy is covered under the therapy benefits and reimbursed based the participation of the rendering providers. Massage therapy must meet medical coverage guidelines to be covered. There is a 75-visit limit per benefit period; this includes cardiac, massage, occupation, physical and speech therapies.

Q. How is maternity covered?

A. The first visit will be covered under the Physician Office Service. The delivery services billed by your physician and the charges for your hospital service will be covered under the inpatient Hospital Service benefits. Hospital services are subject to the calendar year deductible and co-insurance of your plan. Benefits are determined by the plan you are enrolled in and the participating level of the physician and hospital.

Q. I am currently pregnant and my due date is after June 30, 2013. Will my pregnancy be covered?

A. New enrollees should contact Florida Blue or their human resources office to document the expected delivery date. Every effort is being made to ensure there is no disruption of coverage with current providers due to pregnancy. The Colleges of Medicine and Dentistry are keeping track of their employee's expected pregnancies with due dates between July 1 and October 1, 21013, in order to assist with a pre-determined, maximum reimbursement for out-of-pocket expenses.

Q. Do I need a referral to see a specialist?

A. No referral is needed on GatorCare plans to see a specialist.

Q. Will the deductible and maximum out-of-pocket expenses be cut in half in the last year of my residency program?

A. No, the deductible and maximum out of pocket expenses are based upon calendar year.

Q. Will I have to meet three different calendar year deductibles if I use three different benefits tiers?

A. It is possible that you may have to meet the calendar year deductible (CYD) if you use three different benefit tiers on the Premium plan, or two different benefit tiers on the Prime Plus plan within the same year. However, any amount applied to your CYD on a higher tier also will be applied on the lower tiers. The amount applied to your CYD on a lower tier will not be applied to the higher tiers. For example, if you are covered on the Premium plan and received services from Tier 3 providers in the beginning of the year, any amount applied to your Tier 3 CYD also will apply to the Tier 2 and Tier 1 CYD, and any amount met at Tier 2 will apply to the Tier 1 CYD. This also is true on the Prime Plus plan. If you have met any or all of your Tier 1 CYD and then go to providers in Tier 2 or 3, nothing from the Tier 1 CYD will apply towards those tiers.

Q. If I take my child to routine wellness visits, what's the cost?

- A. Prime Plus Tier 1 - \$0
- Prime Plus Tier 2 - 40% after calendar year deductible
- Prime Plus Tier 3 - no coverage

Premium Tier 1	- \$0
Premium Tier 2	- \$0
Premium Tier 3	- 40% after calendar year deductible

Out-of-State and Emergency Coverage

Q. What happens if I am out of the state and need medical care?

A. There are many participating Network Blue Tier 2 providers in the United States and abroad. You can access a listing of these Tier 2 participating providers on Florida Blue's website, www.Floridablue.com. On the provider directory home page, click FIND DOCTORS AND HOSPITALS WORLDWIDE, or FIND DOCTORS AND HOSPITALS NATIONALLY. Your policy does provide benefits for emergency room services, even at non-participating providers who are considered Tier 3, out-of-network.

Q. What happens if I a life-threatening event occurs and I am taken to an out-of-network facility for emergency care?

A. In the case of a life threatening emergency, a member should seek medical care. If possible, Florida Blue and your primary care physician should be immediately contacted. After the emergency facility has stabilized your medical condition, arrangements should be made to transfer you to an in-network facility. The events and claims will be reviewed to determine if the claim should be processed with in-network level of benefits.

Network Providers

Q. How do I know if my doctor is a Tier 1 GatorCare provider or a Network Blue provider?

A. The list of GatorCare Tier 1 providers is located on the GatorCare website, www.GatorCare.org as well as the Shands infonet under Human Resources. The Tier 2 Network Blue provider directory can be accessed from the link located at www.gatorcare.org under the provider tab. The list also can be accessed on www.FloridaBlue.com

Q. Which urgent care centers are considered Tier 1?

A. There are several GatorCare Tier 1 participating urgent care centers listed below.

Gainesville Area:

1. CareSpot, 720 SW Second Avenue, Suite 160A, Gainesville FL, (352) 240-8000
2. Emergency Physicians Medical Cente, 2445 SW 76th Street, Suite 110 Gainesville, FL (352) 872-5111

Jacksonville Area:

1. Magnolia Urgent Care, 3185 Highway 17, Green Cove Springs, (904) 284-4222
2. Sheiner Clinic LLC., 1880 Eagle Harbor Pkway, Fleming Island, (904) 213-8277
3. Solantic/CareSpot Baptist Urgent Care, 2104 Kingsley Ave, Fleming Island, (904) 213-0600
4. Solantic/CareSpot Baptist Urgent Care, 401 Monument Road, Neptune Beach, (904) 241-0117
5. Solantic/CareSpot Baptist Urgent Care, 5915 Normandy Blvd, Jacksonville, (904) 248-3910
6. Solantic/CareSpot Baptist Urgent Care, 12303 San Jose Blvd, Jacksonville, (904) 288-0277
7. Solantic/CareSpot Baptist Urgent Care, 410 Atlantic Blvd, Jacksonville, (904) 378-0121
8. Solantic/CareSpot Baptist Urgent Care, 2032 Dunn Ave, Jacksonville, (904) 757-2008
9. Solantic/CareSpot Baptist Urgent Care, 4498 Hendricks Ave, Jacksonville, (904) 854-1730
10. Solantic/CareSpot Baptist Urgent Care, 1021 Cesery Blvd, Jacksonville, (904) 854-1730
11. James F Connor PA Urgent Care, 464016 State Road 200, St. Augustine, (904) 824-8088

12. Solantic/CareSpot Baptist Urgent Care, 1851 Old Moultrie Road, St. Augustine, (904) 549-0001
13. St. Johns Express Care, 2095 US 1 S, Ponte Vedra, (904) 280-1300

Q. What if I need an urgent care center and I am not in the Gainesville or Jacksonville area?

A. A list of Network Blue – Tier 2 participating Urgent Care centers is available on the Florida Blue website, www.floridablue.com .

Pharmacy Benefits

Q. Whom do I call concerning my prescriptions?

A. Magellan Pharmacy Solutions is the administrator for GatorCare’s pharmacy benefits. The GatorCare dedicated-toll-free- number is (800) 651-8921.

Q. How can I find out the expected cost for a prescription?

A. Members may contact the GatorCare dedicated line at Magellan Pharmacy Solutions for cost estimates. The toll free number is 1-800-651-8921.

Q. Which pharmacies are considered in-network?

A. Magellan Pharmacy Solutions’ network includes more than 60,000 retail pharmacies. All major chains are included (Shands, Walgreens, CVS, Publix, Winn Dixie, Target, Kroger, etc.). Members can verify if a pharmacy is in-network on the Magellan Pharmacy Solutions website at <https://gatorcare.magellanpharmacysolutions.com> or by calling customer service at 800-651-8921.

Q. Am I required to use the Shands Gainesville Pharmacy?

A. All pharmacies in the Magellan Pharmacy Solutions network are open to GatorCare members. In certain cases of specialty medications, restrictions may require they be filled through the Shands Pharmacy or iCore Specialty Pharmacy. Magellan Pharmacy Solutions should be contacted at (800) 651-8921 in the event a member has a question about a specialty medication. Shands Gainesville employees are encouraged to use the Shands Pharmacies, as they are also considered in-network.

Q. Am I required to use a mail- order service for my maintenance drugs?

A. Members can obtain all medications at the retail pharmacy. Members can also fill their maintenance medications at retail in a 90-day supply if they choose. (Some restrictions apply to controlled medications and Tier 4 medications).

Q. How do I order 90-day mail order prescriptions?

A. Members can order through Walgreens Mail Order at (800) 999-2655 or www.walgreens.com. Members can also contact the Shands Medical Plaza Pharmacy at (888) 345-8270 or (352) 265-8270, or select the Medical Plaza Pharmacy from the portal’s on-line refill submission page at https://my.portal.shands.ufl.edu/portal/page/portal/DEPT_CONTENT/Pharmacy/UF/Outpatient-Pharm and ask for a 90-day supply. Orders can either be picked up or delivered free of charge to the members’ address. For delivery, please enter your address in the bottom section of the page.

Q. If I currently order 90-day prescriptions, will the refills transfer? What do I need to do to get this done?

A. Yes, as long as there are refills available, and the medication is not a controlled substance, prescriptions can be transferred from one pharmacy to the next. The best way to do this would be to go to the new pharmacy you wish to use and tell them which pharmacy has the prescription on file. Pharmacies have internal processes set up to transfer them and can do this easily.

Q. If my physician prescribes a medication that has a generic equivalent, will the plan allow me to have the prescription filled as written and not require me to accept the generic?

A. The pharmacy benefits permit a member to have the prescription filled as written, but the member is required to pay the brand copay plus the difference in cost between the brand and generic if you choose a brand product when a generic equivalent is available.

Q. If I am allergic to a generic or if my physician has determined that I cannot take a generic drug, what process must I follow to receive an exception?

A. To request an exception, an appeal with clinical documentation must be submitted to the GatorCare Management Group.