

Illinois Institute of Technology 2022 Health Plan Options

Key Plan Provisions	In-Network PPO	HDHP	
	In-Network ONLY	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	
Deductible			
Single	\$750	\$1,500	\$3,000
Family	\$1,500 (embedded)	\$4,500 (non-embedded)	\$9,000 (non-embedded)
Coinsurance	80%	80%	60%
Out of Pocket Maximum	Includes Deductible and Office Visit Copayments	Includes Deductible	
Individual	\$3,000*	\$3,000	\$6,000**
Family	\$6,000*	\$6,000	\$12,000**
	*Prescriptions have a separate OPX under the In-Network Only PPO.	**Since Balance Billing is NOT part of the OPX, and balance billing WILL EXIST when using out-of-network providers, there is no true OPX when using an out-of-network provider	
Office Visits	\$20 PCP/\$40 Specialist	80% after deductible	60% after deductible
Preventive 'Wellness' Care	100%	100%	60%
Emergency Care	\$150 Copay*	80% after deductible	
In Hospital Emergency Room	*deductible & coinsurance apply after copay		
Prescription Drugs - Administered by CVS/Caremark Generic	\$1,000 Individual/ \$2,000 Family OPX		
Brand - Formulary	\$20	80% after deductible	60% after deductible
Brand - Non Formulary (Specialty)*	\$40	80% after deductible	60% after deductible
	\$60	80% after deductible	60% after deductible
90-day supply - Mail Order (or retail only at CVS locations)			
Generic	\$40	80% after deductible	60% after deductible
Brand - Formulary	\$80	80% after deductible	60% after deductible
Brand - Non Formulary (Specialty)*	\$120	80% after deductible	60% after deductible

*Beginning in 2021, health plan members may be able to obtain certain specialty medications at \$0 cost share through Prudent Rx. For more information, please see the HR Portal Health Benefits page.