Illinois Institute of Technology
2023 Health Plan Options Overview

	Blue Choice Options PPO			Blue Choice Options HDHP		
Key Plan Provisions	**BCO Network (Tier 1)**	**Broader Network (Tier 2)**	**Out of Network**	**BCO Network (Tier 1)**	**Broader Network (Tier 2)**	**Out of Network**
Lifetime Maximum	Unlimited			Unlimited		
Deductible						
Single	$750	$1,500	$2,250	$1,500	$3,000	$4,500
Family	$1,500	$3,000	$4,500	$4,500	$9,000	$13,500
Coinsurance	80% plan/20% member	60% plan/40% member	50% plan/50% member	80% plan/20% member	60% plan/40% member	50% plan/50% member
	PPO deductibles are embedded for self + 1 and family coverage; Tier 1 and Tier 2 deductibles and coinsurance cross-accumulate			*HDHP deductibles are NOT embedded; Tier 1 and Tier 2 deductibles and coinsurance cross-accumulate*		
Out of Pocket Maximum (OPX)						
Individual	$3,000	$6,000	$9,000	$3,000	$6,000	$9,000
Family	$6,000	$12,000	$18,000 *	$6,000	$9,100	$18,000 *
	PPO OPX is for medical only. See below for prescription OPX information.			*HDHP OPX includes both medical and prescription coverage*		
	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	$40 PCP/$80 specialist	50% plan/50% member after deductible	80% plan/20% member after deductible	60% plan/40% member after deductible	50% plan/50% member after deductible
Preventive/Wellness Care	$0 member cost share			$0 member cost share		
Telehealth visits	$20 copay			80% plan/20% member after deductible		
Emergency Room	$150 copay, then 80% plan/20% member after deductible			80% plan/20% member after deductible		
Health Flexible Spending compatability	Yes: standard Health FSA, grace period applicable			Yes: limited purpose FSA only, DO NOT use grace period		
Health Savings Account eligible	NO			Yes: see health plan description for additional information		
Prescription coverage: administered by CVS/Caremark						
Key Plan Provisions	**In-network**		**Out of Network**	**In-network**		**Out of Network**
Out of Pocket Maximum (OPX)	$1,000 individual/$2,000 family			Combined with medical		
	Certain medications may be available to you with $0 member cost share due to Affordable Care Act guidelines. Contact CVS for additional information.					
30-day refills						
Generic	$20		Copays listed to the left, plus	Plan pays 80% after deductible		Plan pays 60% after ded.
Brand - Formulary	$40		25% of the eligible amount.	Plan pays 80% after deductible		Plan pays 60% after ded.
Brand - Non-formulary (specialty)**	$60			Plan pays 80% after deductible		Plan pays 60% after ded.
90-day refills (mail-order/retail at CVS only)						
Generic	$40			Plan pays 80% after deductible		Plan pays 60% after ded.
Brand - Formulary	$80			Plan pays 80% after deductible		Plan pays 60% after ded.
Brand - Non-formulary (specialty)**	$120			Plan pays 80% after deductible		Plan pays 60% after ded.

***Health plan members may be able to obtain certain injectable specialty medications at $0 cost share through Prudent Rx. For more information, please see the HR website Health Benefits page.*