

**Illinois Institute of Technology
2024 Health Plan Options Overview**

Key Plan Provisions	Blue Choice Options PPO			Blue Choice Options HDHP		
	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	\$1,600	\$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
	<i>PPO deductibles are embedded for self + 1 and family coverage; Tier 1 and Tier 2 deductibles and coinsurance cross-accumulate</i>			<i>HDHP deductibles are NOT embedded; Tier 1 and Tier 2 deductibles and coinsurance cross-accumulate</i>		
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 *
	<i>PPO OPX is for medical only. See below for prescription OPX information.</i>			<i>HDHP OPX includes both medical and prescription coverage</i>		
	*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			
	<i>Certain medications may be available to you with \$0 member cost share due to Affordable Care Act guidelines. Contact CVS for additional information.</i>					
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.**