

Illinois Wesleyan University
2024 - BCBS Medical Plan Options

	Platinum Plan (In-Network)	* Gold Plan (HDHP) (In-Network)	Silver Plan (In-Network)
Deductible			
Single	\$750	\$1,600	\$1,700
Family	\$1,500	\$3,200	\$3,400
Member Coinsurance	20%	20%	20%
Out-of-Pocket Maximum			
Single	\$3,000	\$3,200	\$3,400
Family	\$6,000	\$6,400	\$6,800
Preventative Care	0%	0%	0%
Copays			
Primary Care	\$25	Deductible & Coinsurance	\$30
Specialist	\$40	Deductible & Coinsurance	\$50
Urgent Care	\$25	Deductible & Coinsurance	\$30
Virtual Visit	\$10	\$48 (applied to deductible)	\$15
Emergency Room	\$100	Deductible & Coinsurance	\$100
Inpatient Hospital	\$200	Deductible & Coinsurance	\$200
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx Copays	\$10/\$30/\$50	Deductible & Coinsurance	\$20/\$40/\$60

NOTE: IWU does not offer COBRA continuation benefits when employment ends.

* Notes specific to the Gold plan (HDHP):

- (1) If you have dependents covered, the overall family deductible and out-of-pocket amounts must be met.
- (2) Routine eye exams are not included on the IRS-approved preventative services list. They will not be covered at 100% on the Gold plan.
- (3) IWU will make a contribution into a Health Savings Account (HSA) for employees choosing the Gold plan: \$500 for Employee Only coverage, \$1000 for Employee plus Dependent(s) coverage