

Plan Highlights
OPEN ENROLLMENT MEDICAL OPTIONS, EFFECTIVE 1/1/2024



ILLINOIS EASTERN COMMUNITY COLLEGES

Plan Name / Plan Type Network Name Benefits	OPTION 1 HDHP3 (HSA Eligible) BCBSIL PPO		OPTION 2 Self-Only (HDHP4, HSA Eligible) BCBSIL PPO		OPTION 2 Family (HDHP4, HSA Eligible) BCBSIL PPO		OPTION 3 (Custom HSA, HSA Eligible) BCBSIL PPO		OPTION 4 (PPO Plus) BCBSIL PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	80%	60%	80%	60%	80%	60%	100%	80%	80%	60%
Deductible	\$6,000 / \$12,000 \$12,000 / \$24,000		\$2,650 / \$3,200 \$5,300 / \$5,300		\$3,200 / \$5,300 \$5,300 / \$10,600		\$1,750 / \$3,500 \$1,750 / \$3,500		\$500 / \$1,000 \$1,000 / \$2,000	
Individual / Family Additional Deductible Information	Embedded Deductible		Aggregate Deductible (Self-Only)		Embedded Deductible		Aggregate Deductible		Embedded Deductible	
Out-of-pocket max (Medical)	\$6,550 / \$13,100 \$13,100 / \$26,200		\$5,300 / \$5,300 \$10,600 / \$10,600		\$5,300 / \$10,600 \$10,600 / \$21,200		\$3,250 / \$6,500 \$3,250 / \$6,500		\$3,000 / \$7,000 \$6,000 / \$12,000	
Individual / Family										
Out-of-pocket max (RX)	Included in Medical OPX		Included in Medical OPX		Included in Medical OPX		Included in Medical OPX		\$1,000 / \$3,000	
Individual / Family										
Physician Services	80% after ded.	60% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	\$20 / \$40	60% after ded.
Office visits - Primary / Specialist										
Preventive/Wellness Care	100%	60% after ded.	100%	60% after ded.	100%	60% after ded.	100%	80% after ded.	100%	60% after ded.
Hospital Services - Inpatient	80% after ded.	60% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	\$300 ded. per admit, then 80% after ded.	80% after ded.	\$250 ded. per admit, then 60% after ded.
Hospital Services - Outpatient	80% after ded.	60% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	80% after ded.	60% after ded.
Emergency Room	80% after ded.		80% after ded.		80% after ded.		90% after ded.		\$150 copay	
Urgent Care	80% after ded.	60% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	80% after ded.	60% after ded.
Prescription Drugs - Retail	80% after ded.	Member pays 25% additional charge after applicable ded. & coins.	80% after ded.	Member pays 25% additional charge after applicable ded. & coins.	80% after ded.	Member pays 25% additional charge after applicable ded. & coins.	80% after ded.	Member pays 25% additional charge after applicable ded. & coins.	\$10 / \$20 / \$35 / \$150	Member pays 25% additional charge after copay
Prescription Drugs - Mail Order	80% after ded.	Not Covered	80% after ded.	Not Covered	80% after ded.	Not Covered	80% after ded.	Not Covered	2x Retail	Not Covered
Coverage Tier	<u>2024 Employee Contributions</u> Monthly		<u>2024 Employee Contributions</u> Monthly		<u>2024 Employee Contributions</u> Monthly		<u>2024 Employee Contributions</u> Monthly		<u>2024 Employee Contributions</u> Monthly	
Employee Only	(\$72.90)		\$0.00		\$0.00		\$77.64		\$149.46	
Employee Spouse	\$953.93		\$1,111.01		\$1,111.01		\$1,278.29		\$1,433.06	
Employee Child(ren)	\$455.82		\$572.04		\$572.04		\$695.86		\$810.38	
Employee Family	\$1,625.60		\$1,837.73		\$1,837.73		\$2,063.65		\$2,272.66	