Illinois Wesleyan University
2027 - BCBS Medical Plan Options

	* Gold Plan (HDHP Plan) (In-Network)	Silver Plan (PPO Plan) (In-Network)
Deductible		
Single	$3,500	$1,700
Family	$7,000	$3,400
Member Coinsurance	20%	20%
Out-of-Pocket Maximum		
Single	$7,000	$3,400
Family	$14,000	$6,800
Preventative Care	0%	0%
Copays		
Primary Care	Deductible & Coinsurance	$30
Specialist	Deductible & Coinsurance	$50
Urgent Care	Deductible & Coinsurance	$30
Virtual Visit	$48 (applied to deductible)	$15
Emergency Room	Deductible & Coinsurance	$350 (waived if admitted)
Inpatient Hospital	Deductible & Coinsurance	$200
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Rx Copays	Deductible & Coinsurance	$20/$40/$60

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

* Notes specific to the Gold plan (HDHP):

(1) Routine eye exams are not included on the IRS-approved preventative services list. They will not be covererd at 100% on the Gold plan.

(2) 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