

Illinois Wesleyan University
2025 - BCBS Medical Plan Options

	* Gold Plan (HDHP Plan)	Silver Plan (PPO Plan)
	(In-Network)	(In-Network)
Deductible		
Single	\$1,700	\$1,700
Family	\$3,400	\$3,400
Member Coinsurance	20%	20%
Out-of-Pocket Maximum		
Single	\$3,400	\$3,400
Family	\$6,800	\$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	\$100
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) 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