

Illinois Institute of Technology 2015 Benefit Options

	In-Network PPO	HDHP	
Key Plan Provisions	In-Network ONLY	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	
Deductible			
Single	\$500	\$1,500	\$3,000
Family	\$1,000	\$4,500	\$9,000
Coinsurance	85%	80%	60%
Out of Pocket Maximum	Includes Deductible and Office Visit Copayments	Includes Deductible	
Individual	\$2,600	\$3,000	\$6,000*
Family	\$5,200	\$6,000	\$12,000*
		*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	80% after deductible	60% after deductible
Preventive 'Wellness' Care	100%	100%	60%
Emergency Care			
In Hospital Emergency Room	\$125 Copay	80% after deductible	
Prescription Drugs - Retail	\$1,000 Individual/ \$2,000 Family OPX		
Generic	\$20	80% after deductible	60% after deductible
Brand - Formulary	\$40	80% after deductible	60% after deductible
Brand - Non Formulary	\$60	80% after deductible	60% after deductible
Prescription Drugs - Mail Order			
Generic	\$40	80% after deductible	60% after deductible
Brand - Formulary	\$80	80% after deductible	60% after deductible
Brand - Non Formulary	\$120	80% after deductible	60% after deductible