

**Plan Highlights**  
**OPEN ENROLLMENT MEDICAL OPTIONS, EFFECTIVE 1/1/2025**



**ILLINOIS EASTERN COMMUNITY COLLEGES**

| Plan Name / Plan Type<br>Network Name<br>Benefits                             | OPTION 1<br>HDHP3 (HSA Eligible)<br>BCBSIL PPO |  | OPTION 2 Self-Only<br>(HDHP4, HSA Eligible)<br>BCBSIL PPO |  | OPTION 2 Family<br>(HDHP4, HSA Eligible)<br>BCBSIL PPO |  | OPTION 3<br>(Custom HSA, HSA Eligible)<br>BCBSIL PPO |  | OPTION 4<br>(PPO Plus)<br>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                                |
| <b>Coinsurance</b>  | 80%  | 60%  | 80%   | 60%  | 80%  | 60%  | 100%   | 80%  | 80%   | 60%   |
| <b>Deductible</b><br>Individual / Family<br>Additional Deductible Information | \$6,000 / \$12,000                             | \$12,000 / \$24,000  | \$2,650 / \$3,300   | \$5,300 / \$5,300  | \$3,300 / \$5,300                                      | \$5,300 / \$10,600   | \$1,750 / \$3,500                                    | \$1,750 / \$3,500  | \$500 / \$1,000                               | \$1,000 / \$2,000                             |
|   | Embedded Deductible                            |  | Aggregate Deductible (Self-Only)                          |  | Embedded Deductible                                    |  | Aggregate Deductible                                 |  | Embedded Deductible                           |   |
| <b>Out-of-pocket max (Medical)</b><br>Individual / Family                     | \$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                            |
| <b>Out-of-pocket max (RX)</b><br>Individual / Family                          | Included in Medical OPX                        |  | Included in Medical OPX                                   |  | Included in Medical OPX                                |  | Included in Medical OPX                              |  | \$1,000 / \$3,000                             |   |
| <b>Physician Services</b><br>Office visits - Primary / Specialist             | 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.                                |
| <b>Preventive/Wellness Care</b>   | 100%   | 60% after ded.   | 100%  | 60% after ded.   | 100%   | 60% after ded.   | 100%   | 80% after ded.   | 100%  | 60% after ded.                                |
| <b>Hospital Services - Inpatient</b>  | 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.     |
| <b>Hospital Services - Outpatient</b>   | 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.                                |
| <b>Emergency Room</b>   | 80% after ded.                                 |  | 80% after ded.  |  | 80% after ded.   |  | 90% after ded.                                       |  | \$150 copay                                   |   |
| <b>Urgent Care</b>  | 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.                                |
| <b>Prescription Drugs - Retail</b>  | 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 |
| <b>Prescription Drugs - Mail Order</b>  | 80% after ded.                                 | Not Covered  | 80% after ded.  | Not Covered  | 80% after ded.   | Not Covered  | 80% after ded.                                       | Not Covered  | 2x Retail                                     | Not Covered                                   |
| <b>Coverage Tier</b>  | <u>2025 Employee Contributions</u><br>Monthly  |  | <u>2025 Employee Contributions</u><br>Monthly             |  | <u>2025 Employee Contributions</u><br>Monthly          |  | <u>2025 Employee Contributions</u><br>Monthly        |  | <u>2025 Employee Contributions</u><br>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                                    |   |