

DePaul University Medical Plan Comparison

The following tables summarize and compare the general features of each of the full-time medical plan options.

IN-NETWORK: General Coverage Comparison for All Medical Plan Program Options¹

	CDHP-HSA	BCBS PPO	HMO Illinois
Employer HSA Contribution	\$500 single; \$1,000 family	n/a	n/a
Annual Deductible	\$2,000 single; \$4,000 family	\$500 single; \$1,000 family	n/a
Annual Out-of-Pocket Maximum	\$3,000 single; \$6,000 family	\$2,500 single; \$5,000 family	\$1,500 single; \$3,000 family ⁵
PCP Required	No	No	Yes
Office Visit	80%	100% after \$30 co-pay for primary care 100% after \$50 co-pay for specialist and therapy services	100% after \$30 co-pay for primary care 100% after \$50 co-pay for specialist and therapy services
In-patient Hospital Services	80%	80%	100% after \$250 hospitalization co-pay
Preventive Care Services³	100% ²	100% ²	100%
Rx – Retail (generally, up to a 34-day supply)	Generic ⁴ : 80% \$10 min per script* \$100 max per script Formulary ⁴ : 70% \$10 min per script* \$125 max per script Non-Formulary ⁴ : 65% \$10 min per script* \$150 max per script	Generic ⁴ : 80% \$10 min per script* \$100 max per script Formulary ⁴ : 70% \$10 min per script* \$125 max per script Non-Formulary ⁴ : 65% \$10 min per script* \$150 max per script	Generic ⁴ : 80% \$10 min per script* \$100 max per script Formulary ⁴ : 70% \$10 min per script* \$125 max per script Non-Formulary ⁴ : 65% \$10 min per script* \$150 max per script
Rx – Mail Order (up to a 90-day supply)	You pay: Generic: \$25 Formulary: \$60 Non-Formulary: \$100	You pay: ² Generic: \$25 Formulary: \$60 Non-Formulary: \$100	You pay: Generic: \$25 Formulary: \$60 Non-Formulary: \$100
Emergency Room	80%	80%	100% after your \$75 co-pay (waived if admitted)
Mental Health / Substance Abuse	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition

¹If the cost of the prescription is less than the minimum, the participant will pay only the cost of the prescription.

OUT-OF-NETWORK: General Coverage Comparison for All Medical Plan Program Options¹

	CDHP-HSA	BCBS PPO	HMO Illinois
Employer HSA Contribution	\$500 single; \$1,000 family	n/a	n/a
Annual Deductible	\$4,000 single; \$8,000 family	\$1,000 single; \$2,000 family	n/a
Annual Out-of-Pocket Maximum	\$6,000 single; \$12,000 family	\$5,000 single; \$10,000 family	n/a
PCP Required	No	No	n/a
Office Visit	60%	60%	Not Covered
In-patient Hospital Services	60%	60%	Not Covered
Preventive Care Services	60%	60%	Not Covered
Rx – Retail (up to a 34-day supply)	Generic ⁴ : 80% \$10 min per script* \$100 max per script Formulary ⁴ : 70% \$10 min per script* \$125 max per script Non-Formulary ⁴ : 65% \$10 min per script* \$150 max per script	Generic ⁴ : 80% \$10 min per script* \$100 max per script Formulary ⁴ : 70% \$10 min per script* \$125 max per script Non-Formulary ⁴ : 65% \$10 min per script* \$150 max per script	Not Covered
Rx – Mail Order (up to a 90-day supply)	Not Covered	Not Covered	Not Covered
Emergency Room	80%	80%	100% after your \$75 co-pay (waived if admitted)
Mental Health / Substance Abuse Treatment	Paid the same as any other condition	Paid the same as any other condition	Not Covered

*If the cost of the prescription is less than the minimum, the participant will pay only the cost of the prescription.

Footnotes

1. Unless otherwise noted, all services are subject to annual deductibles.
2. Not subject to annual deductible.
3. Follow-up doctor visits and tests performed as a result of a potential health problem discovered during preventive care screenings are covered as normal medical expenses rather than as preventive care. For example, a colonoscopy performed as a result of a potential problem discovered during a routine physical would not be covered as a preventive care benefit; rather, it would be covered as a normal medical procedure.
4. Under the prescription drug program, the member pays the applicable coinsurance and/or co-pay plus the difference between the cost of the brand and generic drug if the brand drug is selected. If physician indicates dispense as written, member does not pay the difference in cost.
5. Excludes Vision co-pay