

## 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 Options<sup>1</sup>

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

\*If 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 Options<sup>1</sup>

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