



Blue Cross Blue Shield Consumer Driven Health Plan

DePaul **HR**

Could it be the right choice for me?

Take a closer look.

DePaul's Blue Cross Blue Shield Consumer Driven Health Plan (CDHP) offers comprehensive, affordable medical coverage. There are many great reasons to look at the CDHP as an attractive alternative for your medical coverage. Here are just a few:

- + Preventive care is covered at 100 percent
- + DePaul will fund a portion of your health savings account (HSA)
- + You pay lower monthly premiums for coverage
- + Blue Cross Blue Shield network
- + Freedom to choose your provider
- + Extensive tools and resources to help you manage your health

Also keep in mind, you can invest in your future health and well-being by contributing to a health savings account (HSA), as long as you or your spouse do not have a full-purpose flexible spending account (FSA) during the same year. Like an FSA, your contributions are made on a pre-tax basis which can result in significant tax savings on an annual basis. The funds in your HSA can be used to pay for any qualified health care expenses, including deductibles, co-insurance, prescriptions, dental expenses and vision expenses.

Any unused funds in your HSA carry over from year-to-year, so you don't have to worry about the "use it or lose it" restriction that applies to the FSA. And, your HSA is portable, which means that you keep it even if you change benefit plans, jobs or retire. Please review the Health Benefits section of the **HR website** for more information about eligibility and plan features.

How DePaul's medical plans compare

Which medical plan is best for you? Only you can decide.

But first you should consider the potential total cost under each medical plan option. The following examples make it easier to compare the potential costs.

Please keep in mind, these examples assume coverage for employee and spouse and are for illustrative purposes only. Each employee's situation will be different, based on coverage level and claims history.

The following examples illustrate how these bottom line numbers were reached. Please note, all of these examples assume all claims are in-network. CDHP participants may also contribute to a health savings account (HSA) to accumulate tax-free funds that carry over from year to year. PPO participants may contribute to a flexible spending account (FSA) on a pre-tax basis, but any funds in the FSA must be used by the end of the year. You can further maximize your tax savings by carefully estimating your expenses for the year and deciding if it makes sense for you to contribute to one of these types of accounts.

If you elect to participate in the CDHP, federal rules require you to participate **ONLY** in a limited purpose (LP) Health Care FSA. Reimbursements from an LP Health Care FSA may be on a pre-tax basis for eligible dental and vision expenses only.

+ Due to federal rules, if you enroll in the CDHP plan following participation in a full purpose (FP) Health Care FSA and have a balance as of 12/31 in the FP Health Care FSA, HSA contributions made by you and DePaul for the new plan year will be delayed until March 15 (date the grace period expires).

+ A dependent care FSA is not affected by the addition of an HSA.

Key Features of the 2018 CDHP Plan for DePaul

	Single	Single + Dependent(s) or Family
Health Savings Account (HSA) Amount Funded by DePaul Which you can use towards your deductible	\$500	\$1,000
Health Savings Account (HSA) Maximum Funded by You Amount you can choose to fund on a pre-tax basis (2017 limit*)	\$2,950	\$5,900
Deductible The portion of covered expenses you pay each year	\$2,000	\$4,000
Out-of-Pocket Maximum (includes deductible) The most you will have to pay out of your pocket for eligible health care expenses	\$3,000	\$6,000
Lifetime Maximum The limit placed on maximum total expenses paid by the plan	Unlimited	
Preventive Care Well child care and adult preventive care	100%	
Coinsurance Amount the plan pays after you meet the deductible	80%	
Prescription Drugs Amount the plan covers after you meet the deductible	80% generic 70% formulary 65% non-formulary	

Important note: This document summarizes the CDHP plan and assumes in-network coverage. Participants are free to use out-of-network providers/services, but at a higher cost and higher plan limits. Complete information can be found in the official plan documents and summary plan descriptions. If any discrepancy occurs, the actual plan documents and policies will prevail.

*Plus \$1,000 catch up contribution if age 55+.

Note: All examples assume employee and spouse coverage and in-network services.

	BlueEdge CDHP	PPO
Annual Deductible	\$4,000	\$1,000 (\$500 per person)
Annual Out-of-Pocket Maximum (deductible plus coinsurance)	\$6,000	\$5,000
HSA Contribution by DePaul	\$1,000	Not Applicable

EXAMPLE #1—Low claims totaling \$1,570

Your total costs for the year	\$2,353	\$4,602
Service Received	Cost	
You and your spouse go for annual physicals	\$400	You pay \$0; Plan pays 100%
You consult a specialist for knee pain	\$180	HSA used to pay \$180 (\$180 applied to annual deductible)
You have physical therapy (10 visits total)	\$990	HSA used to pay \$820; You pay \$170 (\$990 applied to annual deductible)
Total Annual Cost	\$1,570	HSA paid \$1,000; You pay \$170
Total premiums you paid for 2018*	\$2,183	\$3,954

EXAMPLE #2—Moderate claims totaling \$13,070

Your total costs for the year	\$7,053	\$7,454
Service Received	Cost	
You and your spouse go for annual physicals	\$400	You pay \$0; Plan pays 100%
Your spouse has outpatient surgery	\$10,670	HSA used to pay \$1,000; You pay \$4,334 (\$3,000 to meet the total annual deductible, plus 20% coinsurance)
Your spouse has two follow-up office visits	\$200	You pay \$40 (annual deductible met, you pay 20% coinsurance)
You order formulary brand maintenance mail order prescriptions during the year (4 scripts at \$130 ea)	\$520	You pay \$240 (annual deductible met, \$60 mail order co-pay per script)
You visit an orthopedic specialist for back pain	\$200	You pay \$40 (annual deductible met, you pay 20% coinsurance)
You go for physical therapy (12 visits total)	\$1,080	You pay \$216 (annual deductible met, you pay 20% coinsurance)
Total Annual Cost	\$13,070	HSA paid \$1,000; You pay \$4,870
Total premiums you paid for 2018*	\$2,183	\$3,954

EXAMPLE #3—High claims totaling \$26,730

Your total costs for the year	\$7,183	\$8,954
Service Received	Cost	
You and your spouse go for annual physicals	\$400	You pay \$0; Plan pays 100%
You have outpatient surgery	\$11,270	HSA used to pay \$1,000; You pay \$4,454 (\$3,000 to meet the total annual deductible, plus 20% coinsurance)
You have two follow-up office visits	\$200	You pay \$40 (annual deductible met, you pay 20% coinsurance)
Your spouse has inpatient surgery with a two night hospital stay	\$14,600	You pay \$506 (\$506 to reach annual out of pocket max, insurance pays remainder)
Your spouse fills two generic retail prescriptions (\$30 ea)	\$60	You pay \$0 (annual out of pocket max reached)
Your spouse has two follow-up office visits	\$200	You pay \$0 (annual out of pocket max reached)
Total Annual Cost	\$26,730	HSA paid \$1,000; You pay \$5,000
Total premiums you paid for 2018*	\$2,183	\$3,954

*Note: Your premiums paid for the year are the total of your pre-tax deductions taken out of your paycheck for medical coverage.

The deductible is an aggregate deductible. Either one or combined family members need to meet the family deductible before benefits are paid at the coinsurance level. Once the family out of pocket maximum is met by either one or combined family members, benefits are then paid at 100% for the remainder of the calendar year.



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