

Illinois Wesleyan University
2024 - BCBS Medical Plan Options

	Platinum Plan (In-Network)	* Gold Plan (HDHP) (In-Network)	Silver Plan (In-Network)
Deductible			
Single	\$750	\$1,600	\$1,700
Family	\$1,500	\$3,200	\$3,400
Family	\$6,000	\$3,200 \$6,400	\$3,400 \$6,800
Preventative Care	0%	0%	0%
Copays			
Primary Care	\$25	Deductible & Coinsurance	\$30
Specialist	\$40	Deductible & Coinsurance	\$50
Urgent Care	\$25	Deductible & Coinsurance	\$30
Virtual Visit	\$10	\$48 (applied to deductible)	\$15
Emergency Room	\$100	Deductible & Coinsurance	\$100
Inpatient Hospital	\$200	Deductible & Coinsurance	\$200
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx Copays	\$10/\$30/\$50	Deductible & Coinsurance	\$20/\$40/\$60

NOTE: IWU does not offer COBRA continuation benefits when employment ends.

* Notes specific to the Gold plan (HDHP):

\$500 for Employee Only coverage, \$1000 for Employee plus Dependent(s) coverage