

Northwestern University Retiree Plan Comparison

Plan Year 2024

If you or any of your dependents are age 65+, you must enroll in Medicare Parts A & B to be eligible to enroll or remain on the retiree plans.

Health									
	Group Medicare Advantage PPO (UnitedHealthcare)			Legacy Retiree PPO (BCBSIL)*			Legacy Retiree HMO Illinois (BCBSIL)		
Common Medical Event	In-Network	Out-of-Network	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine
Deductible	Not Applicable			\$500 individual/ \$1,500 family	\$1,000 individual/ \$3,000 family	\$350 individual/ \$1,050 family	Not Applicable		
Coinsurance¹	Varies by Service			10%	30%	5%	Not Applicable		
Out-of-Pocket (OOP) Maximum	\$2,200 per member			\$2,400 individual/ \$6,600 family	\$4,800 individual/ \$12,800 family	\$1,200 individual/ \$3,200 family	Not Applicable		
Wellness Checkup	Preventive Services, including Wellness Checkup: Covered 100% according to age/sex guidelines			Covered 100% according to age/sex guidelines	Deductible + 30% coinsurance	Covered 100% according to age/sex guidelines	Covered 100% according to age/sex guidelines		
Office Visit	\$25 provider/\$35 specialist/\$0 Virtual & Telehealth			\$25 provider/ \$35 specialist	Deductible + 30% coinsurance	\$10 provider/ \$20 specialist	\$25 provider/ \$35 specialist		
Emergency Room Costs	ER: \$65 copay; Inpatient: \$225 copay days 1-8 \$0 copay per day after that or outpatient 10% coinsurance			\$150 copay + 10% coinsurance	\$150 copay + 10% coinsurance	\$150 copay (waived if admitted) + 10% coinsurance	\$150 (waived if admitted)		
International Coverage	Emergency and urgent care with an additional \$200,000 lifetime maximum for medically necessary services			Coverage Parity Available (Contact BCBSIL for Coverage Information)		Not Applicable		Emergency Only	
Prescription OOP Maximum	None			\$1,500 Individual/ \$5,450 Family	Not Applicable		\$1,500 Individual/ \$10,200 Family	Not Applicable	
Prescription Copay	Generic: \$15 Retail; \$30 for 90-day Supply Preferred: \$35 Retail; \$70 for 90-day Supply Non-preferred: \$65 Retail; \$130 for 90-day Supply Specialty: \$95 Retail; \$190 for 90-day Supply You continue to pay the copays above until your out-of-pocket costs reach \$6,550: You then pay the greater of \$3.70 for generic drug, \$9.20 for all others, or 5% coinsurance drugs			Generic: \$10 Retail; \$20 for 90-day Supply Preferred: \$30 Retail; \$60 for 90-day Supply Non-preferred: \$60 Retail; \$120 for 90-day Supply Specialty: \$90 Retail; \$180 for 90-day Supply			Generic: \$10 Retail; \$20 for 90-day Supply Preferred: \$30 Retail; \$60 for 90-day Supply Non-preferred: \$60 Retail; \$120 for 90-day Supply Specialty: \$90 Retail; \$180 for 90-day Supply		
Dental									
	Group Medicare Advantage PPO (UnitedHealthcare)			Legacy Retiree PPO (BCBSIL)			Legacy Retiree DHMO (Guardian)		
Common Dental Event	In-Network	Out-of-Network	Northwestern Medicine	In-Network	Out-of-Network ²	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine
Deductible	\$0			\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$0			
Preventive & Diagnostic	100%			100%	100%	100%			
Minor Dental Services	80%			Not Applicable			Not Applicable		
Major Dental Services	50%			Not Applicable			Based on schedule of copays		
Annual Calendar Maximum	\$1,000			\$3,000	\$3,000	Not Applicable			
Vision									
	Group Medicare Advantage PPO (UnitedHealthcare)			Legacy Retiree PPO (BCBSIL/EyeMed)					
Common Vision Event	In-Network	Out-of-Network	Northwestern Medicine	In-Network	Out-of-Network ²	Northwestern Medicine			
Eye Exam	\$0 Copay			\$10	Up to \$40 Reimbursement		^1 Coinsurance varies by service, see plan documents for more information		
Frames	Not Applicable			\$75 copay + (80% of charge)	\$75 copay + (80% of charge)	Not Applicable			
Contacts	\$200 Allowance Every Year			\$200 Allowance	\$200 Allowance		^2 Plan pays as if the service were considered in-network		

This comparison is a high-level overview of Northwestern's Retiree Plans. Any information provided is superseded by the SPD and Plan Documents. For information on coverage, please reference the plan's SPD or Plan Document. For network information, please contact BCBSIL or UHC. For prescription formulary information, contact Express Scripts for the BCBSIL plans or UHC for the Medicare Advantage plan.

*For participants who are 65+, Medicare is primary and as such the Northwestern Medicine and Out-of-Network tiers do not apply.