



NORTHWESTERN UNIVERSITY

Health Care Plan Highlights

January 1, 2007



Health Care Plan Highlights – January 1, 2007

Benefits Division
720 University Place
Evanston, IL 60208

You only Out of Network	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Deductible						
Outpatient Surgery	Not Covered		\$250	\$250	\$500	\$1,200
Inpatient						
Coinsurance						
None			30%	30%	40%	
Out-of-Pocket Maximum						
Earnings under \$40,000	Not Applicable		\$4,000	\$2,000	\$3,000	\$4,000
\$40,0001 – \$120,000				\$4,000	\$6,000	\$8,000
Over \$120,000				\$6,000	\$8,000	\$10,000
Copayments						
Office Visit	\$25 for these plans for emergency care only					40% after
Emergency Room	\$100 for these plans, waived if admitted					deductible
Prescription Drugs						
Retail (30-day supply)	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45					40% after
Mail (90-day supply)	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65					deductible
Prescription Maximum	\$1,500 per person	Within OOP Max above	\$1,500 per person			Within OOP Max above
2007 Monthly Premiums						
Under \$40,000					\$109	\$74
\$40,001 to \$70,000					\$123	\$88
\$70,001 to \$120,000	\$96	\$71	\$73 to \$265 by earnings		\$163	\$128
\$120,001 to \$170,000					\$213	\$178
\$170,001 and above					\$247	\$212



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**You + spouse
Out of Network**

HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
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Deductible					
Outpatient Surgery	Not Covered	\$500	\$500	\$1,000	\$2,400
Inpatient					

Coinsurance	None	30%	30%	40%	
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Out-of-Pocket Maximum					
Earnings under \$40,000	Not Applicable	\$12,000	\$6,000	\$8,000	\$12,000
\$40,0001 – \$120,000			\$10,000	\$12,000	\$15,000
Over \$120,000			\$12,000	\$15,000	\$20,000

Copayments					
Office Visit	\$25 for these plans for emergency care only				40% after deductible
Emergency Room	\$100 for these plans, waived if admitted				

Prescription Drugs					
Retail (30-day supply)	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45				40% after deductible
Mail (90-day supply)	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65				
Prescription Maximum	\$1,500 per person	Within OOP Max above	\$1,500 per person		Within OOP Max above

2007 Monthly Premiums						
Under \$40,000	\$204	\$170	\$135 to \$620 by earnings	\$237	\$161	\$25
\$40,001 to \$70,000				\$268	\$192	\$56
\$70,001 to \$120,000				\$353	\$277	\$141
\$120,001 to \$170,000				\$462	\$386	\$250
\$170,001 and above				\$537	\$461	\$325



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You + child(ren)	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
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Deductible	\$250	\$250	\$750	\$750	\$1,500	\$2,400
Outpatient Surgery	\$250	\$300	\$750	\$750	\$1,500	\$2,400
Inpatient	\$500	\$300	\$750	\$750	\$1,500	\$2,400

Coinurance	None	None	10%	10%	10%	20%
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Out-of-Pocket Maximum	Earnings under \$40,000	\$40,001 – \$120,000	Over \$120,000	\$3,000	\$4,500	\$6,000
Earnings under \$40,000	\$40,000	\$120,000	Over \$120,000	\$3,000	\$4,500	\$6,000
\$40,001 – \$120,000	\$4,000	\$12,000	\$20,000	\$5,000	\$7,000	\$8,000
Over \$120,000	\$12,000	\$20,000	\$30,000	\$8,000	\$9,000	\$10,000

Copayments	Office Visit	Emergency Room	Prescription Drugs	20% after deductible	20% after deductible	20% after deductible
	\$25 for these plans	\$100 for these plans, waived if admitted	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65

Prescription Drugs	Retail (30-day supply)	Mail (90-day supply)	Prescription Maximum	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	20% after deductible	Within OOP Max above
	\$30	\$90	\$1,500 per person	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Within OOP Max above

2007 Monthly Premiums	Under \$40,000	\$40,001 to \$70,000	\$70,001 to \$120,000	\$120,001 to \$170,000	\$170,001 and above	
	\$21	\$49	\$231	\$304	\$398	\$461
	\$138	\$166	\$239	\$304	\$333	\$396
	\$21	\$49	\$231	\$304	\$398	\$461

	\$182	\$149
	\$135 to \$620	by earnings

* Maximum deductible is limited to two individual deductibles and out-of-pocket maximums



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You + child(ren)
Out of Network

HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
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Deductible	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Outpatient Surgery	Not Covered		\$750	\$750	\$1,500	\$2,400
Inpatient						

Coinsurance	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
	None		30%	30%	40%	

Out-of-Pocket Maximum	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Earnings under \$40,000	Not Applicable		\$12,000	\$6,000	\$8,000	\$12,000
\$40,0001 – \$120,000				\$10,000	\$12,000	\$15,000
Over \$120,000				\$12,000	\$15,000	\$20,000

Copayments	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Office Visit	\$25 for these plans for emergency care only					40% after deductible
Emergency Room	\$100 for these plans, waived if admitted					

Prescription Drugs	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Retail (30-day supply)	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45					40% after deductible
Mail (90-day supply)	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65					
Prescription Maximum	\$1,500 per person	Within OOP Max above		\$1,500 per person		Within OOP Max above

2007 Monthly Premiums	HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
Under \$40,000	\$182	\$149	\$135 to \$620 by earnings	\$203	\$138	\$21
\$40,001 to \$70,000				\$231	\$166	\$49
\$70,001 to \$120,000				\$304	\$239	\$122
\$120,001 to \$170,000				\$398	\$333	\$216
\$170,001 and above				\$461	\$396	\$279

* Maximum deductible is limited to two individual deductibles and out-of-pocket maximums



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You + spouse & child(ren)	HMO Illinois	UniCare	2006 PPO	Premier PPO	Select PPO	Value PPO	In-Network

Deductible	\$250	\$500	\$750	\$750	\$1,500	\$2,400	Outpatient Surgery
Inpatient	\$300	\$300	\$300	\$300	\$300	\$300	Outpatient Surgery

Coinurance	None	None	10%	10%	10%	20%	Coinurance

Out-of-Pocket Maximum	Earnings under \$40,000	\$40,001 – \$120,000	Over \$120,000	\$3,000	\$4,500	\$6,000	Out-of-Pocket Maximum
Individual	\$1,500	\$3,000	Family	\$5,000	\$7,000	\$9,000	Individual
Emergency Room	\$25 for these plans	\$100 for these plans, waived if admitted	\$25 for these plans	\$25 for these plans	\$25 for these plans	\$25 for these plans	Emergency Room

Copayments	Office Visit	Emergency Room	Prescription Drugs	Retail (30-day supply)	Mail (90-day supply)	Prescription Maximum	Copayments
Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45
20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

Prescription Drugs	Retail (30-day supply)	Mail (90-day supply)	Prescription Maximum	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	Prescription Drugs
2007 Monthly Premiums	Under \$40,000	\$40,001 to \$70,000	\$70,001 to \$120,000	\$120,001 to \$170,000	\$170,001 and above	\$170,001 and above	2007 Monthly Premiums

2006 PPO	\$237	\$224	\$135 to \$620 by earnings	\$355	\$242	\$39	2006 PPO
Premier PPO	\$401	\$288	\$401	\$288	\$85	\$85	Premier PPO
Select PPO	\$530	\$417	\$530	\$417	\$214	\$214	Select PPO
Value PPO	\$694	\$581	\$694	\$581	\$378	\$378	Value PPO
Out-of-Pocket Maximum	\$805	\$692	\$805	\$692	\$489	\$489	Out-of-Pocket Maximum

* Maximum deductible is limited to two individual deductibles and out-of-pocket maximums



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You + spouse + child(ren)
Out-of-Network Providers

HMO Illinois	UniCare HMO	2006 PPO	Premier PPO	Select PPO	Value PPO
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Deductible					
Outpatient Surgery	Not Covered	\$750	\$750	\$1,500	\$2,400
Inpatient					

Coinsurance	None	30%	30%	40%	
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Out-of-Pocket Maximum					
Earnings under \$40,000	Not Applicable	\$12,000	\$6,000	\$8,000	\$12,000
\$40,0001 – \$120,000			\$10,000	\$12,000	\$15,000
Over \$120,000			\$12,000	\$15,000	\$20,000

Copayments		
Office Visit	\$25 for these plans for emergency care only \$100 for these plans, waived if admitted	40% after deductible
Emergency Room		

Prescription Drugs		
Retail (30-day supply)	Generic \$5, Preferred Brand \$25, Non-preferred Brand \$45 Generic \$10, Preferred Brand \$45, Non-preferred Brand \$65	40% after deductible
Mail (90-day supply)		
Prescription Maximum	\$1,500 per person Within OOP Max above \$1,500 per person	Within OOP Max above

2007 Monthly Premiums						
Under \$40,000	\$237	\$224	\$135 to \$620 by earnings	\$355	\$242	\$39
\$40,001 to \$70,000				\$401	\$288	\$85
\$70,001 to \$120,000				\$530	\$417	\$214
\$120,001 to \$170,000				\$694	\$581	\$378
\$170,001 and above				\$805	\$692	\$489

* Maximum deductible is limited to two individual deductibles and out-of-pocket maximums