



# NORTHWESTERN UNIVERSITY

2009 Health Care Plan Highlights

## Health Care Plan Highlights – January 1, 2009

Benefits Division  
720 University Place  
Evanston, IL 60208

The University's health care plans have similar features; the differences are in the details of each plan feature, in how plan features interact, and in monthly premiums. Usually, the higher the out-of-pocket expenses, the lower the monthly premium. Or, to put it the other way, the lower the out-of-pocket expenses, the higher the monthly premium.

The next few pages display health care plan features and corresponding premiums. There are two pages for each of the four premium coverage tiers – one is for in-network services and the other one for out-of-network services. Benefits are higher when care is received from in-network providers.

**Deductible** is the dollar amount you pay for services before the plan starts to pay. For the two HMO plans, the outpatient deductible refers to outpatient surgery.

Example: You have an outpatient procedure costing \$3,000 and are a member of the Premier PPO plan. You pay the first \$250 – the deductible.

**Coinsurance** is the percentage share of the expense that you pay, while the health care plan pays the rest. Example: In the Premier PPO plan, you pay the first \$250, and then you pay 10% of the cost above \$250. The plan pays 90 % of the amount above the first \$250. Your 10% payment is coinsurance.

**Out-of-Pocket Maximum** is the maximum dollar amount you pay in expenses. The amount is based on your September 1, 2008 University salary, so those with lower earnings have greater protection against financial loss due to health care expenses. Example: For Select PPO plan members who have You + spouse coverage and whose NU salary is between \$42,001 and \$128,000, the most an individual will pay for out-of-pocket expenses is \$6,000.

**Copayments** are amounts you pay each time you receive a service such as a prescription drug or physician office visit. In the Value PPO plan, these services are included in the deductible and coinsurance and do not have copay of a fixed dollar amount. Example: Each time you visit your physician and he or she submits the service as an office visit, you make a copayment of \$25 or \$35 for a Specialist visit.

**Premium** is your portion of plan costs that all members pay on a monthly basis. The monthly premiums for the PPO plans vary with your earnings. Find your earnings level at the bottom of each page. You will see your monthly premium at the bottom right of each page. Note that the premiums go down as the amount of out-of-pocket expense paid goes up.

**Coverage Tier** is simply how the University categorizes whom you wish to cover. Example: If you are covering yourself and your spouse, your coverage is "You + Spouse."

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You only In Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	\$250	\$250	\$250	\$500	\$1,400
Inpatient	\$500	\$300			
<b>Coinsurance</b>					
	None		10%	20%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	\$1,500 Individual		\$1,000	\$1,500	\$2,000
\$42,000.01 – \$128,000			\$2,000	\$3,000	\$4,000
Over \$128,000			\$3,000	\$4,000	\$5,000
<b>Copayments</b>					
Office Visit	\$25 PCP, \$35 Specialist				20% after deductible
Emergency Room	\$100 for these plans, waived if admitted				
<b>Prescription Drugs</b>					
Retail (30 day supply)	Generic \$10, Preferred Brand \$30, Non-preferred Brand \$60				20% after deductible
Mail (90 day supply)	Generic \$20, Preferred Brand \$60, Non-preferred Brand \$120				
	\$1,500 per person	Within OOP max above	\$1,500 per person		Within OOP Max above
<b>2009 Monthly Premiums</b>					
Under \$42,000			\$121	\$25	\$10
\$42,000.01-\$75,000			\$143	\$45	\$20
\$75,000.01-\$128,000	\$94	\$104	\$172	\$72	\$45
\$128,000.01-\$182,000			\$209	\$105	\$71
\$182,000.01 and above			\$264	\$156	\$108

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You only Out of Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	Not Covered		\$250	\$500	\$1,400
Inpatient					
<b>Coinsurance</b>					
	None		30%	40%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	Not Applicable		\$2,000	\$3,000	\$4,000
\$42,000.01 – \$128,000			\$4,000	\$6,000	\$8,000
Over \$128,000			\$6,000	\$8,000	\$10,000
<b>Copayments</b>					
Office Visit	\$25 PCP, \$35 Specialist				40% after deductible
Emergency Room	\$100 for these plans, waived if admitted				
<b>Prescription Drugs</b>					
Retail (30 day supply)	Generic \$10, Preferred Brand \$30, Non-preferred Brand \$60				40% after deductible
Mail (90 day supply)	Generic \$20, Preferred Brand \$60, Non-preferred Brand \$120				
<b>2009 Monthly Premiums</b>					
Under \$42,000	\$94	\$104	\$121	\$25	\$10
\$42,000.01-\$75,000			\$143	\$45	\$20
\$75,000.01-\$128,000			\$172	\$72	\$45
\$128,000.01-\$182,000			\$209	\$105	\$71
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You + Spouse In Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	\$250	\$250	\$750 *	\$1,500 *	\$2,800
Inpatient	\$500	\$300			
<b>Coinsurance</b>					
	None		10%	20%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	\$3,000 Family		\$3,000	\$4,500	\$6,000
\$42,000.01 – \$128,000			\$5,000	\$7,000	\$8,000
Over \$128,000			\$8,000	\$9,000	\$10,000
<b>Copayments</b>					
Office Visit	\$25 PCP, \$35 Specialist				20% after deductible
Emergency Room	\$100 for these plans, waived if admitted				
<b>Prescription Drugs</b>					
Retail (30 day supply)	Generic \$10, Preferred Brand \$30, Non-preferred Brand \$60				20% after deductible
Mail (90 day supply)	Generic \$20, Preferred Brand \$60, Non-preferred Brand \$120				
	\$1,500 per person	Within OOP max above	\$1,500 per person		Within OOP Max above
<b>2009 Monthly Premiums</b>					
Under \$42,000	\$220	\$242	\$265	\$55	\$22
\$42,000.01-\$75,000			\$313	\$98	\$44
\$75,000.01-\$128,000			\$376	\$157	\$99
\$128,000.01-\$182,000			\$457	\$229	\$155
\$182,000.01 and above			\$578	\$341	\$237

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You + Spouse Out of Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	Not Covered		\$750 *	\$1,500 *	\$2,800
Inpatient					
<b>Coinsurance</b>					
	None		30%	40%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	Not Applicable		\$6,000	\$8,000	\$12,000
\$42,000.01 – \$128,000			\$10,000	\$12,000	\$15,000
Over \$128,000			\$12,000	\$15,000	\$20,000
<b>Copayments</b>					
Office Visit	\$25 PCP, \$35 Specialist				40% after deductible
Emergency Room	\$100 for these plans, waived if admitted				
<b>Prescription Drugs</b>					
Retail (30 day supply)	Generic \$10, Preferred Brand \$30, Non-preferred Brand \$60				40% after deductible
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You + Child(ren) In Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	\$250	\$250	\$750 *	\$1,500 *	\$2,800
Inpatient	\$500	\$300			
<b>Coinsurance</b>					
	None		10%	20%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	\$3,000 Family		\$3,000	\$4,500	\$6,000
\$42,000.01 – \$128,000			\$5,000	\$7,000	\$8,000
Over \$128,000			\$8,000	\$9,000	\$10,000
<b>Copayments</b>					
Office Visit	\$25 PCP, \$35 Specialist				20% after deductible
Emergency Room	\$100 for these plans, waived if admitted				
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Retail (30 day supply)	Generic \$10, Preferred Brand \$30, Non-preferred Brand \$60				20% after deductible
Mail (90 day supply)	Generic \$20, Preferred Brand \$60, Non-preferred Brand \$120				
	\$1,500 per person	Within OOP max above	\$1,500 per person		Within OOP Max above
<b>2009 Monthly Premiums</b>					
Under \$42,000	\$192	\$215	\$225	\$46	\$20
\$42,000.01-\$75,000			\$266	\$84	\$37
\$75,000.01-\$128,000			\$320	\$134	\$84
\$128,000.01-\$182,000			\$389	\$195	\$132
\$182,000.01 and above			\$492	\$290	\$201

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You + Children Out of Network	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
<b>Deductible</b>					
Outpatient Surgery	Not Covered		\$750 *	\$1,500 *	\$2,800
Inpatient					
<b>Coinsurance</b>					
	None		30%	40%	
<b>Out-of-Pocket Maximum</b>					
Earnings under \$42,000	Not Applicable		\$6,000	\$8,000	\$12,000
\$42,000.01 – \$128,000			\$10,000	\$12,000	\$15,000
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<b>Deductible</b>					
Outpatient Surgery	\$250	\$250	\$750 *	\$1,500 *	\$2,800
Inpatient	\$500	\$300			
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	\$1,500 per person	Within OOP max above	\$1,500 per person		Within OOP Max above
<b>2009 Monthly Premiums</b>					
Under \$42,000	\$275	\$307	\$398	\$82	\$33
\$42,000.01-\$75,000			\$471	\$148	\$66
\$75,000.01-\$128,000			\$566	\$236	\$148
\$128,000.01-\$182,000			\$688	\$345	\$234
\$182,000.01 and above			\$869	\$512	\$355

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