

Northwestern University Retiree Plan Comparison

Plan Year 2022

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

Health										
	Retiree PPO (BCBSIL)*			Group Medicare Advantage PPO (UnitedHealthcare)			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	\$400 individual/ \$1,200 family	\$800 individual/ \$2,400 family	\$250 individual/ \$750 family	Not Applicable			Not Applicable			
Coinsurance¹	10%	30%	5%	Varies by Service			Not Applicable			
Out-of-Pocket (OOP) Maximum	\$2,400 individual/ \$6,600 family	\$4,800 individual/ \$12,800 family	\$1,200 individual/ \$3,200 family	\$2,200 per member			\$1,500 individual/ \$3,000 family		Not Applicable	
Wellness Checkup	Covered 100% according to age/sex guidelines	Deductible + 30% coinsurance	Covered 100% according to age/sex guidelines	Preventative Services, including Wellness Checkup: Covered 100% according to age/sex guidelines			Covered 100% according to age/sex guidelines			
Office Visit	\$25 physician/ \$35 specialist	Deductible + 30% coinsurance	\$10 physician/ \$20 specialist	\$25 physician/\$35 Specialist/\$0 Virtual & Telehealth			\$25 physician/ \$35 specialist			
Emergency Room Costs	\$150 copay + 10% coinsurance	\$150 copay + 10% coinsurance	\$150 copay (waived if admitted) + 10% coinsurance	ER: \$65 copay; Inpatient: \$225 copay days 1-8 \$0 copay per day after that OR outpatient 10% coinsurance			\$150 (waived if admitted)		Not Applicable	
International Coverage	Coverage Parity Available (Contact BCBSIL for Coverage Information)		Not Applicable	Emergency and urgent care with an additional \$200,000 lifetime maximum for medically necessary services			Emergency Only			
Prescription OOP Maximum	\$1,500 Individual/ \$5,450 Family	Not Applicable		None			\$1,500 Individual/ \$10,200 Family	Not Applicable		
Prescription Copay	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: \$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			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		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		
Dental										
	Retiree PPO (BCBSIL)			Group Medicare Advantage PPO (UnitedHealthcare)			Retiree DHMO (Guardian)			
Common Dental Event	In-Network	Out-of-Network ²	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine	
Deductible	\$50 individual/ \$150 family	\$50 individual/ \$150 family	Not Applicable	\$0			\$0			
Preventative & Diagnostic	100%	100%		100%			100%			
Minor Dental Services	80%	80%		80%			Not Applicable			
Major Dental Services	50%	50%		50%			Based on Schedule of Copays			
Annual Calendar Maximum	\$3,000	\$3,000		\$1,000			Not Applicable			
Vision										
	Retiree PPO (EyeMed)			Group Medicare Advantage PPO (UnitedHealthcare)						
Common Vision Event	In-Network	Out-of-Network ²	Northwestern Medicine	In-Network	Out-of-Network	Northwestern Medicine				
Eye Exam	\$10	Up to \$40 Reimbursement	Not Applicable	\$0 Copay						
Frames	\$75 copay + (80% of charge)	\$75 copay + (80% of charge)		\$200 Allowance Every Year			Not Applicable			
Contacts	\$200 Allowance	\$200 Allowance								

¹ Coinsurance varies by service, see plan documents for more information

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.