

## Northwestern University Retiree Plan Comparison

### Plan Year 2025

Anyonage 65+ must be enrolled 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) <sup>1</sup>		Legacy Retiree HMO Illinois (BCBSIL)	
Common Medical Event	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network
<b>Deductible</b>	Not Applicable		\$500 individual/ \$1,500 family	\$1,000 individual/ \$3,000 family	Not Applicable	
<b>Coinsurance<sup>1</sup></b>	Varies by Service		10%	30%	Not Applicable	
<b>Out-of-Pocket (OOP) Maximum</b>	\$2,200 per member		\$2,400 individual/ \$6,600 family	\$4,800 individual/ \$12,800 family	\$1,500 individual/ \$3,000 family	
<b>Wellness Checkup</b>	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	
<b>Office Visit</b>	\$25 provider/\$35 specialist/\$0 Virtual & Telehealth		\$25 provider/ \$35 specialist	Deductible + 30% coinsurance	\$25 provider/ \$35 specialist	
<b>Emergency Room Costs</b>	<b>ER:</b> \$65 copay; <b>Inpatient:</b> \$225 copay days 1-8 \$0 copay per day after that or outpatient 10% coinsurance		\$150 copay + 10% coinsurance	\$150 copay + 10% coinsurance	\$150 (waived if admitted)	
<b>International Coverage</b>	Emergency and urgent care with an additional \$200,000 lifetime maximum for medically necessary services		Coverage Parity Available (Contact BCBSIL for Coverage Information)		Emergency Only	
<b>Prescription OOP Maximum</b>	None		\$1,500 Individual/ \$5,450 Family	Not Applicable	\$1,500 Individual/ \$10,200 Family	Not Applicable
<b>Prescription Copay</b>	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 \$2,000: You then pay the greater of \$0 for the remainder of the year.		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 <sup>2</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network
<b>Deductible</b>	\$50		\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$0	
<b>Preventive &amp; Diagnostic</b>	100%		100%	100%	100%	
<b>Minor Dental Services</b>	80%		80%	80%	Not Applicable	
<b>Major Dental Services</b>	50%		50%	50%		
<b>Annual Calendar Maximum</b>	\$1,000		\$3,000	\$3,000		

  

Vision					
	Group Medicare Advantage PPO (UnitedHealthcare)		Legacy Retiree PPO (BCBSIL/EyeMed)		
Common Vision Event	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network <sup>3</sup>	
Eye Exam	\$0 Copay		\$10	Up to \$40 Reimbursement	<sup>1</sup> Coinsurance varies by service, see plan documents for more information
Frames	\$200 Allowance Every Year		\$75 copay + (80% of charge)	\$75 copay + (80% of charge)	<sup>2</sup> Plan pays as if the service were considered in-network
Contacts			\$200 Allowance	\$200 Allowance	

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.

<sup>1</sup>For participants in the Legacy Retiree BCBSIL medical plans who are 65+, Medicare is primary and as such the Out-of-Network tier does not apply.

<sup>2</sup>Out-of-pocket network reimbursed at Usual, Customary and Reasonable (UCR) and you pay all fees in excess of this amount.

<sup>3</sup>Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits