



Northwestern

Visiting Scholar Benefit Program

2023 Plan Year
Enrollment Guide

MEDICAL PLAN OPTIONS | HMO



BlueCross BlueShield
of Illinois

	HMO
	In-Network
Core Benefits	Postdoc Pays
Deductible Single/Family	None
Out of Pocket Maximums Single/Family	Medical: \$1,500 / \$3,000 Prescriptions: \$1,500 / \$10,200
Office Visit	\$25 / \$35 Copay
Annual Wellness Visit	No Charge
Inpatient Hospital	\$500 per admission
Outpatient Surgery	\$250 per visit
Emergency Room	\$150 Copay*
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4

*Copay waived if admitted

Blue Access—Member Portal

Blue Access allows members to access a plethora of health insurance resources including digital ID cards, claims review, provider directory access and more. Please see page 11 for more information.

To register for Blue Access, simply:

- Visit bcbsil.com/member
- Click Register Now
- Use the information on your BCBSIL ID card to complete the registration process

Please note: HMO Plans require that you be assigned to a Primary Care Provider (PCP). If you do not designate a PCP when enrolling, one will be assigned to you based on the home address given .

MEDICAL PLAN OPTIONS | PPO



BlueCross BlueShield
of Illinois

Core Benefits	PPO	
	In-Network / NMG	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$750 / \$2,250	\$1,500 / \$4,500
Out of Pocket Maximums Single/Family	Medical: \$3,000 / \$8,000 Prescriptions: \$1,500 / \$5,450	Medical: \$6,000 / \$16,000 Prescriptions: \$1,500 / \$5,450
Office Visit	\$25 / \$35 Copay	40%*
Annual Wellness Visit	No Charge	20%*
Inpatient Hospital	20%*	20%*
Outpatient Surgery	20%*	20%*
Emergency Room	\$150 Copay + 20%**	
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4	\$10 + 25% Tier 1 \$30 + 25% Tier 2 \$60 + 25% Tier 3 Tier 4 Not Covered

**After deductible has been met*

***Copay waived if admitted*

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MEDICAL PLAN OPTIONS | BUY-UP PPO



BlueCross BlueShield
of Illinois

Core Benefits	Buy-up PPO	
	In-Network / NMG	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$500 / \$1,500	\$1,500 / \$4,500
Out of Pocket Maximums Single/Family	Medical: \$1,800 / \$4,800 Prescriptions: \$1,500 / \$5,450	Medical: \$6,000 / \$16,000 Prescriptions: \$1,500 / \$5,450
Office Visit	\$10 / \$20 Copay	40%*
Annual Wellness Visit	No Charge	40%*
Inpatient Hospital	10%*	40%*
Outpatient Surgery	10%*	40%*
Emergency Room	\$150 Copay + 10%**	
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4	\$10 + 25% Tier 1 \$30 + 25% Tier 2 \$60 + 25% Tier 3 Tier 4 Not Covered

**After deductible has been met*

***Copay waived if admitted*

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DENTAL PLAN OPTIONS



	HMO	PPO	
	In-Network	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	Postdoc Pays	
Annual Deductible	None	\$50 / \$150	
Annual Benefit Maximums	Unlimited	\$3,000	
<u>PREVENTIVE/DIAGNOSTIC</u>			
Routine Exam	\$0	0%	0% of UCR
Teeth Cleanings (Prophylaxis)	\$0	0%	0% of UCR
X-rays	\$0	0%	0% of UCR
<u>BASIC PROCEDURES</u>			
Fillings	Varies up to \$63 Copay	20%*	20% of UCR*
Endodontics	Varies up to \$400 Copay	20%*	20% of UCR*
Periodontics	Varies up to \$231 Copay	20%*	20% of UCR*
Oral Surgery	Varies up to \$259 Copay	20%*	20% of UCR*
<u>MAJOR PROCEDURES</u>			
Crowns	Varies up to \$511 Copay	50%*	50% of UCR*
Dentures	Varies up to \$709 Copay	50%*	50% of UCR*
<u>ORTHODONTIA</u>			
Child	\$3,070 Copay*	Child Only—50%*	Child Only—50% of UCR*
Adult	\$3,430 Copay*	(\$3,000 lifetime max)	(\$3,000 lifetime max)

*Does not include start-up and retention fees

*After deductible has been met

Accessing Out-of-Network Care Under a PPO Plan

When you seek services in-network, meaning, from providers listed in the PPO network, you pay less for care. When you pay 50% for major services from an in-network PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist charges \$1,000 for a porcelain crown on a molar. This dentist can charge whatever they want for this service. Your percentage of the cost for out-of-network care is 50% after the \$50 deductible. For this service (a crown), the Usual, Customary and Reasonable (UCR) cost is \$800, so you pay \$425.

IN ADDITION, you owe the difference between the UCR amount and the dentist's charge (\$1,000 - \$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625

What is a Usual, Customary and Reasonable (UCR) Charge?

Usual, customary and reasonable charges are set by the insurance company, based on the prevailing cost of a service in your geographic area. The insurance company then determines how much it will pay for a given service in your area.

VISION PLAN



	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$10 Copay	\$40 Allowance
	Every 12 Months	
Corrective Lenses	\$10 Copay	\$30 - \$70 Allowance
Conventional Contact Lenses*	\$200 Allowance (15% off remaining balance)	\$140 Allowance
Medically Necessary Contact Lenses*	\$0 Copay	\$210 Allowance
	Every 12 Months	
Frames	\$200 Allowance (20% off remaining balance)	\$140 Allowance
	Every 12 Months	

*Materials only; In lieu of corrective glasses

Additional Features

Eye Care Supplies: Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at in-network providers (not valid on doctor's services or contact lenses).

Laser Vision Correction: Save 15% off retail price or 5% off the promotional price for LASIK or PRK procedures.

Replacement Contact Lens Purchases: Visit www.eyemedcontacts.com to order replacement contact lenses at less than retail price.



Non-Employee Visiting Scholar Rates

	Postdoc Cost
Medical HMO	
Postdoctoral Trainee	\$521.46
Postdoc + Spouse/Partner	\$1,007.97
Postdoc + Child(ren)	\$967.30
Family	\$1,496.58
Medical PPO	
Postdoctoral Trainee	\$488.96
Postdoc + Spouse/Partner	\$945.17
Postdoc + Child(ren)	\$907.03
Family	\$1,403.32
Medical Buy-up PPO	
Postdoctoral Trainee	\$516.46
Postdoc + Spouse/Partner	\$998.31
Postdoc + Child(ren)	\$958.03
Family	\$1,482.23
Dental HMO	
Postdoctoral Trainee	\$18.52
Postdoc + Spouse/Partner	\$33.57
Postdoc + Child(ren)	\$34.73
Family	\$50.94
Dental PPO	
Postdoctoral Trainee	\$49.75
Postdoc + Spouse/Partner	\$108.21
Postdoc + Child(ren)	\$121.89
Family	\$172.89
Vision	
Postdoctoral Trainee	\$8.53
Postdoc + Spouse/Partner	\$16.21
Postdoc + Child(ren)	\$17.06
Family	\$25.08
Life Insurance (\$50K)	\$4.45
Long-Term Disability (LTD)	\$5.56
Short-Term Disability (STD)	\$24.14
Voluntary Life (postdoc, spouse, child)	See plan summaries in Documents Library for calculation

INFORMATION SOURCES

Insurance Carrier Member Services

Blue Cross Blue Shield of Illinois Medical.....	HMO— (800) 892-2803 PPO and Buy-up PPO — (800) 541-2767
Guardian Dental.....	HMO—(866) 494-4542 PPO—(800) 541-7846
EyeMed Vision.....	(866) 723-0514
The Standard Basic Life/AD&D.....	(800) 628-8600
The Hartford (file an EST claim).....	(888) 541-7283

Gallagher Benefit Services (GBS)

Phone.....	(844) 315-4550
Email.....	UniversityServices.GBS.nupfbp@ajg.com
Postdoctoral Benefit Program Website.....	http://clients.garnett-powers.com/pd/northwestern/





Gallagher

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This document is an outline of the coverage proposed by the carrier(s), based on information they provide. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your postdoc benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your dedicated account representative.