



Medical Insurance

PROVIDED BY



BlueCross BlueShield
of Illinois



Due to HIPAA (Health Insurance Portability and Accountability Act) protection laws, Northwestern and Gallagher **do not** have access to your medical claims information.

What is an HMO (Health Maintenance Organization) plan?

Under the HMO model, the member must choose a Primary Care Physician (PCP) contracted with the HMO plan at the time of enrollment (provider directory links are available on the GBS website).

If a PCP is not chosen at enrollment, one will be assigned to you within 5 miles of your home address.

Each family member can have a different PCP.

Your PCP becomes your healthcare “gatekeeper.”

You are allowed to change your PCP once a month if you are not satisfied with your current choice.

If the member is in need of treatment from a Specialist or is in need of an inpatient or outpatient procedure, he/she must obtain a referral from their PCP prior to any type of consultation or treatment. **If the referral is not obtained, no benefits will be paid.**

There is no Out-of-Network benefit (except in the case of an emergency).

Postdoctoral Benefit Program

BLUECROSS BLUESHIELD OF IL HMO MEDICAL PLAN

	HMO
	In-Network
Core Benefits	Postdoc Pays
Deductible Single/Family	None
Out of Pocket Maximums Single/Family	Medical Services: \$1,500 / \$3,000 Prescription Drugs: \$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

For HMO plans, a Primary Care Physician (PCP) must be assigned. If you do not select one, one will be assigned to you.

For more detailed plan design

information go to:

<http://clients.garnett-powers.com/pd/northwestern/>

What is a PPO (Preferred Provider Organization) plan?

At the time of service, the member has the ability to seek care from a specialist, without having to obtain a referral from a PCP.

The PPO plan offers more flexibility and choice than the HMO plan because it offers both “in-network” and “out-of-network” options.

The in-network benefits (coinsurance, out-of-pocket maximum, etc.) will result in lower out-of-pocket costs than the out-of-network benefits.

The PPO plan and the provider agree to a "discounted fee for service" model. This means that the participating provider has agreed to provide their services at a discounted rate. Providers outside the network have not agreed to that discounted rate and typically charge a "Reasonable and Customary" fee, resulting in higher out-of-pocket costs.

Postdoctoral Benefit Program

BLUECROSS BLUESHIELD OF IL PPO MEDICAL PLAN

Core Benefits	PPO	
	In-Network / NMG	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$500 / \$1,500	\$1,000 / \$3,000
Out of Pocket Maximums Single/Family	Medical Services: \$3,000 / \$8,000 Prescription Drugs: \$1,500 / \$5,450	Medical Services: \$6,000 / \$16,000 Prescription Drugs: \$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

For more detailed plan design information go to: <http://clients.garnett-powers.com/pd/northwestern/>

Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires that you be notified that the Summaries of Benefits and Coverage for your medical plans are currently available on the Gallagher-hosted NU Postdoctoral Benefit Program website.

The Summaries of Benefits and Coverage follow the recommended guidelines of PPACA in a standardized format to make them easier to read and comprehend to better serve you in making your plan selections.

You may request a paper copy at no charge by calling the toll-free number on your insurance ID card.

You may also print a copy directly from the GBS website.

When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP) <i>(Can be chosen under the HMO Plan)</i>	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
Specialist <i>(HMO: Required referral from PCP)</i>	Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated levels, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies <i>*Patients prioritized based on severity of illness/injury.</i>	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.
Urgent Care Center <i>(Alternative to ER)</i> <i>(HMO: Required referral from PCP)</i>	Treatment of most non-life-threatening emergencies <i>*Patients seen first come, first served basis.</i>	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.

Cost Analysis: Urgent Care vs. Emergency Room

Medical Plan	Urgent Care	Emergency Room
BCBSIL HMO Plan	\$25 Copay*	\$150 Copay**
BCBSIL PPO Plan	20%	\$150 Copay** + 20%

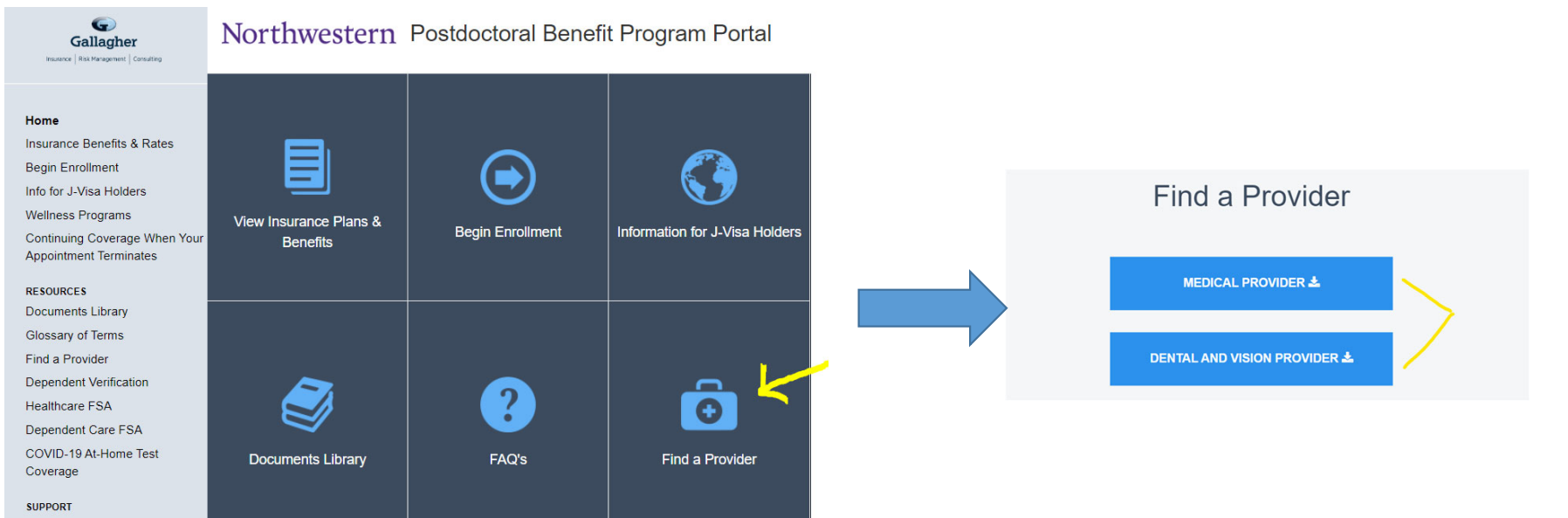
*Must be affiliated with the member's chosen medical group or referral is required.

**Copay waived if admitted.

- HMO members will need to consult with their Primary Care Physician (PCP) to see if a same-day appointment is available. If not, the PCP office will refer you to an in-network urgent care center. Visit the urgent care center and sign yourself in to be seen by a licensed physician on a first-come-first served basis.
- PPO members can go directly to the nearest in-network urgent care center. There are many urgent care centers in the PPO network; please see the Northwestern Postdoctoral Benefits portal for a list of in-network urgent care centers.

How to Locate a Provider

We understand that navigating the insurance companies' online provider directories can be confusing. To assist with this process, we have provided step-by-step instructions on the benefit program website.



Blue Cross Blue Shield Wellness Programs

- 24/7 Nurseline
- Behavioral Health Support
- Blue Access for Members (BAM) – Wellness Features
- Flu Prevention
- Oncology Support
- Pharmaceutical Care Management
- Preauthorization
- Well OnTarget Fitness
- Employee Assistance Program (EAP)

EMPLOYEE ASSISTANCE PROGRAMS (EAPs)

SupportLinc

SupportLinc is Northwestern's Employee Assistance Program (EAP) provider. The EAP is available to faculty, staff and household members and provides 24/7 free and confidential access to a variety of mental health and well-being services and resources, including short-term counseling.

Contact wellbeing@northwestern.edu with questions.

Life Made Easier—offered by BCBSIL

An additional feature of the BlueCross BlueShield medical insurance is the Employee Assistance Program (EAP), which offers postdocs and their immediate family members confidential, 24/7 access to professional counselors who can help with a wide variety of life challenges and concerns including relationships at home, issues at work and more.

The EAP also offers a free, confidential, unlimited phone-based Life Coach program that can help you with career exploration, parenting, communication, relationships, wellness goals and more.

When you contact the EAP, a professional counselor will assess your needs, provide up to 10 counseling and support sessions, and connect you with appropriate benefit programs and/or community resources – all at no cost to you.

For more information or to access the resources available through the EAP, call 855-547-1851, or visit www.eapwl.com and enter the username (northwestern) and password (eap)

