

Benefits Enrollment Instructions



This guide discusses faculty and staff enrollment for:

- Medical
- Dental
- Vision
- FSA and HSA
- Life Insurance
- Disability

You have 31 days from the date you become eligible for benefits to enroll. Otherwise, you will need wait for [Open Enrollment](#) or experience a [qualifying life event](#).

Postdoc Scholars and Fellows should review benefits and the enrollment process on the [Postdoc Benefits Website](#).

Enrollment in the Retirement Savings Plans is not discussed in the guide. See the [website for instructions](#) and eligibility.

[Commuter Benefits](#) are made at through our vendor partner Inspira. You will **not** be active in Inspira's system for **2-3 weeks** following your hire date.

Before You Enroll

Attend a live [New Faculty & Staff Benefits Orientation](#) session.

Have ready:

- [Digital copies of dependent verification documents](#)
- Life insurance beneficiaries
- Dependent SSN and date of birth

If you have questions or need help completing Benefits Enrollment:

Multifactor Authentication Issues

IT Help Desk: 847-491-4357
servicedesk@northwestern.edu

Login Issues

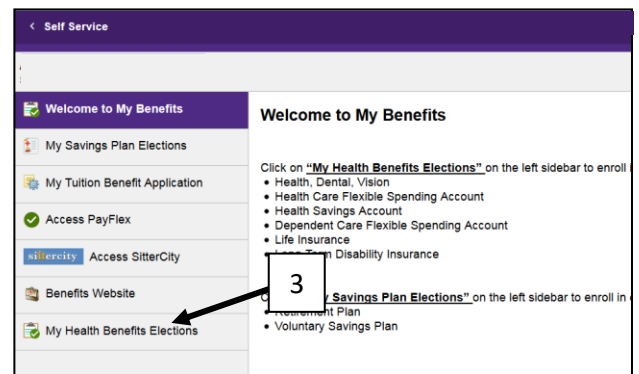
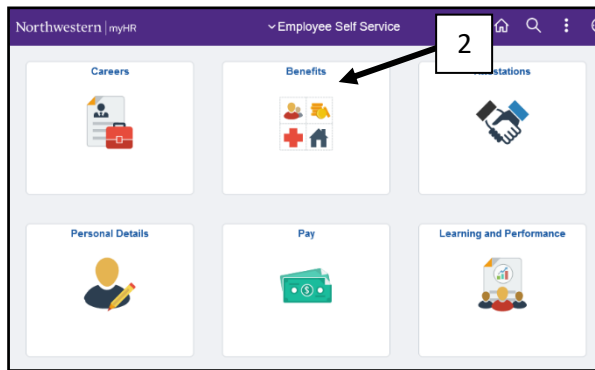
IT Help Desk: 847-491-4357
servicedesk@northwestern.edu

General Benefits Questions

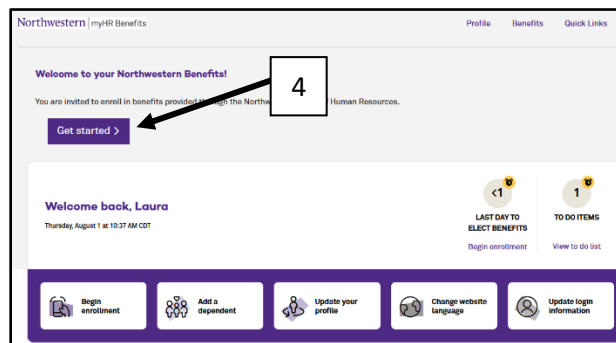
askHR: 847-491-4700
askHR@northwestern.edu

Accessing Benefits Enrollment Portal

1. Login to myHR at <http://www.northwestern.edu/myhr/>.
2. Select the **Benefits** tile in myHR Self Service.
3. Select **My Health Benefits Elections** from the left-hand menu.

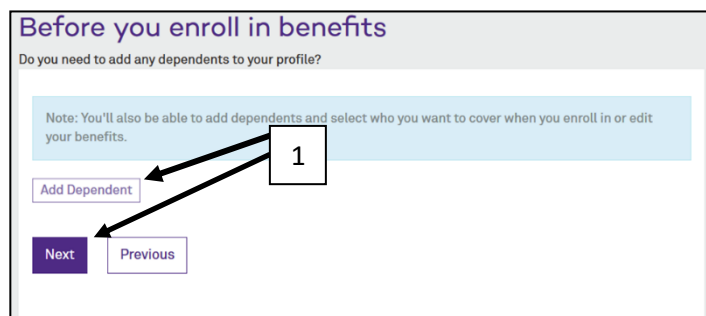


4. Select **Get Started** from the center of the page.



Adding Dependents

1. Select **Add Dependents** to add a spouse or child(ren). If you do not have any dependents, select **Next**.



Adding Dependents (cont.)

2. Enter all required dependent information and click **Save**. Please note that for compliance purposes all SSNs should be provided.

Add Dependent

First Name *
Middle Name
Last Name *

Suffix
---Please Select---

Preferred Name

Date of Birth *

Gender *

☐ Male ☐ Female

SSN

Relationship *

---Please Select---

Address

☒ Use Employee Address

Save **Save & Add Another** **Cancel**

3. Select **Add Dependent** to add more individuals or **Next** to move to the next section.

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Profile

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Employee Spouse	Spouse	06/28/1980	Female	Actions -
Employee Child	Child	06/28/2016	Male	Actions -

Add Dependent **Next** **Previous**

Selecting Medical Coverage

1. To elect coverage, select **Begin Enrollment** under *Choose your Medical coverage*. Note that Health, FSA, and HSA plans are included under Medical Coverage. Once you select **Begin Enrollment** under Medical Coverage the system will walk you through enrollment for all eligible plans.

Medical

Helps cover the cost of medical and surgical expenses.

Decision required

Would you like Medical coverage?

1 **Begin enrollment** **Decline coverage**

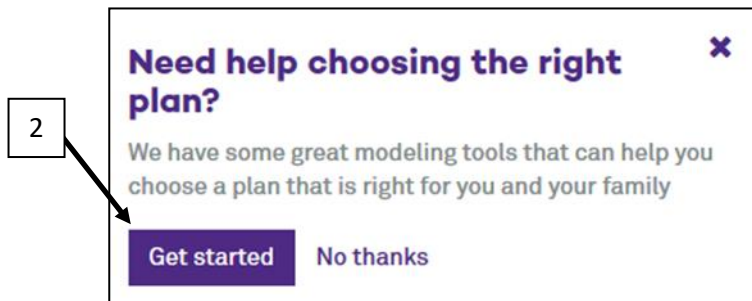
Health Savings Account (HSA)

Pairs with high-deductible health plans to help pay eligible healthcare expenses using pre-tax dollars.

Requires other decisions first

Availability of this benefit is dependent on your Medical decisions.

- Now you will be presented with all the health insurance plans available to you. A modeling tool is available to help you determine the best option for you and your family. Select **Get Started** to launch the tool. Otherwise hit *No thanks* and skip to the *Selecting your health plan* (pp8).



- The tool loads with the National Averages of medical services, which includes the average number of services and cost incurred by Americans. You can customize this for yourself by selecting the “Customize Usage” option instead. Select **Add Contribution** at the top of the page to enter FSA and HSA information to calculate tax savings.

Service	Cost
Emergency Room Visit	\$1,320.49
Outpatient Procedure	\$3,070.44
Inpatient Hospital Procedure	\$0.00
Doctor Office Visits	\$3,858.75
Prescription Drugs	\$2,746.83
Total Usage Cost	\$10,996.51

Note: You are not committing to any enrollment nor is Northwestern able to access information entered in this modeling tool.

Personalize your estimated cost
Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation.

Costs based on National Average Year

Estimate Your Tax Benefit
Contributing to a tax-advantaged savings account with pre-tax dollars can lower your taxable income and save you money. Find out how much below!

Filing Status: Head of Household

Household Income: \$

Tax Bracket: %

Annual Contribution: \$

Contribution Limits:

	Minimum	Maximum	55+ Additional
Single	—	\$3,400.00	\$1,000.00
Family	—	\$6,750.00	\$1,000.00

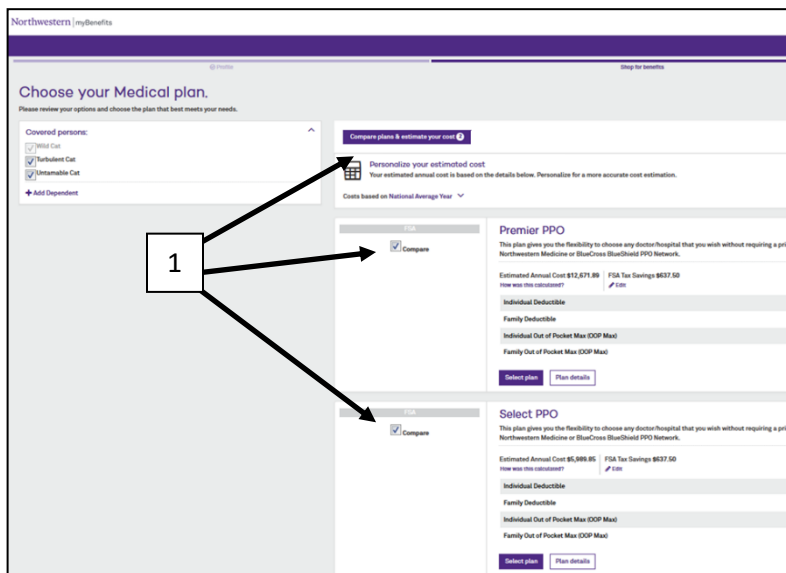
Total savings: \$0.00

Done Cancel

Enter both HSA and FSA elections to better evaluate which health plans works for you.

How to Compare Health Plans

- Once you have loaded information into the modeling tool, you will be presented with a summary of the health plans, along with your per-pay period cost. To see a more in-depth comparison of more than one plan, select the **Compare** box next to two or more plans. Then click **Compare Plans & Estimate Your Cost** at the top of the screen.



- You will then be presented with a new page that shows you a side-by-side of the cost of the plan, as well as the costs of in- and out-of-network services. Review this information to determine which plan works best for you and your family.

Once you are done reviewing the plans, select **Return to Results** at the top left of the page.

NOTE: Do not use the back button in your browser. It is best to use the previous button within the platform.

	Premier PPO \$798.00 Monthly Cost Employer Contribution \$0.00	Select PPO \$248.00 Monthly Cost Employer Contribution \$0.00
In-Network		
Individual Deductible	\$250	\$500
Family Deductible	\$750	\$1,500
Individual Out of Pocket Max (EOP Max)	\$2,300	\$2,650
Family Out of Pocket Max (EOP Max)	\$6,600	\$7,750
Doctor's Office Visit	\$25 copay/visit	\$25 copay/visit
Inpatient Hospital Services	10% Coinsurance	20% Coinsurance
Outpatient Hospital Services	10% Coinsurance	20% Coinsurance
Emergency Room Visit	\$100 copay plus 10% coinsurance	\$100 copay plus 20% coinsurance
Prescription Drugs - Generic	\$10 - Retail (one-month supply) \$20 - Home Delivery (three-month supply)	\$10 - Retail (one-month supply) \$20 - Home Delivery (three-month supply)
Tier 2 - Preferred Drugs	\$30 - Retail (one-month supply) \$60 - Home Delivery (three-month supply)	\$30 - Retail (one-month supply) \$60 - Home Delivery (three-month supply)
Tier 3 - Nonpreferred Drugs	\$60 - Retail (one-month supply) \$120 - Home Delivery (three-month supply)	\$60 - Retail (one-month supply) \$120 - Home Delivery (three-month supply)
Tier 4 - Specialty Drugs	\$90 - Retail (one-month supply) \$180 - Home Delivery (three-month supply)	\$90 - Retail (one-month supply) \$180 - Home Delivery (three-month supply)

Selecting Your Health Plan

Once you are done reviewing the modeling tool and have made your choice of health plans:

1. Verify everyone you want covered on the plan is checked in the box on the left side;

Covered persons:

- ☒ New Employee
- ☒ Employee Spouse
- ☒ Employee Child
- [+ Add Dependent](#)

2. Click the **Select Plan** box under the plan in which you wish to enroll;

3. If you select the HMO Illinois plan, you will be prompted to select a Primary Care Provider for both you and your dependents. A link is provided to BCBSIL's provider finder. The PCP number from BCBSIL's website must be entered at the time of enrollment;

Medical

Enter the PCP (Primary Care Provider) information or search from a list of providers.

View Primary Care Provider List

Provider Name	Provider Number
Wild Cat	42012355
Turbulent Cat	42012355
Untamable Cat	42012355

☐ Use the same provider for all dependents

Please Note:
• Under an HMO or Point-of-Service (POS) plan, a primary care provider is usually your first contact for health care. This is usually a general practitioner, family practitioner, internal medicine or pediatrician. The primary care provider makes referrals to specialists when medically necessary. To select a PCP call (800) 892-2803 or access the link below. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. OB/GYN and PCP must be from the same medical group. To change your PCP to a different medical group, contact HMO Illinois member services.

[Find a Doctor - Navigate to the Provider Finder](#)

[Next](#) [Previous](#) [Cancel](#)

Find a Doctor - Navigate to the Provider Finder

Under the HMO Illinois medical plan medical services are only covered when authorized in advance by an individual's Primary Care Physician (PCP). A PCP is usually your first contact for health care. This is usually a general practitioner, family practitioner, internal medicine or pediatrician. The primary care provider makes referrals to specialists when medically necessary. To select a PCP call (800) 892-2803 or access the link below. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. OB/GYN and PCP must be from the same medical group. To change your PCP to a different medical group, contact HMO Illinois member services.

[Find a Doctor - Navigate to the Provider Finder](#)

Select Plan

Premier PPO
This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you use a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.
Estimated Annual Cost \$12,671.89 FSA Tax Savings \$637.50
How was this calculated? [Link](#)

Category	Amount
Individual Deductible	\$250
Family Deductible	\$750
Individual Out of Pocket Max (OOP Max)	\$2,200
Family Out of Pocket Max (OOP Max)	\$6,600

[Select plan](#) [Plan details](#)

Select PPO
This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you use a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.
Estimated Annual Cost \$5,988.50 FSA Tax Savings \$7.50
How was this calculated? [Link](#)

Category	Amount
Individual Deductible	\$500
Family Deductible	\$1,500
Individual Out of Pocket Max (OOP Max)	\$2,800
Family Out of Pocket Max (OOP Max)	\$7,750

[Select plan](#) [Plan details](#)

Value PPO
This plan is a High Deductible Health Plan. You can use a Health Savings Account to set aside the deductible pre-tax. This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you use a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.
Estimated Annual Cost \$6,426.50 FSA Tax Savings \$1,687.50
How was this calculated? [Link](#)

Category	Amount
Individual Deductible	\$1,000
Family Deductible	\$2,800
Individual Out of Pocket Max (OOP Max)	\$3,000
Family Out of Pocket Max (OOP Max)	\$6,850

[Select plan](#) [Plan details](#)

HMO Illinois
This plan gives you access to the HMO Illinois provider network, but pays no benefits when you use a provider who is not a member of the Network (except in an emergency). Your Primary Care Physician (PCP) will coordinate your care with other network specialists. When enrolling in the HMO plan for the first time, a PCP must be selected at the time of enrollment.
Estimated Annual Cost \$5,808.50 FSA Tax Savings \$537.50
How was this calculated? [Link](#)

Category	Amount
Individual Deductible	\$0
Family Deductible	\$0
Individual Out of Pocket Max (OOP Max)	\$1,000
Family Out of Pocket Max (OOP Max)	\$3,800

[Select plan](#) [Plan details](#)

[Decline Coverage](#) [I want this to decline Medical coverage](#)

[Previous](#) [Cancel](#)

NOTE: For the health plan, OB/GYN and PCP must be from the same medical group.

4. If you select the Value PPO plan, you will be prompted with the option to elect a Health Savings Account (HSA) - Detailed instructions on next page;

5. If you do not wish to enroll in health coverage, select **Decline Coverage** at the bottom of the page.

Contribute to your Health Savings Account (HSA)

If you do not want to contribute to your HSA, select next.

Contribute to your HSA
Enter the amount you would like to contribute to your HSA. The total amount that you can contribute for this benefit year is \$3,400.00

Contribution Type
☒ Repeating

Repeating
Change contribution start and end dates [v](#)

Per paycheck *
\$ x 14 paychecks = \$

Health Savings Plan

If you elected to participate in the Value PPO Health Plan you are eligible for the Health Savings Account (HSA). If you did not select the Value PPO then **skip this page**.

Northwestern University offers matching funds up to \$1,000 for a single participant or \$2,000 for a family.

1. To enroll in the HSA click on **Yes, I would like an HSA**. To decline enrollment select **Cancel & return home**.

1. Would you like an HSA?

☐ Yes, I would like an HSA.

☐ No, I do not want an HSA.

Continue Previous Cancel & return home

2. Enter the amount you wish to have deducted from each remaining paycheck for the year. Click **Continue**.

2. How would you like to contribute to your HSA?

☐ Maximize contribution
You will have 10 contributions of \$315.00 for a total \$3,150.00 for the year.

☐ Custom amount
Contribute a custom amount to be deducted from every paycheck within a defined date range.

☐ Don't contribute right now
I don't want to contribute now.

Continue Previous Cancel & return home

The IRS limit for the year includes Northwestern's contribution.

3. A summary will appear that shows how much you will contribute and how much the University will contribute. Select **Save & Continue**.

Pending

Employer ongoing contribution
Your employer ongoing contribution is scheduled from 08/09/2024 to 09/20/2024
\$315.00 / \$1,000.00
per paycheck / total contribution

Pending

Employee ongoing contribution
Your ongoing contribution is scheduled from 08/09/2024 to 12/27/2024
\$315.00 / \$3,150.00
per paycheck / total contribution

You have reached the federal limit. No additional contributions can be made.

Total 2024 Contributions: \$4,150.00

Save & Continue Add contribution Cancel & return home

4. Finally, read the acknowledgement, select **I Agree**, then click **Next**.

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Profile

Health Savings Account (HSA)

Acknowledgement

Acknowledgement and Agreement

- I am not enrolled in Medicare
- I cannot be claimed as a dependent on another person's tax return
- I understand that if my spouse is enrolled in a Health FSA I am not eligible to contribute to an HSA
- I understand that my contribution cannot be effective prior to my HDHP coverage date
- I do not have a balance in a health care flexible spending account.

☒ I agree

Next Previous Cancel

1. If you wish to participate in a Health Care or Limited Care FSA, click **Select Plan**. Otherwise select **Decline Coverage** to move to the summary page.
2. If you are electing to participate, you will be prompted to enter in the *annual* amount you want to contribute and select **Next**.

Once you have completed your Health, Dental, Vision, HSA, and FSA enrollments you will be brought to a summary screen. Select Save at the bottom left to save these choices and move to the next section.

Benefit Elections (3 items)	
Monthly	
Medical	\$145.00
Dental	\$72.00
Vision	\$24.00
Monthly Total	\$241.00
Tax Advantage Accounts (1 item)	
Monthly Contributions	
Health FSA Employee Contribution	\$364.29
Monthly Contributions Total	\$364.29
You Pay	
Monthly Total	\$625.29

The process for selecting your dental and vision plans is similar to the process for selecting your health plan, with the exception that there is not a modeling tool for these benefits.

Dependent Care FSA Plan

The Dependent Care FSA plan allows you to put up to \$5,000 into a pre-tax account for dependent daycare expenses. Faculty & Staff with an household adjusted gross income less than \$130,000 could be eligible for a partial reimbursement from Northwestern. An separate application must be submitted for this.

1. If you wish to enroll select Begin Enrollment. Otherwise select Decline Coverage.

2. Then click on **Select Plan** to begin enrollment.

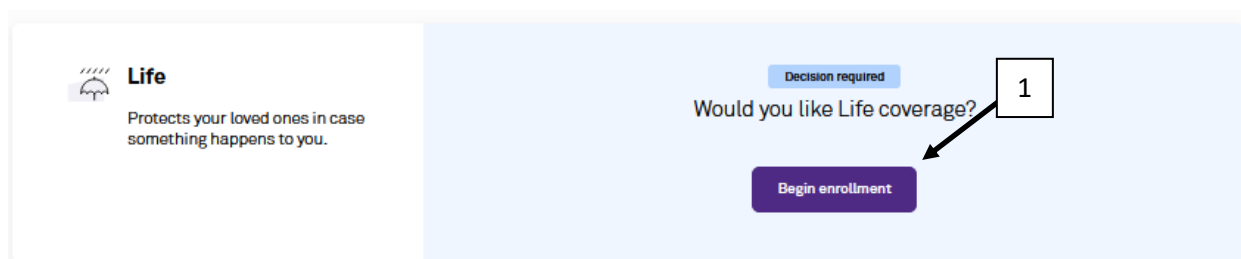
3. A Benefits Administrator's note will appear with a link to the Dependent Care Reimbursement Application. **Only** complete this form if you wish to apply for

4. Then enter the amount you wish to contribute for the remainder of the year and click **Next**.

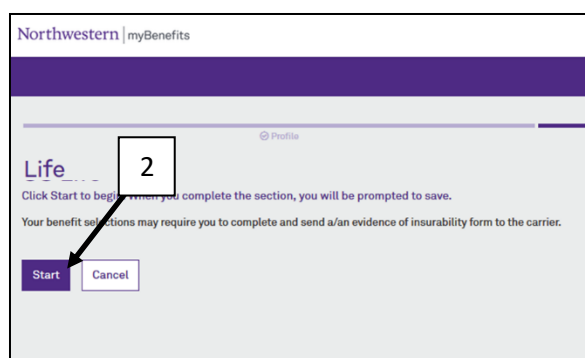
Reminder: The Dependent Care Reimbursement Application must be completed each year during Open Enrollment.

5. Once you have completed your Dependent Care FSA you will be brought to a summary screen. Select **Save** at the bottom left to save your elections and move to the next section.

To elect coverage, select **Begin Enrollment** under **Choose your Life coverage**. Note that Basic Life, Supplemental Life, Spouse Life, and Dependent Life are included under Life Coverage. Once you select **Begin Enrollment** the system will walk you through enrollment for all four of these benefits.

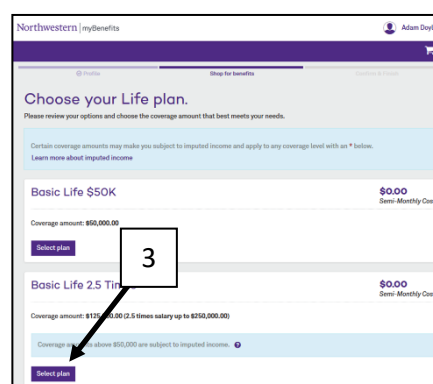


2. Then click on **Start** to begin enrollment.

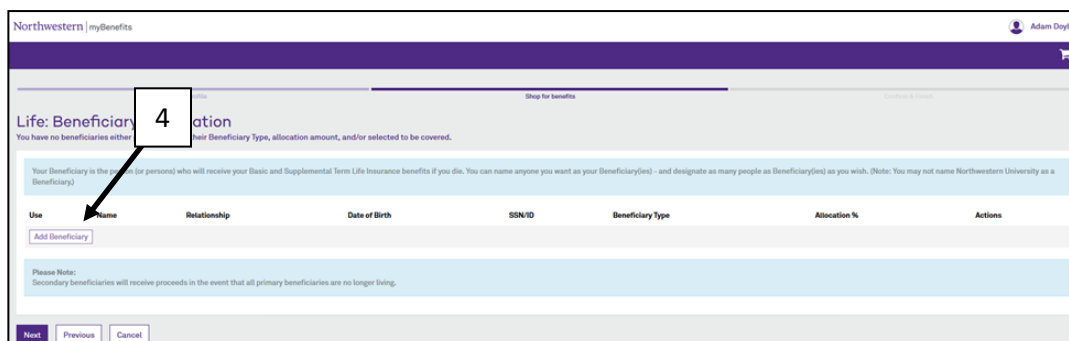


Note: Basic life is fully University paid. Coverage over \$50,000 is subject to imputed income.

3. Then click on **Select Plan** to enroll.



4. Then click on **Add Beneficiary** to add beneficiaries for this plan.



Supplemental, Spouse, Dependent Life

The process for selecting your Supplemental Life, Spouse Life, and Dependent Life plans is similar to the process for selecting your Basic Life plan. For Supplemental Life over 3x your salary and Spouse Life over \$30,000 an Evidence of Insurability (EOI) application must be completed. You will be prompted at the time of enrollment with a link to the form.

Completing Life Enrollment

Once you have completed your Basic Life, Supplemental Life, Spouse Life, and Dependent Life plans you will be brought to a summary screen. Select Save at the bottom left to save these choices and move to the next section.

NOTE: Do not use the back button in your browser. It is best to use the previous button within the platform.

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Adam Doyle

Life Summary

Your US Life benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Life
Basic Life 2.5 Times
Offered By: Dearborn National
Coverage Amount: \$89,375.00 (2.5 times salary up to \$250,000.00)
Imputed Income: \$81.12 per pay period What's this?
Effective Date: 06/01/2017
Coverage Amount: \$89,375.00
You Pay: \$0.00 per month

Beneficiaries Add

Additional Information
Show details

Edit coverage Edit plan

Supplemental Life
Supplemental Term Life Insurance

Edit coverage

Supplemental Child Life
Child Term Life Insurance
Offered By: Dearborn National
Coverage Amount: \$5,000.00
Effective Date: 06/01/2017
Coverage Amount: \$5,000.00
You Pay: \$0.64 per month

Add nation

Show details

Edit coverage

Cost Summary
This is a summary of your current benefit elections. Show/hide all

Benefit Elections (8 items)

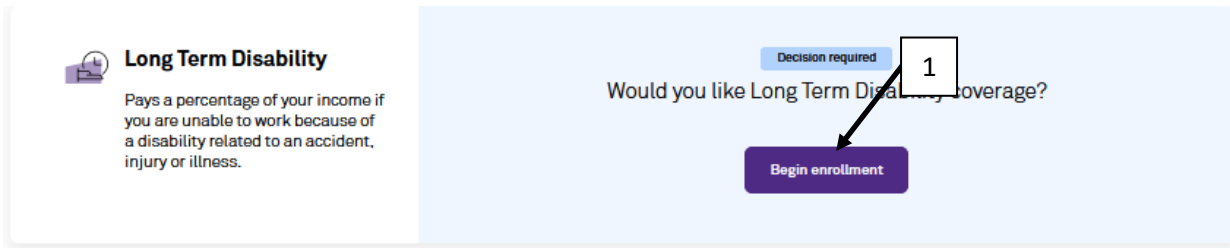
Monthly	
Medical	\$145.00
Dental	\$72.00
Vision	\$24.00
Travel	Unavailable
Life	\$0.00
Supplemental Life	\$38.02
Supplemental Spouse Life	\$0.21
Supplemental Child Life	\$0.64
Monthly Total	\$299.86

Tax Advantage Accounts (2 items)

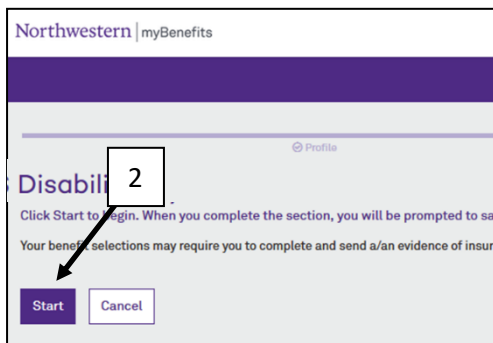
Monthly Contributions	
Health FSA Employee Contribution	\$364.29
Dependent Care FSA Employee Contribution	\$714.29
Monthly Contributions Total	\$1,078.58

Save Cancel

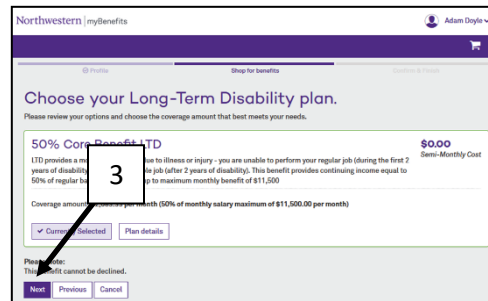
To elect coverage, select **Begin Enrollment** under Choose your Long-Term Disability coverage.



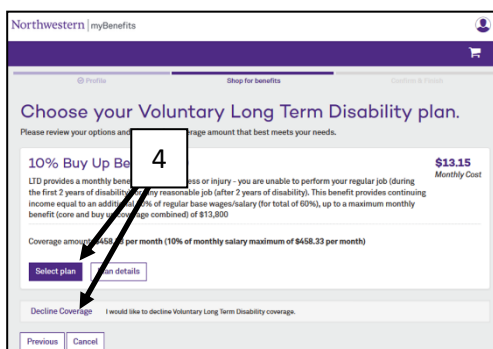
2. Then click on **Start** to begin enrollment.



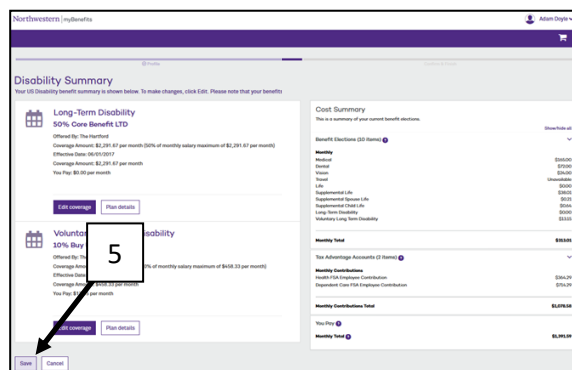
3. Then click on **Next**. Benefits eligible faculty and staff will be automatically enrolled in the core plan.



4. Then click on **Select Plan** to enroll in the buy-up or **Decline Coverage** to decline.

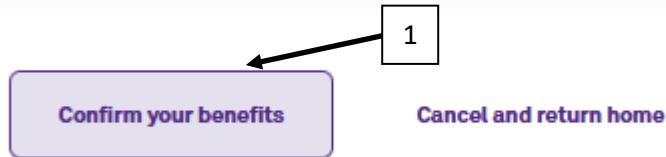


5. Once you have completed your core Disability and Buy-up plans enrollment you will be brought to a summary screen. Select **Save** at the bottom left to save these choices and move to the next section.



Confirm Enrollment

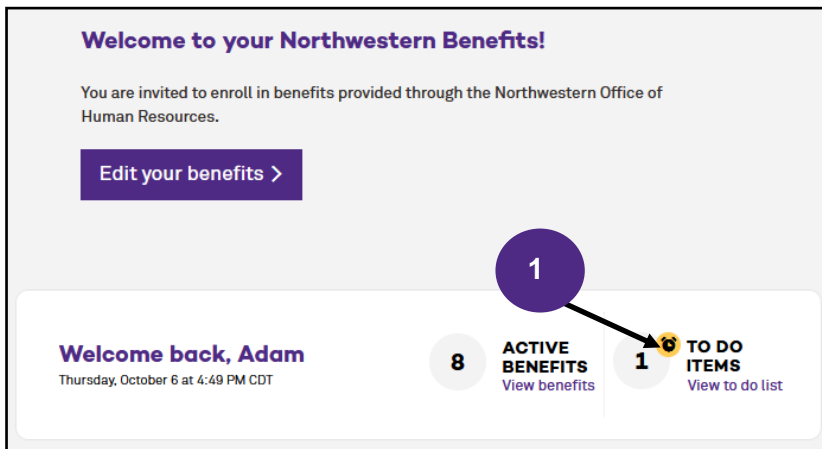
1. Now that you have made your elections you **MUST** confirm your enrollments.



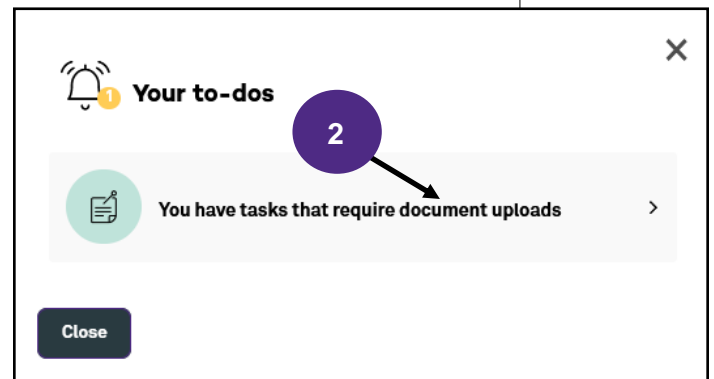
Uploading Documentation

Proof of Dependency documents, such as marriage certificate and birth certificates, must be uploaded into the system before benefits will be effective.

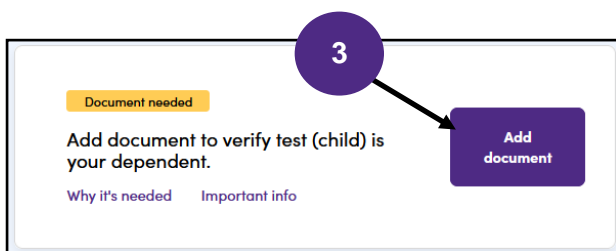
1. Select **My Documents** from the left-hand menu.



2. Then select the task.



3. Select **Add document**



4. Finally, type the name of the document, select the type from the drop down menu and select Save Document.

