Northwestern New Faculty & Staff Benefits Orientation

Agenda

Health and Welfare ☐ Health Care Plans ☐ Prescription Drug Plans □ Dental Plans ■ Vision Plan ☐ Flexible Spending Accounts (FSA) ☐ Health Savings Account (HSA) ■ Dependent Care FSA ■ Well-being ☐ Pet Insurance

Financial Security □ Disability Plans ☐ Life Insurance Options ☐ Travel Accident Insurance ■ Voluntary Savings Plan (VSP) ☐ Retirement Savings Plans ☐ Tuition Benefits ☐ Commuter Benefits

Verifying Your Dependents

- University allows for children and spouse/civil union partner to be added as dependents
- Proof of dependency must be provided for anyone added to the plan
- Documents can be uploaded during the enrollment process

	Spouse/Civil Union Partner Documentation Accepted	Child Dependent Documentation Accepted
•	Marriage or Civil Union Certificate	Birth Certificate
		Adoption Certificate
•	J-2 or H-4 Visa (foreign nationals only)	Foster Care Paperwork
		Court Ordered Document of Legal Custody

Health Maintenance Organization (HMO)

- Primary Care Physician (PCP) is first contact
- In-network PCP required for coverage
- Referrals required from PCP to see specialists
- Lower costs at point of service and predictable charges
- Preventive care covered at 100%
- Vision discount program available
- No exclusion of pre-existing conditions

HMO Illinois Coverage

HMO Illinois

Copays:

\$25 PCP / \$35 Specialist / \$150 ER Visit

Outpatient Event = \$250

Inpatient Event = \$500

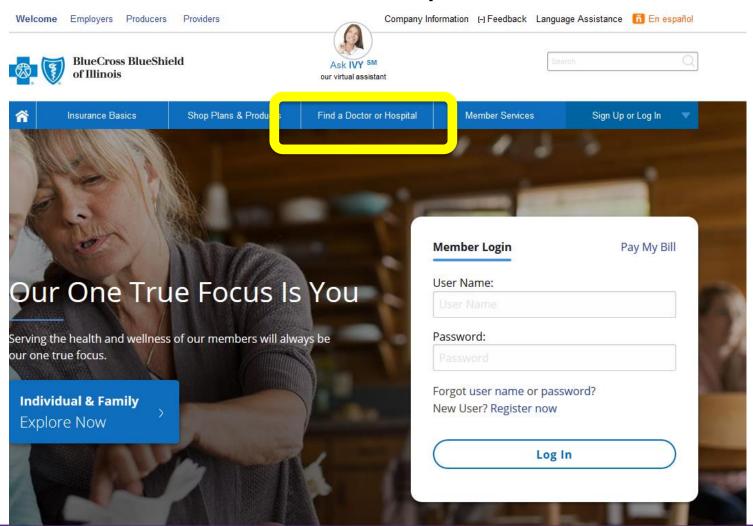
Coinsurance = None

Annual Out of Pocket Maximum:

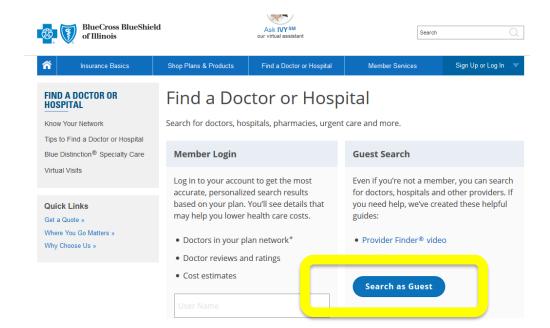
Coverage Type "You Only" = \$1500

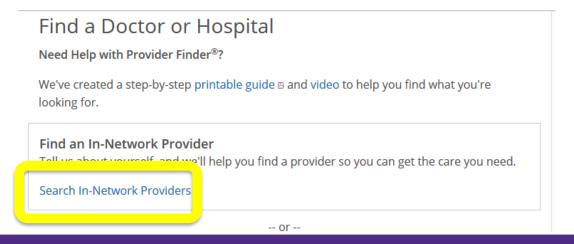
All Other Coverage Types = \$3000

Finding Your Doctor Blue Cross PPO, HMO IL plans www.bcbsil.com



Finding Your Doctor





Selecting Your Primary Care Physician

PCP#: 726451842 -Please note: You will need to provide both the 3 digit Medical Group/IPA and the 9 digit PCP number when enrolling.

Group: Advocate Trinity Physician Ptnrs;

Advocate Health Care

Address: 9119 S Exchange Ave

Chicago, IL 60617

Phone: (773)768-5000

Office Hours:*

Mon: 08:30 AM-08:00 PM
Tues: 08:30 AM-05:00 PM
Wed: 08:30 AM-05:00 PM
Th: 08:30 AM-08:00 PM
Fri: 08:30 AM-05:00 PM
Sat: 09:00 AM-01:00 PM

Sun: Closed

* These hours are not a guarantee of availability, please call your doctor/provider to verify.

Extended Office Hours: Evening and/or

Weekend Hours Gender: Female NPI: 1407038367 Board Certified:

Obstetrics-Gynecology: None

Click <u>here</u> to view most current Board

certification status

Education: University Of Illinois Graduation Date: 06/30/2003

Physician/Hospital Information Validation

- Click on the physician
- At the bottom of the page note the Medical Group/IPA #
- Enter this number during the enrollment process.
- You do not need to enter the PCP number

HMO Illinois®

Plans Accepted on this Network

View plans in this network

Provider Specialty: Obstetrics-Gynecology

Medical Group:

Advocate Trinity Physician Ptnrs

Medical Group/IPA#: 353

Accepting Patients

Questions?

Preferred Provider Organization (PPO)

- BCBSIL is the administrator of plans
- Freedom to choose any doctor or specialist
- Coverage at 80% or 90% depending on choice of plan
- Co-pays count toward total out-of-pocket maximum
- No exclusion of pre-existing conditions
- Preventive care is covered at 100%
- Offers a vision care discount program

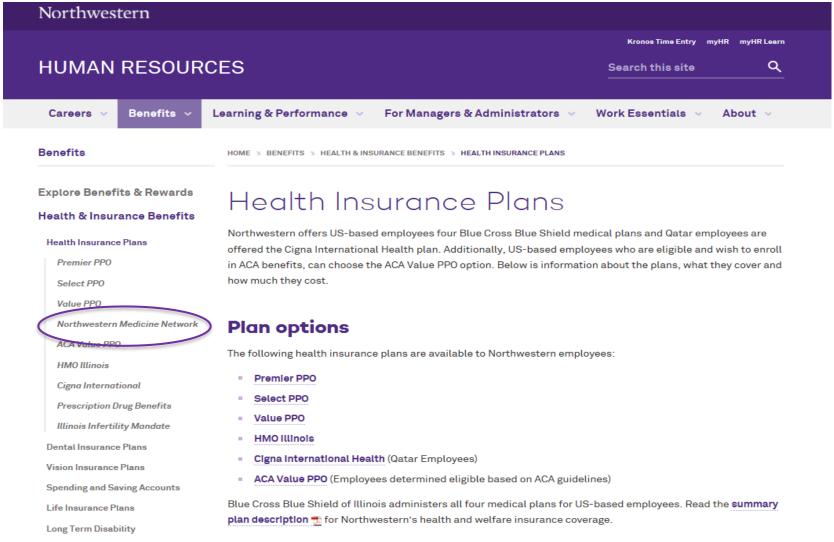
Preferred Provider Organization (PPO)

Plan Feature	Premier PPO1	Select PPO ¹	Value PPO ^{2,3}	HMO Illinois¹		
Northwestern Medici	ne Tier 1 Providers					
Deductible	\$250 individual/ \$750 family	\$500 individual/ \$1,500 family	\$1,500 individual/ \$3,000 family			
Coinsurance	5%	10%	10%			
Out-of-Pocket Maximum	\$1,200 individual/ \$3,200 family	\$1,800 individual/ \$4,800 family	\$2,400 individual/ \$6,400 family	Not applicable		
Office Visit Copay	\$10 Primary Care Phy	/sician/\$20 specialist	10% after Deductible			
ED Copey	\$150 (waived if adm	itted) + Coinsurance	20% after			
ER Copay	10% Coinsurance	20% Coinsurance	Deductible			
In-Network Providers						
Deductible	\$400 individual/ \$1,200 family	\$750 individual/ \$2,250 family	\$2,000 individual/ \$4,000 family	Not applicable		
Coinsurance	10%	9%				
Out-of-Pocket \$2,400 individual/ \$ Maximum \$6,600 family		\$3,000 individual/ \$8,000 family	\$3,000 individual/ \$8,000 family	\$1,500 individual/ \$3,000 family		
Office Visit Copay			20% after	\$25 PCP/ \$35 specialist		
ED 0	\$150 (waived if adm	2070 artis		\$150		
ER Copay	10% Coinsurance	20% Coinsurance		(waived if admitted)		
Out-of-Network Provi	iders					
Deductible	\$800 individual/ \$2,400 family	\$1,500 individual/ \$4,500 family	\$3,000 individual/ \$6,000 family			
Coinsurance	30%	40% after	Deductible	Not applicable		
Out-of-Pocket Maximum	\$4,800 individual/ \$12,800 family	\$6,000 individual/ \$16,000 family	\$7,500 individual/ \$20,000 family	Not applicable		
Office Visit Copay	30% after Deductible	40% after	Deductible			
ED Copov	\$150 (waived if adm	itted) + Coinsurance	20% after	\$150		
ER Copay	10% Coinsurance	20% Coinsurance	Deductible	(waived if admitted)		

Health Plan Premiums

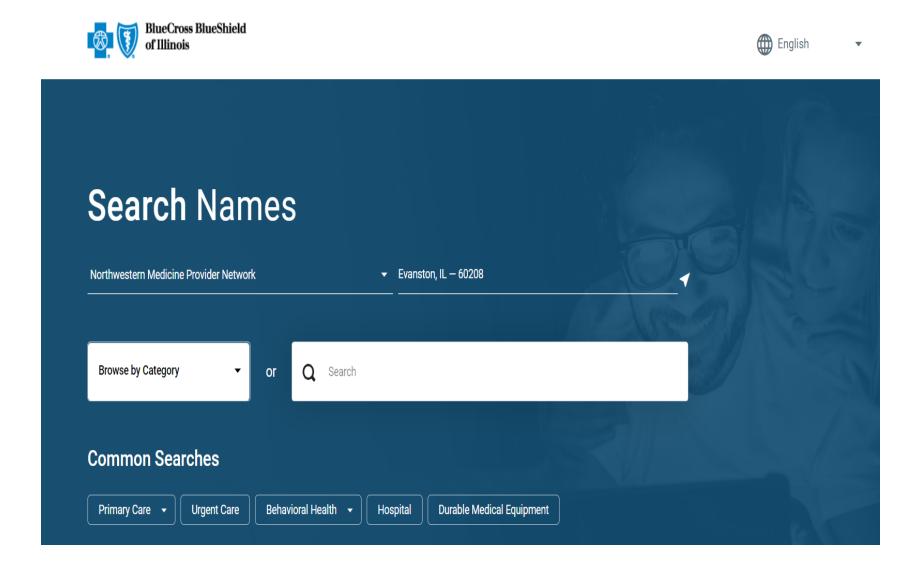
	Premi	er PPO	Selec	t PPO	Value PPO		HMOI	llinois
Coverage/Salary Tier	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
You Only								
Under \$42,000	\$240	\$437	\$49	\$233	\$18	\$189	\$106	\$274
\$42,001 - \$75,000	\$284	\$464	\$89	\$260	\$37	\$201	\$139	\$296
\$75,001 - \$128,000	\$342	\$505	\$142	\$296	\$86	\$234	\$181	\$324
\$128,001 - \$182,000	\$415	\$553	\$206	\$339	\$134	\$265	\$230	\$357
\$182,001 and above	\$524	\$627	\$301	\$402	\$204	\$313	\$307	\$409
You + Spouse								
Under \$42,000	\$524	\$954	\$108	\$510	\$40	\$413	\$233	\$600
\$42,001 - \$75,000	\$621	\$1,018	\$193	\$566	\$82	\$439	\$304	\$648
\$75,001 - \$128,000	\$749	\$1,105	\$311	\$646	\$186	\$509	\$395	\$709
\$128,001 - \$182,000	\$909	\$1,212	\$454	\$740	\$292	\$582	\$503	\$781
\$182,001 and above	\$1,147	\$1,372	\$656	\$876	\$443	\$682	\$673	\$895
You + Child(ren)								
Under \$42,000	\$446	\$814	\$90	\$432	\$35	\$350	\$201	\$518
\$42,001 - \$75,000	\$529	\$869	\$163	\$479	\$70	\$374	\$262	\$559
\$75,001 - \$128,000	\$638	\$941	\$267	\$549	\$157	\$433	\$341	\$611
\$128,001 - \$182,000	\$776	\$1,035	\$386	\$630	\$248	\$493	\$433	\$673
\$182,001 and above	\$977	\$1,168	\$557	\$744	\$377	\$579	\$580	\$772
You + Spouse + Child(re	en)							
Under \$42,000	\$790	\$1,435	\$160	\$763	\$59	\$617	\$350	\$903
\$42,001 - \$75,000	\$933	\$1,530	\$289	\$850	\$123	\$660	\$457	\$975
\$75,001 - \$128,000	\$1,125	\$1,659	\$468	\$970	\$279	\$764	\$595	\$1,067
\$128,001 - \$182,000	\$1,365	\$1,821	\$680	\$1,112	\$438	\$871	\$757	\$1,176
\$182,001 and above	\$1,723	\$2,060	\$986	\$1,317	\$664	\$1,022	\$1,013	\$1,347

Finding Your Doctor



Not all Northwestern Medicine physicians participate

Finding Your NM Doctor



Finding Your NM Doctor

The results below contain Northwestern Medicine Tier 1 providers. Please select "Any tier" from the choices at the top to search the entire PPO network. Please contact the Customer Service number View Mor Providers in: Northwestern Medicine Tier 1 Provider Why Tiered Networks Learn More Lee S Freedman M D S C View Profile ☐ Add to Compare Internal Medicine LOCATION Be the First to Review > Log In for personalized results Lee S Freedman M D S C 806 Central Ave Ste 103, Highland Park, IL 60035 Northwestern Medicine Tier 1 Provider (1) Get directions (11.1 mi away) CONTACT INFORMATION Phone: 847-433-4409 Abby N Agulnek, DO ☐ Add to Compare View Profile Internal Medicine LOCATION ₩ ₩ ₩ ₩ Be the First to Review > Log In for personalized results 251 E Huron Feinberg 16 738, Chicago, IL 60611 Get directions (11.5 mi away) 2 Affiliations Northwestern Medicine Tier 1 Provider (1) CONTACT INFORMATION Blue Distinction + 2 More Awards

Phone: 312-695-9797

✓ Accepting New Patients

Questions?

Prescription Drug Plans

- Smart90: Select long-term medications, require a 90-day supply
- Choosing a more expensive brand over generic?
 - Generics preferred plan
- Pay half the difference in addition to copayment.
- SaveOn SP program
 – saves money on certain Specialty drugs (see website)





Prescription Drug Plans

	Premier PPO	Select PPO	HMO IL	Value PPO
Copayment 30-day supply Retail	Non-Prefer	\$10, Preferred Bra red Brand \$60, Spe ed by Express Scrip	ecialty \$90.	20% after deductible Managed by ESI
Copayment 90-day supply Mail	Non-Preferre	\$20, Preferred Bra ed Brand \$120, Spe ed by Express Scrip	ecialty \$180.	20% after deductible Managed by ESI
Annual Out-of-Pocket Maximum		\$1,500 per person xpress Scripts (ES	I)	Included in Value PPO Out of Pocket Maximum

Dental Plans

Guardian Dental HMO	BlueCross BlueShield PPO
Must select a dentist from participating dental groups – 6 digit ID	Flexibility to choose your own dentist
No dental implant coverage	Dental implant coverage - \$6000 In Network per person, \$3000 Out of Network
Adult and child orthodontia	Orthodontia for child dependents only (\$3000 maximum lifetime)
No deductibles	\$50 calendar year deductible (\$150 family maximum)
Preventative Care Covered at 100%	Preventative Care Covered at 100%
Unlimited benefit	Annual Benefit Limit - \$3000 person
Lower costs at point of service	Higher costs at point of service

Vision Plan

- Administered through EyeMed Vision.
- Plan features:
 - Coverage for annual exams with \$10 copayment
 - Coverage on frames, lenses, treatments, contacts, etc.
 - EyeMed Coverage: Purchase <u>eyeglass lenses</u>, contact lenses <u>and frames</u> in same year



Value PPO with Health Savings Account (HSA)

- Available only to Value PPO participants
- Pre-tax contributions through payroll deduction
- For qualified health, dental, and vision care expenses
- Value PPO deductibles Single \$2,000/Family \$4,000
- IRS HSA Limits Single \$3,650 -Family \$7,300
- Unused funds rollover and are portable





Health Savings Account (HSA)

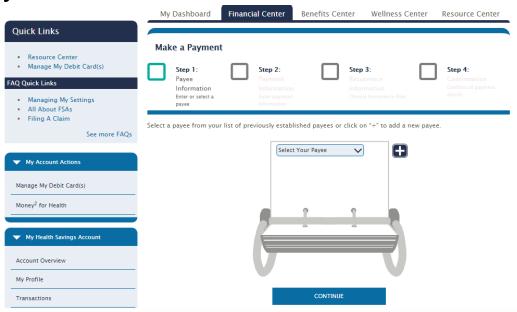
University matches up to ½ the annual maximum

Coverage Tier	If you contribute	Northwestern contributes				
Vou (only)	\$1,000	\$1,000				
You (only)	\$2,000 annual maximum*					
You + Spouse	\$2,000	\$2,000				
and/or Child(ren)	\$4,000 annual maximum*					

^{*}University match is up to ½ of the Value PPO deductible but you can still contribute up to the IRS maximum via pre-tax payroll contributions. Up to \$2,650 for You Only or up to \$5,300 for Family.

Using Your HSA Funds

- Use your debit card to pay for purchases at the point of sale/services
- Pay yourself back for expenses by withdrawing money from your HSA (subject to IRS guidelines)
- Use PayFlex's online feature to pay providers directly from your account



Flexible Spending Accounts (FSA)

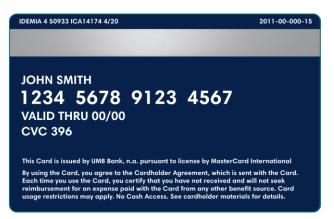
- Set aside pretax earnings (in amounts you determine) via payroll deduction
- Minimum \$240, maximum \$2,750 per year
- Pay expenses related to health and family care
- Unused funds will be forfeited



Spending Accounts

- Option to pay with debit card
 - Merchants must meet
 IRS data requirements
 - Many doctors,
 hospitals, dentists,
 pharmacies, etc.
 - Wal-Mart, Walgreens,
 Target, CVS, and
 others





Spending Accounts

 Option to submit paper claim form with itemized receipts



Employee Name Employer Name Note: To make an add Health Care Cl: Covered by insuran reimbursement account alom form. If you ha Not covered by insu Not covered by insu	Press change, please co	ntact your emp	alance? After		in, access your ac	ypayflex.com and sel count balance via the		Ļ
Note: To make an add Health Care Cl: Covered by insurar reimbursement accou- claim form. If you ha Not covered by insu- the service was provi-	ress change, please co aims (For you or y							
Covered by insuran reimbursement accou- claim form. If you ha Not covered by insu- the service was provi-	ness change, please co aims (For you or youe - Expenses for s				Men	nber Number_ (This may b	be your SSN or employe	ar assigned numbe
Health Care Cla Covered by insuran reimbursement accou- claim form. If you ha Not covered by insu- the service was provi-	aims (For you or y		dover's HR/Ren	efits dena	rtment. For security	numoses we cannot a	ccent address change	s directly
checks, credit card in orthodontist's contract Prescription and over January 1, 2011, OT-	ve a copay, attach an rance - For services of ided, a description of eceipts or received-o #payment agreement er-the-counter items C drugs and medicin laim form in order to o	ervices or ite te the Explan itemized state or items, subn the service, a n-account state or monthly pa require a prin es will be con set reimburses	ems must be ation of Bene ement from you nit an itemized and the amount ements are in syment coupon thout of prescri- nsidered incliga- d. Quantities p	submitted offits State or service statement charge not accept s. iptions from ible unles orchased	d to your insurancement (EOB) from provider. Do not set from the provider d along with this cotable. Orthodontion your pharmacy set you have a writ must be reasonab	se visit our website a e company before su your insurance compu- ubmit expenses previo showing the provider's ompleted claim form, a claims require an it or must be clearly ider ten prescription from by able to be consumer	sbmitting for reimbur any, include a copy busty paid for with yor s name and address Balance forward st temized statement/p ntifiable on an itemiz your doctor. This p	with this comple ur PayFlex Card, patient name, atements, cance ayment receipt, ted receipt. Star rescription mus
Automatic Month	hly Reimbursement f	or Orthodon	tia expenses.					
Date of	matic reimbursements Type of Service (Ex. Over-the-Counter, V			ınt	Date of	Type of Service (E	form to PayFlex for to Ex. – Prescription, r, Vision, Dental,	Amount
Service	Hearing, Office V	isit, etc)	Reques	sted	Service	Hearing, Offic	e Visit, etc)	Requested
				_				
								-
 				\dashv				1
							Total	\$
payment of services is only allowed for s address and Tax Iden signs this form below,	for dependents und ervices that have alr dification Number or S	er age 13 or eady been proceed or locial Security	otherwise sat rovided, not for Number on Fo	isfying the	he "Qualifying Per es to be provided	ay care provider . Do l son Test" as describ in the future. You are income tax return. If y	ed in IRS Publication required to report the	on 503. Paymer ne provider's nan
	l	\perp					\$	
Day Care Provider Inf	formation: My signature	certifies that I or	rovided services	for the	Day Care Provider	Information: My signatur	re certifies that I provide	d services for the
dependent(s) noted abo	ove, during the dates spe	cified, and for ti	he amount reque	sted.	Name	above, during the dates s	specified, and for the am	ount requested.
Provider Signature					Provider Signate	are		
injury, trauma, or medica to attend kindergarten or the service. The expense	condition. I certify that it higher. I understand that es have not been reimbu	Dependent Day t "incurred" mea rsed and I will n	Care expenses on the service has the service has considered to the control of the	were incur as been pr ement else	red in order for me an rovided that gave rise ewhere. I understand	enses are not for cosmetic d, if married, my spouse to to the expense, regardless that any amounts reimbur and understand all of the	o work and are not for e s of when I am billed or rsed may not be claimed	ducational expense charged for, or pay
	e Signature					Date		

Spending Accounts

- Find a list of eligible expenses at <u>www.payflex.com</u>.
- Keep receipts of all purchases, even with the debit card.
- PayFlex may request receipts to demonstrate compliance.
- Grace period deadline for 2022 claims is March 15, 2023

 All claims MUST be submitted by March 31st. NO EXCEPTIONS.



Limited Use Flexible Spending Accounts

- Available <u>ONLY</u> to individuals who enroll in the Value PPO plan
- Reimburses dental and vision services.
- It may also be used for healthcare and prescription expenses <u>AFTER</u> the Value PPO annual deductible has been met.
- Minimum annual election amount is \$240, the maximum amount is \$2,750

Questions?

- Pre-tax benefit account used to pay for eligible dependent care services such as:
 - Preschool, summer day camp, before or after school programs, and child or adult daycare.
- Smart, simple way to save money while taking care of your loved ones so that you can continue to work.
- Available to full-time employees with eligible dependent(s). Spouse must be working or a student full-time.
- Annual contribution Minimum \$240 | Maximum \$5,000
 - \$2,500 per employee if both parents are participating
 - Match applies if annual family income is less than 130K



- Qualifying dependents
 - Children through the age of 12
 - Persons incapable of self-care (spouse, parent, in-law, sibling, or child over age 13)
 - Must be claimed as dependent on your tax return



If your household earnings are: NU Election Match %: Contribution: Maximum NU Contribution: Up to \$60,000 80% \$4,000 \$60,001 - \$75,000 60% \$3,000 \$75,001 - \$100,000 40% \$2,000

• Your most recent IRS 1040 and the Depcare FSA Match Application Online Form are required to enroll and verify income for the NU Match contribution.

20%

\$1,000

The NU Match contribution is prorated during the calendar year.

\$100,001 - \$130,000

- Used for qualifying dependent care expenses
 - For medical, nursing, nursing home care, and personal assistance
 - For children under 13, day care, camp, and summer school
- Not regular grammar or middle-school tuition
- Paper claim form required, no debit card

MAIL TO: PayFlex Syst P.O. Box 303 Omaha, NE ((800) 284-488	8103-3039	Pay	Flex	Re	in	nbursement Claim Fo		FAX TO: PayFlex Syste (402) 231-4310 (No Cover Pag Page 1 of	,
	WAIT! Did you kn Do you need	ow that you co	an file this balance?	claim onlir After loggin	ne?	Login to www.m	ypayflex.com and se count balance via th	elect Express Claims e Accounts link.	
Employee Na						Mem	nber Number(This may	be your SSN or employe	er assigned number)
Employer Nai Note: To make an	ne address change, pleas	e contact your e	mployer's H	R/Benefits dep	par	tment. For security	purposes, we cannot a	sccept address change.	s directly.
Covered by instead to be imbursement act the covered by in the service was particular to the covered by in the service was particular to the covered by instead to the covered	rrance - Expenses in count. When you re in have a copay, attact insurance - For serving rovided, a description of receipts or receive	or services or ceive the Expla n an itemized st tes or items, su n of the service ed-on-account	items must anation of atement fro bmit an ite a, and the statements	t be submitt Benefits Sta om your servion mized statem amount charg are not acc	ed ate ce i ent	to your insurance ment (EOB) from provider. Do not s t from the provider is along with this o	e company before so your insurance comp ubmit expenses previous showing the provider completed claim form.	at: www.my payfle ubmitting for reimbur pany, include a copy ously paid for with you 's name and address. Balance forward sti itemized statement/p	sement under you with this complete ur PayFlex Card™. , patient name, dat stements, cancelle
Prescription and lanuary 1, 2011, submitted with you maintaining gener	OTC drugs and mer ur claim form in order al good health, cosm onthly Reimburseme	ems require a po- dicines will be of to get reimburs etic purposes are ent for Orthodo	rint-out of p considered sed. Quant and dietary s ontia expense	rescriptions ineligible un ties purchase supplements a nses.	les ed r	s you have a writ must be reasonabl not eligible.	ten prescription from y able to be consume	entifiable on an itemiz your doctor. This p ed during the current	rescription must b plan year. Items fo
Date of Service	Type of Service (Over-the-Country	Ex Prescript	ion,	Amount equested		Date of Service	Type of Service (Over-the-Counter	Ex Prescription, er, Vision, Dental, ce Visit, etc)	Amount Requested
								Total	\$
Complete this form payment of serving s only allowed for address and Tax I bigns this form be	n and have your provi ces for dependents or services that have	der sign below under age 13 c already been or Social Secur	OR attach or otherwise provided, ity Number	an itemized s se satisfying not for servi	tat the	ement from your d e "Qualifying Per s to be provided i	ay care provider . Do son Test" as descrit in the future. You ar income tax return. If	e at: www.mypayfle NOT do both. IRS re bed in IRS Publicatic e required to report th your day care provide	egulations allow on 503. Payment se provider's name,
					_				
					_			\$	i
Day Care Provide dependent(s) note Name	r Information: My signa d above, during the date	ture certifies that is specified, and fo	provided se the amoun	rvices for the t requested.		Day Care Provider dependent(s) noted Name	Information: My signate above, during the dates	are certifies that I provide specified, and for the am	d services for the ount requested.
Provider Signal	ure					Provider Signatu	ire		
trauma, or mo dend kindergarto e service. The exp	dical condition. I certify n or higher. I understan tenses have not been re	that Dependent D d that "incurred" m mbursed and I wil	ay Care exp neans the se Il not seek re	enses were inc rvice has been imbursement e	pro Ise	ed in order for me and ovided that gave rise to where. I understand	I, if married, my spouse to the expense, regardier	ic purposes but for the tri to work and are not for e ss of when I am billed or ursed may not be claimed e provisions.	ducational expenses charged for, or pay fo

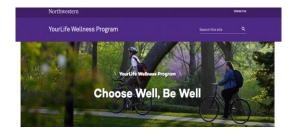
Sourife Well-being Program

Create and sustain a culture that educates, motivates, and empowers faculty, staff and retirees, and their eligible family members, to adopt and maintain healthy lifestyles.



Resources





www.northwestern.edu/yourlife/index.html



Wellness Champions Committee



Mailing List



Evelyn Cordero, Well-being Coordinator (847) 467-6246

Programs



Fitness Classes



- FREE
- · Variety of bi-weekly classes
- On campus
- Schedules available on the YourLife website

Onsite Nutrition Consultations



- FREE
- One-on-one with a Registered Dietitian
- On campus
- Schedules available on the YourLife website

Mindfulness Meditation



- FREE
- Variety of meditation formats; inperson guided, audio and artistic
- On campus
- Schedules available on the YourLife website

Pet Insurance

- Enrollment and payment is directly with MetLife
 - You will inform them you are a Northwestern employee during enrollment for preferred pricing
 - Call 800 GET-MET8 or visit https://getquote.petfirst.com/get-a-quote/
- Premiums based on zip code and breed
- Only for cats & dogs

Pet Insurance

Key Benefits:

- Exclusive discounted price for Northwestern faculty and staff
- Flexible product offerings with straightforward pricing and options, group discounts, customizable limits, and deductible savings
- Quick 3-step enrollment and hassle-free claims experience with most claims processed within 10 days
- An experienced team of pet advocates and multi-channel support options
- Premiums billed by MetLife with no payroll deductions

What's covered?*

- · accidental injuries
- illnesses
- · exam fees
- · surgeries
- · medications
- · ultrasounds
- · hospital stays
- X-rays and diagnostic tests

Coverage also includes

- hip dysplasia
- · hereditary conditions
- · congenital conditions
- · chronic conditions
- · alternative therapies
- holistic care
- · and much more!

Provided all terms of the policy are met. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, co-insurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC.

Questions?

Extended Sick Time Program

- Benefit starts after accruing 6 months of Northwestern service
- Pays 100% of monthly salary
- There is a 7 calendar day waiting period
- Receive up to 180 days coverage (6 months minus 7 days) with physician approval
- Incidental Sick Time, Vacation and Personal Floating Holiday time can be use to cover the 7 calendar waiting period.

Long Term Disability Plan

- Benefit coverage starts on Benefits Effective date
- Basic Plan pays 50% of last working salary up to a max of \$11,500/month – 100% Northwestern University paid
- Buy Up Plan pays 60% of last working salary up to a max of \$13,800/month – Northwestern and Employee paid
- Begins 180 days after disability (6 months)
- Pre-existing conditions in first year of employment apply

Life Insurance – Employee

Basic

- Two types of Basic Life Insurance:
- Basic Life \$50,000
 - \$50,000 is system default and has no imputed income
- Basic Life 2.5 Times
 - Not to exceed \$250,000
 - Imputed income on any amount over \$50,000
- Administered by Dearborn National

Supplemental

- May elect up to 3 times salary without Evidence of Insurability (EOI) at hire
- Multiple of annual salary up to 5 times/\$2,000,000 maximum
- EOI required for any amount above 3 times salary or more than \$1M
- Premiums based on age and amount of coverage, fully employee paid
- Administered by Dearborn National

Life Insurance – Family

Spouse

Spouse Life

- \$10,000 increments
- Maximum of:
 - 100% of Employee Basic + Supplemental Life

OR

- \$500,000 whichever comes first
- Evidence of Insurability (EOI) if greater than \$30k
- Premiums based on age and amount of coverage

Children

Children Life

- \$5,000 increments
- Maximum of \$25,000
- Premiums are \$0.128 per \$1,000 of coverage
- Under age 26
- No EOI required

Questions?

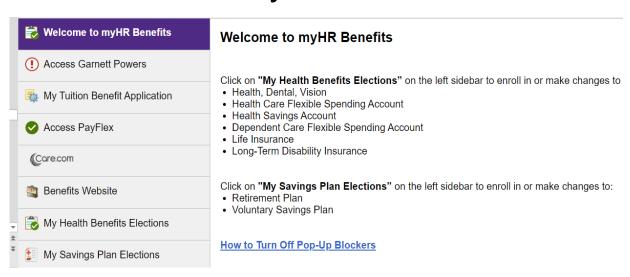
Travel Accident

- Administered by AXIS
- Fully paid by Northwestern
- Covered when travelling on University business
 - Excludes commute to and from work
- Coverage is 3 times employee's base pay
 - Maximum of \$500,000

https://www.northwestern.edu/risk/risk-insurance/university-insurance-programs/business-travel-accident-insurance.html

403(b) Voluntary Savings Plan

- All employees are immediately eligible
- Fidelity is the Master Administrator of the plan
- Employee before-tax contributions only
- Enroll online via myHR, Benefits



403(b) Retirement Plan

- Fidelity is the Master Administrator
- Eligible if age 21 with 2 Years of Service
- Employee and University before-tax contributions
- Northwestern Contribution (Unmatched)
 - 5% of your eligible pay is automatically contributed
- Employee Contribution Matched by Northwestern and enrollment is optional
 - Up to 5% of eligible pay (if you save 1, 2, 3, 4, or 5%)

Retirement Plan Contributions

Northwestern Unmatched	Employee	Northwestern Matched	Total
5%	1%	1%	7%
5%	2%	2%	9%
5%	3%	3%	11%
5%	4%	4%	13%
5%	5%	5%	15%

^{*}Immediate Vesting – all contributions are yours if you leave Northwestern.

Other 403(b) Plan Rules

- Retirement Plan's 2 Year of Service may be <u>waived</u> if within 60 days of joining Northwestern you were:
 - employed for at least 24 months by a tax-exempt educational, research organization, or state educational organization, and be age 21, and
 - receiving employer contributions or accrued benefits from your employer's qualified 403(b) or 401(a) retirement plan
- IRS annual before-tax employee contributions limit
 - \$20,500 (\$27,000 if age 50 or older)
 - Contributions to the Retirement, Voluntary Savings and any prior plan count toward limit

403(b) Plan Investment Providers





- Once enrolled, choose your investments
- If you need help, set up an appointment
 - Fidelity call (800) 642-7131 or visit netbenefits.com/nu and select Contact Us
 - TIAA call (800) 732-8353 or visit tiaa.org/northwestern and select Contact Us

Questions?

Tuition Benefits for Northwestern University Employees + Family



Review information and apply online for the employee tuition discount

Benefits HOME > BENEFITS > TUITION BENEFITS **Explore Benefits & Rewards** Tuition Benefits **Health & Insurance Benefits** Leaves, Holidays & Time Off **Explore higher education tuition benefits** Retirement These plans provide financial assistance to full-time, benefits-eligible employees and retirees who have higher **Tuition Benefits** education expenses for themselves and their eligible dependents. The benefit amount is based on the employee's number of years of qualifying uninterrupted University service. **Employee Benefits Dependent Benefits** For employees For dependents **Application Process** Work/Life & Family Resources Well-being **Transit & Relocation** Benefit Eligibility, Changes & Help **Upcoming Events**

More information is available:

https://www.northwestern.edu/hr/benefits/tuition/index.html

Tuition Benefits

Northwestern	Qualifying Institutions	
Employee Reduced / Employee Enhanced Reduced		
Full-time, benefits eligible, no service time needed 90% discount on tuition Yearly maximum of \$12,000 per calendar year Taxable after \$5,250 After 3 years of full-time service and salary less than \$100K – yearly maximum no longer applies.		
Employee Certificate		
100% reimbursement on short term, non-credit certificate programs after 1 year of full-time service Yearly maximum of \$12,000 per calendar year Taxable after \$5,250		
Dependent Reduced	Dependent Portable	
85% discount on SPS undergraduate degrees and post-baccalaureate after 6 months of full-time service. 50% discount on all other Northwestern schools – 5yrs full-time service required No maximum limit or taxable component Undergraduate degree programs only Lifetime maximum of 12 quarters per dependent	 50% discount on undergraduate degrees at FAFSA, accredited universities and community colleges for dependent children after 5 years of full-time service. No maximum limit or taxable component Undergraduate degree programs only Lifetime maximum of 12 quarters/8 semesters per dependent Child dependents only 	
	Employee Reduced / Employee Enhanced Reduced Full-time, benefits eligible, no service time needed 90% discount on tuition Yearly maximum of \$12,000 per calendar year Taxable after \$5,250 After 3 years of full-time service and salary less than \$100K – yearly maximum no longer applies. Employee Certificate 100% reimbursement on short term, non-credit certificate programs after 1 year of full-time service Yearly maximum of \$12,000 per calendar year Taxable after \$5,250 Dependent Reduced 85% discount on SPS undergraduate degrees and post-baccalaureate after 6 months of full-time service. 50% discount on all other Northwestern schools – 5yrs full-time service required No maximum limit or taxable component Undergraduate degree programs only	

Tuition Benefits – How to Apply

- Submit through myHR Self Service → Benefits → My Tuition Benefit Application → Submit New Application.
- Select Benefit Year and Plan ID.
- 3. For *Employee Reduced/Employee Enhanced Reduced*:
 - 1. Eligibility is confirmed; application is submitted to Student Finance.
 - 2. Employee registers for course(s) via CAESAR
 - 3. Student Finance applies discount to balance
 - 4. Employee is responsible for the remainder of balance (10%)
 - 5. Please note, only **ONE** Employee Reduced application is needed per calendar year.

4. For Employee Certificate:

- ** Eligibility is confirmed you must serve **one year** in a benefits eligible position <u>before</u> applying
- 1. Submit all supporting documentation which can be found on Benefits website, Tuition section.
- 2. Reimbursement will be via Payroll.

Note: All tuition applications take between 4 - 6 weeks to process. Please plan accordingly.

Questions?

Commuter Benefits

- Pre-tax transit with CTA, Metra, Pace, RTA benefits, as well as Commuter parking
- Sign up via Payflex at: <u>www.payflex.com</u>
 - It will take 2-3 weeks for your information to be loaded into the PayFlex system
 - When registering, use your employee ID number, not your SSN#
- Must enroll by the 5th day of the month prior to month of use
 - After the 5th of the month, all orders placed are final and no refunds will be issued.

Coverage Effective Dates

Health, Dental, Vision, Life, and FSA/HSA Accounts

- First of the month (if hired on the first of any month)
- First of the month following your hire date, or

403(b) Plans

- Retirement Plan: first of next month after accruing two years of Northwestern service and age 21 for Unmatched and Matching Plans
- Voluntary Savings Plan (VSP): first of the month following your online application

Enrollment Opportunities

- New hires must enroll within 31 days of hire date
- Open Enrollment begins in October/November each year
 - Re-enrollment required for FSA and HSA each year
 - Coverage begins January 1 of the next year
- For qualifying events, you must enroll no later than 31 days from the event for Health, Dental, Vision & FSA
 - Qualifying events are: marriage, birth, loss of coverage, certain changes in employment status, and divorce
 - You can find additional information on qualifying events and the required documentation here: http://www.northwestern.edu/hr/benefits/changes/index.html

After You Enroll

You will receive:

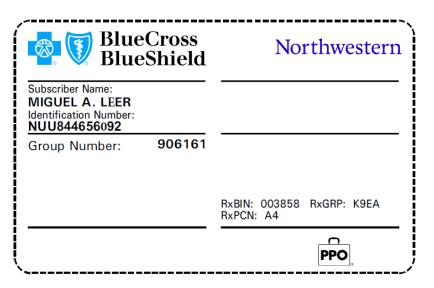
- New ID cards will be distributed within two weeks of enrollment.
- If you enroll in the Value PPO Plan and the HSA, PayFlex will send an HSA Welcome Email with instructions on how to establish your account within ten days of enrollment.

Using your BCBS cards

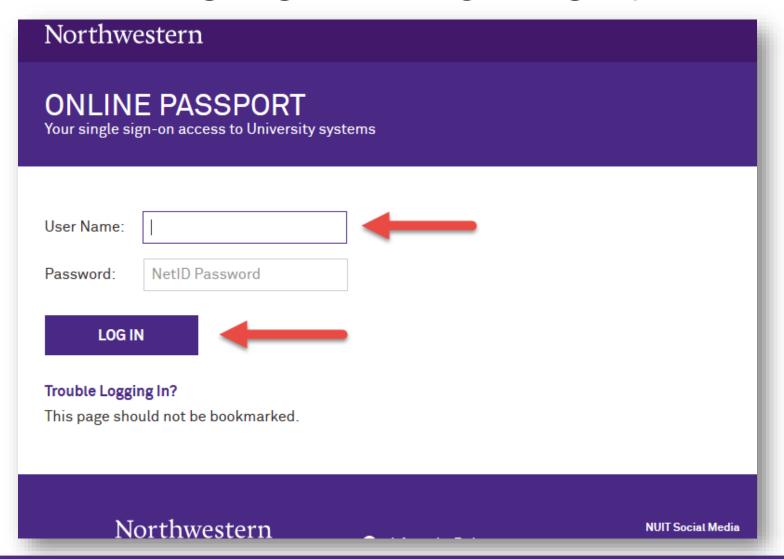
Health care plans are administered by BlueCross BlueShield.

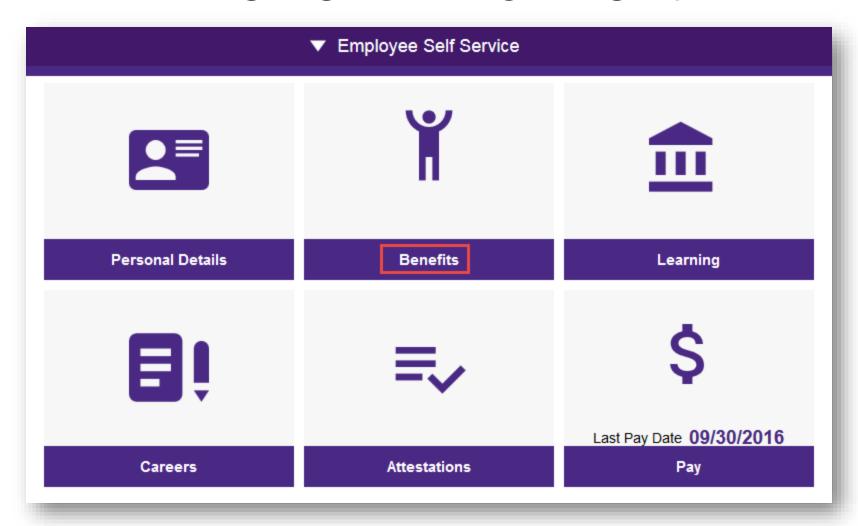


Health Maintenance Organization (HMO)
HMO Cards are issued for each family member



Preferred Provider Organization (PPO)
PPO Cards are only issued in the name of
employee







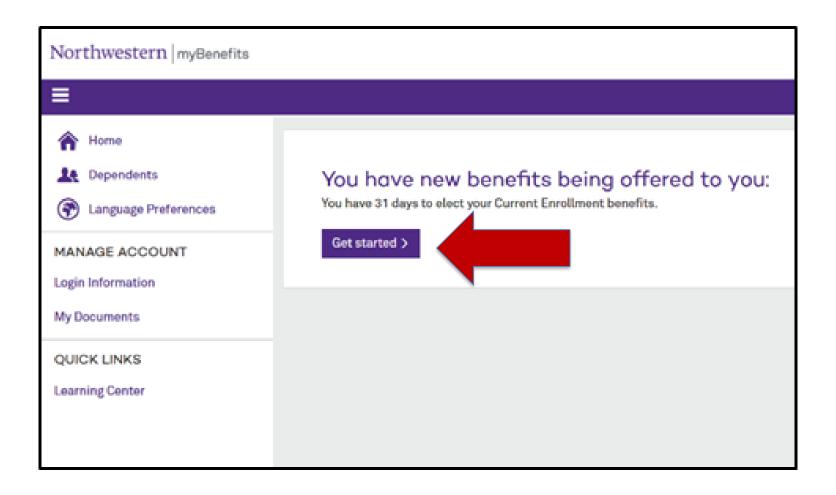
Welcome to My Benefits

Click on "My Health Benefits Elections" on the left sidebar to enroll in or make changes to:

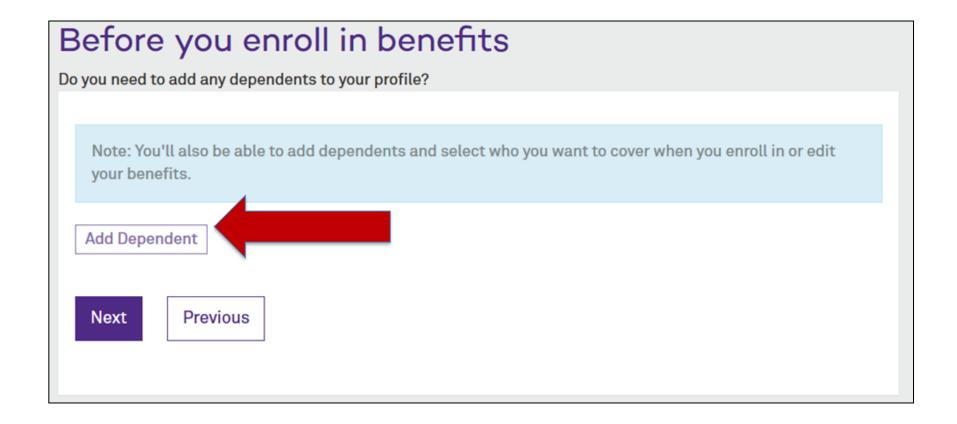
- · Health, Dental, Vision
- · Health Care Flexible Spending Account
- Health Savings Account
- · Dependent Care Flexible Spending Account
- Life Insurance
- Long-Term Disability Insurance

Click on "My Savings Plan Elections" on the left sidebar to enroll in or make changes to.

- Retirement Plan
- · Voluntary Savings Plan



Add Dependents

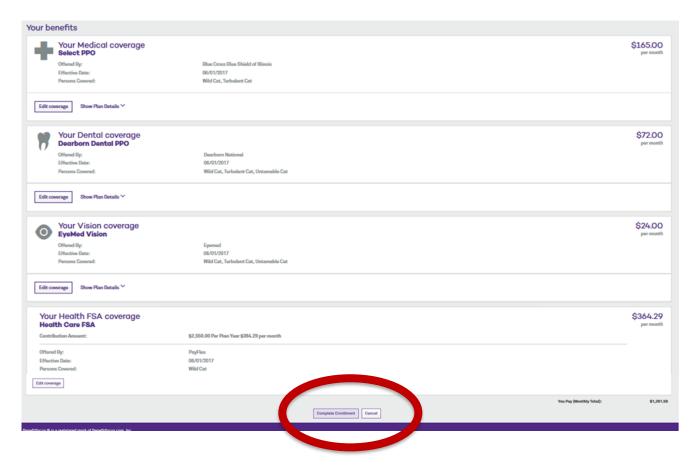


Enroll in Coverage



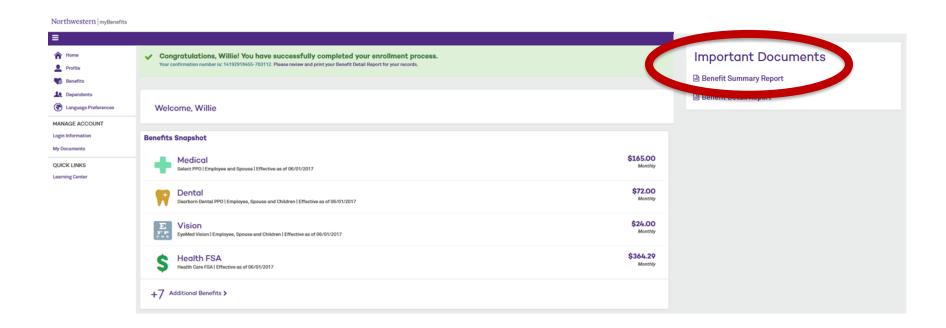
To elect coverage, select **Begin Enrollment** and the system will walk you through enrollment. Please be sure to continue through the entire enrollment process, selecting the benefits in which you wish to enroll.

Finalizing Enrollment



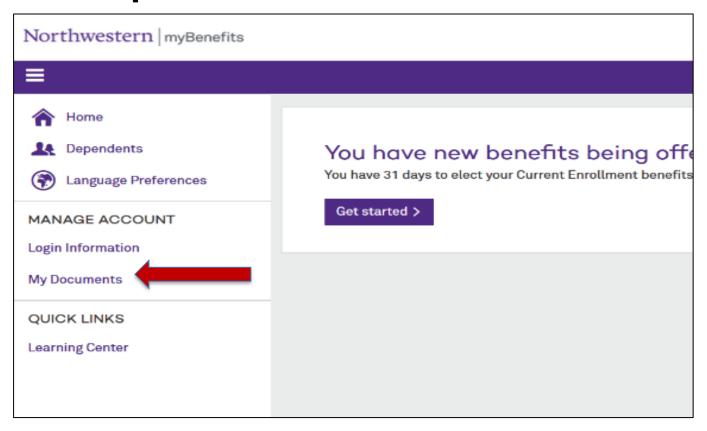
You MUST finalize your enrollments. To do this you will need to click Complete Enrollment at the bottom of the screen.

Review Your Elections



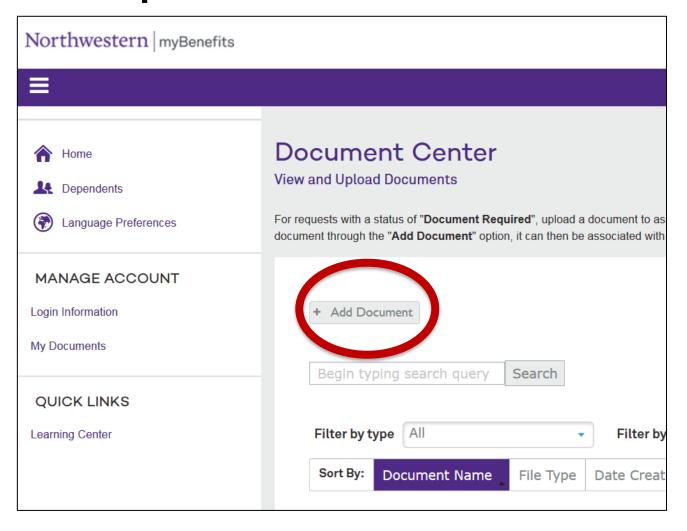
Finally, you are presented with a summary screen. To save or print a confirmation sheet, select **Benefit Summary Report**.

Upload Documents



Proof of Dependency documents must be uploaded into the system before benefits will be effective.

Upload Documents



Contact Information

- You have 31 days from your date of hire to enroll in benefits and to finalize your benefits elections.
- Questions and Appointments
 - Main Number: 847-491-4700
 - Email: <u>askHR@northwestern.edu</u>
 - Website: northwestern.edu/hr/benefits

•	Benefits Counselors			Last
	•	Ruthann Cameron	847-491-4019	A - I
r-cameron@northwestern.edu				
	•	Sparkle Crosby		J - Q
sparkle.crosby@northwestern.edu				
	•	Sherry Shambee	847-491-3520	R - Z

s-shambee@northwestern.edu

Questions?

