

Open Enrollment FAQs

Jump To

- [General Open Enrollment Questions](#)
- [Medical Plan Questions](#)
- [Spending Account Questions](#)
- [Dental Plan Questions](#)
- [Vision Plan Questions](#)
- [Retirement Plan Questions](#)

General Open Enrollment Questions

What is Open Enrollment?

Open Enrollment is the time each year to enroll/make changes to medical, dental, vision, FSA, life, and disability benefits. The choices you make during Open Enrollment shape the benefits that will cover you and your family starting 1/1/2024. Changes to these benefits can only be made outside Open Enrollment if you experience a [qualifying event](#). You must reenroll in FSA and HSA plans for 2024, they do not roll over year to year.

The following benefits are not tied to Open Enrollment and can be updated at any time throughout the year: commuter benefit, 403(b) retirement plans, PerkSpot discount program, pet insurance, and tuition benefits (see service criteria and application deadlines on the [website](#)).

What is happening this year?

Northwestern's three PPO plans managed by BCBSIL will not have any changes to the copays, coinsurance, or out-of-pocket maximums (OOPM) for plan year 2024. The three PPO plans for all salary tiers will have premium increases of approximately 5%, which reflects the national average increase for medical plan premiums. In recognition of the financial pressures many feel, the University increased its contribution percentage by 16-31% (the range reflects the various tiers). The goal is to provide the most competitive and comprehensive coverage to you and your families. Northwestern's HMO Illinois plan will not have any changes to copays for primary and specialty office visits nor to premiums.

For 2024 dental coverage, the monthly premiums for the PPO plan will increase by \$1-3 depending on your coverage tier. The dental premiums have not increased in many years. The dental HMO will not have any premium changes.

Northwestern has bundled the EyeMed vision plan with BCBSIL to achieve a lower premium starting January 1, 2024. The monthly premiums will decrease by \$2-5 per month depending on coverage tier!

In 2024, the health care Flexible Spending Account (FSA) limit is \$3,050; the limit for dependent care FSA is \$5,000; and the Health Savings Account (HSA) limits are \$4,150 for self-only coverage and \$8,300 for family.

Please note: Those enrolled in a PPO medical plan and/or the vision plan will receive new ID cards for 2024.

Do I need to participate in Open Enrollment?

We encourage you to review your current life insurance beneficiaries and coverage options to ensure they meet your needs and your family's needs in the coming year. If you do not want to make any changes to your benefits from last year and you do not want an FSA or HSA in 2024, you do not need to do anything. If you do want an FSA or HSA, you must re-enroll every year. If you do not re-enroll, you will not receive these benefits in 2024.

How do I make changes during Open Enrollment? Or How do I add or remove dependents from coverage?

All changes and elections are made online via [myHR](#).

1. Log in to the [myHR Self Service Portal](#) using your NetID and password.
 - a. [Problems Logging In?](#)
 - b. Or log in via your cell phone using the [Benefitplace app](#)
2. Select the **Benefits** tile and then click **My Health Benefits Elections** on the left side of the screen. If nothing happens, you will need to turn off your pop-up blocker. [Pop-Up Blocker Guide](#).
3. Click the **Enroll Now** button on the right side of screen. A [step-by-step guide](#) is available to assist you through the enrollment process.

What if I complete Open Enrollment but then I need to make changes?

You can make changes anytime during the Open Enrollment period, even if you have already submitted your elections. You will need to seek approval from Human Resources for any changes requested after the close of Open Enrollment on 11/10/2023.

Who do I call if I'm having trouble enrolling?

You The askHR Service Center is available from 8:30-5:00 M-F to help you with Open Enrollment. They can be reached at 847-491-4700 or askHR@northwestern.edu.

What is Evidence of Insurability (EOI) and when is it required?

EOI is required when you increase life insurance for yourself or your spouse or if you enroll in the Buy-up Long-Term Disability benefit. The insurer will ask you to complete a health questionnaire to determine they will approve the coverage. After life insurance enrollment, you will receive an email at your personal email address from Dearborn/BCBS in 7 -10 days which will include a link to apply for the EOI, which you should complete within 7 days. For LTD benefits, you are sent directly to the EOI online platform with The Hartford.

These benefits are not included in Open Enrollment and can be enrolled in or changed at any time during the year. If you make changes to the 403(b) retirement plan during Open Enrollment, the change is effective right away. To make changes for 2024, make the request during the first week of January 2024.

Medical Plan Questions

Why are medical costs increasing this year?

High-cost claims and medical inflation associated with the medical plans in 2023 have increased significantly. As a result, for 2024, monthly premiums for all our medical plans are increasing by 5%. In recognition of the financial pressures many feel, the University increased its contribution percentage by 16-31% (the range reflects the various tiers). The goal is always to provide the most competitive and comprehensive coverage to you and your families. Northwestern's HMO Illinois plan will not have any changes to copays for primary and specialty office visits nor to premiums.

Why aren't there any increases for the HMO medical and dental plans versus the BCBSIL plans?

Both the HMO IL Medical and DHMO Dental plans do not allow out-of-network services and have a managed group of in-network providers. Therefore, overall plan costs are more controlled and may result in lower premium increases.

How are my medical premiums determined?

Health insurance premiums are based on the plan you select, your salary, and the family members you cover.

Selected Plan

Northwestern offers four health plans: Value, Select, and Premier PPOs and HMO Illinois. Please review the [website](#) for more information on each plan.

Salary

If you are a new hire, your starting salary is used to determine which salary tier applies to you. If you are an existing employee, your salary on 9/1 of the previous calendar year is used. When your 9/1 salary crosses a salary tier due to a salary increase not associated with a change in full-time/part-time status, you will pay the lower premium for the following year. The only time you will move salary tiers within a calendar year is if you move from full-time to part-time or the reverse. If your salary decreases to a lower tier, please let HR know.

Covered Dependents

Your eligible dependents include your legal spouse, civil union partner, and dependent children under age 26. There are four tiers: Employee Only, Employee & Spouse, Employee & Child(ren), and Family. For Employee & Child(ren) and Family tiers, the premium does not change based on the number of children covered.

Why would I take the Premier vs. Select vs. Value PPO?

Northwestern offers three health PPO plans, all administered by BCBS of Illinois. All three plans use the same network of providers for the In-Network and Northwestern Medicine tiers. The difference between the plans is what you pay in premiums and out of pocket. Review pages 4 and 5 of the [2024 Benefits Guide](#) for a side-by-side comparison. Additionally, we have a short [video](#) that compares the benefits and costs of all four plans.

The Premier PPO has the highest premiums, but you will have the lowest deductible, coinsurance, and out-of-pocket maximum. The Select PPO has lower premiums than the Premier PPO and slightly higher deductible, coinsurance, and out-of-pocket maximum. Prescription coverage for both plans use the same copays. There is a \$1,500 annual cap per person for out-of-pocket prescription costs.

The Value PPO has the lowest premiums, but you will have higher deductible, coinsurance, and out-of-pocket maximum. You pay the in-network cost for prescription drugs until you reach the full deductible. To fill in the gap for the higher out-of-pocket

costs, you can contribute pre-tax to a [Health Savings Account](#) (HSA) and receive matching funds from the University.

Use the ExpressScripts [online pricing tool](#) to price medications for each plan.

You should review your past usage of medical insurance and prescriptions to determine which plan meets the needs of you and your family.

I just newly enrolled in medical benefits, when will I receive my card?

Hard copies of the insurance cards will be sent to your home address in December for 2024 coverage. If you do not receive your card on or after 1/1/2024, please reach out to BCBSIL to request a new card. For the PPO plans, call 800-892-2803. For the HMO, call 800-327-8497.

For those enrolled in Select, Value, and Premier PPO plans the insurance card will only have the employees name printed on it. If you need additional cards you can request one by logging into your account at www.bcbsil.com or by calling (888) 901-9357 using group 006161.

For those enrolled in HMO Illinois plan, the insurance card will include the name of those covered and the primary care provider (PCP) printed on the card. If you need additional cards or want to change your PCP, you can request one by logging into your account at www.bcbsil.com or by calling (800) 892-2803.

How do I check if my medical provider is covered by the plan?

For the Select, Value, and Premier PPO plans, you can use the [Provider Finder](#) on BCBSIL's website. Select *Find Care* on the navigation bar at the top, select *Find a Doctor or Hospital* from the drop down, then either log in or select *Search as a Guest*. From the *Plans* drop down select *Participating Provider Organization [PPO]*. You may also call BCBSIL directly by calling (888) 901-9357 using group 006161.

To find participating NMG providers, navigate to the Northwestern Medicine [Provider Finder](#), be sure **NOT** to log in, then select the Get medical care in the middle of the screen,

For the HMO Illinois plan you can use the [Provider Finder](#) on BCBSIL's website. Select *Find Care* on the navigation bar at the top, select *Find a Doctor or Hospital* from the drop down, then either log in or select *Search as a Guest*. From the *Plans* drop down select *HMO Illinois® [HMO]*. You may also call BCBSIL directly by calling (800) 892-2803.

How does the Value PPO plan work?

The Value PPO plan has lower monthly premiums, with higher deductibles than the Select and Premier PPO plans. Once the deductible is met, the Value PPO provides 80% co-insurance until the out-of-pocket maximum is reached. Upon reaching out-of-pocket maximums, the plan pays 100% of qualified medical and Rx expenses for the remainder of the plan year.

The Value PPO is paired with a Health Savings Account (HSA) – an investment account into which the IRS allows contributions from all sources of up to a maximum of \$4,150 for individuals; \$8,300 for families in 2024. Northwestern will provide a dollar-for-dollar match for the first \$1,000 for individual coverage and \$2,000 for family coverage.

Watch a short [video](#) that explains the Value PPO plan.

I want to enroll in the HMO medical plan. How do I select a Primary Care Provider (PCP)?

When enrolled in the HMO plan, you need to have a Primary Care Provider or PCP assigned to you. This is the doctor you see for all of your medical needs. If you need see a specialist, your PCP will refer you to one. When enrolling for the first time, you need to elect a PCP. To find a PCP:

1. Visit <https://my.providerfinderonline.com/>
2. Under the Plans dropdown select **HMO Illinois® [HMO]**
3. Then enter your ZIP Code
4. Finally, search for your doctor using the search bar.

If you don't elect a PCP at the time of enrollment BCBSIL will send you a letter asking you to call them to find a PCP.

Spending Plan Questions

Do I need to reenroll in a FSA and/or HSA for 2024?

Yes. If you want an FSA or HSA, you must re-enroll every year. If you do not re-enroll, you will not receive these benefits in 2024.

How is an HSA different from a Health Care FSA?

Both FSA and HSAs are pre-tax accounts that can be used for medical expenses. The major difference is eligibility and what happens to the funds at the end of the year. For the HSA, you must be enrolled in the Value PPO. At the end of the year funds in your HSA roll over and are never forfeited. For the Health Care FSA, you cannot be enrolled in

the Value PPO. You have until 3/15 of the following year to incur expenses. You then have until 3/31 of the following year to submit receipts to PayFlex for reimbursement. If you miss these deadlines the funds are forfeited.

What happens to the money in my Health Savings Account (HSA) at the end of the year?

With an HSA, the money rolls over year after year and the account is yours to keep, even if you leave the University, retire, or change to a health plan that is not the Value PPO. The money is yours to use for future medical expenses; but you may not contribute additional funds to the account.

Do I receive a Debit Card for my HSA and/or FSA?

Yes, those enrolled in the Health Care FSA, Limited Purpose FSA, or Health Savings Account (HSA) will receive a debit card from PayFlex. It is one card for all three accounts. The Dependent Care FSA does not use the debit card. If you have an HSA and Limited Purpose FSA, funds will pay out of the Limited Purpose FSA for vision and dental claims before the deductible is met, and medical claims are paid from the HSA balance. After the deductible is met, the Limited Purpose FSA allows medical.

Dental Plan Questions

Why are PPO dental costs increasing this year?

Inflation associated with the dental plans in 2023 has increased significantly. As a result, for 2024 the monthly premiums for the PPO plan will increase by \$1-3 depending on your coverage tier. Our dental premiums have not increased in many years. The dental HMO will not have any premium changes.

How do I find a participating dental office?

If you are enrolled in the BCBS of IL Dental PPO, members may receive care from any licensed dentist, but benefits are higher if care is provided by an in-network dentist. To find a network dentist, access the [BCBS of IL Dental PPO provider directory](#) online, then search by name or location. If you are enrolled in the Guardian HMO, members must receive care from the primary dentist listed on the ID card. To update your primary dentist, call Guardian at 866-494-4542. You can find a list of participating dentists on Guardian's [provider finder](#) website.

What dental plan is best for me?

Selecting a coverage is a personal decision. Northwestern offers two dental plans to accommodate employees needs and budget. The BCBS of IL Dental PPO provides the largest network of dentists but has a higher cost. The Guardian DHMO has a closed network and requires you to register with a primary dentist before you receive care but has the lowest cost. See the chart below for a comparison of the two plans. If you have a dentist you want to keep, check with your dentist’s office to verify the plan they accept.

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 Questions

Why is the vision plan changing?

To realize lower premiums, Northwestern has engaged Blue Cross and Blue Shield of Illinois (BCBSIL) to administer the EyeMed Vision Plan, starting January 1, 2024. While BCBSIL will be the administrator of the plan, they have contracted EyeMed Vision Care, LLC to provide customer service and claims administration services. The relationship between BCBSIL and EyeMed is that of independent contractors. Through this arrangement with EyeMed, you still have access to the same benefits and to EyeMed’s extensive network of vision care providers. Please see [this flyer for more information](#).

What do I need to do now that the vision plan is with BCBSIL?

If you currently have an online account with EyeMed or use their mobile app, you will need to **create a new** EyeMed [online](#) and/or [mobile app](#) account **AFTER** you receive the BCBSIL ID card. Unfortunately, you cannot use the same email address for both accounts. Therefore, you will need to use a different email address from your current/past EyeMed account. EyeMed requires this because your old claims information will still be available under the old account and your new claims information will be available with the new account. Please see [this flyer for more information](#).

403(b) Retirement Plans

How do I make changes to my 403(b) retirement plan?

These benefits are not included in Open Enrollment and can be enrolled in or changed at any time during the year. If you make changes to the 403(b) retirement plan during Open Enrollment, the change is effective right away. To make changes for 2024, make the request during the first week of January 2024.

Northwestern utilizes NetBenefits, administered by Fidelity, to provide enhanced services for the Retirement Savings Plans offered to faculty and staff. All contribution amount changes, **even if you contribute to TIAA**, are made using this system. There are two ways to make this change for those in both TIAA and/or Fidelity:

- Call NetBenefits at **800-343-0860** to speak with a representative.
- Update your contribution amount yourself via [myHR](#). Call NetBenefits at **800-343-0860** for assistance with navigating the portal. See this [user guide](#) for assistance.