IT'S ALL ABOUT Your Benefits 2025

Northwestern | HUMAN RESOURCES



Open Enrollment Instruction Guide

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If you have questions or need help completing Benefits Enrollment ...

Multifactor Authentication IssuesIT Help Desk:847-491-4357

consultant@northwestern.edu

General Benefits Questions
<u>Human Resources</u>: 847-491-4700
<u>askHR@northwestern.edu</u>

- 1. Login to myHR at https://myhr.northwestern.edu.
- 3. Select **My Health Benefits Elections** from the left-hand menu. You may need to disable your pop-up blockers.
- 2. Select the **Benefits** tile in myHR Self Service.



4. Select Get started or Begin Open Enrollment from the center of the page.



Selecting Benefit Plans

Your current elections will be selected, with the exception of **FSA and HSA plans** which need to be elected each year and the **Tobacco Surcharge** which requires action to waive for 2025. You will first be prompted to review/edit/add any dependents. To update/add any plans or elect an FSA or HSA plan, select <u>Edit Coverage</u> next to each benefit. Once you make your changes, you must hit **Complete your benefits** at the bottom of the page.

Review/Edit/Add Dependents

 Review/add/update dependents you want covered in 2025. To add, select Create dependent profile. If adding a new dependent, you will need to provide proof of relationsh when adding them to the medical plan. To update, select Edit. Otherwise, select Next.

Note: You'll also be able to benefits.	add dependents and select	who you want to cover wh	en you enroll in or	edit your
add a dependent, click 'C	reate dependent profile'			
Name	Relationship	Date of Birth	Gender	Action
Wilma Wildcat	Spouse	6/13/1962	Female	Edit
William Wildcat	Child	5/3/2022	Male	Edit
	1			
Create dependent profile				

A note from your Benefits Administrator

If you are adding a spouse and/or child to your health insurance that was not previously verified, you will need to provide documentation to prove dependency. Please note the following document options on the link below. Documents should be uploaded in myHR via My Documents. • Dependent Verification

Selecting Medical Coverage

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1. If you would like to make a change to your coverage or if you wish to enroll, select **Edit Coverage**.

P.	Medical Helps cover the cost of medical and surgical expenses.	Value PPO 2025	\$308.00 per month
Ŋ	You had this benefit last year	Effective 01/01/2025 Show plan details	
		Edit coverage Decline	

2. At the top of the page, you will see who is currently enrolled and eligible for the plan. To add a dependent select Add Dependent.



Selecting Medical Coverage Cont.

 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 *Comparing Health Plans* (pp 7).



4. The tool loads with the National Averages for 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.



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

•						
account with pre-tax dollars can lower your taxable inco	ome and save	you money. Fi	nd out how much	below!		
						1
Annual Contribution		Contributio	n Limits			
\$			Minimum	Maximum	55+ Additional	
Contribute Maximum		Single	-	\$3,400.00	\$1,000.00	
Total savings:	\$0.00	Family	-	\$6,750.00	\$1,000.00	
-						
	Annual Contribution Annual Contribution Contribute Maximum Total asvings:	Annual Centribution S Centribution Tetal savings: \$0.00	Annual Centribution Centribution Centribution Single Total average: 60.00 Family	Annual Cestribution Cestribution Cestribution Cestribution Cestribution Cestribution Cestribution Single - Tetal savings: 60.50 Family -	Annual Castribution Annual Castribution Centribution Centribution S Centribution Limits Single – \$3,400.00 Fanaly – \$4,750.00	Annual Centribution Annual Centribution Centribution Limits S Minimum Maximum 56+ Additional Centribution Limits Single — \$3,400,00 \$1,000,00 Total savings: 60,00 Family — \$6,750,00 \$1,000,00

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Enter expected HSA **and** FSA costs to better evaluate which health plans

Selecting Your Medical Plan Cont.

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

- Click the Select Plan or Currently Selected box under the plan in which you wish to enroll;
- If you select the HMO Illinois plan, you will be prompted to select a Primary Care Provider (PCP) for both you and your dependents. A link is provided to BCBSIL's provider finder. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. The PCP number from BCBSIL's website should be entered at the time of enrollment.







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

- If you select the Value PPO plan, you will be prompted with the option to elect a Health Savings Account (HSA) - See detailed instructions on page 10 starting with Step 2.
- 8. After selecting your health plan, you will be prompted with the option to elect a Health Care, Limited Care, or Dependent Care FSA for the next plan year See detailed instructions on page 11 starting with Step 2.
- 9. If enrolled in a medical plan, you will be prompted to indicate if you and/or anyone covered on the plan has used **tobacco** in the past 6 months. If you have, you will be assessed a \$50 per month surcharge.

You Must Select <u>Complete your</u> <u>benefits</u> on The Main Enrollment Page to Complete Your Elections. See Page 15.

Saving Medical Election

You will be brought to the Health Summary screen. You can select **Edit Plan** to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Make sure you review your **Tobacco Surcharge** election. If you and/or a covered dependent has used tobacco in the last 6 months you will be assessed a \$50 per month surcharge. Enrollment is not complete until you select **Complete your benefits** on the following screen.

•	Medical	Cost Summary This is a summary of your OE benefit elections.	
	Volue PPO 2025		
	Utforced by: Blass Cross Blass Sheat of Blarcos Effection Date: 1010/2015	Benefit Elections (9 items)	
	You Pay, \$200.00 per month	Monthly	
		Macacai Tobacco Surcharge	
		Dental	
	Additional Information	Life	
	Show details ~	Supplemental Life Supplemental Socure Life	
		Supplemental Child Life	
	Edit coverage Edit plan Plan details	Long Rem Disability	
		You Pay 🕤	
	Tobacco Surcharge	Monthly Total 💿	
	Tobacco Surcharge 2025		
	Offored By: Other		
	Effective Date: 01/01/2025		
	tou regrad.vu per monton		
	Editorenge		
4	Health Savings Account (HSA) ©Consege Bacimet on \$1001/2025		
	Edit coverage		
Ċ	Health FSA		
2	Coverage Declined as of 01/01/2021		
	Edit coverage		
Health FS If you are de plan, provide may be able	SA: the second	n this you	

Selecting Your Dental Plan 1. To enroll or change dental coverage, select Edit Coverage. Dental X Declined R 2. Verify everyone you want covered on the plan in the You have declined this benefit. Provides coverage to save you money and help ensure a healthy banner at the top of the screen. Change your mind? Hit "edit coverage" below smile. Edit coverage 3. Click the Select Plan or Currently Selected box under the plan in which you wish to enroll. \$12.00 Guardian Dental HMO (FCW) 2025 Monthly Cost You and each family member you cove dentist who is a member of the **NOTE: A link is** Guardian/First Commonwealth Denta etwork as your primary dental care Who do you want to cover on this plan? (\mathbf{R}) provided to provider. The Guardian Dental plan is n. This means each dental service is has d. To view the copay information, click on a specific copayment amount th **Guardian's** "Plan Documents" belo 🗸 Wanda Wildcat Willy Wildcat William Wildcat provider finder. 2 The PCP number 🖕 Plan Documents ~ Select plan Plan details from Guardian's website must be **BCBSIL Dental PPO 2025** \$48.00 entered at the time Monthly Cost 4. If you select the HMO plan, you will You and your covered family members can go to any dentist, but you will generally receive of enrollment. higher benefits (and pay less out-of-pocket) for services you receive from a dentist who is a be prompted to select a Primary nber of the BCBSIL Dental PPO provider network. Care Dentist for both you and your ✓ Currently Selected Plan details dependents. Jorthwestern myHR Benefit Dental Find a Dentist - Access the Dental tal Care Provider Lief Provider Network PDP Code 4 Previous Cancel **Saving Dental Election** You will be brought to the Health Summary screen. You can select Edit Plan to make any changes or select Save at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete your benefits** on the following screen. You Must Select Complete

Dental	Cost Summary This is a summary of your OE benefit elections.	
BCBSIL Dental PPO 2025		
Offered By: Blue Cross Blue Shield of Illinois	Benefit Elections (9 items)	
Effective Date: 01/01/2025		
You Pay: \$48.00 per month	Monthly	
	Medical	
	Tobacco Surcharge	
	Dental	
	vision	
Additional Information	Supplemental Life	
Show details V	Supplemental Spouse Life	
	Supplemental Child Life	
Edit coverage Edit plan	Long Term Disability	
	You Pay 👔	

your benefits on The Main

Enrollment Page to Complete Your Elections.

See Page 15.



Health Savings Accounts (HSA) plans must be elected every year. If you made changes to your medical coverage during Open Enrollment, then you might have already been prompted to make your elections. If not, then follow the steps below to enroll.

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 **Select Plan**. To decline enrollment select **Decline Coverage**.



3. A summary will appear that shows how much you will contribute and how much the University will contribute. <u>Note</u> occasionally contributions cannot be made evenly from all checks so one check will have a different amount. Select **Save & Continue**.





2. Select **Yes**, then **Continue**. Then enter the amount you wish to have deducted from each paycheck of the year. This amount should **not** include what you plan on receiving from the University Match. Click **Continue**.

Example: Twelve paychecks per year and you want to receive full <u>Single Match</u> of \$1,000:

Employee amount per pay \$83.34 \$2,000

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

Northwestern myBenefits	
myHR Benefits Ø 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 of the series is enrolled in a Health FSA I am not eligible to contribute to an HSB I understand that the series is enrolled in a Health FSA I am not eligible to contribute to an HSB I do not have a 4, which is a health care flexible spending account. 	A
Next Previous Cancel	

Enrolling in FSA Plan

Health Care, Limited Care, and Dependent Care FSA plans must be elected every year. If you made changes to your medical, dental, or vision coverage during Open Enrollment, then you might have already been prompted to make your elections. If not, follow the steps below to enroll in a FSA for next plan year. **NOTE**: If you are enrolled in the Value PPO, you must elect your HSA first.

1. To begin select **Edit coverage** under Choose your Health, Dependent, or Limited Purpose FSA coverage.

0	Health FSA	X Declined
0.0	Set aside pre-tax dollars to cover	You have declined this benef
	certain out-of-pocket costs for medical, depred and vision	Change your mind? Hit "edit coverage" belo
	meurcat, dentar and visio	Compare to last year's plan
Ð	You had this benefit last	
		Edit coverage

 To participant in a Health Care or Limited Care FSA, click Select Plan. Otherwise select Decline Coverage to move to the summery page.

$Northwestern {\sf myHR} {\sf Benefits}$		٩
		Ħ
⊗ Profile	Shop for benefits	
Choose your He Do you want to participate in a Flex	alth FSA plan ible Spending Account?	
Health Care FSA The health care FSA reimbur are not eligible to be paid by Select PPO, or HMO Illinois of University, For more interaction accounts/health care freach of Better plan	2 nees incurred by you a able to individuals encr zes without medical cov www.northwestern.edu/hr	nd your tax dependents that Uled in the Premier PPO, erage through Northwestern /benefits/saving-spending-
Decline Coverage I would like to decl	ine Health FSA coverage.	
Previous Cancel		

3. If you are electing to participate, you will be prompted to enter in the <u>annual</u> amount you want to contribute and select **Next**.



If you elect a Dependent Care FSA, you will be offered an option to apply for Northwestern matching funds.

A note from your Benefits Administrator

Employees with a family adjusted gross income up to \$130,000 can apply for Northwestern reimbursement by completing the Dependent Care Employer Reimbursement Application.

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You will be brought to the Health Summary screen. You can select **Edit Plan** under Health, HSA, FSA, and Tobacco Surcharge elections to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete your benefits** on the following screen.

Select PPO	This is a summary of your current benefit electrons.	Show Toda at
Offered By: Blue Cross Blue Shield of Illinois Effective Date: 06/01/2017	Banefit Elections (Eitzens) Q	*
Yau Pagi \$165.00 per month Persona Gowend: Wild Cat, Tarbulent Cat	Meditori Contor Vision	5345.00 572.00 524.00
Additional Information Eleve details ~	Number Tetra	\$341,00
	Tax Adventage Accounts (1 Rema)	v
COLUMN Plan Orlans	Beacking Generative Contributions mustch-IEA Employee Contribution	\$304.29
Dental Deatharn Dental PPO 2018	Munifolg CastleBullians Total	\$365.29
Offered Dp: Dearborn National	You Pary O	
Ellinetino Existe 60/01/0/2016 Year Pays 821.00 per month Persana Gloveneti Adem Dayle	sensory Tokar Q	\$425.24
Additional Information		
Bhow details ∨		
Edit plan		
Vision • Converge Detition das of 0.1/		
Edit coverage		
	Endet FPO Endet Read Anter Read A	Process Process Resource Ansatz Resource Ansa

During Open Enrollment you will be able to review and update your Life Coverage. Note that Basic Life, Supplemental Life, Spouse Life, and Dependent Life are included under Life Coverage.

1. Select Edit Coverage in the Your Life Coverage tile on the home screen.

Life Protects your loved ones in case something how the sur- Nou had this by 1	In your cert Basic Life 2.5 Times 2025 Covers you Coverage Amount: \$750,000.00 (2.5 times salary up to \$750,000.00) Imputed income: \$20.00 per pay period Effective 01/01/2025 Baneficiaries: Yogesh V Show plan details Compare to last year's plan Edit coverage	\$0.00 per month	
2. Then click on Select F Selected to enroll.	Plan or Currently	Northwestern myBenefits myHR Benefits	Adam Dayle v
Note: Basic life is fully University paid. Coverage over \$50,000 is subject to imputed income.		Basic Life 2.5 T 2 e 826,000.00 Coverage amount: \$15,000 Coverage amount: \$155,000 Coverage amount: \$155,000 Coverage amount: \$150,000 are subject to imputed income. © Subject part	\$0.00 Semi-Monthy Cost Semi-Monthy Cost
 On the summary scree beneficiaries for this p Beneficiarie 	en click on Add or Edit next lan. es 🖋 Add	to Beneficiary to add	
Northwestern myBenefits Life: Beneficiary 3 unice You have no beneficiaries after 3 unice Secondary beneficiaries will receive proceeds in the event that	ry Type, allocation amount, and/or selected to be covered. It lippes allocation amount, and/or selected to be covered. It lippes and Supplemental Term Life Insurance benefits if you dis. You can name anyone you want as your them Cade of Birch 853/00 4 It lippes y beneficiaries are no longer living.	External designate as many propie as BeneficiarySea) as you with, Olicie: You may not matriciarySpa Absoration %	Rame Northwestern University as a

NOTE: Beneficiaries can be updated at any time during the year. The process for selecting your Supplemental Life, Spouse Life, and Dependent Life plans is similar to the process for selecting your Basic Life plan. Increases to Supplemental Life and/or Spouse Life require an Evidence of Insurability (EOI) application. See page 15 for information on completing EOI. After enrollment, you will be prompted to complete EOI online with MetLife. EOI should complete within 7 days.

Saving Life Elections

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 Northwestern myHR Benefits button in your н browser. It is best to use the Life Summary previous button within Cost Summary Life the platform. Basic Life 2.5 Times Offered By: Dearborn Report E ons (8 items) 🐔 ~ Coverage Amount: \$89,375.00 (2.5 times salary up to \$250,000.00) Imputed Income: \$81.12 per pay period What's this? \$145.00 \$72.00 \$24.00 svalishle \$0.00 \$38.01 \$0.21 \$0.64 Medica Effective Date: 06/01/2017 rage Amount: \$89,375.00 You Pay: \$0.00 per month ries 💉 Add \$299.86 Tax Advantage Accounts (2 items) ~ **ly Contributions** FSA Employee Contribution dent Core FSA Employee Contribution Edit coverage Edit plan \$364.29 \$714.29 Supplemental Life Supplemental Term Life Insurance the Contributions Total \$1,078.58 Supplemental Child Life Child Term Life Insurance ed By: Dearborn I ze Amount: \$5,000.00 06/01/2017 You Must Select Complete your

You Must Select <u>Complete your</u> <u>benefits</u> on The Main Enrollment Page to Complete Your Elections. See Page 15.

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1. To elect coverage, select **Edit Coverage** under Choose your Voluntary Long-Term Disability coverage.



3. If you decline the buy-up plan, you will be asked to confirm you wish to decline this benefit.

Are you sure you want to decline Vol Disability coverage?	luntary Long Term
If you decline, you and/or your family ma Disability coverage.	Voluntary Long Term
Do not show this warning again.	
Yes, decline Cancel	

Enrolling in the Buy up plan will require an Evidence of Insurability (EOI) application. See page 15. 2. Then click on **Select Plan** or **Currently Selected** to enroll in the buy-up or **Decline Coverage** to decline.



 Once you have completed, elected or declined the Buy-up plan you will be brought to a summary screen. Select **Save** at the bottom left to save these choices and move to the next section.

rthwest	xm myHR Benefits		15
			ار
		_	
	@ Profile		
S Dis	ability Summary		
r US Disat	silty benefit summary is shown below. To make changes, click Edit. Please note that your benefits		
-	Long-Term Disphility	Cost Summary	
***		This is a summary of your current benefit elections.	
	50% Core Benefit LTD		Show hide all
	Offered By: The Hartford	Benefit Elections (10 items) (0	~
	Coverage Amount: \$2,291.67 per month (50% of monthly salary maximum of \$2,291.87 per month)		
	Effective Date: 06/01/2017	Monthly	
	Coverage Amount: \$2,291.67 per month	Redeal	\$56500
	You Proc \$0.00 net month	Vaine	53.00
		Inel	Upperietie
		Lfe	\$000
		Supplemental Life	\$36.05
		Supplemental Spouse Life	50.25
	Edit coverage	Supplemental Child Life	\$054
		Long-Sem Deability	5000
Ħ	4	Volumbry Long Sem Dealbeity	trans.
	Voluntary	Number Total	41114
	10% Buy Up		
	Offered By: The Harts	Tax Advantage Accounts (2 items) ()	~
	Coverage Amount vis8.33 per month (10% of monthly salary maximum of \$458.33 per month)		
	Effective Date: 01/2017	Manager Calls Construction of Construction of Call	61m1 M
	Coverses for per 1458-33 per month	Proceeding Core FTA Englisher Contribution	0.00.20
	You Pay: 41.15 per month		
		Manthly Contributions Total	\$1,078.58
		You Pay Q	
	Part Officer	MunkNay Tarlad	\$1,391.59
ave	Cancel		

1. To elect Legal coverage, select **Edit Coverage**. Then click **Select plan.** On the summary screen select **Save**.

Legal Coverage



1. Now that you have made your elections you <u>MUST</u> finalize your enrollments. At the bottom of the page click on **Complete my benefits.**

Confirm your benefits	Cancel and return home

2. Finally, you are presented with a summary screen. To save or print a confirmation sheet, select **Benefit Summary Report**. Then click **Continue to Next Page**.



Complete EOI

If you increased your life insurance or enrolled in the Voluntary LTD plan, you will be prompted for Evidence of Insurability (EOI). Click My Evidence of Insurability to be taken to MetLife's secure portal to complete EOI. You have 7 days to complete. you may return later to complete EOI through the Benefits Tile in myHR Self-Service.



Uploading Documentation

If you added a dependent to your medical coverage, you will need to provide Proof of Dependency by uploading <u>supporting documentation</u> into the enrollment site.

1. Select **To Do Items** 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.



Northwestern HUMAN RESOURCES

OFFICE OF HUMAN RESOURCES 1800 Sherman Avenue Evanston, Illinois 60201-3777 www.northwestern.edu/hr/benefits