### Northwestern

### New Faculty & Staff Benefits Orientation

2023 Benefits Options

### 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
- Perkspot

### 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 up to age 26
Marriage or Civil Union Certificate	Birth Certificate
	Adoption Certificate
• J-2 or H-4 Visa (foreign nationals only)	Foster Care Paperwork
	<ul> <li>Court Ordered Document of Legal Custody</li> </ul>

## Health Maintenance Organization (HMO)

- BCBSIL is the administrator of plan
- 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
- Not accepted at NM Hospital



### HMO Illinois Coverage

### **HMO Illinois**

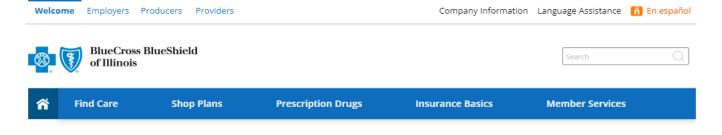
Copays: \$25 PCP / \$35 Specialist / \$150 ER Visit

> Outpatient Event = \$250 Inpatient Event = \$500

Coinsurance = None

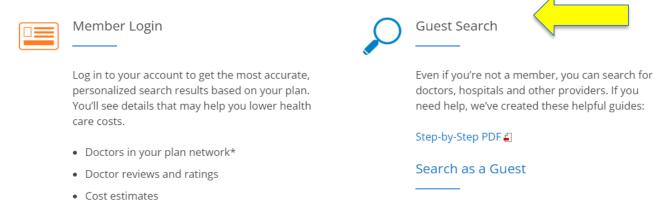
Annual Out of Pocket Maximum: Coverage Type "You Only" = \$1500 All Other Coverage Types = \$3000

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

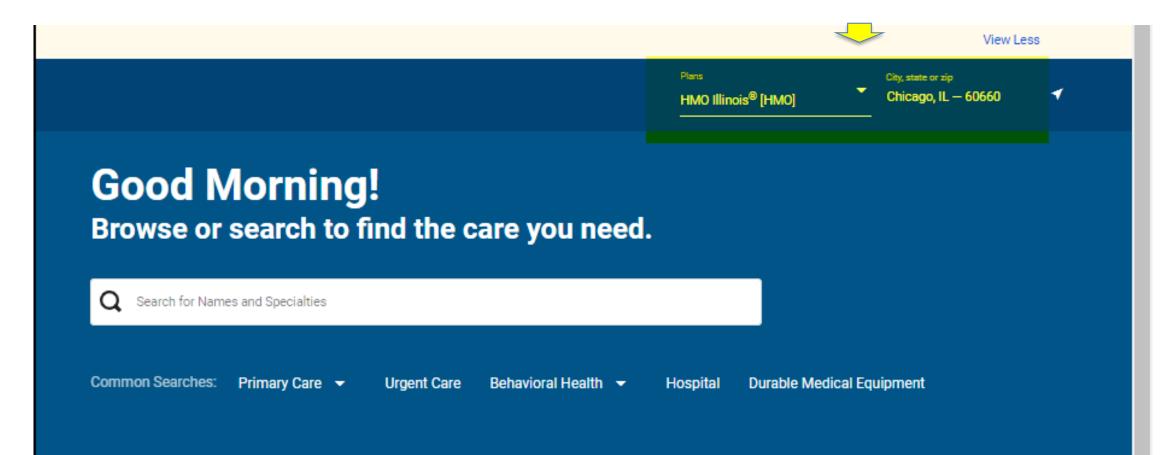


### Find a Doctor or Hospital

Search for doctors, hospitals, pharmacies, urgent care and more.



## **Finding Your Doctor**



### Selecting Your Primary Care Physician

#### Providers:



Stephen M Kashian, MD

\*\*\*\*

5.0 out of 5.0 1 Rating

1 Award

**Completed Education in 1981** 

Internal Medicine

PCP ID: 793462911

#### Provider Highlights

Stephen M Kashian, MD

PGP ID: 793462911

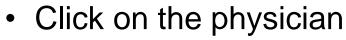
LOCATION 4905 Old Orchard Ctr Lower Level, Skokie, IL 60077 Get directions (est. 1.7 miles away)

CONTACT INFORMATION Phone: 847-679-6707

Accepting New Patients



Northshore Physician Associates (M0/IPA #447)



- At the bottom of the page note the 3 digit Medical Group/IPA #
- Enter this number during the enrollment process.
- You do not need to enter the PCP number

# 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 PP0 <sup>1</sup>	Select PP0 <sup>1</sup>	Value PPO <sup>2,3</sup>	
Northwestern Medici	ne Tier 1 Providers			
Deductible	\$350 individual/ \$1,050 family	\$600 individual/ \$1,800 family	\$1,600 individual/ \$3,200 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	
Office Visit Copay	\$10 Primary Care Phy	/sician/\$20 specialist	10% after Deductible	
ER Copay	\$150 (waived if adm	itted) + Coinsurance	20% after	
ERCopay	10% Coinsurance	20% Coinsurance	Deductible	
In-Network Providers		-		
Deductible	\$500 individual/ \$1,500 family	\$850 individual/ \$2,550 family	\$2,100 individual/ \$4,200 family	
Coinsurance	10%	20	0%	
Out-of-Pocket Maximum	\$2,400 individual/ \$6,600 family	\$3,000 individual/ \$8,000 family	\$3,000 individual/ \$8,000 family	
Office Visit Copay	\$25 Primary Care Phy	/sician/\$35 specialist	20% after	
ED Conney	\$150 (waived if adm	itted) + Coinsurance	Deductible	
ER Copay	10% Coinsurance	20% Coinsurance		
Out-of-Network Provi	iders	-	_	
Deductible	\$1,000 individual/ \$3,000 family	\$1,700 individual/ \$5,100 family	\$3,100 individual/ \$6,200 family	
Coinsurance	30%	40% after	Deductible	
Out-of-Pocket Maximum	\$4,800 individual/ \$12,800 family	\$6,000 individual/ \$16,000 family	\$7,500 individual/ \$20,000 family	
Office Visit Copay	30% after Deductible	40% after	Deductible	
ERCopay	\$150 (waived if adm	itted) + Coinsurance	20% after	
ER Copay	10% Coinsurance	20% Coinsurance	Deductible	

### **Health Plan Premiums**

			Medica	ıl Plans				
	Premi	er PPO	Selec	t PPO	Value	e PPO	НМОІ	llinols
Coverage/Salary Tier	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
You Only								
Under \$42,000	\$250	\$488	\$51	\$266	\$19	\$218	\$109	\$282
\$42,001 - \$75,000	\$298	\$517	\$93	\$295	\$39	\$230	\$143	\$304
\$75,001 - \$128,000	\$359	\$560	\$149	\$332	\$90	\$265	\$186	\$333
\$128,001 - \$182,000	\$440	\$613	\$218	\$379	\$142	\$299	\$236	\$366
\$182,001 and above	\$555	\$691	\$319	\$445	\$216	\$349	\$316	\$420
You + Spouse								
Under \$42,000	\$545	\$1,064	\$112	\$582	\$42	\$476	\$240	\$617
\$42,001 - \$75,000	\$652	\$1,134	\$203	\$642	\$86	\$503	\$313	\$666
\$75,001 - \$128,000	\$786	\$1,225	\$327	\$726	\$195	\$576	\$406	\$728
\$128,001 - \$182,000	\$964	\$1,344	\$481	\$827	\$310	\$656	\$517	\$802
\$182,001 and above	\$1,216	\$1,513	\$695	\$971	\$470	\$762	\$692	\$920
You + Child(ren)								
Under \$42,000	\$464	\$908	\$94	\$494	\$37	\$403	\$207	\$533
\$42,001 - \$75,000	\$555	\$968	\$171	\$544	\$74	\$429	\$269	\$574
\$75,001 - \$128,000	\$670	\$1,044	\$280	\$617	\$165	\$491	\$351	\$629
\$128,001 - \$182,000	\$823	\$1,148	\$409	\$704	\$263	\$555	\$445	\$692
\$182,001 and above	\$1,036	\$1,288	\$590	\$825	\$400	\$647	\$596	\$793
You + Spouse + Child(	ren)							
Under \$42,000	\$822	\$1,600	\$166	\$872	\$61	\$710	\$360	\$929
\$42,001 - \$75,000	\$980	\$1,705	\$303	\$964	\$129	\$755	\$470	\$1,002
\$75,001 - \$128,000	\$1,181	\$1,840	\$491	\$1.089	\$293	\$866	\$612	\$1,097
\$128,001 - \$182,000	\$1,447	\$2,019	\$721	\$1,244	\$464	\$980	\$778	\$1,209
\$182,001 and above	\$1,826	\$2,271	\$1,045	\$1,460	\$704	\$1,140	\$1,042	\$1,386

### 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
- Set up via Payflex.com
- Value PPO deductibles Single \$2,000/Family \$4,000
- IRS HSA Limits Single \$3,850 Family \$7,750
- Unused funds rollover and are portable



### Health Savings Account (HSA)

University matches up to 1/2 the annual maximum

Coverage Tier	If you contribute	Northwestern contributes			
Vou (ophy)	\$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 \$2,850 for You Only or up to \$5,750 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 (<u>www.payflex.com</u>)

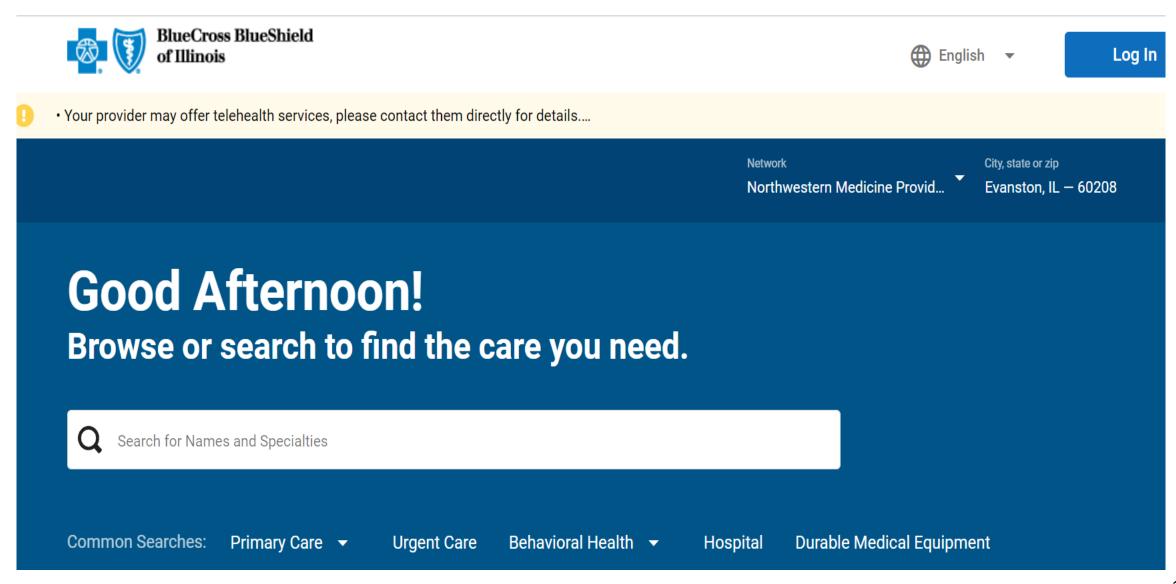
Quick Links	My Dashboard	Financial Center	Benefits Center	Wellness Center	Resource Cente
Resource Center     Manage My Debit Card(s)	Make a Paymen	Step 2:	Step		Step 4:
FAQ Quick Links Managing My Settings All About FSAs Filing A Claim	Payee Information Enter or select a payee	Payment Information Enter payment information		urrence mation rmation se Recurrence Rule	Confirmation Confirm all payment details
See more FAQs	Select a payee from you	Ir list of previously estab	lished payees or click o		ee.
Manage My Debit Card(s) Money <sup>2</sup> for Health					
My Health Savings Account			1		
Account Overview					
My Profile					
Transactions			CONTINUE		

### **Finding Your Doctor**

Northwestern			
		Kronos Time Entry myHR	myHR Learn
HUMAN RESOURC	ES	Search this site	٩
Careers 🗸 Benefits 🗸	Learning & Performance 🗸 🛛 For Managers & Administrators 🗸	Work Essentials V	bout ~
		WORK ESSentiats V A	Jour ~
Benefits	HOME > BENEFITS > HEALTH & INSURANCE BENEFITS > HEALTH INSURANCE PLANS		
Explore Benefits & Rewards Health & Insurance Benefits Health Insurance Plans Premier PPO Select PPO Value PPO	Health Insurance Plans Northwestern offers US-based employees four Blue Cross Blue Shield me offered the Cigna International Health plan. Additionally, US-based emplo in ACA benefits, can choose the ACA Value PPO option. Below is information how much they cost.	yees who are eligible and wis	h to enroll
Northwestern Medicine Network	Plan options		
HMO Illinois Cigna International Prescription Drug Benefits Illinois Infertility Mandate Dental Insurance Plans Vision Insurance Plans Spending and Saving Accounts Life Insurance Plans	<ul> <li>The following health insurance plans are available to Northwestern emplo</li> <li>Premier PPO</li> <li>Select PPO</li> <li>Value PPO</li> <li>HMO Illinois</li> <li>Cigna International Health (Qatar Employees)</li> <li>ACA Value PPO (Employees determined eligible based on ACA guideli</li> <li>Blue Cross Blue Shield of Illinois administers all four medical plans for US</li> </ul>	ines) -based employees. Read the	summary
Long Term Disability	plan description 📆 for Northwestern's health and welfare insurance cove	rage.	

• Not all Northwestern Medicine physicians participate

### Finding Your NM Doctor

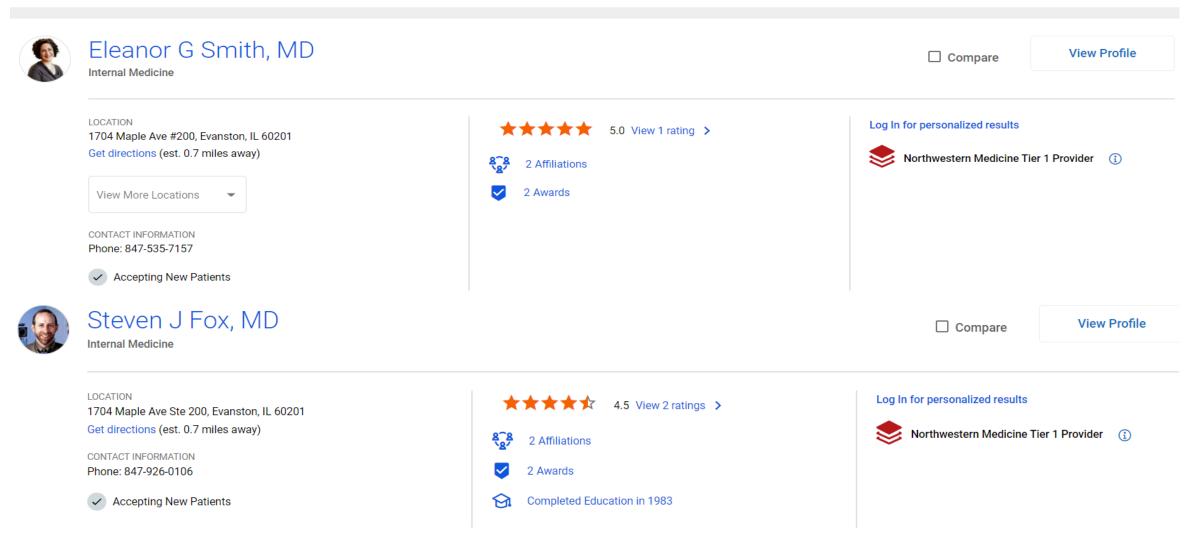


### Finding Your NM Doctor



Providers in: Northwestern Medicine Tier 1 Provider

Why Tiered Networks Learn More



# Questions?

### **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 d by Express Scrip	ecialty \$90.	20% after deductible Managed by ESI
Copayment 90-day supply Mail	Non-Preferre	\$20, Preferred Bra ed Brand \$120, Sp ed by Express Scrip	ecialty \$180.	20% after deductible Managed by ESI
Annual Out-of-Pocket Maximum		\$1,500 per person Express Scripts (ES	I)	Included in Value PPO Out of Pocket Maximum

### **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). Does not apply to the Value PPO plan



### **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.
- Select "Insight" plan when searching for providers.
- Plan features:
  - Coverage for annual exams with \$10 copayment
  - Coverage on frames, lenses, treatments, contacts, etc.
  - EyeMed Coverage: Purchase <u>eyeglass lenses</u>, <u>contact lenses</u>
     <u>and frames</u> in same year



## Flexible Spending Accounts (FSA)

- Set aside pretax earnings (in amounts you determine) via payroll deduction
- Minimum \$240, maximum \$3,050 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.
  - Walgreens, Target,
     CVS, Walmart and
     others



2011-00-000-15

JOHN SMITH **1234 5678 9123 4567** VALID THRU 00/00 CVC 396

IDEMIA 4 50933 ICA14174 4/20

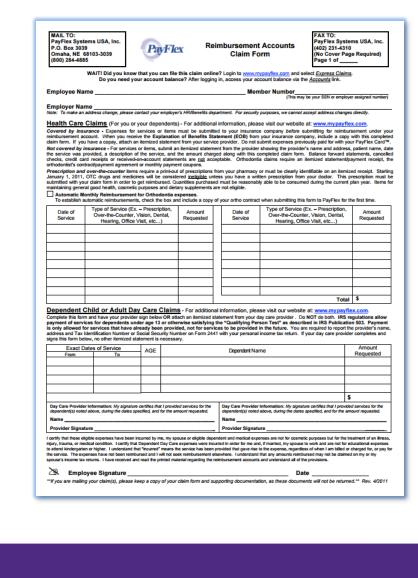
This Card is issued by UMB Bank, n.a. pursuant to license by MasterCard International

By using the Card, you agree to the Cardholder Agreement, which is sent with the Card. Each time you use the Card, you certify that you have not received and will not seek reimbursement for an expense paid with the Card from any other benefit source. Card usage restrictions may apply. No Cash Access. See cardholder materials for details.

### **Spending Accounts**

- Option to submit paper claim form with itemized receipts
- Or submit online via Payflex





### **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 2023 claims is March 15, 2024

All claims MUST be submitted by March 31<sup>st</sup>. 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 \$3,050

# 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



Employee elects to co	ntribute \$5,000	
If your household earnings are:	NU Election Match %:	Maximum NU Contribution:
Up to \$60,000	80%	\$4,000
\$60,001 - \$75,000	60%	\$3,000
\$75,001 - \$100,000	40%	\$2,000
\$100,001 - \$130,000	20%	\$1,000

• 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.

• The NU Match contribution is prorated during the calendar year.

- 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 Sys P.O. Box 30: Omaha, NE (800) 284-48	68103-3039 85	Pa	yr iex	eimbursemen Claim Fo	orm	FAX TO: PayFlex Syste (402) 231-4310 (No Cover Pag Page 1 of	e Required)
	WAIT! Did you kn Do you need	low that you of your accourt	can file this claim onli t balance? After loggin	ne? Login to www.n ng in, access your a	vpayflex.com and se count balance via th	lect Express Claims e <u>Accounts</u> link.	ŀ
Employee Na	ame			Mer	nber Number (This may	be your SSN or employe	r assigned numb
Employer Na Note: To make ar	me	se contact your	employer's HR/Benefits de	partment. For security	purposes, we cannot a	ccept address changes	directly.
Health Care	Claims (For you	or your depe	ndents) - For addition	al information, plea	se visit our website	at: www.mypayfle	x.com.
reimbursement a	account. When you re	eceive the Exp	r items must be submit lanation of Benefits St	atement (EOB) from	your insurance comp	any, include a copy	with this comp
Not covered by the service was checks, credit c orthodontist's cor Prescription an January 1, 2011 submitted with yr maintaining gene Automatic N	insurance - For servi provided, a descriptic ard receipts or receiv ntract/payment agreem of over-the-counter it , OTC drugs and me our claim form in orde aral good health, cosm Monthly Reimbursem	ices or items, s on of the servic ved-on-account ment or monthly ems require a i dicines will be r to get reimbu vetic purposes a vent for Orthoo	print-out of prescriptions considered <u>ineligible</u> un rsed. Quantities purchas and dietary supplements lontia expenses.	tent from the provide ged along with this of ceptable. Orthodont from your pharmacy less you have a wri ed must be reasonate are not eligible.	showing the provider completed claim form. a claims require an i or must be clearly ide ten prescription from ly able to be consume	's name and address, Balance forward sta temized statement/pi- ntifiable on an itemiz your doctor. This p d during the current p	patient name, atements, canc ayment receipt ed receipt. Sta rescription mu plan year. Item
To establish Date of Service	Type of Service Over-the-Count	(Ex Prescrip	ntal, Requested	Date of Service	Type of Service ( Over-the-Counter	form to PayFlex for th Ex. – Prescription, er, Vision, Dental, ce Visit, etc)	Amount Requested
	Healing, On	ice visit, etc	,		riearing, Onic	20 VISIL, CIU)	
	1			L		Total	\$
Complete this for payment of serv- is only allowed address and Tax signs this form be	rm and have your prov vices for dependents for services that hav	rider sign belov under age 13 e already been or Social Secu	Claims - For addition / OR attach an itemized a or otherwise satisfying n provided, not for serv rity Number on Form 24- necessary.	tatement from your of the "Qualifying Perices to be provided	ay care provider . Do son Test" as describ in the future. You an income tax return. If	NOT do both. IRS re ed in IRS Publicatio e required to report th	gulations allo n 503. Payme e provider's na
Fiom			1				
						s	
Day Care Provid	er Information: My sign of above, during the date	ature certilles that	t   provided services for the for the amount requested.	Day Care Provider dependent(s) noted	Information: My signatu above, during the dates :	re certifies that I provide specified, and for the am	d services for th ount requested.
Day Care Provid dependent(s) not	ed above, during the date	ature certilies that	I provided services for the for the amount requested.	dependent(s) noted	above, during the dates :	re certifies that I provide specified, and for the am	d services for the
Day Care Provide dependent(s) not Name Provider Signs that these of trauma, or m stend kindergart to service. The ex	ed above, during the date ature	es specified, and i een incurred by m that Dependent ind that "incurred" simbursed and I v	I provided services for the for the amount requested. e, my spouse or eligible dep Day Care expenses were ho means the service has been all not seek reimbursement - all not seek reimbursement -	dependent(s) noted Name Provider Signat endent and medical exp pured in order for me an provided that gave rise skewhere. I understand	above, during the dates : ure enses are not for cosmeti d, if married, my spouse 1 to the expense, regardles that any amounts relimb	specified, and for the am c purposes but for the tro o work and are not for ex is of when I am billed or rised may not be claimed	ount requested.

## Well-being

Northwestern encourages and supports employees tending to their wellbeing, so they thrive professionally and personally as whole people.

Well-being can be described as a state of being healthy and judging life positively and is vital to living a fulfilling life, but it is also multifaceted.

A variety of services and resources are available to help support your well-being journey.

## **Eight Dimensions of Well-being**

- There are eight dimensions of wellbeing
- Northwestern provides resources to support you in each dimension
- Learn about the eight dimensions and available resources





# Well-being Programs

### Well-being Breaks



- Live virtual sessions
- Monday Friday
- 15 & 30 minutes
- On-demand recordings
   available

### Nutrition Consultations



- Free
- 30 minutes
- Virtual
- 1:1: with a Registered Dietitian Nutritionist
- Unlimited
- Monthly culinary demonstrations

### Mental Health First Aid



- 8-hour evidence-based training
- Learn how to identify, destigmatize, understand, & respond to signs of mental health challenges
- Virtual & in-person (varies throughout the year)

## Well-being Programs, cont'd

### Well-being Champions



- Virtual meetings
- 2<sup>nd</sup> Friday of the month
- Receive WB program & resource updates, learn about, initiate, & lead WB initiatives within your school and unit, & serve as an advocate

### Faculty Wellness Program



- Free consultations for fulltime faculty members to identify appropriate resources for personal & professional concerns
- Overseen by the Office of the Provost

### **Employee Assistance Program**



- Free & confidential
- 24/7 access to mental health & well-being services
- Available to employees & household members, including children & roommates

## Well-being Resources

### Well-being Website

### Well-being Mailing List

### Well-being Specialist



- Access information about additional resources: mental health, caregiving & talent development
- View events calendar & more!



- Sign-up
- Receive information & updates about upcoming events & resources
- Shared each Monday
   afternoon



- Contact Evelyn Cordero with questions about WB programs & resources
- <u>evelyn.cordero@northwes</u> <u>tern.edu</u>

## **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 <u>https://getquote.petfirst.com/get-a-guote/</u>
- . 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<sup>\*</sup> 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 used 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?

## 403(b) Voluntary Savings Plan

- All employees are immediately eligible
- Fidelity is the Master Administrator of the plan
- Employee contributions to 403b are before-tax
- Roth options both before-tax and after-tax contributions available
- Enroll online via myHR, Benefits

🕏 Welcome to myHR Benefits	Welcome to myHR Benefits
() Access Garnett Powers	
🎄 My Tuition Benefit Application	Click on <b>"My Health Benefits Elections"</b> on the left sidebar to enroll in or make changes • Health, Dental, Vision • Health Care Flexible Spending Account
Access PayFlex	Health Savings Account     Dependent Care Flexible Spending Account     Life Insurance
(Care.com	<ul> <li>Long-Term Disability Insurance</li> <li>Click on "My Savings Plan Elections" on the left sidebar to enroll in or make changes</li> <li>Retirement Plan</li> </ul>
Benefits Website	
Benefits Elections	Voluntary Savings Plan
My Savings Plan Elections	How to Turn Off Pop-Up Blockers

## 403(b) Retirement Plan

- Fidelity is the Master Administrator
- Eligible if age 21 with 1 Years of Service
- Employee and University before-tax contributions
- Roth before-tax & <u>after-tax</u> contributions combinations available in Matched plan
- Northwestern Contribution (Unmatched)
   5% of your eligible pay is automatically contribution
  - 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 1 Year of Service may be <u>waived</u> if within 60 days of joining Northwestern you were:
  - employed for at least 12 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 & after-tax employee contributions limit
  - \$22,500 (\$30,000 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



### Tuition Benefits

#### **Explore higher education tuition benefits**

These plans provide financial assistance to full-time, benefits-eligible employees and retirees who have higher 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.

For employees

For dependents





### More information is available:

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

### **Tuition Benefits**

Northwestern	University	
Employee Reduced	Dependent Reduced	
<ul> <li>Full-time, benefits eligible, no service time needed</li> <li>90% discount on tuition</li> <li>Yearly maximum of \$12,000 per calendar year</li> </ul>	<ul> <li>85% discount on SPS undergraduate degrees and post-baccalaureate after 6 months of full-time service. For spouses and dependent children.</li> </ul>	
<ul> <li>year</li> <li>Taxable after \$5,250</li> </ul>	<ul> <li>50% discount on undergraduate schools at Northwestern – 5yrs full-time service required</li> <li>No maximum limit or taxable component</li> <li>Undergraduate degree programs only</li> <li>Lifetime maximum of 12 quarters per dependent</li> <li>Dependent children under age 26</li> </ul>	
Employee Certificate	Portable Tuition for Dependents	
<ul> <li>100% reimbursement on short term, non-credit certificate programs <i>after 1 year of full-time</i> service</li> <li>Yearly maximum of \$12,000 per calendar year</li> <li>Taxable after \$5,250</li> </ul>	<ul> <li>See website for details – requires 5 years full-time benefits-eligible service</li> </ul>	

### **Tuition Benefits – How to Apply**

- Submit through myHR Self Service → Benefits → My Tuition Benefit Application → Submit New Application.
- 2. Select Benefit Year and Plan ID.
- 3. For Employee 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.

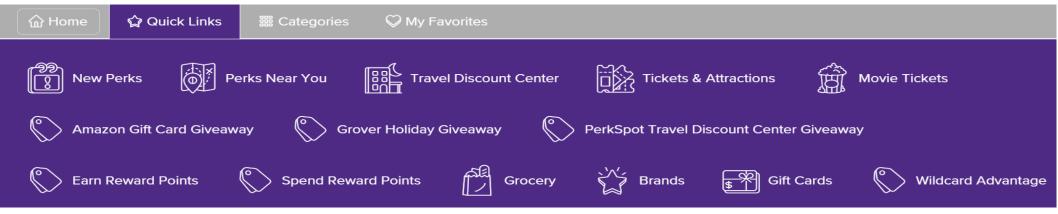
### Note: All tuition applications take between 4 - 6 weeks to process. Please plan accordingly.

# 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 5<sup>th</sup> day of the month prior to month of use
  - After the 5<sup>th</sup> of the month, all orders placed are final and no refunds will be issued.

## Perkspot



Northwestern has partnered with PerkSpot to offer faculty and staff and their family members discounts from 900+ merchants nationwide. When you register with PerkSpot via myHR, you can access discounts and exclusive offers on a wide range of goods and services, including:

- Buying a new car
- Cell phone discounts / Computer discounts
- Gifts
- Movie tickets
- Chicago sports tickets
- Fitness discounts
- Real estate and moving discounts

## 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 one year of Northwestern qualified 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, turning age 26 and losing coverage from parents, and divorce
  - You can find additional information on qualifying events and the required documentation here: <u>http://www.northwestern.edu/hr/benefits/changes/index.html</u>

### 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.

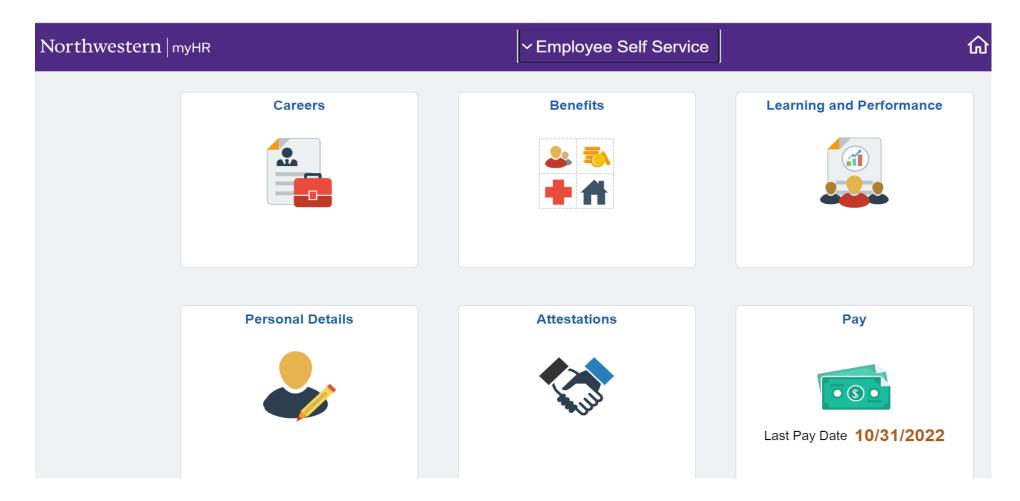
## Using your BCBS cards

Health care plans are administered by BlueCross BlueShield.

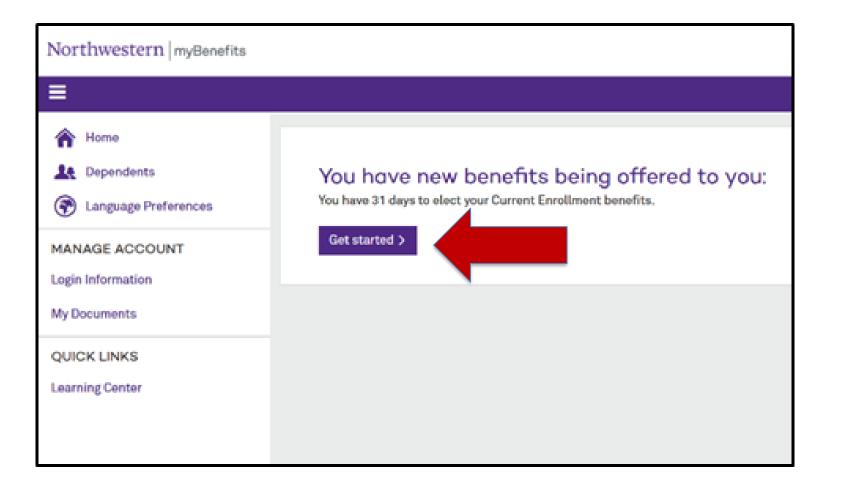
BlueCross BlueShield of Illinois An Independent licensee of the Blue Cross and Blue Shield Association	HMO Illinois Northwestern	BlueCross BlueShield	Northwestern
Subscriber Name: JON DOE Identification Number: XOH844353698		Subscriber Name: MIGUEL A. LEER Identification Number: NUU844656092	
Group Number: H56670 HMO 447 NORTHSHORE MG 866-295-1403 01/01/20	Office Visit \$25 Emergency Room \$150 Specialist \$35 Wellness \$0 RX Copay \$10/30/60/90 RxBIN: 003858 RxGRP: K9EA RxPCN: A4	Group Number: 906161	RxBIN: 003858 RxGRP: K9EA RxPCN: A4
			PPO,

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

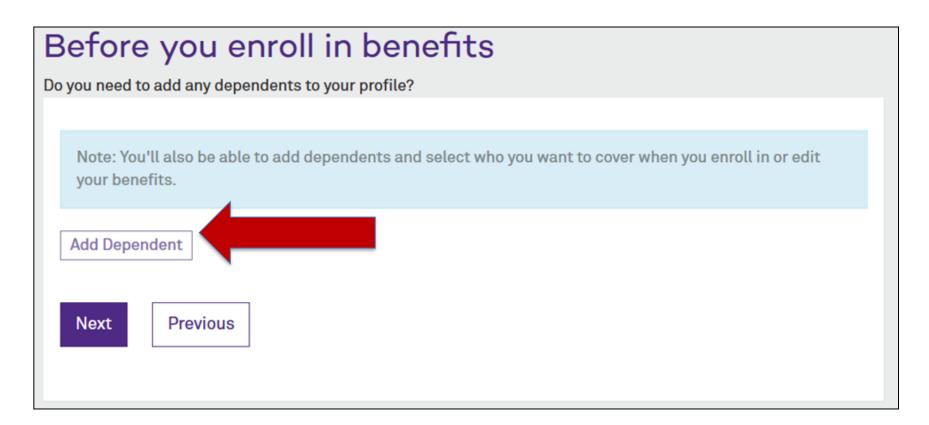
Northwestern		
ONLINE PASSPORT Your single sign-on access to University systems		
User Name: Password: NetID Password		
LOG IN Trouble Logging In? This page should not be bookmarked.		
Northwestern	NUIT Social Media	



	😼 Welcome to myHR Benefits	Welcome to myHR Benefits
	Postdoctoral Trainee Benefits	Newly Eligible Faculty & Staff
	My Tuition Benefit Application	Click on "My Health Benefits Elections" on the left sidebar to elect benefits online. You must take action within 31 days of your hire date. Please allow two weeks from the date of your elections submission for processing. If nothing happens after clicking "My Health Benefits Elections," see the guide How to Turn Off Pop-Up Blockers.
	Access PayFlex	The effective date of coverage at Northwestern University is the first of the month following or coinciding with the month of hire
	Benefits Website	or initial benefits eligibility, unless hired on the first of the month. Please note that you will not be active in Payflex's <b>Commuter</b> <b>Benefit</b> System for 2-3 weeks following your hire date.
	By Health Benefits Elections	<ul> <li>Resources</li> <li>Attend a live online New Faculty &amp; Staff Benefits Orientation to hear a benefits counselor discuss health, retirement and tuition benefits, answer questions, and help you select the coverage you need.</li> </ul>
	My Savings Plan Elections	<ul> <li>See Step-by-Step Guide for assistance with enrollment.</li> <li>If you meet criteria, you may waive the one year waiting period for the 403(b) retirement plan by submitting the Waiver Service form completed by your previous employer. See guide on how to enroll or make changes to your retirement.</li> </ul>
	Perkspot PerkSpot	Postdoctoral Enrollment
		You must take action within <b>31 days</b> of your hire date in order to enroll in benefit plans. To begin enrollment, select Postdoctoral Benefits on the side menu for information on how to access the benefits enrollment portal. Employee postdocs eligible for FSA accounts may also select My Health Benefits Elections on the left-hand side to enroll in these plans. For questions on navigating the enrollment site please contact Gallagher Benefit Solutions at <b>844-315-4550</b> or UniversityServices.GBS.nupfbp@ajg.com.



### Add Dependents



## Enroll in Coverage

Your be	enefits	
		1. Choose your Medical coverage
		Begin enrollment Decline coverage
17	2. Choose your Dental 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.

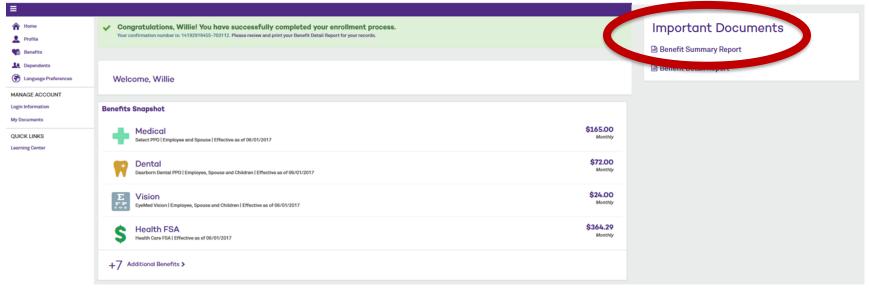
## **Finalizing Enrollment**

Your Medical coverage Select PPO		\$165.0 per mo
Offered By:	Elua Cross Eluo Shield of Illinois	
Effective Date:	06/01/2017	
Persons Covered:	Wild Cat, Turbulant Cat	
Edit coverage Show Plan Details 🗡		
Your Dental coverage		\$72.0
Dearborn Dental PPO		per me
Offered By: Effective Date:	Dearborn National 06/01/2017	
Persons Covered:	Wild Cat, Terbulent Cat, Untamable Cat	
idit coverage Show Plan Details Y		
Your Vision coverage EyoMed Vision		\$24.0
Offered By:	Eyemed	par in
Effective Date:	cyonia 06/01/2017	
Persons Covered:	Wild Cat, Turbulant Cat, Untamable Cat	
Edit coverage Show Plan Details 🗡		
Your Health FSA coverage Health Care FSA		\$364.
Contribution Amount:	\$2,550.00 Per Plan Yoar \$364.29 per month	para
Offered By:	PayPlax	
Effective Date: Persons Covered:	06/01/2017 Wild Cat	
fit coverage	Had Lik	
	Vou Pay (Monthly Total):	

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

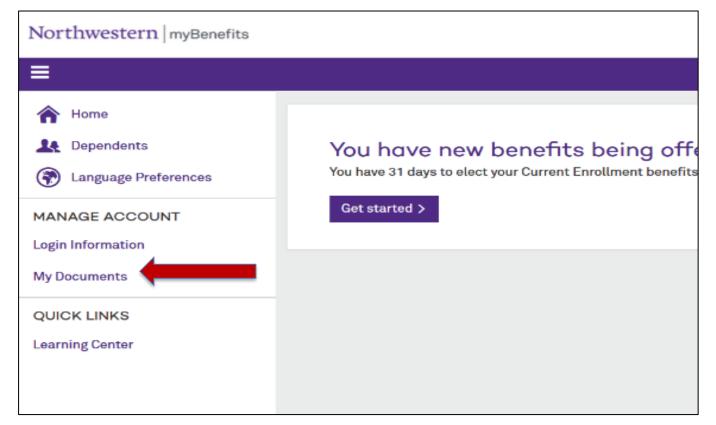
## **Review Your Benefits Summary**

#### Northwestern | myBenefits



Finally, you are presented with a summary screen. To save or print a confirmation sheet, select **Benefit Summary Report**. Save it to your desktop as a record.

## **Upload Documents**



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

## **Upload Documents**

Northwestern   myBenefits	
≡	
<ul> <li>Home</li> <li>Dependents</li> <li>Language Preferences</li> </ul>	Document Center View and Upload Documents For requests with a status of "Document Required", upload a document to as document through the "Add Document" option, it can then be associated with
MANAGE ACCOUNT Login Information My Documents	+ Add Document Begin typing search query Search
QUICK LINKS Learning Center	Filter by type     All     Filter by       Sort By:     Document Name     File Type     Date Creat

### **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: askHR@northwestern.edu
  - Website: northwestern.edu/hr/benefits

•	Benefits Counselors		Last
	Ruthann Cameron	847-491-4019	A - I
	– <u>r-cameron@noi</u>	rthwestern.edu	
	<ul> <li>Sparkle Crosby</li> </ul>	847-467-1356	J - Q
	<ul> <li><u>sparkle.crosby@</u></li> </ul>		
	Sherry Shambee	847-491-3520	R – Z

<u>s-shambee@northwestern.edu</u>

# Questions?

