



Northwestern

Postdoctoral Benefit Program

2024 Plan Year
Benefits Guide

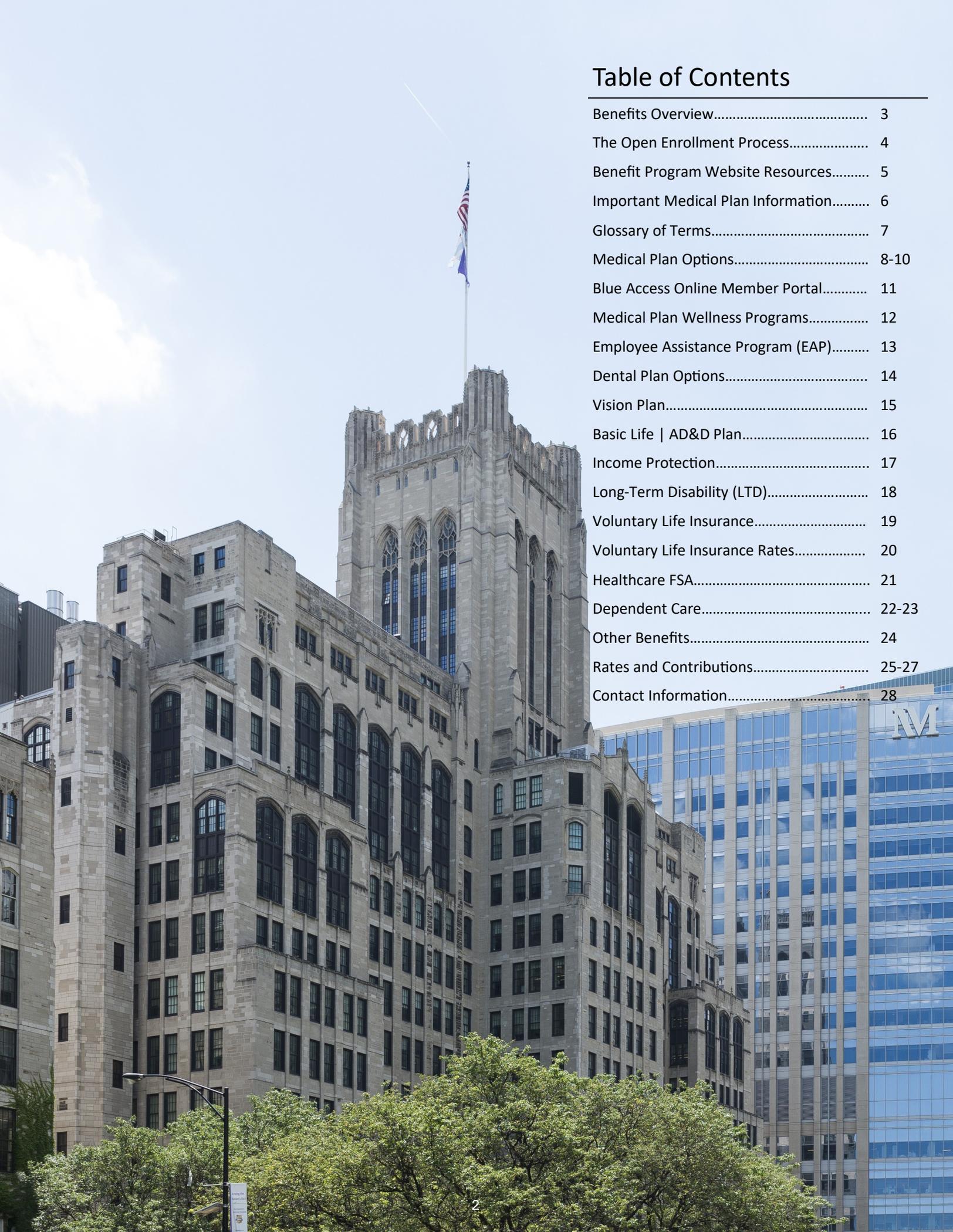


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BENEFITS

Gallagher Benefit Services (GBS) is pleased to administer the Northwestern University Postdoctoral Benefit Program. The Program is a comprehensive package of benefits that closely matches the benefits offered to faculty and staff.



Medical Insurance:

Blue Cross and Blue Shield of Illinois
HMO, PPO and Buy-up PPO



Dental Insurance:

Guardian HMO and PPO



Vision Insurance:

EyeMed PPO



Life | AD&D Insurance:

The Standard



Long-Term Disability (LTD) Insurance:

The Standard



Extended Sick Time (EST):

The Hartford

Short-Term Disability (STD) Insurance:

The Standard



Voluntary Life Insurance:

The Standard



Flexible Spending Accounts (FSA):

PayFlex

OPEN ENROLLMENT

What is Open Enrollment?

Open Enrollment is an annual period of time where you are able to make changes to your coverage that you are not permitted to make throughout the rest of the year, unless you experience a qualifying event such as marriage, birth of a child, etc. **The Open Enrollment period for this year will be 10/23/2023—11/10/2023. Changes made during Open Enrollment will take effect 1/1/2024.**

Benefit Changes For Plan Year 2024 (1/1/2024—12/31/2024)

The base PPO medical plan's annual individual and family deductibles are decreasing. See page 9 for more information.

Making Changes to Your Enrollment

- To make changes to your coverage during the Open Enrollment period, log into your Northwestern University myHR portal and proceed to:
 1. Select the **Benefits** tile in myHR Self Service.
 2. Select **Postdoctoral Benefit** to enroll in health, dental, vision, life Insurance.
 3. Select **Postdoctoral Open Enrollment Elections**.
 4. Select **Begin Enrollment** from the center of the page.
 5. Login as a **RETURNING USER**. Utilize the **Forgot User ID or Password** link if necessary.
- Once you have logged in and are viewing the enrollment wizard, interact with the required fields and progress through the wizard in order to:
 1. Switch from the HMO medical and/or dental plan to the PPO medical and/or dental plan - or vice versa. **Please note: the HMO medical and dental plans are only available to postdocs residing and accessing care in Illinois.**
 2. Enroll any eligible dependents, or
 3. Waive coverage for you and/or your dependents
- Once the enrollment wizard is complete, please confirm that you have read and understand the applicable notices, then click **Finish Enrollment**.
- An electronic version of the enrollment form will be submitted to the GBS' secure website for enrollment & billing purposes. Feel free to print a copy for your records.
- If you make a change to your coverage, you will receive an email confirming your 2024 coverage changes no later than 12/15/2023.
- New ID cards (**if you changed plans**) will be mailed to your home directly from the Insurance Carrier(s) prior to 1/1/2024. Please note: no new cards will be issued if you are keeping the same insurance plans for 2024



Please Note: If you are adding a dependent to your health insurance, you will need to provide documentation to prove dependency. All documents can be uploaded via the link provided in the dependent section of the enrollment wizard. A list of documents approved to verify dependent status can be found on the website under **Dependent Verification**.



If you are not changing your current enrollment status, no action is necessary.



WEBSITE RESOURCES

Provider Directories

You can find a list of providers on the GBS website via the **Find a Provider** tool. If you enroll in the HMO plan, you are required to select a Primary Care Physician (PCP) or else one will be assigned to you. You do not need to choose a PCP if you are enrolled in the PPO plan. To find an HMO PCP, or a PPO provider when you wish to access service, follow the instructions under **Find a Provider**.

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered with information about core benefits. More detailed plan documents, including full benefit summaries and summaries of benefits and coverage (SBCs), are available on the GBS website.

SBCs summarize important information about medical insurance to help you learn about your benefits and compare options. On the website, click on **Plan Documents Library** to access detailed plan documents for all plans offered.

2024 Monthly Rates & Contributions

This information is available online under **Insurance Benefits and Rates**, as well as pages 25-27 of this booklet.

MEDICAL PLAN INFORMATION

HMO vs. PPO Medical Plan

HMO (Health Maintenance Organization)

- This plan offers a broad spectrum of benefit coverage with a higher degree of managed care. Managed care is a method of healthcare delivery designed to lower costs by limiting your ability to choose providers outside of your primary care physician's medical group (a group of physicians who have contractually agreed to share and coordinate patient care).
- Under the Health Maintenance Organization (HMO) model, you must choose a Primary Care Physician (PCP) within the network. You can change your PCP up to once a month. **Note:** If you do not choose a PCP, one will be assigned to you.
- Your Primary Care Physician (PCP) will be your first point of contact when accessing care, acting as your "healthcare gatekeeper."
- If you need to see a specialist, you will need a referral from your PCP first.
- The network is smaller than that of the PPO plan and limited to Illinois. The HMO does not offer an out-of-network benefit.
- In the event of a life/limb-threatening emergency, the member should dial 911 and all medical care will be covered as per the plan contract. Once the patient is stabilized, the HMO may require that the patient be transferred to an in-network facility.
- HMO out-of-pocket costs (i.e. deductible, co-payments, etc.) tend to be lower than the PPO plan option.

PPO (Preferred Provider Organization)

- The PPO plan offers more flexibility and choice than the HMO plan because it offers both "in-network" and "out-of-network" options.
- The in-network benefits (coinsurance, out-of-pocket maximum, etc.) will result in lower out-of-pocket costs than the out-of-network benefits.
- The PPO Plan and the Provider agree to a "discounted fee for service" model. This means that the participating provider has agreed to provide their services at a discounted rate. Providers outside the network have not agreed to that discounted rate and typically charge a "Reasonable and Customary" fee, resulting in higher out-of-pocket costs.



Due to HIPAA (Health Insurance Portability and Accountability Act) protection laws, Northwestern and Gallagher **do not** have access to your medical claims information.

GLOSSARY OF TERMS

Deductible

A specific dollar amount that your health insurance company requires you to pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible.

Out-of-Pocket Maximum

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the plan year. If you see an out-of-network provider, you will still be responsible for out-of-pocket costs that are above the “reasonable and customary” fees.

Copayment

A specific charge that you pay for a specific medical service or supply, also referred to as a "copay." For example, your health insurance plan may require a \$20 copayment for an office visit or brand-name prescription drug, after which the insurance company pays the rest.

Coinsurance

The amount that you are required to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan. Coinsurance is typically a percentage of the charge for a service. For example, if your insurance company covers 80% of the allowable charge for a specific service, you are responsible for the remaining 20% as coinsurance.

In-Network Provider

A healthcare professional, hospital, or pharmacy that has a contractual relationship with your health insurance company. This contract establishes allowable charges for specific services. In return, healthcare providers gain patients; primary care physicians may receive a fee for each patient assigned to their care. An **out-of-network** provider is a healthcare professional, hospital, or pharmacy that **is not** part of your health plan's network of preferred (in-network) providers. You will pay more for services received from out-of-network providers because you will be responsible for costs considered above the “reasonable and customary” fees.

Claim

A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.

Qualifying Life Event

A life event that allows you to make changes to your insurance coverage that otherwise are only allowed during the annual Open Enrollment period.

Examples of a qualifying life event include, but are not limited to, marriage, divorce, birth or adoption of a child, loss of prior coverage, relocation, and the arrival of a dependent from another country.

MEDICAL PLAN OPTIONS | HMO



BlueCross BlueShield
of Illinois

	HMO
	In-Network
Core Benefits	Postdoc Pays
Deductible Single/Family	None
Out of Pocket Maximums Single/Family	Medical: \$1,500 / \$3,000 Prescriptions: \$1,500 / \$10,200
Office Visit	\$25 / \$35 Copay
Annual Wellness Visit	No Charge
Inpatient Hospital	\$500 per admission
Outpatient Surgery	\$250 per visit
Emergency Room	\$150 Copay*
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4

*Copay waived if admitted

Blue Access—Member Portal

Blue Access allows members to access a plethora of health insurance resources including digital ID cards, claims review, provider directory access and more. Please see page 11 for more information.

To register for Blue Access, simply:

- Visit bcbsil.com/member
- Click Register Now
- Use the information on your BCBSIL ID card to complete the registration process

Please note: HMO Plans require that you be assigned to a Primary Care Provider (PCP). If you do not designate a PCP when enrolling, one will be assigned to you based on the home address given .

MEDICAL PLAN OPTIONS | PPO



BlueCross BlueShield
of Illinois

Core Benefits	PPO	
	In-Network / NMG	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$500 / \$1,500	\$1,000 / \$3,000
Out of Pocket Maximums Single/Family	Medical: \$3,000 / \$8,000 Prescriptions: \$1,500 / \$5,450	Medical: \$6,000 / \$16,000 Prescriptions: \$1,500 / \$5,450
Office Visit	\$25 / \$35 Copay	40%*
Annual Wellness Visit	No Charge	20%*
Inpatient Hospital	20%*	20%*
Outpatient Surgery	20%*	20%*
Emergency Room	\$150 Copay + 20%**	
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4	\$10 + 25% Tier 1 \$30 + 25% Tier 2 \$60 + 25% Tier 3 Tier 4 Not Covered

*After deductible has been met

**Copay waived if admitted

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MEDICAL PLAN OPTIONS | BUY-UP PPO



BlueCross BlueShield
of Illinois

Core Benefits	Buy-up PPO	
	In-Network / NMG	Out-of-Network
	Postdoc Pays	Postdoc Pays
Deductible Single/Family	\$500 / \$1,500	\$1,500 / \$4,500
Out of Pocket Maximums Single/Family	Medical: \$1,800 / \$4,800 Prescriptions: \$1,500 / \$5,450	Medical: \$6,000 / \$16,000 Prescriptions: \$1,500 / \$5,450
Office Visit	\$10 / \$20 Copay	40%*
Annual Wellness Visit	No Charge	40%*
Inpatient Hospital	10%*	40%*
Outpatient Surgery	10%*	40%*
Emergency Room	\$150 Copay + 10%**	
Rx	\$10 Tier 1 \$30 Tier 2 \$60 Tier 3 \$90 Tier 4	\$10 + 25% Tier 1 \$30 + 25% Tier 2 \$60 + 25% Tier 3 Tier 4 Not Covered

**After deductible has been met*

***Copay waived if admitted*

Blue Access—Member Portal

Blue Access allows members to access a plethora of health insurance resources including digital ID cards, claims review, provider directory access and more. Please see page 11 for more information.

To register for Blue Access, simply:

- Visit bcbsil.com/member
- Click Register Now
- Use the information on your BCBSIL ID card to complete the registration process



Find what you need at Blue Access for MembersSM

Blue Access for Members (BAMSM) is your online tool for health and insurance information. You can also use BAM from your mobile device, web browser, or download the app at bcbsil.com. BAM can give you access to your plan details anytime, anywhere.

My Coverage

Check your health care benefits and those for covered members of your family.

My Health

Make informed choices by reading about health topics and researching specific conditions.

Claims Center

View and arrange details such as payments, dates of service, claims status and more.

Providers & Hospitals

Find health care providers, hospitals and urgent care clinics near you.

Forms & Documents

Use the form finder to get medical, dental, pharmacy and other forms quickly.

Member ID Card

Print, download (through our app) or re-order your member ID Card.

MEDICAL PLAN WELLNESS PROGRAMS

24/7 Nurseline

Nurses available anytime you need them. Health happens – good or bad, 24 hours a day, seven days a week. That is why BCBSIL has registered nurses waiting to talk to you whenever you call the 24/7 Nurseline.

Behavioral Health Support

If you struggle with thoughts or feelings that make it harder to get through your day, you're not alone. About half of people in the U.S. will suffer from a mental health issue at some point in their lives. Care from a mental health expert can help you manage your emotions and deal with challenges.

Blue Access for Members (BAM) - Wellness Features

Online...on the phone...on the go. However you choose to fit good health into your daily life, you've got tools to help you. Sign up for Blue Access for Members (BAM) — where you can access all the health and wellness programs included with your plan.

Flu Prevention

Everyone six months of age and older should get a flu shot every season (beginning in October through February). Call the Customer Service number on the back of your member ID card to check your benefits.

Oncology Support

A cancer diagnosis can change your life forever. BCBSIL is here to help. Their oncology team will work with you to get the treatment, care and support that you and your family need.

Pharmaceutical Care Management

Your medical insurance plan has a program called Pharmaceutical Care Management (PCM). PCM can help answer questions you may have about your prescription drugs. It may also help you find ways to save on your out-of-pocket costs.

Preauthorization

Preauthorization (also known as "prior authorization") means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received before you get these services. Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Well OnTarget Fitness & Blue365 Member Discount Program

Well onTarget features a health assessment that helps tailor the program to help you reach your goals, the Blue Points program that allows members to earn points by participating in wellness activities and achieving goals online, and the Fitness Program that offers members unlimited access to a nationwide network of independently contracted fitness centers for a small monthly fee.



Please Note: PDFs with additional information on these programs can be found under **Wellness Programs** on the Gallagher-hosted NU Postdoc Benefit Program homepage.



EMPLOYEE ASSISTANCE PROGRAMS (EAPs)

SupportLinc

SupportLinc is Northwestern's Employee Assistance Program (EAP) provider. The EAP is available to faculty, staff and household members, and provides 24/7 free and confidential access to a variety of mental health and well-being services and resources, including short-term counseling. Contact wellbeing@northwestern.edu with questions, and feel free to visit the [EAP site](#) for more information.

Life Made Easier—offered by BCBSIL

An additional feature of the BlueCross BlueShield medical insurance is the Employee Assistance Program (EAP), which offers postdocs and their immediate family members confidential, 24/7 access to professional counselors who can help with a wide variety of life challenges and concerns including relationships at home, issues at work and more.

The EAP also offers a free, confidential, unlimited phone-based Life Coach program that can help you with career exploration, parenting, communication, relationships, wellness goals and more.

When you contact the EAP, a professional counselor will assess your needs, provide up to 10 counseling and support sessions, and connect you with appropriate benefit programs and/or community resources – all at no cost to you.

For more information or to access the resources available through the EAP, call 855-547-1851, or visit www.eapwl.com and enter the username (northwestern) and password (eap).

DENTAL PLAN OPTIONS



	HMO	PPO	
	In-Network	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	Postdoc Pays	
Annual Deductible	None	\$50 / \$150	
Annual Benefit Maximums	Unlimited	\$3,000	
<u>PREVENTIVE/DIAGNOSTIC</u>			
Routine Exam	\$0	0%	0% of UCR
Teeth Cleanings (Prophylaxis)	\$0	0%	0% of UCR
X-rays	\$0	0%	0% of UCR
<u>BASIC PROCEDURES</u>			
Fillings	Varies up to \$63 Copay	20%*	20% of UCR*
Endodontics	Varies up to \$400 Copay	20%*	20% of UCR*
Periodontics	Varies up to \$231 Copay	20%*	20% of UCR*
Oral Surgery	Varies up to \$259 Copay	20%*	20% of UCR*
<u>MAJOR PROCEDURES</u>			
Crowns	Varies up to \$511 Copay	50%*	50% of UCR*
Dentures	Varies up to \$709 Copay	50%*	50% of UCR*
<u>ORTHODONTIA</u>			
Child	\$3,070 Copay*	Child Only—50%*	Child Only—50% of UCR*
Adult	\$3,430 Copay*	(\$3,000 lifetime max)	(\$3,000 lifetime max)

*Does not include start-up and retention fees

*After deductible has been met

Accessing Out-of-Network Care Under a PPO Plan

When you seek services in-network, meaning from providers listed in the PPO network, you pay less for care. When you pay 50% for major services from an in-network PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist charges \$1,000 for a porcelain crown on a molar. This dentist can charge whatever they want for this service. Your percentage of the cost for out-of-network care is 50% after the \$50 deductible. For this service (a crown), the Usual, Customary and Reasonable (UCR) cost is \$800, so you pay \$425.

IN ADDITION, you owe the difference between the UCR amount and the dentist’s charge (\$1,000 - \$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625

What is a Usual, Customary and Reasonable (UCR) Charge?

Usual, customary and reasonable charges are set by the insurance company, based on the prevailing cost of a service in your geographic area. The insurance company then determines how much it will pay for a given service in your area. To educate yourself on the cost of any service before having those services rendered, ask your dentist for a “pre-treatment estimate.”

VISION PLAN



	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$10 Copay	\$40 Allowance
	Every 12 Months	
Corrective Lenses	\$10 Copay	\$30 - \$70 Allowance
Conventional Contact Lenses*	\$200 Allowance (15% off remaining balance)	\$140 Allowance
Medically Necessary Contact Lenses*	\$0 Copay	\$210 Allowance
	Every 12 Months	
Frames	\$200 Allowance (20% off remaining balance)	\$140 Allowance
	Every 12 Months	

*Materials only; In lieu of corrective glasses

Additional Features

Eye Care Supplies: Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at in-network providers (not valid on doctor's services or contact lenses).

Laser Vision Correction: Save 15% off retail price or 5% off the promotional price for LASIK or PRK procedures.

Replacement Contact Lens Purchases: Visit www.eyemedcontacts.com to order replacement contact lenses at less than retail price.



LIFE | AD&D PLAN



Core Benefits	Life and AD&D*
Basic Life	\$50,000
Accidental Death & Dismemberment	\$50,000

*Automatic enrollment, paid for by the University (with the exception of Direct Postdocs)

What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Additional Features

AD&D Seat Belt Benefit: Up to \$10,000 is payable for death as a result of a car accident while wearing a seat belt.

AD&D Airbag Benefit: Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is payable. The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for loss of your life.

AD&D Family Benefits: Includes benefits for career adjustment, childcare, and higher education for eligible surviving family members. Review the Life/AD&D Summary Plan Description in the Plan Documents Library for additional details.

Designating Your Beneficiary(ies)

A beneficiary is the person or people who will receive your life insurance benefit in the event of your passing. A contingent beneficiary is the person or people who will receive the benefit if the primary beneficiaries have predeceased the insured. Your beneficiary(ies) should be designated on your enrollment form.



Please Note: International postdocs holding a J-1 visa (and their J-2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J-1 and J-2 visa requirements. The Life/AD&D plan satisfies these requirements, even if the postdoc waives the medical, dental and vision coverage.

INCOME PROTECTION

Extended Sick Time (EST) Employee Postdocs Only

This program is available only to employee postdocs (not NRSA or direct postdocs), and takes the place of a traditional Short-Term Disability (STD) plan.

Eligible postdocs are automatically enrolled in EST six months from their original benefits-eligible hire date. No enrollment is required.

If you experience an accident or illness, you must file an EST claim and meet the following criteria to receive the benefit:

- absent from work due to a disability for seven consecutive calendar days
- eligible for the EST program based on six months of continuous benefits-eligible service

Benefits are available for a period of up to 25 weeks.

The EST program is provided at no cost to you.

Short-Term Disability (STD) Insurance NRSA & Direct Postdocs Only

What is STD Insurance? The STD plan, offered by The Standard, provides you a way of protecting your income if you become disabled for a period of time and are not eligible for the extended sick time benefit.

It is important to have protection for your income to allow you to meet your financial obligations when you are unable to work; disability insurance does just that.

STD insurance is provided at no cost to you.



Core Benefits	Short-Term Disability (STD)
Benefit Amount	60% of your <i>pre-disability</i> earnings
Benefit Waiting Period	Payable after 7 days of continued disability
Maximum Benefit Period	173 days
Pre-existing Conditions	Ailments diagnosed/treated during the 3 months prior to enrollment will not be covered until the plan has been active for 12 months.



LONG-TERM DISABILITY (LTD) PLAN

NRSA & DIRECT POSTDOCS ONLY

What is Long-Term Disability Insurance?

- The LTD plan, offered by The Standard, provides you a way to protect your income if you become disabled for a lengthy period of time.
- It is important to have protection for your income to allow you to meet your financial obligations when you are unable to work; disability insurance does just that.

LTD insurance is provided at no cost to NRSA postdocs and is available to direct postdocs.



Core Benefits	Long-Term Disability (LTD)
Benefit Amount	50% of your <i>pre-disability</i> earnings
Benefit Waiting Period	Payable after 180 days of continued disability
Maximum Benefit Period	Until member reaches Social Security Normal Retirement Age
Pre-existing Conditions	Ailments diagnosed/treated during the 3 months prior to enrollment will not be covered until the plan has been active for 12 months.



Please Note: If you leave the United States to permanently return to your home country, your Long-Term Disability benefits will terminate 12 months from the date you departed the United States.

VOLUNTARY LIFE INSURANCE



Core Benefits	Postdoctoral Voluntary Life Insurance
Benefit Amount	1, 2, 3, 4 or 5 times your annual salary up to \$500,000
Guaranteed Issue	\$150,000 (amounts in excess require a medical questionnaire and approval)



Core Benefits	Spouse Voluntary Life Insurance
Benefit Amount	Available in units of \$10,000 to a maximum of \$250,000 (amount not to exceed 100% of postdoc voluntary life amount)
Guaranteed Issue	\$30,000 (amounts in excess require a medical questionnaire and approval)



Core Benefits	Child Voluntary Life Insurance
Benefit Amount	Available in units of \$1,000 to a maximum of \$10,000 (amount not to exceed 100% of postdoc voluntary life amount)
Eligibility Requirements	"Child" means your unmarried child from live birth through age 20 (through 24 if a registered full-time student)

VOLUNTARY LIFE INSURANCE RATES

Monthly Rate Calculation

Please use the tables and instructions below to calculate your monthly premium due for the coverage(s) you would like to elect. Feel free to contact our office if you require any assistance.

Employee Rates

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.048
30-34	\$0.048
35-39	\$0.067
40-44	\$0.102
45-49	\$0.160
50-54	\$0.249
55-59	\$0.434
60-64	\$0.482
65-69	\$0.820
70+	\$4.360

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Spouse Rates

If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.048
30-34	\$0.048
35-39	\$0.067
40-44	\$0.102
45-49	\$0.160
50-54	\$0.249
55-59	\$0.434
60-64	\$0.482
65-69	\$0.820
70+	\$4.360

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Child(ren) Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.20 per \$1,000; regardless of the number of eligible *children* covered.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Healthcare FSA

You can save money when you use tax-free dollars from a Health Care Flexible Spending Account (Health Care FSA) to pay eligible health care expenses incurred by you, your spouse or your dependent child(ren). Note: You do not need to be enrolled in a Northwestern-sponsored medical plan to participate in a Health Care FSA.

You can contribute up to \$2,850 a year to your account. The minimum annual contribution is \$240.

If you choose to contribute to a Health Care FSA:

- Once your enrollment takes effect, you will not be able to change your pre-tax contributions to the account until the next Open Enrollment period unless you experience a qualifying life event.
- You can be reimbursed for eligible health care expenses up to the full value of the pre-tax contributions you've agreed to make for the year from the first day of the benefit year – even before all scheduled contributions for the year have been made.
- You can use the money you contribute to a Health Care FSA each year to pay eligible expenses incurred in the calendar year (January 1-December 31) in which they are made, as well as eligible expenses incurred January 1-March 15 of the following calendar year (the grace period).
- The deadline for submitting claims is March 31 of the year following the calendar year in which the contributions are made.
- You will forfeit any unused contributions in a Health Care FSA not used by the claim filing deadline.
- Funds in your Health Care FSA are not “portable” if you retire or leave Northwestern.



Please Note: This benefit is not administered by Gallagher Benefits Services. Please contact Northwestern Human Resources for additional information.



Please Also Note: You must renew your election to make pre-tax contributions to a Health Care FSA each year during Open Enrollment. If you don't, your Health Care FSA pre-tax contribution amount for the next year will default to \$0.



DEPENDENT CARE

Benefit Eligibility

If you are a non-NRSA postdoc on the University payroll, you are eligible for a dependent care FSA via PayFlex with a University match up to \$4,000.

If you are an NRSA or other direct postdoc, tax restrictions prevent the University from offering you pre-tax deductions. Instead, you are eligible for a dependent care grant from the University (up to \$4,000) subject to the same parameters laid out in the Dependent Care FSA description.

Dependent Care FSA

If you are on the University payroll, you can save money when you use tax-free dollars from a Dependent Care Flexible Spending Account (Dependent Care FSA) to pay eligible dependent care expenses. Your qualified dependents may include your children through age 12, or spouse, parents, in-laws, siblings, or child(ren) over the age of 13 incapable of self-care. Those covered must be declared as a dependent on your tax return.

If you are single or married filing taxes jointly, you may contribute up to \$5,000 per household per year to a Dependent Care FSA. The minimum annual contribution is \$240.

If you choose to contribute to a Dependent Care FSA:

- Once your enrollment takes effect, you will not be able to change your contribution to that account until the next enrollment period unless you experience a qualifying life event.
- You can be reimbursed for eligible dependent care expenses up to your current account balance ONLY. Any expenses in excess of your current account balance will be reimbursed as additional contributions are added to your account throughout the year.
- You can use the money you contribute to a Dependent Care FSA each year to pay eligible expenses incurred in the calendar year (January 1-December 31) in which they are made.
- The deadline for submitting claims is March 31 of the year following the calendar year in which the contributions were made. To submit a request for reimbursement, you must complete a PayFlex claim form and submit it to PayFlex.
- You will forfeit any unused contributions in a Dependent Care FSA at year end.
- Funds in your Dependent Care FSA are not “portable” if you retire or leave Northwestern.

Eligible dependent care expenses you can reimburse using pre-tax dollars from a Dependent Care FSA include:

- Day camp and camp activities
- Day care for your child(ren)
- Day care for an elderly or disabled dependent
- Nanny salary and taxes, and
- Summer sports day camp (overnight camp is NOT an eligible expense).

 **Please Note:** These benefits are not administered by Gallagher Benefits Services. Please contact Northwestern Human Resources for additional information.

DEPENDENT CARE

Dependent Care University Grant

Postdocs eligible for the FSA are also eligible for matching funds from the University for their Dependent Care FSA. Based on the postdoc's household earnings, the University will provide a contribution to the dependent care FSA plan based on the chart below.

Please note: You must apply annually in order to receive University funds. Late enrollments will be prorated.

Use the link below to apply.

<https://onbase-ss0.northwestern.edu/form/hr-ops-integrate-benefits-form>

Household Earnings	Northwestern Election Match (%)	Maximum Contribution
Up to \$60,000	80%	\$4,000 per year
\$60,001—\$75,000	60%	\$3,000 per year
\$75,001—\$100,000	40%	\$2,000 per year
\$100,001—\$130,000	20%	\$1,000 per year



Please Note: Postdocs funded by an NRSA grant are not eligible for pre-tax deductions and matching. Instead, the University offers these postdocs an equivalent dependent care grant of up to \$4000 to be used on eligible expenses as described under the FSA. NRSA postdocs are also eligible for childcare support from the NIH. Please speak to your grant administrator for more information.



Please Also Note: These benefits are not administered by Gallagher Benefits Services. Please contact Northwestern Human Resources for additional information.



OTHER BENEFITS

Eligibility for Other Benefits

If you are considered a University-employed postdoc, meaning you are paid a salary (not a stipend) by the University or from a PI's grant, you qualify for the following benefits below. Postdocs funded by NRSA grants and other fellowships should check with the NIH or their funding agency for relevant guidelines.

Retirement 403(b)

Employee postdocs, with a primary job code of 100006 or 100118, are eligible for Northwestern's Voluntary Savings Plan and Retirement Plan. More information on eligibility can be found on the [Retirement Website](#).

Tuition Benefits

Full-time employee postdocs, with a primary job code of 100006 or 100118, are eligible for Northwestern's tuition benefits. More information on eligibility can be found on the [Tuition Website](#).

Paid Time Off Benefits

Employee postdocs, with a primary job code of 100006 or 100118, are eligible for vacation, holiday, personal floating holiday, and sick time, as well as Winter Recess. More information on eligibility can be found on the [Time-off Website](#).

NRSA postdocs, please refer to [NIH grant notice on leaves](#) including vacation and parental leaves.

Commuter Transit

Employee postdocs, with a primary job code of 100006 or 100118, are eligible for pre-tax commuter benefits. More information on eligibility can be found on the [Commuter Transit Website](#).

PerkSpot: Life's Better with a Discount!

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

- Buying a new car – from Ford, Lincoln, Nissan, Infinity and Volkswagen
- Cell phone discounts – from AT&T, Sprint and Verizon
- Computer discounts – on Dell, Hewlett Packard and CDW products
- Gifts – including Fannie Mae candy and For You Flowers
- Movie tickets – at AMC
- Chicago sports tickets – for the Bulls and White Sox
- Fitness discounts – at GlobalFit, FFC and East Bank Club
- Real estate and moving discounts

More information to come!

Pet Insurance (available to all postdocs)

Northwestern is excited to introduce pet insurance for your dogs and cats! Now more than ever, pets are playing a significant role in our lives and it's even more important to keep them safe and healthy. Help protect you and your furry family members against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

To enroll, contact MetLife directly at 800 GET-MET8.



Please Note: These benefits are not administered by Gallagher Benefits Services. Please contact Northwestern Human Resources for additional information.

EMPLOYED POSTDOC RATES AND CONTRIBUTIONS

	Postdoc Cost**
Medical HMO	
Postdoc	\$79.00
Postdoc + Spouse/Partner	\$152.00
Postdoc + Child(ren)	\$145.00
Family	\$225.00
Medical PPO	
Postdoc	\$74.00
Postdoc + Spouse/Partner	\$142.00
Postdoc + Child(ren)	\$136.00
Family	\$211.00
Medical Buy-up PPO	
Postdoc	\$103.00
Postdoc + Spouse/Partner	\$198.00
Postdoc + Child(ren)	\$190.00
Family	\$294.00
Dental HMO	
Postdoc	\$9.00
Postdoc + Spouse/Partner	\$16.00
Postdoc + Child(ren)	\$16.00
Family	\$23.00
Dental PPO	
Postdoc	\$23.00
Postdoc + Spouse/Partner	\$49.00
Postdoc + Child(ren)	\$55.00
Family	\$78.00
Vision	
Postdoc	\$8.53
Postdoc + Spouse/Partner	\$16.21
Postdoc + Child(ren)	\$17.06
Family	\$25.08
Life Insurance (\$50K)	\$0.00
Voluntary Life (postdoc, spouse, child)	See plan summaries in Documents Library for calculation

**Amounts listed are per month

NRSA POSTDOC RATES AND CONTRIBUTIONS

	Postdoc Cost**
Medical HMO	
Postdoc	\$0.00
Postdoc + Spouse/Partner	\$179.08
Postdoc + Child(ren)	\$145.92
Family	\$341.14
Medical PPO	
Postdoc	\$0.00
Postdoc + Spouse/Partner	\$177.43
Postdoc + Child(ren)	\$144.93
Family	\$338.70
Medical Buy-up PPO	
Postdoc	\$30.72
Postdoc + Spouse/Partner	\$236.82
Postdoc + Child(ren)	\$201.92
Family	\$426.87
Dental HMO	
Postdoc	\$0.00
Postdoc + Spouse/Partner	\$6.95
Postdoc + Child(ren)	\$8.11
Family	\$15.03
Dental PPO	
Postdoc	\$0.00
Postdoc + Spouse/Partner	\$26.08
Postdoc + Child(ren)	\$32.30
Family	\$56.02
Vision	
Postdoc	\$0.00
Postdoc + Spouse/Partner	\$8.10
Postdoc + Child(ren)	\$7.95
Family	\$9.23
Life Insurance (\$50K)	\$0.00
Long-Term Disability (LTD)	\$0.00
Short-Term Disability (STD)	\$0.00
Voluntary Life (postdoc, spouse, child)	See plan summaries in Documents Library for calculation

**Amounts listed are per month

DIRECT POSTDOC RATES AND CONTRIBUTIONS

	Postdoc Cost**
Medical HMO	
Postdoc	\$555.88
Postdoc + Spouse/Partner	\$1,074.50
Postdoc + Child(ren)	\$1,031.14
Family	\$1,595.35
Medical PPO	
Postdoc	\$521.23
Postdoc + Spouse/Partner	\$1,007.55
Postdoc + Child(ren)	\$966.89
Family	\$1,495.94
Medical Buy-up PPO	
Postdoc	\$550.55
Postdoc + Spouse/Partner	\$1,064.20
Postdoc + Child(ren)	\$1,021.26
Family	\$1,580.06
Dental HMO	
Postdoc	\$18.52
Postdoc + Spouse/Partner	\$33.57
Postdoc + Child(ren)	\$34.73
Family	\$50.94
Dental PPO	
Postdoc	\$49.75
Postdoc + Spouse/Partner	\$108.21
Postdoc + Child(ren)	\$121.89
Family	\$172.89
Vision	
Postdoc	\$8.53
Postdoc + Spouse/Partner	\$16.21
Postdoc + Child(ren)	\$17.06
Family	\$25.08
Life Insurance (\$50K)	\$4.45
Long-Term Disability (LTD)	\$5.56
Short-Term Disability (STD)	\$24.14
Voluntary Life (postdoc, spouse, child)	See plan summaries in Documents Library for calculation

**Amounts listed are per month

INFORMATION SOURCES

Insurance Carrier Member Services

Blue Cross Blue Shield of Illinois Medical.....	HMO— (800) 892-2803 PPO and Buy-up PPO — (800) 541-2767
Guardian Dental.....	HMO—(866) 494-4542 PPO—(800) 541-7846
EyeMed Vision.....	(866) 723-0514
The Standard Basic Life/AD&D.....	(800) 628-8600
The Hartford (file an EST claim).....	(888) 541-7283

Gallagher Benefit Services (GBS)

Phone.....	(844) 315-4550
Email.....	UniversityServices.GBS.nupfbp@ajg.com
Postdoctoral Benefit Program Website.....	http://clients.garnett-powers.com/pd/northwestern/





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This document is an outline of the coverage proposed by the carrier(s), based on information they provide. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your postdoc benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your dedicated account representative.