



THE UNIVERSITY OF CHICAGO

Postdoctoral Researcher Benefit Program



2024 New Hire Benefit Guide

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Gallagher Benefit Services (GBS) is pleased to offer the University of Chicago Postdoctoral Researcher Benefit Program (PRBP). The Program is a comprehensive package of benefits designed to closely match the benefits offered to the University of Chicago Faculty and Staff.



BENEFITS



Medical Insurance:

BlueCross BlueShield of Illinois HMO & PPO



Dental Insurance: MetLife PPO

Choice option (formerly **High**)

Network Access option(formerly **Low**)



Vision Insurance:

VSP PPO



Life | AD&D Insurance*:

The Standard

*Voluntary life insurance also available



Disability Insurance (STD | LTD): The Standard

Eligibility and Enrollment

Eligibility

All postdocs and their dependents are eligible for benefits effective their appointment start date.

Documentation proving a dependent relationship is required for all dependent enrollments. Eligible dependents include:

- Spouse
- Natural or adopted children to age 26 regardless of student status
- Stepchildren may be included if they live with the Postdoctoral Researcher/ Visiting Scholar and are supported at more than 50% and claimed as a tax dependent

Qualifying events

Qualifying events are special life events that allow you to make changes to your plan(s) that you would not otherwise be allowed to make outside of the annual Open Enrollment period. The window to make the desired change is limited to 30 days from the date of the qualifying event.

Qualifying events include:

- Marriage
- Divorce
- Birth of a child
- Death of a dependent
- Adoption or placement of adoption of a child
- Loss of coverage
- Dependent loss of eligibility due to attainment of age 26
- Relocation

Accessing your enrollment form

- To enroll in the benefit program, visit the Gallagher web site at [UChicago.gpa.services](https://uChicago.gpa.services) and click the **LOGIN** link in the top right corner.
- Register as a **NEW USER**.
- Once you have registered, click on **Change my 2024 Benefit Selections**.
- Upon viewing your enrollment form, please indicate which plans you wish to be enrolled in. Be sure to provide information for any dependents you wish to enroll. Upon completing the form, click the I have read and understand the COBRA Initial Notification, Health Insurance Marketplace Notice, and Insurance Carrier Privacy Notice, then click *Submit and Create Printable Enrollment Form*. Remember to print a copy for your records.



WEBSITE RESOURCES

Provider Directories

For your convenience, you may begin accessing a list of providers directly from the GBS web site via the **Find a Provider** section. While it is required that you select a Primary Care Physician (PCP) for the BlueCross BlueShield HMO plan, you do not need to choose a PCP for the BlueCross BlueShield PPO plan. To find an HMO PCP, or a PPO provider when you wish to access service, simply follow the applicable instructions in the **Find a Provider** section of the website. Instructions for locating in-network dental and vision providers are also located in this section, should you need them.

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered through the program, listing the core benefits that are most commonly utilized. There are however more detailed plan documents, including full benefit summaries, available on the website. When visiting the site, click on the **Plan Documents Library** navigational tile to access benefit summaries for all plans offered through the PRBP.

2024 Monthly Rates & Contributions

This information can be found on the website under the **Insurance Benefits and Rates** section, as well as page 8 of this booklet.

MEDICAL PLAN INFORMATION

Summary of Benefits and Coverage (SBC)

Understanding your health plan is important. The Summary of Benefits and Coverage (SBC) summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. This document is accessible through the **Plan Documents Library** on the website.

HMO vs. PPO Medical Plan

HMO

- This plan offers a broad spectrum of benefit coverage with a higher degree of managed care.
- Under the Health Maintenance Organization (HMO) model, the you must choose a Primary Care Physician (PCP) within the network. You can change your PCP up to once a month.
- The Primary Care Physician (PCP) will be your first point of contact when accessing care, your “healthcare gatekeeper.”
- If you need to see a specialist, a referral from your PCP is required.
- There is no 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 plan may require that the patient be transferred to an *In-Network* facility.
- HMO premiums as well as the out of pocket expenses (i.e. deductible, co-payments, etc.) tend to be lower than the PPO plan option due to the contractual element of capitation.

PPO

- The PPO plan offers much more flexibility and choice than the HMO plan because there is an ‘In-Network’ and ‘Out-of-Network’ choice at the time you seek service from a provider.
- The PPO plan does not require that you choose a PCP.
- The In-Network benefits (coinsurance, etc.) will be greater than the Out-of-Network benefits.
- At the time of service, the member has the ability to seek care from a Specialist, without having to obtain a referral from a PCP.
- The contractual agreement between the PPO Plan and the Provider is on a "discounted fee for service" basis. This means that the provider who participates in the network has agreed to provide their service on an agreed upon discounted fee. The Provider who is not in the network will not agree to that discounted fee and will typically charge a "Reasonable and Customary" fee. There is no "capitation" in a PPO contract.
- PPO plan premiums tend to be higher than the HMO premiums due to the method of reimbursement and contractual agreements with the providers.

GLOSSARY OF TERMS

Deductible

A specific dollar amount that your health insurance company may require that you 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 Maximums

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 benefits plan year (except for any copayments). If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.

Coinsurance

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

Copayment

A specific charge that your health insurance plan may require that you pay for a specific medical service or supply, also referred to as a "co-pay." For example, your health insurance plan may require a \$15 co-payment for an office visit or brand-name prescription drug, after which the insurance company often pays the remainder of the charges.

In-Network Provider

A healthcare provider who has a contractual relationship with a health insurance company. Among other things, this contractual relationship may establish standards of care, clinical protocols, and allowable charges for specific services. In return for entering into this kind of relationship with an insurance company, a healthcare provider typically gains in numbers of patients and a primary care physician may receive a capitation fee for each patient assigned to his or her care.



RATES & CONTRIBUTIONS

Medical HMO - Scholar (Salary Paid by University)	
Coverage Level	
Single	\$80.00
Double	\$167.00
Family	\$239.00

Medical PPO - Scholar (Salary Paid by University)	
Coverage Level	Tier 2 (\$39,000 or more)
Single	\$93.00
Double	\$200.00
Family	\$280.00

Medical HMO - Fellow (Salary Paid by Outside Source)	
Coverage Level	Monthly Premium
Single	\$393.84
Double	\$831.04
Family	\$1,189.44

Medical PPO - Fellow (Salary Paid by Outside Source)	
Coverage Level	Monthly Premium
Single	\$421.47
Double	\$889.38
Family	\$1,272.86

Dental (Network Max) - Everyone	
Coverage Level	Monthly Premium
Single	\$18.67
Double	\$35.46
Family	\$46.65

Dental (Choice) - Everyone	
Coverage Level	Monthly Premium
Single	\$41.71
Double	\$81.19
Family	\$142.89

Vision - Everyone	
Coverage Level	Monthly Premium
Single	\$8.14
Double	\$11.80
Family	\$21.15



MEDICAL PLAN OPTIONS



BlueCross BlueShield
of Illinois

	HMO	PPO	
	In - Network	In - Network	Out-of-Network
Core Benefits	Postdoc Pays	Postdoc Pays	Postdoc Pays
Deductible Single/Family	None	\$250 / \$600	\$5,000 / \$10,000
Out of Pocket Max Single/Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$10,000 / \$20,000
Office Visit	\$15 / \$25 Copay	20%*	50%*
Wellness Visit	No Charge	No Charge	50%*
Inpatient Hospital	\$250 per admission	20%*	\$300 Copay + 50%*
Outpatient Surgery	No Charge	20%*	50%*
Emergency Room	\$100 Copay (waived if admitted)	\$100 Copay plus 20% (copay waived if admitted)	
Rx	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 + 25% Tier 1 \$30 + 25% Tier 2 \$50 + 25% Tier 3

*After deductible has been met

Blue Access: Online Member Portal

1. Open your internet browser and in the address box type www.bcbsil.com then click go. This will take you to the Blue Cross and Blue Shield of Illinois home page.
2. On the left hand side of the page you will see a Blue Access for Members log-in box. Just under the box there is a New User? click on Sign-up .
3. Once you have clicked on the link it will take you to the Blue Access for Members home page. Click on the Register Now button in the middle or right of the page.
4. Enter the requested information including your group number and subscriber ID. (You will need to have your Blue Cross ID card handy for this step because you will need your group number and your subscriber ID number).
5. Once you complete registration you will receive a confirmation email from BAM at the email address you used to sign up with that you will need to access to be able to have immediate access to your account.

If you have problems accessing the Blue Access for Members site, contact the Internet Help Desk toll-free at (888) 706-0583.

DENTAL PLAN OPTIONS

	PPO—Network Access Option		PPO—Choice Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Core Benefits	Postdoc Pays		Postdoc Pays	
Annual Deductible (indiv/fam)	\$0	\$75 / \$225	\$60 / \$180	
Annual Benefit Maximums	\$5,000		\$1,500	
PREVENTIVE/DIAGNOSTIC				
Routine Exam	0%	30% of UCR*	0%	20% of UCR
Teeth Cleanings (Prophylaxis)	0%	30% of UCR*	0%	20% of UCR
X-rays	0%	30% of UCR*	0%	20% of UCR
BASIC PROCEDURES				
Fillings	20%	60% of UCR*	20%*	20% of UCR*
Endodontics	20%	60% of UCR*	20%*	20% of UCR*
Periodontics	20%	60% of UCR*	20%*	20% of UCR*
Oral Surgery	20%	60% of UCR*	20%*	20% of UCR*
MAJOR PROCEDURES				
Crowns	50%	70% of UCR*	50%*	50% of UCR*
Dentures	50%	70% of UCR*	50%*	50% of UCR*
ORTHODONTIA				
Child Only	50% (\$1,500 lifetime max)	60%* (\$1,500 lifetime max)	50%* (\$1,000 lifetime max)	50%* (\$1,000 lifetime max)

*After deductible has been met

*After deductible has been met

Accessing Care Out-of-Network Under a PPO Plan

When you seek services *in-network*, meaning, from providers listed in the PPO network, you are paying less for services since these providers have agreed to provide services per the provider network discounts outlined in their contracts with the insurance carriers. When you pay 50% for major services in-network when seeking services from a 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 (High Option): The out-of-network dentist decides to charge \$1,000 for a porcelain crown on a molar. This dentist is not prohibited from charging what he/she feels can be charged for this service. Your percentage of cost out-of-network is 50% after the \$60 deductible, and Usual, Customary and Reasonable (UCR) is considered \$800 for this service: You pay \$430

IN ADDITION, you owe the difference between the UCR amount and what the out-of-network dentist decided to charge you (\$1,000 - \$800), which is an additional \$200. **Total estimated cost out-of-network for the porcelain crown on a molar: \$630**

VOLUNTARY VISION PLAN



	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$0 Copay	\$45 Allowance
	Every 12 Months	
Corrective Lenses	\$20 Copay	\$30 - \$65 Allowance
Conventional Contact Lenses*	\$130 Allowance	\$105 Allowance
Medically Necessary Contact Lenses	\$0 Copay	\$210 Allowance
	Every 12 Months	
Frames	\$150 Allowance + 20% off remaining balance	\$70 Allowance
	Every 24 Months	

*Materials only. In lieu of corrective lenses.

Additional Features

Lens Upgrade Options : Receive 20-25% off various lens upgrade options such as polarization, scratch-resistant coating, etc. from VSP providers.

Laser Vision Correction: Save 15% off the retail price or 5% off the promotional price when you access care through a contracted facility.

Additional Pairs of Eyeglasses or Sunglasses: Receive a 20% discount from VSP providers.

LIFE | AD&D PLAN



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

*Automatic enrollment, paid for by University

**Additional supplemental life insurance available, contact our office for details

What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection by promising to pay a benefit 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 you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. Your beneficiary(ies) can and should be designated on your TABP enrollment form.



Please Note: International postdocs holding a J-1 Visa (and their J2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J1 and J2 Visa requirements. The Life/AD&D plan satisfies these requirements, even if the postdoc waives the medical, dental and vision coverage.

DISABILITY PLANS



Core Benefits	Short-Term Disability (STD)*
Benefit Amount	60% of your pre-disability earnings (\$600 per week maximum)
Benefit Waiting Period	Payable after 15 days of continued disability
Maximum Benefit Period	90 days

*Automatic enrollment, paid for by University



Core Benefits	Long-Term Disability (LTD)*
Benefit Amount	60% of your pre-disability earnings (\$2,500 per month maximum)
Benefit Waiting Period	Payable after 90 days of continued disability
Maximum Benefit Period	Age 65
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.

*Automatic enrollment, paid for by University

What is Short and Long-Term Disability Insurance?

These plans, offered to you through The Standard, provide you a way of protecting your income should you become disabled. Though many of us feel that we will never be disabled, almost 3 in 10 workers entering the work force today will become disabled before retiring (Social Security Administration Fact Sheet, January 31, 2007). It is important to have a vehicle to offer protection to your income, to allow you to meet your financial obligations when you are unable to work; Disability insurance does just that.

INFORMATION SOURCES

Insurance Carrier Member Services

BlueCross BlueShield Medical HMO.....	800-892-2803
BlueCross BlueShield Medical PPO.....	800-634-8644
MetLife Dental PPO	800-942-0854
VSP Vision.....	800-877-7195
The Standard Basic Life/AD&D Voluntary Life.....	800-628-8600
The Standard Disability.....	800-368-2859

Gallagher Benefits Services (GBS)

Phone.....	800-261-7109
Email.....	UniversityServices.GBS.prbp@ajg.com
Dedicated PRBP Website.....	https://clients.garnett-powers.com/pd/uchicago/

Your Dedicated Account Manager: Candace Nicholson

Duties: Candace is responsible for managing and servicing several of our larger University accounts, including City of Hope, University of Chicago, University of Rochester and George Washington University. From renewals to orientations and everything in between, Candace’s goal is to ensure that our clients and their employees are provided with the highest level of service and expertise.

How Candace helps GBS shine: Candace’s warm personality and passion for helping people make her an excellent account manager. Her accounts continually praise her willingness to go above and beyond for their needs.

Hobbies: Candace enjoys spending time with her three children, running half-marathons, enjoying the beach when it is warm, and watching movies.





Gallagher Benefit Services

The benefits outlined on this guide are for comparative purposes only. In the event of a discrepancy between this guide and the actual plan documents, the provisions of the master policy will prevail.