



NORTHWESTERN UNIVERSITY

Dental Care Plan

Summary Plan Description

2010

Plan Highlights

- The purpose of the Dental Care Plan is to provide dental insurance as protection from the financial burden of catastrophic dental conditions or injury to eligible faculty and staff and to their family members.
- Participation in the Dental Care Plan is available to regular status staff scheduled to work at least 17.5 hours per week (half-time) and to faculty and exempt staff who are appointed on at least a half-time (50%) basis.
- The University offers employees the selection of two dental care plans
 - One PPO plan administered by BlueCross BlueShield
 - One dental health maintenance organization (DHMO) plan sponsored by First Commonwealth
- Premiums are paid on a pre-tax basis, not subject to income or Social Security and Medicare (FICA) taxes.
- The effective date of dental coverage is the first of the month following the month of hire or initial benefits eligibility.
- To participate in the dental plan, an employee must complete the enrollment process no later than 31 calendar days from the date of employment. Afterward, an individual may enroll within 31 days of a qualifying change in family or employment status
- Unmarried dependent children are covered through age 25. They no longer need to be a Full Time student.
- An employee may enroll his or her same-gender domestic partner and any eligible dependent children of the domestic partner.
- An employee may add coverage for a spouse or child by submitting a completed Benefits Enrollment and change form within 31 days from the date of a change in family or employment status (e.g., marriage or birth or adoption of a child). An employee may also change dental coverage during the annual Open Enrollment period.
- At termination of employment or loss of benefits eligibility, employees are eligible to temporarily continue dental coverage under COBRA by paying the full monthly premium cost plus a 2% administrative fee

Contents

Plan Highlights	2
Purpose	5
Plan Administrator	5
Claims Administrator	5
For Further Information	5
Continuation of the Plan	5
Eligibility	6
Salary Requirements	6
Employee Classification	6
Staff	6
Faculty	6
Academic Full-Time and Half-Time Faculty	6
Contributed Service Faculty	6
ROTC Faculty	6
Post Doctoral Fellows	6
Post Doctoral Fellows – NRSA	6
Visiting Scholars	6
Visiting Personnel	6
Disabled Employees	7
Employees on a Leave of Absence	7
Reduced Work Calendar Staff	7
Retirees	7
Deceased Employees	7
Other Eligible Individuals	7
Spouse	7
Surviving spouse and children of a deceased employee	7
Domestic Partner	7
Dependent Child	8
Parents and Grandparents	8
Duration of Eligibility	8
Plan Options	9
BlueCross BlueShield <i>Summary</i>	9
Maximum Benefit	9
Extending Dental Benefits	9
First Commonwealth	9

Summary	9
Selection of Dentists	9
Benefits	9
Contributions	10
Coverage Tiers	10
Premium Tax Status	10
Deduction Schedule	10
Employees on a Leave of Absence	10
Employees Receiving Short Term Disability Payments	10
Employees Receiving Long Term Disability Payments	10
Enrollment Procedures	11
Initial Benefits Eligibility.....	11
After Hire or Initial Benefits Eligibility.....	11
Effectives Date of Coverage.....	11
Dropping Dental Coverage.....	11
Claim Submittal Procedures.....	12
BlueCross BlueShield.....	12
Coordination of Benefits.....	12
Appealing a Denied Claim	12
First Commonwealth.....	12
Changes in Family or Employment Status.....	13
Enrolling	13
Changing Dependents.....	13
Dropping Coverage	13
Leaves of Absence.....	13
Medical Leaves.....	13
Personal Leaves.....	13
Benefit Coverage Continuation.....	13
Return from Leave	13
Failure to Return from Leave	13
Termination of Employment.....	13
Retirement.....	13
Rehire.....	14
ERISA Rights	15
Summary.....	16

Purpose

The purpose of the Dental Care Plan is to provide dental insurance as protection from the financial burden of catastrophic dental care needs to eligible faculty and staff and their family members.

Plan Administrator

The University is the Plan Administrator and has the responsibility for operating and interpreting the Plan.

Claims Administrator

BlueCross BlueShield of Illinois is the claims administrator for the PPO dental plan. First Commonwealth is the claims administrator for the DHMO plan.

For Further Information

The information contained in this Summary Plan Description is intended to summarize the major features of the Dental Care Plan. It is not intended to be a complete explanation or list of benefits provided by the Dental Care Plan. An individual should review the schedule of monthly premium rates and the certificate of insurance issued by the sponsoring insurance company and posted on our website for additional information.

<http://www.northwestern.edu/hr/benefits/plans/dental/index.html>

Individuals may also contact a representative of the sponsoring insurance company with any questions.

Continuation of the Plan

The University intends to continue this Plan indefinitely, but reserves the right to modify or terminate the Plan at any time with or without notice.

Participation in this Plan is provided to eligible faculty and staff and does not constitute a guarantee of employment. Participation in the Plan also requires continued employment and eligibility and is subject to the terms and conditions of the Plan Document.

Eligibility

This section summarizes eligibility requirements for participation in the Dental Care Plan.

Salary Requirements

An individual must receive University compensation paid by the University's payroll system and his or her University salary must be sufficient to cover the amount of monthly premium deductions

Employee Classification

Staff

Regular status staff must be scheduled to work at least 17.5 hours per week. Exempt staff must be appointed on at least a half-time (50%) basis. 35 hours per week is considered full time.

Bargaining unit employees should refer to union contracts.

Faculty

Faculty must be appointed on a full-time or part-time (half time or greater) basis for the entire academic year or on a full-time basis for half the academic year. The University defines half the academic year as either one semester or 2 consecutive quarters.

Academic Full-Time and Half-Time Faculty

Such individuals must be compensated exclusively by one or more of the following affiliated McGaw Medical Center institutions including the University, Northwestern Memorial Hospital, Northwestern Medical Faculty Foundation (NMFF), Children's Memorial Hospital and its related faculty practice plans, the Rehabilitation Institute of Chicago, and the VA Lakeside Medical Center.

NMFF income does not qualify to cover the amount of monthly premium deductions. An individual's University salary must be sufficient to cover deductions.

Contributed Service Faculty

Medical School faculty who volunteer to participate in the academic activities of the Medical School without direct financial compensation. Such individuals are not eligible to participate in the Dental Care Plan.

ROTC Faculty

Employees, who serve as full-time faculty for ROTC and NROTC programs on campus, while not paid by the University, are not eligible to participate in the Dental Care.

Post Doctoral Fellows

Individuals classified as a Post Doctoral Fellow and appointed on at least a half-time basis are eligible to participate in the Dental Care Plan.

Post Doctoral Fellows – NRSA

Individuals classified as a Post Doctoral Fellow funded by a National Research Service Award (NRSA) from the National Institutes of Health (NIH) and appointed on at least a half-time basis and meet specified salary criteria are eligible to participate in the Dental Care Plan.

Visiting Scholars

Individuals classified as a Visiting Scholar, appointed on at least a half-time basis and are paid by the University's payroll system are eligible to participate in the Dental Care Plan.

Visiting Personnel

Individuals with academic appointments of half time or greater at the rank of professor, associate professor and assistant professor and paid by the University are eligible to participate in the Dental Care Plan.

Disabled Employees

An employee who becomes permanently and totally disabled while working for Northwestern University and is receiving University-sponsored Short or Long Term Disability benefits remains eligible to participate in the Dental Care Plan.

Employees on a Leave of Absence

An employee on a paid leave of absence may continue participation in the Dental Care Plan. An employee on a leave of absence without pay may continue dental coverage by paying the monthly premium to the University.

Reduced Work Calendar Staff

An employee whose department work schedule is less than the standard 26.1 pay periods per year continues to be eligible for dental coverage and pay the full-time premium rates.

Retirees

Individuals who retire from University employment at least age 55 and with at least 10 years of accumulated full time service may elect to continue dental coverage for himself and herself and his or her spouse and dependent children. Should the retiree die, the surviving spouse and dependent children may continue University sponsored dental insurance coverage under the retiree plan. This eligibility ceases upon remarriage of the spouse or adoption or marriage of the child.

Age	Service Requirement	
	Full Time	Part Time
55	10	10
56	10	10
57	10	10
58	9	10
59	8	10
60	7	10
61	6	9
62	5	8
63	4	7
64	3	6
65+	2	2

Retirees, who retire at age 55 or older and have accumulated less than the specified age and service requirements, may elect to continue dental insurance coverage for a limited period under the Consolidated Omnibus Budget Reconciliation Act (COBRA.)

Deceased Employees

A spouse or dependent child of a deceased employee is eligible to continue University sponsored dental coverage for as long as he or she desires such coverage and continues to pay the established total monthly premium on a timely basis. This eligibility ceases upon remarriage of the spouse or adoption or marriage of the child.

Other Eligible Individuals

Spouse

A spouse must be legally married to and have his or her principal residence with the eligible employee.

Surviving spouse and children of a deceased employee

An eligible spouse or dependent child of a deceased employee or retired employee may continue participation in the Dental Care Plan.

Domestic Partner

An employee may enroll his or her same-gender domestic partner in a Dental Care Plan. A Declaration of Same-Gender Domestic

Partner Relationship must be completed and submitted to the Benefits Division. The Declaration form is available from the Benefits Division or electronically by download at: www.northwestern.edu/hr/benefits

An opposite gender domestic partner is not eligible to participate in the Dental Care Plan.

Dependent Child

Coverage is extended to a dependent child through age 25.

Dependent children also include unmarried natural, step, legally adopted children, and any children who are in an individual's custody under an interim court order prior to the finalization of adoption proceedings.

Any children who are dependent upon an employee for financial support and maintenance because of mental retardation or physical disability will be covered regardless of age if they were covered prior to reaching the limiting age.

An employee may elect to enroll the dependent children of his or her same-gender domestic partner.

Dependent children do not include foster children or grandchildren.

The University reserves the right to require sufficient proof of dependent status in determining eligibility for dental coverage.

Parents and Grandparents

An employee's parents, grandparents and in-laws are not eligible for University-sponsored dental coverage.

No individual may be covered more than once under the University's benefit plans.

Duration of Eligibility

Plan participation may continue to be made or as long as an individual remains an eligible employee and receives a University salary.

Plan Options

This section highlights the choice of dental coverage and plans. An employee may choose one of four premium tiers for coverage with either a PPO dental plan or a dental maintenance organization (DHMO) plan or may elect to waive dental coverage.

BlueCross BlueShield

Summary

This plan is a self-insured PPO dental insurance plan administered by BlueCross BlueShield of Illinois.

The term “self-insured” refers to a plan funded by employee and employer contributions deposited to a trust. Any remaining monies at year-end are retained as plan assets.

The plan provides coverage of preventive, restorative, major and orthodontic services from any licensed dentist of choice.

For a summary of the dental services and coverage levels offered by the BlueCross plan, please refer to the BCBS Certificate of Coverage and/or the BCBS PPO Dental Plan Highlights located at:

<http://www.northwestern.edu/hr/benefits/plans/dental/index.html>

Maximum Benefit

The maximum annual benefit is \$3,000.

Extending Dental Benefits

If coverage under the Dental Care Plan should terminate, benefits will continue for any dental covered services described in this benefit section as long as the covered service began prior to the termination date and is completed within 30 days of the termination date.

First Commonwealth

Summary

First Commonwealth is a Dental Health Maintenance Organization (DHMO) plan offering dental services from a network of dentists throughout the Chicago metropolitan area. Services are provided at 100% after specified co-payments.

Selection of Dentists

Family members may select different dentists and dental groups based upon specific needs.

Questions about whether a particular dentist is a member should be directed to First Commonwealth Customer Service at (866) 866-4542 or search from the online directory at: <http://www.geoaccess.com/guardian/po56/SearchCriteria.asp>

Once a dental group is selected, an individual should select a dentist who is responsible for directing all dental needs including referral to specialists. Referral to a dental specialist must be authorized in advance by the primary dentist.

If it is necessary to change a dental group, an individual should contact First Commonwealth and the present dental group in advance so that dental records can be transferred to the new dental group.

Benefits

For a detailed summary of the various dental care services, please refer to:

<http://www.northwestern.edu/hr/benefits/plans/dental/pdf/FCWPaymentSchedule.pdf>

These services are covered in full after specified co-insurance or co-payments when provided or authorized by a First Commonwealth dentist. This list is not intended to be a complete listing of covered services. First Commonwealth should be contacted if there are any questions.

There is no annual maximum or deductible for dental benefits each calendar year. All covered dental work is based on a fixed co-payment schedule which is updated each January 1st.

Contributions

This section summarizes premium contributions for the Dental Care Plan.

Coverage Tiers

Premiums are established on the basis of:

- premium coverage tier (You, You+spouse, You+child(ren) or You+spouse & child(ren), and
- plan selected, and
- Full-time and part-time employment status.

Full-time employees. For staff employees scheduled to work a minimum of 35 hours per week and faculty and exempt staff with a 100% appointment.

Part-time employees. For staff employees (defined as staff schedule to work at least 17.5 hours but less than 35 hours per week) and faculty and exempt staff with a 50% or greater appointment.

Premium Tax Status

Premiums are deducted from paychecks on a pre-tax basis. This means that the premium amount is excluded as taxable earnings. Premiums are based on the coverage option selected.

Deduction Schedule

For individuals who are paid on a bi-weekly basis, premium deductions are taken from the first and second payroll of each month. For individuals who are paid on a monthly basis, deductions are taken from the paycheck issued the last working day of each month.

Premiums pay for coverage for the same month premiums are deducted. For example, premiums deducted in March pay for March coverage. Retroactive premiums are deducted from an employee's paycheck if an employee completes the enrollment process after the normally scheduled paycheck date.

Employees on a Leave of Absence

Employees on a paid leave of absence continue to pay monthly premiums by payroll deduction. Employees on an unpaid leave of absence pay monthly premiums by check payable to Northwestern University and submitted to the Benefits Division. Failure to pay the monthly premium in a timely manner will result in the termination of coverage.

Employees Receiving Short Term Disability Payments

Employees receiving Short Term Disability benefits may continue dental coverage. Premiums continue to be paid by payroll deduction.

Employees Receiving Long Term Disability Payments

Employees receiving Long Term Disability benefits may continue dental coverage. Premiums continue to be paid by payroll deduction.

Enrollment Procedures

This section summarizes enrollment procedures and deadlines.

Initial Benefits Eligibility

Eligible faculty and staff must complete the online enrollment process no later than 31 days from the date of hire or initial benefits eligibility. Employees who do not enroll or waive coverage will automatically have coverage waived.

After Hire or Initial Benefits Eligibility

After hire or initial eligibility an employee may enroll within 31 days from the date of a qualifying change in family or employment status. Employees can add or drop dependents or coverage, but they cannot change coverage from one plan to another.

Employees may also enroll during Open Enrollment. During Open Enrollment, an individual may elect BlueCross or First Commonwealth coverage or elect to waive coverage or add or drop coverage for a spouse or dependent child.

Effectives Date of Coverage

This section summarizes coverage effective dates for Dental Care Plan coverage.

Initial Benefits Eligibility

The effective date of dental coverage is the first of the month following the date of hire or initial benefits eligibility.

After Initial Eligibility

The effective date of coverage is based on the date of a qualifying change in status. Employees may also enroll during Open Enrollment with coverage effective January 1st.

Dropping Dental Coverage

An individual may drop dental coverage by submitting a completed Benefits Enrollment and Change form to the Benefits Division within 31 days from the date of a change in family or employment status or during Open Enrollment. The effective date is based on when the form is received and processed by the Benefits Division and when the qualified event took place.

Claim Submittal Procedures

This section summarizes procedures and deadlines for submitting dental claims.

BlueCross BlueShield

To file a claim, participants in the BlueCross Dental Care Plan should obtain a Dental Service Report from the Benefits Division or on-line from the Benefits Division web site prior to visiting a dentist. The first part of the form must be completed and signed by the insured individual. In addition, a dentist should complete Parts II and III following receipt of treatment. Claim forms should be mailed to:

BlueCross BlueShield
PO Box 2935
Chicago, IL 60690

Claims must be filed no later than 12 months after the date of service is received, otherwise, the claim will be denied.

Coordination of Benefits

Benefits provided by dental plans vary substantially. Coordination of Benefits (COB) applies when there is dental care coverage through more than one group program.

The purpose of COB is to insure that payment of all of the coverage for which an individual is entitled, but no more than the actual cost for the care received.

In other words, total combined payments from all available services cannot be more than the total charges incurred.

Appealing a Denied Claim

Should a dental claim be denied (or if 180 days has elapsed since it was filed and the covered individual has not received a written explanation), the claim may be reviewed. To do so, a written request should be sent no later than 60 days after the denial to:

Claim Review Section
Health Care Corporation
PO Box 2401
Chicago, IL 60609

Additional information may be sent to support the appeal as long as an individual does so within 30 days of the date the review was requested. Within 60 days of receiving the request for review, BlueCross will send its decision on the claim.

In unusual circumstances, an additional 60 days may be needed for the review and an individual will be notified of this during the first 60 day period. In any case, no more than 120 days can be taken for a review, even at the individual's request.

First Commonwealth

Dentists participating in the First Commonwealth dental maintenance plan are compensated by First Commonwealth and do not submit claims for services they provide.

Participating dentists may charge a co-payment for services provided. For further information about the FCW Schedule of Member Payment Responsibility, please refer to the Benefits Division website at:

<http://www.northwestern.edu/hr/benefits/plans/dental/index.html>

A First Commonwealth member does not need to submit claims.

Changes in Family or Employment Status

This section summarizes the impact of changes in employment or family status on Dental Care Plan coverage.

Enrolling

An individual may elect to enroll in the BlueCross Dental or First Commonwealth Plan for the first time as a result of a change in family status such as marriage, birth or adoption of a child. A completed Benefits Enrollment and Change form should be submitted to the Benefits Division within 31 days of the event.

Changing Dependents

An individual may change dependents covered under dental insurance as a result of a qualifying family status change by submitting a completed Benefits Enrollment and Change form within 31 days from the date of the event to the Benefits Division.

Dropping Coverage

An individual may drop coverage as a result of a qualifying family status change by submitting a completed Benefits Enrollment and Change form to the Benefits Division within 31 days from the date of the event.

Leaves of Absence

Employees may continue dental coverage during a leave of absence.

Medical Leaves

Employees pay the regular employee premium. The University continues to pay its employer portion of the total monthly premium.

Personal Leaves

Employees pay the full monthly premium.

Benefit Coverage Continuation

Upon approval of the leave, the Benefits Division will forward information to the employee detailing his or her benefit coverage, the monthly premium rate and a form for the employee to complete and return to the Benefits Division. Failure to pay the monthly premium in a timely manner will result in the termination of coverage.

Return from Leave

Upon return from a leave of absence, an individual may resume Dental coverage not continued during the leave.

Failure to Return from Leave

An individual who decides not to return from a leave of absence has option of temporarily continuing participation in the dental plan under the Consolidated Omnibus Reconciliation Act (COBRA). Under COBRA, participants are responsible for the payment of the full monthly premium plus a 2% administrative fee.

Termination of Employment

Participation in the Dental Care Plan generally ends on the last of day of the month in which an employee terminates University employment or no longer meets the eligibility requirements. An employee may continue dental coverage following termination of University employment. These rights are extended to employees under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Participants pay the total monthly premium plus a 2% administrative fee directly to Northwestern University.

Retirement

An employee may continue dental coverage following retirement provided the individual is age least age 55 and has accumulated at least 10 years of service. Please refer to page 6 under the eligibility table.

Participants pay the total monthly premium directly to Northwestern University.

Rehire

If an employee terminates University employment and is rehired into a University position within 31 days from the date of termination, dental coverage is reinstated. Otherwise, an employee may enroll in a dental plan, no later than 31 days from the rehire date, during Open Enrollment or within 31 days from the date of a change in employment or family status.

ERISA Rights

Each participant in University sponsored benefit plans is entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all Plan participants will be entitled to:

Examine, without charge, at the Plan Administrator's office, all Plan documents and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports (if any) and Plan descriptions.

Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may impose a reasonable charge for the copies.

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of employee benefit plans.

The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of Plan participants and beneficiaries. No one, including the employer or other person, may terminate an individual's employment or otherwise discriminate against the individual in any way to prevent him or her from obtaining a benefit or exercising his or her rights under ERISA.

If a claim is denied in whole or in part, an individual must receive a written explanation of the reason for the denial. He or she has the right to have the Plan Administrator review and reconsider the claim. Under ERISA, there are steps an individual can take to enforce these rights. For instance, if an individual requests certain materials from the Plan and does not receive them within 30 days, he or she may file suit. In such a case, the court may require the Plan Administrator to provide the materials and pay the individual up to \$100 a day until he or she receives the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If an individual has a claim for a benefit plan which is denied or ignored, in whole or in part, he or she may file suit. If it should happen that Plan fiduciaries misuse the Plan's money (if benefits ever become funded), or if an individual is discriminated against for asserting his or her rights, he or she may seek assistance from the U.S. Department of Labor, or he or she may file suit. The court will decide who should pay court costs and legal fees. If the individual is successful, the court may order the person sued to pay these costs and fees. If an individual loses, the court may order him or her to pay these costs and fees if, for example, it finds the claim frivolous. If an individual has questions about this Plan, he or she should contact the Plan Administrator. If there are any questions about this statement or about an individual's rights under ERISA, he or she should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor. The Plan Administrator shall have the maximum authority permitted by law to construe and apply the provisions of the Plan.

Summary

Name of Plan	Northwestern University BlueCross BlueShield Dental Care Plan
Plan Number	509
Date Established	November 1, 1980
Group ID #	56909

Type of Plan	Self insured welfare benefit plan
Plan Year	January 1 through December 31 st

Plan Sponsor – Employer	Northwestern University 720 University Place Evanston, IL 60208-1143 847 491-7513
Employer Identification Number	36-2167817

Plan Administrator	Northwestern University 720 University Place Evanston, IL 60208-1143 847 491-7513
Claim Administrator	BlueCross BlueShield of Illinois 300 East Randolph Street Chicago, IL 60601 800-367-6401
Trustee	Northern Trust 50 South La Salle Street Chicago, IL 60675

Agent for Service of Legal Process	Office of General Counsel 633 Clark Street Evanston, IL 60208-1143
------------------------------------	--

Contributions	Employer and employee paid
---------------	----------------------------

Name of Plan	Northwestern University First Commonwealth Dental Plan
Plan Number	517
Date Established	January 1, 1991
Group ID #	378954

Type of Plan	Fully insured welfare benefit plan
Plan Year	January 1 through December 31

Plan Sponsor – Employer	Northwestern University 720 University Place Evanston, IL 60208-1143 847 491-7513
Employer Identification Number	36-2167817

Plan Administrator	Northwestern University 720 University Place Evanston, IL 60208-1143 847 491-7513
Claim Administrator	First Commonwealth Chicago, IL 60601 866-494-4542

Agent for Service of Legal Process	Office of General Counsel 633 Clark Street Evanston, IL 60208-1143
------------------------------------	--

Contributions	Employer and employee paid
---------------	----------------------------