



NORTHWESTERN UNIVERSITY

Dental Care Plan

Summary Plan Description

2009

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.
- For full-time employees (defined as staff scheduled to work a minimum of 35 hours per week and faculty with a 100% appointment), the University pays 55% of the total monthly premium cost. Employees pay 45%.
- For part-time employees (defined as staff schedule to work at least 17.5 hours per week and faculty with a 50% or greater appointment), the University pays 27.5% of the total monthly premium. Employees pay 72.5%.
- 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 regardless of students status.
- 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 enrollment 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 Fall Open Enrollment.
- 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

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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	<p>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 for additional information.</p> <p>Individuals may also contact a representative of the sponsoring insurance company with any questions.</p>
Continuation of the Plan	<p>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.</p> <p>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.</p>

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

Classification of Employee **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.

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
Individual

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 regardless of student status.

Dependent children include individuals who have their principal resident with an employee, who rely chiefly on an employee for financial support and who is claimed by the employee as a dependent for federal tax purposes.

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.

Choice
of Coverage

An employee may choose one of four premium coverage tier coverage with either a PPO dental plan or a dental maintenance organization (DHMO) plan or may elect to waive dental coverage.

Choice of Dental
Plans

Northwestern University offers eligible faculty and staff with the choice of two dental insurance plans including one indemnity insurance plan and one dental health maintenance organization (DHMO) plan.

DHMO Plan. The term DHMO is an abbreviation for dental health maintenance organization. A DHMO plan provides dental care from a network of dental providers. Such plans generally emphasize preventive services and cover dental treatment at 100% after specified co-payments. DHMO plans do not require the completion of claim forms. DHMOs only cover dental care services which are authorized in advance by an individual's primary care dentist.

PPO Plan. PPO dental plans, in contrast, provide complete freedom of choice in the selection of dentists; provide plan members with additional savings when care is provided by a PPO dentist. There will be no reduction in coverage when care is received by a non PPO dentist.

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.

Following is a brief summary of the dental services and coverage levels offered by the BlueCross plan.

Preventive Services

Preventive dental services are covered at 80% of Usual Customary Charges. No deductible is charged.

- Oral examinations including prophylaxis (limited to two per calendar year)
 - Topical application of sodium or stannous fluoride (only for covered individuals under age 19)
 - Space maintainers (only for dependent children under age 19 and not part of orthodontic treatment)
 - Dental x-rays (limited to one full-mouth x-ray and an additional bitewing x-ray twice per calendar year)
-

Orthodontic Treatment

Orthodontic services are paid at 50% of Usual and Customary Charges with a lifetime maximum of \$3,000 per covered individual.

- Includes coverage for orthodontia appliances and treatments when they are being provided to correct problems of growth and development (which may be the cause of malocclusion, periodontal disease, temporomandibular dysfunction, or combinations of these problems)
 - Benefits are only available for persons through age 25 and will end at the end of the month in which that age is reached
 - Diagnostic benefits, including examination, study models, x-rays, and all other diagnostic aids, will be provided only once in any 5 year period, beginning with the date of the first visit to the Dentist
 - Benefits for active orthodontic treatment are limited to 36 consecutive months. If an individual is receiving treatment when coverage begins, these time periods will be reduced by the number of months that the individual has been receiving treatment prior to the beginning of coverage
 - Benefits will not be provided for the replacement or repair of any appliance used during orthodontic treatment
 - After orthodontic treatment has been completed, no further benefits will be provided until 5 years has elapsed
-

Primary Dental Services	<p>Primary dental services are covered at 80% of Usual and Customary Charges after a \$50 deductible is paid.</p> <ul style="list-style-type: none">• Extractions• Fillings• Oral Surgery• Treatment of diseased periodontal structures• General anesthesia, if administered with a covered dental procedure• Endodontic treatment• Repair or re-cementing of crowns, inlays, bridgework, or dentures or lining of dentures• Periodontics/Periodontal therapy• Periodontal examination (limited to 2 per benefit period)• Periodontal maintenance procedures (limited to 4 per benefit period, however, this maximum will be reduced by any routine prophylaxes in the same benefit period.• Stainless steel crowns• Repair of removable dentures• Re-cementing of crowns, inlays, onlays and bridges• Nitrous oxide• Denture adjustments, rebasing and relining. During the first six months after obtaining dentures or having them relined, adjustments are covered only if they are done by someone other than the dentist or his or her in-office associates who provided or relined the dentures.
Major Dental Services	<p>Major dental services are covered at 50% of Usual and Customary Charges after \$50 deductible</p> <ul style="list-style-type: none">• Inlays, onlays and crowns (other than temporary crowns and stainless steel crowns)• Fixed bridgework• Full and partial dentures• Dental Implants <p>Once benefits are received for a crown, inlay, onlay, bridge or denture, replacements, and dental implants are not covered until 5 years have elapsed. Benefits are not available for the replacement of a bridge which could have been made serviceable.</p>
Maximum Benefits	<p>The maximum annual benefit is \$3,000.</p>
Extending Dental Benefits	<p>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.</p>
Exclusions	<p>The BlueCross dental plan does not cover the following dental services:</p> <ul style="list-style-type: none">• Dental services which are performed for cosmetic purposes, except those made necessary because of an accident occurring on or after an individual's coverage date• Appliances or restorations necessary to increase vertical dimensions or restore the occlusion or change the relationship of the mandible to other body members• Oral surgery services related to a congenital malformation, except when rendered to a newborn• An services, treatments, or supplies included as an eligible benefit under other group hospital, medical, and/or surgical coverage• Services or supplies that are not specifically referenced in plan documents.• Services or supplies that do not meet acceptable standards of dental practice• Services which are considered experimental or investigative• Cosmetic surgery• Charges for failure to keep an appointment.

First Commonwealth

Summary	<p>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.</p>
Selection of Dentists	<p>Family members may select different dentists and dental groups based upon specific needs.</p> <p>Questions about whether a particular dentist is a member should be directed to First Commonwealth at (866) 866-4542.</p> <p>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.</p> <p>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.</p>
Benefits	<p>Following is a summary of the various dental care services 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.</p> <p>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.</p>
Covered Services	<p>Preventive dental services including teeth cleanings, oral examination and dental x-rays are covered at 100%. No co-payment is charged.</p> <p>Basic dental services including dental fillings and oral surgery, endodontics and periodontic treatment is covered in full after a co-payment equivalent to approximately 80% of total eligible charges is paid.</p> <p>Major dental services including crowns, bridges and dentures are covered in full after a co-payment equivalent to approximately 50% of total eligible charges is paid.</p> <p>Orthodontic banding and monthly adjustments over a 24 month period for children and adults; out of pocket costs are based on a fixed co-payment schedule which represents a \$1,000 savings value.</p>
Exclusions	<p>Services not covered include but are not limited to the following:</p> <ul style="list-style-type: none">• Replacement due to loss or theft of dentures, appliances, bridge work• Experimental dental, surgical or health care procedures, unless approved as a basic fee by First Commonwealth• Dental services performed in a hospital or any outpatient care facility, and any related fees for those services, including emergency dental services other than those provided in a dentist's office• Dental implants• Treatment for malignancies, neoplasm's, cysts or genetic malformation• Dental treatment and expenses incurred for such treatment started prior to the member's eligibility to receive benefits under this plan or started after a member's termination

Contributions

This section summarizes premium contributions for the Dental Care Plan.

Premium 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), the University pays 55% of the total monthly premium cost, employees pay 45%.

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), the University pays 27.5% of the total monthly premium, employees pay 72.5%.

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.

Premium 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.

Premium Coverage Period

Premiums pay for coverage for the same month premiums are deducted. For example, premiums deducted in March pay for March coverage.

Retroactive Premium Deductions

Retroactive premiums are deducted from an employee's paycheck if an employee completes the enrollment process after the normally scheduled paycheck date.

Employees on Leave

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 Benefits

Employees receiving Short Term Disability benefits may continue dental coverage. Premiums are made by check payable to Northwestern University and submitted to the Benefits Division.

Employees Receiving Long Term Disability Benefits

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 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 may also enroll during Open Enrollment.

Open Enrollment

Open Enrollment is the one time each year when plan changes and premium rates for the next calendar year are communicated to benefits eligible faculty and staff. 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.

**Effective 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.

Open Enrollment

The effective date is 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 six 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. Further information about co-payments is available from the Benefits Division or from First Commonwealth.

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.

Changes in Family
Status

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.

Changes in
Employment Status

An individual who had previously waived dental coverage may enroll in the BlueCross or First Commonwealth dental plan by submitting a completed Benefits Enrollment and Change form to the Benefits Division within 31 days from the date of the event.

An individual who had previously waived dental coverage may enroll in the BlueCross or First Commonwealth Plan as a result of a qualifying life change in family or employment status.

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.

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
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
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
