



NORTHWESTERN UNIVERSITY

Benefits Comparison Booklet

2009

About the Benefits Comparison Booklet

The purpose of the Benefits Comparison Booklet is to serve as a supplement to the Benefits Handbook, Open Enrollment Brochure, and other printed summaries of University sponsored benefit programs.

Its specific purpose is to provide comparative health, dental and vision plan coverage information; monthly premium rates as well as monthly contribution schedules for retirement, life, disability and other University-sponsored benefit plans. We believe that this material will help faculty and staff better understand their plan options for themselves and for their family members and assist them in making decisions to begin, change or waive participation in University-sponsored benefit plans.

Information highlighting the major provisions of each benefit plan is contained in the Benefits Handbook and online from the Benefits Division's web site at

<http://www.benefits.northwestern.edu>

New for 2009: There are new and different health care plans for 2009 so look at your options carefully. To assist you in making your health care decisions, see the online Health Care Decision Toolkit accessible through the above URL. The toolkit includes:

- People Like Me (how different people with situations and needs similar to yours considered and chose their health care plan)
- Health Care Expense Estimator (compares health care expenses for up to three health care plans at a time)
- Health Plan Comparison Chart (creates a side by side comparison chart of up to three health care plans at a time)
- Flexible Spending Account Estimator (calculate your anticipated out-of-pocket health care expenses and determine if you should participate in the FSA account)
- Glossary of Terms

This comparison is not meant to be a complete detail of the coverage available from the University's health and dental plans. For complete coverage details, please refer to the certificates of coverage prepared by the different health plans or contact member services of the applicable company directly.

THE MOST EXPENSIVE HEALTH CARE PLAN IS NOT ALWAYS THE "BEST" PLAN!

- Determine what are you and your family needs?
- Choose a physician for yourself and your family
- Choose a hospital for yourself and your family
- Consider that the two HMOs offer essentially the same benefits but vary in terms of physician networks
- Review Benefit Comparison Booklet for coverage by plan
- Look at the monthly premium rates for each HMO and estimate what your out-of-pocket expenses might be for 2009
- Choose which plan best meets your personal and family circumstances

We also encourage contacting your physicians directly regarding whether they have relationships with a particular health care plan as well as relationships with hospitals and specialty care physicians for referral care. Provider information and other information is also accessible on-line.

Any questions about benefit plan provisions or completing the enrollment process and claim forms may be addressed directly to the Benefits Division via E-mail at

benefits@northwestern.edu or by phone at (847) 491-7513.

Please be aware that decisions made when first eligible and during Open Enrollment are generally binding for the entire year. An individual may not make any changes until next year's Open Enrollment period unless he or she has an approved change in family or employment status (e.g., marriage, birth, adoption, etc.). The Benefits Division must be notified of such a change within 31 days from the date of the qualifying event.

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Benefit Plan Highlights

PLAN	PLAN PROVISIONS
<p>Health Care Plans</p> <p>NOTE: The prescription drug program for the Premier, Select PPO and HMO Illinois members is administered by Walgreens Health Initiatives. Prime Therapeutics through Blue Cross administers the prescription program for Value PPO members. Wellpoint administers the prescription drug program for UniCare HMO members.</p>	<p>Choice of five plans and four premium coverage tiers.</p>
<p>Dental Care Plans</p>	<p>Choice of two plans and four premium coverage tiers: Blue Cross (PPO Dental Plan) First Commonwealth (Dental Health Maintenance Organization – DHMO Plan)</p>
<p>Vision Care Plan</p>	<p>Choice of one plan and four premium coverage tiers.</p>
<p>Flexible Spending Account (FSA) Plans</p> <p>NOTE: For individuals who enroll mid-year, the maximum annual pledge amount is the maximum monthly pledge amount times the number of remaining months in the calendar year. Includes certain over-the-counter medications (cold, headache, allergy, heartburn, topical antibiotics, etc.) as eligible for reimbursement.</p>	<p>Choice of three plans: Health Care Account: up to \$10,000 maximum annual pledge (\$833.33 monthly). For Premier PPO, Select PPO, HMO Illinois and UniCare members only. Dependent Care Account: two options are available - \$5,000 maximum annual pledge (\$416.66 monthly) - Up to \$4,000 University matching funds - Back Up Child Care program Limited Use Health Account FSA: up to \$10,000 maximum annual pledge (\$833.33 monthly). For Value PPO members only and limited to dental and vision expenses.</p>
<p>Health Savings Account</p>	<p>For Value PPO members only. Contributions including matching University contributions limited to \$1,400 for an individual and \$2,800 for those with one of the three family coverage tiers. Additional \$1,000 for individuals who will be 55</p>
<p>Retirement (403b) Plans</p> <p>NOTE: Defined Contribution Plan is the only retirement benefit available through Northwestern. Employer matching contributions generally begin after 1 year of University service and attainment of age 24. Defined benefit pension plan is not available.</p>	<p>Choice of several contribution and two investment companies (Fidelity Investments and TIAA-CREF) Tax deferred matched contributions as percentage of annual salary Dollar for Dollar Matching University contribution Unmatched tax-deferred contributions may be made up to IRS limits Fund transfers, cash distributions and loan options Financial hardship distribution option</p>
<p>Tuition Plans</p>	<p>Employee, spouse and dependent child tuition benefits</p>

Northwestern University
 Benefit Comparison
 Calendar Year 2009

PLAN	PLAN PROVISIONS
Basic Term Life Insurance Plan	2½ X salary to maximum coverage of \$250,000, coverage factor reduced by 8% per year at age 55. Maximum eligible salary is \$100,000.
Supplemental Term Life Insurance Plan	1, 2, 3, 4, & 5 X salary to maximum of \$1,000,000. At hire, coverage of 3 or more requires evidence of good health. Afterward, enrollment in the plan requires evidence of good health.
Spouse & Dependent Child Term Life Insurance Plans	Choice of Spouse coverage in \$10,000 increments up to a maximum \$500,000 coverage not to exceed 100% of employee's Basic Life and Supplemental Term Life Insurance coverage. At hire, coverage above \$30,000 requires evidence of good health. Choice of Dependent coverage in \$2,000 increments to maximum \$10,000 coverage.
Accidental Death & Dismemberment (A D & D) Plan	Choice of single or family coverage in \$10,000 increments to maximum of \$1,000,000 not to exceed 10 times an employee's annual salary (benefits base).
Long Term Care (LTC) Plan	Choice of daily benefit options of \$100, \$150 and \$200. Choice of two inflation protection options.
Short Term Disability (STD) Plan NOTE: Available to Staff. Requires one year of benefits eligible University service. Employee must be in an unpaid status at the time the benefit is received.	Available to Staff only. Disability Benefit equal to 60% of salary to a maximum monthly benefit of \$7,500. Benefit period begins after 14 days and continues up to 6 months. Requires exhaustion of accumulated sick, vacation and personal floating holiday time.
Long Term Disability (LTD) Plan NOTE: Generally requires one year of University service and attainment of age 24.	Disability Benefit equal to 60% of salary to a monthly maximum of \$11,250. Benefit period begins after 6 months of disability.

Health Care Plans

Eligibility

Premier PPO	<p>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.</p> <p>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.</p> <p>Individuals must receive a University salary sufficient to cover premium deductions and be paid from the University's payroll system.</p>
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Eligibility of Spouse and Dependent Children

Premier PPO	<p>Unmarried dependent children are covered up through age 25 regardless of full-time student status. Dependent children include natural, step and legally adopted children and children who are in the employee's legal custody under an interim court order prior to the finalization of adoption proceedings.</p> <p>To be eligible, a spouse must be legally married to and have his or her principal residence with the eligible employee. To be covered, a spouse or dependent child must enroll within 31 days from the date of benefits eligibility or 31 days from the date of a change in family or employment status (marriage, birth, adoption, etc.), or during Open Enrollment.</p> <p>Any children who are dependent upon a member for support and maintenance because of mental or physical disability will be covered regardless of age if they were covered prior to reaching the limiting age. Dependent coverage does not include foster children or grandchildren or parents.</p> <p>An employee may enroll his or her same-sex domestic partner and eligible dependent children of the domestic partner. A Declaration of Same-Sex Domestic Partner Relationship must be completed and submitted to the Benefits Division.</p>
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Enrollment

Premier PPO	<p>Newly eligible individuals must complete the online enrollment process within 31 days from the date of benefits eligible employment or the date of a qualifying change in family or employment status.</p> <p>Eligible individuals may also enroll, waive coverage, change coverage or change plans during the Open Enrollment period.</p>
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Coverage Effective Dates

Premier PPO	<p>The coverage effective date is based on the date of benefits eligible employment.</p> <p>The coverage effective date is the first of the month following the date of benefits eligible employment.</p> <p>An individual, if he or she wishes, may begin coverage from the 1st date of benefits eligible employment by paying the full monthly premium to the University.</p> <p>Any enrollment changes made during Open Enrollment will be effective January 1st of the next calendar year.</p>
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Filing Claims

Premier PPO	<p>Claims must be submitted within 6 months from the date of service; otherwise, the claim will be denied.</p>
Select PPO	
Value PPO	
HMO Illinois	<p>HMO plans generally do not receive or process claims. Claims for authorized services, which meet the definition of an emergency, must be submitted to the Plan for reimbursement.</p>
UniCare HMO	

Filing Claims: Appeals

Premier PPO	<p>Claims Review Section Blue Cross and Blue Shield 300 East Randolph Street Chicago, IL 60601-5099</p>	
Select PPO		
Value PPO		
HMO Illinois	<p>Claims Review Section Blue Cross and Blue Shield PO Box 1364 Chicago, IL 60601</p>	
UniCare HMO	<p>UniCare HMO Customer Services 233 S. Wacker Drive, Suite 3900 Chicago, IL 60606-6309</p>	
Other	<p>State of Illinois Department of Insurance 320 West Washington Street Springfield, IL 62767-0001</p>	<p>State of Illinois Department of Insurance 100 West Randolph Street Suite 15-100 Chicago, IL 60601-3251</p>

Out of Area Care

Premier PPO	In-network benefits if provider is a member of the Blue Cross plan in the state or country in which care is provided. Contact Member Services for additional information or http://www.bluecares.com/healthtravel/finder.html
Select PPO	
Value PPO	
HMO Illinois	A guest membership will be established with a Host Plan serving the area in which you will be staying. Applicable to extended work assignments in another state, long-term traveler, eligible children at out-of-state schools for periods of 90 days to six months. Contact Member Services for additional information. Otherwise, emergency treatment only.
UniCare HMO	Not offered. Otherwise, emergency treatment only.

Pre-Authorization: Emergency Treatment

Premier PPO	Contact the Blue Cross Blue Care Connections (BCC) within 2 business days of emergency hospital admission or maternity admission; \$500 reduction in benefits when MSA is not contacted.
Select PPO	
Value PPO	
HMO Illinois	Obtain prior authorization from Primary Care Physician (PCP). In case of life threatening situations when you are unable to obtain prior authorization, notify primary care physician and health plan of emergency treatment within 48 hours. Please note the notification does not constitute authorization.
UniCare HMO	

Pre-Authorization: Other Care

Premier PPO	Contact BCC immediately upon notification of a scheduled hospital admission, private duty nursing, skilled nursing facility and coordinated home care in addition to scheduled hospital admission. \$500 reduction in benefits when BCC is not contacted.
Select PPO	
Value PPO	
HMO Illinois	Obtain referral from PCP for all services. Additional authorization may be required through the Patient Management Department. Obtain referral from Primary Care Physician for all services.
UniCare HMO	

Pre-Authorization: Prescription Drug Services

Premier PPO	The health care plans may cover certain medications or higher quantities of a drug above a specified dispensing limit when the member's physician contacts the Walgreens Health Initiatives Prior Authorization Unit (877-665-6609), which is staffed by pharmacy technicians and pharmacists.
Select PPO	
HMO Illinois	
Value PPO	Dispensing limits or prior authorization may apply. Refer to prescription drug reference information or contact member services or your physician for further information.
UniCare HMO	

Pre-Existing Conditions

Premier PPO	Provides benefits subject to a pre-existing condition waiting period of 365 days. This refers to any disease, illness, sickness or condition for which medical advice, diagnosis, care or treatment received or recommended by a provider within 6 months prior to your enrollment date. Taking prescription drugs is considered medical treatment even if your condition was diagnosed more than 6 months before your enrollment date. Pregnancy or conditions based solely on genetic information are not preexisting conditions. This provision is waived if an individual enrolls through Open Enrollment. New employees submitting a certificate of health coverage from their previous employer will be given credit for such coverage toward the pre-existing conditions waiting period provided there is not a break in coverage of more than 63 days.
Select PPO	
Value PPO	
HMO Illinois	None. Contact Member Services regarding continuity of care.
UniCare HMO	

Premium Payments

Premier PPO	Premiums are deducted from the 1st and 2nd paycheck for individuals paid on a biweekly basis and from the paycheck received the last working day of a month for individuals paid on a monthly basis; premiums are deducted on a pre-tax basis. The term “pre-tax” means that deductions are not subject to federal, state, Social Security and Medicare (FICA) taxes. Premiums deducted from paychecks during a month pay for the same month of coverage. Premiums for the coverage of an employee’s same-sex domestic partner are deducted on an after-tax basis and are subject to taxation.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Selection of Primary Care Physician

Premier PPO	Individuals may receive care from any licensed physician. Prior referral from a primary care physician is not required. Benefits are higher if care is received from a physician affiliated with the Blue Cross PPO provider network.
Select PPO	
Value PPO	
HMO Illinois	Individuals must choose a primary care physician (PCP). Family members may select a different PCP and may choose physicians with different medical groups. Female members may designate an affiliated obstetrician/ gynecologist or family practitioner as a “women’s principal health care provider.” Once designated, individuals may see the selected physician without a written referral, providing a referral arrangement exists between the woman’s principal health care provider and the member’s PCP. The OB/GYNE and PCP must be from the same medical group.
UniCare HMO	Individuals must choose a primary care physician (PCP). Family members may select a different PCP and may be within the same medical groups. Female members may designate an affiliated obstetrician/gynecologist family practitioner as a “women’s principal health care provider.” Once designated, individuals may see the selected physician without a written referral, providing a referral arrangement exists between the woman’s principal health care provider and the member’s PCP.

Termination of Coverage

Premier PPO	When an individual terminates University employment, coverage ceases at the end of the month of termination. Premiums, if deducted from an individual's paycheck, will pay for coverage for the month of termination.
Select PPO	When coverage ceases, an individual may elect to continue coverage generally for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). In such cases, individuals are responsible for paying the full monthly premium plus a 2% administrative fee.
Value PPO	
HMO Illinois	At the end of the COBRA coverage period, an individual may elect to convert coverage to an individual policy directly with the insurance company.
UniCare HMO	At retirement, an individual may continue coverage provided he or she meets specified age and service requirements as of the date of retirement.

Out-of-Pocket Expenses

Program Deductibles. The dollar amount you pay for services before the plan starts to pay.

Premier PPO	\$250 Individual \$500 Employee + one dependent \$750 Family (three or more family members)
Select PPO	\$500 Individual \$1,000 Employee + one dependent \$1,500 Family (three or more family members)
Value PPO	\$1,400 Individual \$2,800 Family Employee + one or more family members (Full family deductible must be met before plan benefits begin. Does not apply to wellness services.)
HMO Illinois	Applicable to outpatient surgical procedures: \$250 per procedure Applicable to inpatient admissions:\$500 per admission
UniCare HMO	Applicable to outpatient surgical procedures: \$250 per procedure Applicable to inpatient admissions:\$300 per admission
NOTE: The Premier and Select PPO plans have individual and family deductibles. For individuals with family coverage covering themselves and a spouse and one or more children, the deductible is limited to a maximum of three individual deductibles. For those individuals with a spouse or one child, the deductible is limited to two individual deductibles.	

Example – Premier PPO plan:

Family consists of John (subscriber), Mary (spouse), Bill (son) and Carrie (daughter)

John had in-network expenses in February of \$400. The first \$250 would satisfy an individual deductible and pay \$250 toward satisfying the family deductible of \$750. The remaining \$150 is paid at the in-network coinsurance level of 90% leaving John to pay an additional \$15.

Mary had in-network expenses in March of \$300. The first \$250 would satisfy an individual deductible and pay \$250 toward satisfying the family deductible of \$750 which when John's claim is included has \$500 of the \$750 family deductible met. The remaining \$50 is paid at the in-network coinsurance level of 90% leaving Mary to pay an additional \$5.

Bill had in-network expenses in April of \$200. The entire \$200 amount would go toward satisfying the \$750 family deductible which when included with John and Mary's claims has \$700 of the \$750 deductible met. The deductible balance is \$50.

Carrie had in-network expenses in May of \$300 of which \$50 would apply toward satisfying the balance on the \$750 family deductible. The balance of her expenses, \$250, would be subject to coinsurance. The remaining \$250 is paid at the in-network co-insurance level of 90% leaving Carrie to pay an additional \$25.

Example - Value PPO plan

Family consists of Jim (subscriber), Helen (spouse), John (son) and Susan (daughter)

Jim had in-network expenses in April of \$500 which will be applied to the family deductible leaving a deductible balance of \$2,300.

Susan had in-network expenses in June of \$1,000 which will be applied to the family deductible leaving a deductible balance of \$1,300.

John had in-network expenses in September of \$1,300 which will be applied to the family deductible bringing the total amounts applied toward the deductible to \$2,800 leaving a deductible balance of \$0.

Susan had expenses in November of \$1,000. Since the deductible had been met, the entire amount will be paid at 80%.

Out-of-Pocket Maximum.

The maximum dollar amount you pay in annual expenses. The amount is based on your September 2006 University salary and varies by plan and coverage tier.

Premier PPO	The Premier and Select PPO plans have individual and family out-of-pocket maximum limits. For individuals covering themselves and a spouse and one or more children, the out-of-pocket maximum is limited to a maximum of three individual out-of-pocket maximums. For those individuals with a spouse or one child, the out-of-pocket maximum is limited to two individual limits. Please see pages for additional detail.
Select PPO	
Value PPO	The entire family out-of-pocket maximum limits must be met before the plan pays 100%. This limit could be reached by one family member or several family members depending on the dollar amounts of their claims.
HMO Illinois	Set by State statute \$1,500 individual \$3,000 family
UniCare HMO	Set by State statute \$1,500 individual \$3,000 family

Example - Premier and Select PPO plans:

Family consists of John (subscriber), Mary (spouse), Bill (son) and Carrie (daughter). John selected the Premier PPO plan and his University salary yields an in-network individual out-of-pocket maximum limit of \$2,000 and a family out-of-pocket maximum of \$5,000.

John had expenses in June of \$4,000. \$750 of the family deductible had been met. The next \$1,250 of expenses would be subject to coinsurance. Adding the \$750 amount to the \$1,250 yields a total of \$2,000 which satisfies the individual out-of-pocket maximum of \$2,000. The difference between total expenses of \$4,000 and \$2,000 (individual limit) yields a difference of \$2,000 which will be paid at 100%.

Mary had expenses in July of \$10,000. \$750 of the family deductible had been met. The next \$1,250 would be subject to coinsurance. Adding the \$750 amount to the \$1,250 yields a total of \$2,000 which satisfies the individual out-of-pocket maximum of \$2,000. The difference between total expenses of \$10,000 and \$2,000(individual limit) yields a difference of \$8,000 which will be paid at 100%.

Bill had expenses in August of \$5,000. \$750 of the family deductible had been met. The next \$1,000 would be subject to coinsurance and count toward satisfying the family out-of-pocket maximum of \$5,000 (John's \$1,250 plus Mary's \$1,250 plus Bill's \$1,000). The difference between total expenses of \$5,000 and \$1,000 yields a difference of \$4,000 which will be paid at 100%.

Medical: In Network

Comment	Out-of-pocket maximum is the maximum dollar amount you pay in expenses. The amount is based on your September 2008 University salary, so those with lower earnings have greater protection against financial loss due to health care expenses. The amounts below are for in-network care. Out-of-network amounts are higher.				
	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
You only					
Earnings under \$42,000	\$1,500	\$1,500	\$1,000	\$1,500	\$2,000
\$42,001 to \$120,000			\$2,000	\$3,000	\$4,000
Over \$120,001			\$3,000	\$4,000	\$5,000
You + spouse					
Earnings under \$42,000	\$3,000	\$3,000	\$3,000	\$4,500	\$6,000
\$42,001 to \$120,000			\$5,000	\$7,000	\$8,000
Over \$120,000			\$8,000	\$9,000	\$10,000
You + child(ren)					
Earnings under \$42,000	\$3,000	\$3,000	\$3,000	\$4,500	\$6,000
\$42,001 to \$120,000			\$5,000	\$7,000	\$8,000
Over \$120,000			\$8,000	\$9,000	\$10,000
You + spouse and child(ren)					
Earnings under \$42,000	\$3,000	\$3,000	\$3,000	\$4,500	\$6,000
\$42,001 to \$120,000			\$5,000	\$7,000	\$8,000
Over \$120,000			\$8,000	\$9,000	\$10,000
<p>Note: There is \$1,500 per person out-of-pocket maximum for prescription drugs for the HMO Illinois, Premier PPO and Select PPO plans.</p> <p>Premier and Select PPO members. The entire family out-of-pocket maximum limit must be met before 100% coverage is provided for the family.</p> <p>Value PPO members. Wellness benefits for Value PPO members are paid outside of the deductible, with no dollar maximum limits. Also, the entire family out-of-pocket maximum limits must be met before 100% coverage is provided. The deductible is an aggregate deductible for both individuals and families, meaning that the entire family deductible must be met before 100% coverage is provided.</p>					

Medical: Out-of-Network

Comment	Out-of-pocket maximum is the maximum dollar amount you pay in expenses. The amount is based on your September 2008 University salary, so those with lower earnings have greater protection against financial loss due to health care expenses. The amounts below are for in-network care. Out-of-network amounts are higher.				
	HMO Illinois	UniCare HMO	Premier PPO	Select PPO	Value PPO
You only					
Earnings under \$42,000	n/a except	n/a except	\$2,000	\$3,000	\$4,000
\$42,001 to \$120,000	Emergency	Emergency	\$4,000	\$6,000	\$8,000
Over \$120,001	Services	Services	\$6,000	\$8,000	\$10,000
You + spouse					
Earnings under \$42,000	n/a except	n/a except	\$6,000	\$8,000	\$12,000
\$42,001 to \$120,000	Emergency	Emergency	\$10,000	\$12,000	\$15,000
Over \$120,000	Services	Services	\$12,000	\$15,000	\$20,000
You + child(ren)					
Earnings under \$42,000	n/a except	n/a except	\$6,000	\$8,000	\$12,000
\$42,001 to \$120,000	Emergency	Emergency	\$10,000	\$12,000	\$15,000
Over \$120,000	Services	Services	\$12,000	\$15,000	\$20,000
You + spouse and child(ren)					
Earnings under \$42,000	n/a except	n/a except	\$6,000	\$8,000	\$12,000
\$42,001 to \$120,000	Emergency	Emergency	\$10,000	\$12,000	\$15,000
Over \$120,000	Services	Services	\$12,000	\$15,000	\$20,000
Note: There is \$1,500 per person out-of-pocket maximum for prescription drugs for the HMO Illinois, Premier PPO and Select PPO plans.					

Prescription Drugs

Premier PPO	The maximum amount an individual will pay in prescription drug co-payments is \$1,500 per calendar year per family member.
Select PPO	
HMO Illinois	
Value PPO	Included in health care plan out-of-pocket maximums on previous pages.
UniCare HMO	\$1,500 limit for single coverage and \$3,000 for family coverage.

Maternity Care and Related

Hospital Care

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	
HMO Illinois	Covered in full within provider network after a \$500 per admission deductible.
UniCare HMO	Covered in full within provider network after a \$300 per admission deductible.

Infertility Treatment

Premier PPO	Covered; contact PPO member services directly for specific coverage details.
Select PPO	
Value PPO	
HMO Illinois	Covered; contact HMO member services directly for specific coverage details.
UniCare HMO	

Midwifery

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible..
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible
Value PPO	
HMO Illinois	Covered as authorized by HMO & subject to network availability. Contact Member Services for further details.
UniCare HMO	

Pre and Post Natal Care

Premier PPO	After program deductible, prenatal care and delivery covered at 90% by a PPO physician; 70% by a non-PPO physician. \$25 office visit co-payment for postnatal care (see Well Child Care).
Select PPO	After program deductible, prenatal care and delivery covered at 80% by a PPO physician; 60% by a non-PPO physician. \$25 office visit co-payment for postnatal care (see Well Child Care).
Value PPO	After program deductible, prenatal care and delivery covered at 80% by a PPO physician; 60% by a non-PPO physician. (see Well Child Care).
HMO Illinois	Applicable co-payment within provider network on the initial visit only. Thereafter, covered at 100%.
UniCare HMO	

Termination of Pregnancy (Abortions)

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	
HMO Illinois	Co-payment based on location of service.
UniCare HMO	Covered when authorized by member's primary care physician and up to plan limitations.

Vasectomy Sterilization (male) and Tubal Ligation Sterilization (female)

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	
HMO Illinois	Co-payment based on location of service. Reversal of voluntary sterilization including related follow up care and treatment of complications is not covered.
UniCare HMO	

Outpatient Care

Allergy Testing & Treatment/Ongoing Injections

Premier PPO	After program deductible, covered at 90% when performed by a PPO physician; 70% when performed by a non-PPO physician.
Select PPO	After program deductible, covered at 80% when performed by a PPO physician; 60% when performed by a non-PPO physician.
Value PPO	
HMO Illinois	Applicable co-payment within provider network.
UniCare HMO	

Flu Shots

Premier PPO	Covered under the Well Child Care provisions for children up to age 16.
Select PPO	Covered under the Well Child Care provisions for children up to age 16.
Value PPO	Covered under the Wellness provisions.
HMO Illinois	Covered in full when medically necessary and authorized by a member's primary care physician. Office co-payment may apply.
UniCare HMO	Covered in full when medically necessary and authorized by a member's primary care physician. Office co-payment may apply.

Hearing Exams

Premier PPO	No Coverage.
Select PPO	
Value PPO	
HMO Illinois	Applicable co-payment within provider network.
UniCare HMO	

House Call by Physician

Premier PPO	\$25 co-payment.
Select PPO	\$25 co-payment.
Value PPO	After program deductible, covered at 80% when performed by a PPO physician; 60% when performed by a non-PPO physician
HMO Illinois	Contact HMO directly.
UniCare HMO	

Immunizations and Inoculations

Premier PPO	Covered in full for children under age 16 after a \$25 office visit co-payment. Immunizations for employment, marriage, insurance, foreign travel or immigration tests are not covered.
Select PPO	Covered in full for children under age 16 after a \$25 office visit co-payment. Immunizations for employment, marriage, insurance, foreign travel or immigration tests are not covered.
Value PPO	Covered at 100% in network, 60% out of network. Deductible does not apply See wellness. Immunizations for employment, marriage, insurance, foreign travel or immigration tests are not covered.
HMO Illinois	\$25 co-payment within provider network. Immunizations for travel to foreign countries are covered.
UniCare HMO	\$25 co-payment within provider network. Immunizations for employment, marriage, insurance, foreign travel or immigration tests are not covered.

Laboratory Tests and X-Rays

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible For diagnostic purposes only. Mammograms for women age 35 and older.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible. Mammograms for women age 35 and older.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible. Mammograms for women age 35 or older.
HMO Illinois	Covered in full within provider network if performed in a physician's office. Subject to applicable co-payment.
UniCare HMO	Covered in full within provider network if performed in a physician's office. Subject to applicable co-payment.

Licensed Chiropractic Treatment

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
HMO Illinois	Covered in full when medically necessary and after a referral from Primary Care Physician; \$25 co-payment per visit.
UniCare HMO	Covered in full when medically necessary and after a referral from Primary Care Physician; \$25 co-payment per visit.

Licensed Osteopath Treatment

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
HMO Illinois	Covered in full if available within provider network after a \$25 co-payment per office visit.
UniCare HMO	Covered in full if available within provider network after a \$25 co-payment per office visit.

Licensed Podiatric Treatment

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible. Routine foot care excluded.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible. Routine foot care excluded.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible. Routine foot care excluded.
HMO Illinois	Covered in full when medically necessary by referral from Primary Care Physician (routine foot care excluded) and after a \$25 co-payment per visit.
UniCare HMO	Covered in full when medically necessary by referral from Primary Care Physician (routine foot care excluded) and after a \$25 co-payment per visit.

Minor Surgery in Doctor's Office

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, subject to program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, subject to program deductible.
HMO Illinois	\$25 co-payment.
UniCare HMO	\$25 co-payment.

Office Visits

Premier PPO	\$25 co-payment for physician office visits which are for medical reasons.
Select PPO	\$25 co-payment for physician office visits which are for medical reasons.
Value PPO	After program deductible, covered at 80% when performed by a PPO physician, 60% of SMA when performed by a non-PPO physician.
HMO Illinois	\$25 co-payment for physician office visits which are for medical reasons.
UniCare HMO	\$25 co-payment for physician office visits which are for medical reasons.

Periodic Physical Checkups (Wellness Benefit)*

Premier PPO	Coverage for children under 16. \$25 co-payment. Wellness benefit of up to \$500 toward the cost of an annual physical for individuals over age 16. \$250 deductible does not apply.
Select PPO	Coverage for children under 16. \$25 co-payment. Wellness benefit of up to \$500 toward the cost of an annual physical for individuals over age 16. \$500 deductible does not apply.
Value PPO	Covered at 100% in network, 60% out of network. Deductible does not apply. Refer to benefit booklet for details. Deductible does not apply.
HMO Illinois	\$25 co-payment at PCP
UniCare HMO	\$25 co-payment at PCP

NOTE* The Premier and Select PPO have a \$500 maximum Wellness Benefit. Any charges above the \$500 will be the employees' responsibility at the retail cost.

Physical Therapy

Premier PPO	After program deductible, covered at 90% when performed by a PPO provider; 80% of SMA when performed by a non-PPO provider. Member's condition must show continued improvement.
Select PPO	After program deductible, covered at 80% when performed by a PPO provider; 60% of SMA when performed by a non-PPO provider. Member's condition must show continued improvement.
Value PPO	After program deductible, covered at 80% when performed by a PPO provider; 60% of SMA when performed by a non-PPO provider. Member's condition must show continued improvement.
HMO Illinois*	\$25 co-payment, Maximum 60 visits per calendar year. The member's primary care physician and any consulting physicians must determine that the member's condition can improve significantly in 2 months.
Unicare HMO*	Covered in full within provider network, 60-visit maximum. Maximum limit combined with speech and occupational therapy benefit.

NOTE* The member's primary care physician must determine that the member's condition can improve significantly in 2 months.

Routine Mammogram

Premier PPO	After program deductible, covered at 90% when performed by a PPO provider; 70% when performed by a non-PPO provider. Deductible does not apply. Mammograms covered for women age 35 and older.
Select PPO	After program deductible, covered at 80% when performed by a PPO provider; 60% when performed by a non-PPO provider. Deductible does not apply. Mammograms covered for women age 35 and older.
Value PPO	Covered at 100% in network, 60% out of network. Deductible does not apply.
HMO Illinois	Covered in full when ordered by or referred by primary care physician and performed according to ACS guidelines. Usually performed by a woman's healthcare provider.
UniCare HMO	

Routine Pap Smear

Premier PPO	Covered at 90% of SMA when performed by a provider; 70% of SMA when performed by a non-PPO provider. Deductible does not apply.
Select PPO	After program deductible. Covered at 80% of SMA when performed by a PPO provider; 60% of SMA when performed by a non-PPO provider. Deductible does not apply.
Value PPO	Covered at 100% in network, 60% out of network. Deductible does not apply.
HMO Illinois	Covered in full within provider network. Services can be provided by the PCP or Women's Primary Health Care Provider within the provider network.
UniCare HMO	Covered in full within provider network. Services can be provided by the PCP or Women's Primary Health Care Provider within the provider network.

Specialty Physician Care

Premier PPO	\$35 co-payment for office visit.
Select PPO	\$35 co-payment for office visit.
Value PPO	After program deductible, covered at 80% when performed by a PPO provider; 60% of SMA when performed by a non-PPO provider.
HMO Illinois	\$35 co-payment, must be as a referral by primary care physician.
UniCare HMO	\$35co-payment, must be as a referral by primary care physician.

Vision Care: Eyeglasses or Contact Lenses

Premier PPO	While not covered under the PPO plans, there are discounts available through Blue Cross' relationship with Davis Vision Care at 877-393-8844 or www.davisvision.com (Control # 4513)
Select PPO	
Value PPO	
HMO Illinois	\$75 allowance per member every 24 months. Additional discounts available through contracted providers. Coverage summarized at: http://www.bcbsil.com/member/hmo/hmo_vision_with_ma.htm
UniCare HMO	\$50 allowance on eyewear/20% discounts at participating UniView Vision Centers. (Call for nearest location at 888-884-8428).
Spectera Vision Plan	A comprehensive examination covered in full every 12 months, standard lenses for glasses or contacts every 12 months (contacts in lieu of glasses, up to \$105 in coverage) and frames every 24 months, up to \$130 on a retail basis at retailers and a \$50 wholesale allowance at private practice doctors (retails for approximately \$120 - \$150). The majority of Spectera's members have no out-of-pocket costs for materials. To view the extensive network of providers, visit www.spectera.com (future member) or call (800) 839-3242.

Vision Care: Routine Eye Exams

Premier PPO	While not covered under the PPO plans, there are discounts available through Blue Cross' relationship with Eye Med Vision care (866) 273-0813 or http://www.bcbsil.com/member/ppo_vision.htm .
Select PPO	
Value PPO	
HMO Illinois	\$25 copayment, within provider network, every 12 months.
UniCare HMO	\$25 co-payment, within provider network, every 12 months. One refraction exam every 24 months for over age 18 for eyeglasses only, not for contacts, refractions as authorized for under age 18. Screening for and treatment of eye disease and eye surgery only.
Spectera Vision Plan	A comprehensive examination covered in full every 12 months, standard lenses for glasses or contacts every 12 months (contacts in lieu of glasses, up to \$105 in coverage) and frames every 24 months, up to \$130 on a retail basis at retailers and a \$50 wholesale allowance at private practice doctors (retails for approximately \$120 - \$150). The majority of Spectera's members have no out of pocket costs for materials. To view the extensive network of providers, visit www.spectera.com (future member) or call (800) 839-3242.

X-Ray Therapy

Premier PPO	After program deductible, covered at 90% when performed by a PPO physician or PPO hospital; 70% when performed by a non-PPO provider.
Select PPO	After program deductible, covered at 80% when performed by a PPO physician or PPO hospital; 60% when performed by a non-PPO provider.
Value PPO	After program deductible, covered at 80% when performed by a PPO physician or PPO hospital; 60% when performed by a non-PPO provider.
HMO Illinois	Covered in full within the provider network.
UniCare HMO	Covered in full within the provider network.

Hospital and Surgical Services

Inpatient Hospital

Includes Room & Board (Semi-Private Room), Surgical Procedures including Anesthesia and Anesthesiologist Services; Physician Visits and Other Covered Inpatient Costs	
Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, after program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible.
HMO Illinois	After \$100 per day per admission deductible (max. 5 days), covered 100% at participating hospitals, as medically necessary and pre authorized by HMO. Non participating hospitals covered only for emergencies or when pre-authorized by the HMO. One copay per day per admission.
UniCare HMO	After \$300 per admission deductible, covered 100% at participating hospitals, as medically necessary and pre authorized by HMO. Non participating hospitals covered only for emergencies or when pre authorized by the HMO.

Major Organ Transplant

Premier PPO	Covered at 90% when provided by an authorized hospital; includes corneal, kidney, bone marrow, heart valve, muscular-skeletal or parathyroid or tissue heart, heart/lung, pancreas, and liver transplants. In order to be covered by the Plan, the organ transplant must be performed at a Plan-contracted transplant center or at a transplant center authorized by the Plan. No coverage if care is provided by a non-network or non-approved hospital.
Select PPO	Covered at 80% when provided by an authorized hospital; includes corneal, kidney, bone marrow, heart valve, muscular-skeletal or parathyroid or tissue heart, heart/lung, pancreas, and liver transplants. In order to be covered by the Plan, the organ transplant must be performed at a Plan-contracted transplant center or at a transplant center authorized by the Plan. No coverage if care is provided by a non-network or non-approved hospital
Value PPO	Covered at 80% when provided by an authorized hospital; includes corneal, kidney, bone marrow, heart valve, muscular-skeletal or parathyroid or tissue heart, heart/lung, pancreas, and liver transplants. In order to be covered by the Plan, the organ transplant must be performed at a Plan-contracted transplant center or at a transplant center authorized by the Plan. No coverage if care is provided by a non-network or non-approved hospital
HMO Illinois	Covered only when specifically authorized by a member's Primary Care Physician and Medical Director. In order to be covered by the Plan, the organ transplant must be performed at a Plan-contracted transplant center or at a transplant center authorized by the Plan. Please consult the Certificate of Coverage for a full description of benefits.
UniCare HMO	

Out-Patient Surgical Operations

Including Anesthesia & Anesthesiologist

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, after program deductible.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible.
HMO Illinois	After \$250 per occurrence deductible, covered in full with PCP referral.
UniCare HMO	After \$250 per occurrence deductible, covered in full with PCP referral.

Private Duty Registered Nurses

Premier PPO	Covered at 90% after program deductible; \$1,000 per month maximum. Must call MSA prior to receiving services.
Select PPO	Covered at 80% after program deductible; \$1,000 per month maximum. Must call MSA prior to receiving services.
Value PPO	Covered at 80% after program deductible; \$1,000 per month maximum. Must call MSA prior to receiving services.
HMO Illinois	In-patient services are covered in full when authorized by a Plan physician and after applicable in-patient deductible is satisfied.
UniCare HMO	

Other Services

AIDS/HIV Treatment

Premier PPO	Covered within plan design (co-insurance, deductibles, co-payments, etc.) as any other illness; excludes experimental care.
Select PPO	
Value PPO	
HMO Illinois	Covered in full within provider network; excludes experimental care.
UniCare HMO	

Alternative Therapies

Premier PPO	Not covered.
Select PPO	
Value PPO	
HMO Illinois	Covered within provider network, excludes experimental care. Blue Extras discount program also available.
UniCare HMO	Dependent upon medical necessity – PCP referral required. Healthy Extensions discount program also available.

Ambulance Service

Premier PPO	Covered at 90% for PPO provider, 80% of SMA for non-PPO provider, after program deductible.
Select PPO	Covered at 80% for PPO provider, 60% of SMA for non-PPO provider, after program deductible
Value PPO	Covered at 80% for PPO provider, 60% of SMA for non-PPO provider, after program deductible
HMO Illinois	Covered 100% when medically necessary during a medical emergency. Routine transportation not covered.
UniCare HMO	Covered 100% when medically necessary during a medical emergency. Routine transportation not covered.

Blood, Blood Plasma

Premier PPO	After program deductible, covered at 90% for PPO provider, 70% of SMA for non-PPO provider.
Select PPO	After program deductible, covered at 80% for PPO provider, 60% of SMA for non-PPO provider.
Value PPO	After program deductible, covered at 80% for PPO provider, 60% of SMA for non-PPO provider.
HMO Illinois	Covered in full within provider network.
UniCare HMO	Covered in full within provider network.

Chiropractic Care

Premier PPO	After program deductible, Muscle Manipulations Covered at 90% when performed by a PPO network provider; 70% when performed by a non-PPO provider.
Select PPO	After program deductible, Muscle Manipulations Covered at 80% when performed by a PPO network provider; 60% when performed by a non-PPO provider.
Value PPO	After program deductible, Muscle Manipulations Covered at 80% when performed by a PPO network provider; 60% when performed by a non-PPO provider.
HMO Illinois	Covered in full when medically necessary and after a referral from a Primary Care Physician and after payment of \$25 physician office visit co-payment.
UniCare HMO	Covered in full when medically necessary and after a referral from a Primary Care Physician and after payment of \$25 physician office visit co-payment

Coordinated Home Health Care

Premier PPO	Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider, after program deductible. Must call MSA prior to receiving services.
Select PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible. Must call MSA prior to receiving services.
Value PPO	Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider, after program deductible. Must call MSA prior to receiving services.
HMO Illinois	Covered in full within provider network.
UniCare HMO	Covered in full within provider network

Cosmetic Care (Including plastic and reconstructive care)

Premier PPO	Not covered except for the correction of congenital deformities or for conditions resulting from accidental injuries, tumors or disease.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Custodial Nursing Home Care

Premier PPO	Not covered.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Diabetes Treatment

Premier PPO	Covered, after applicable program deductible, Covered at 90% when performed by a PPO provider, 70% when performed by a non-PPO provider. Services billed as a physician office visit are subject to a \$25 co-payment.
Select PPO	Covered, after applicable program deductible, Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider. Services billed as a physician office visit are subject to a \$25 co-payment.
Value PPO	Covered, after applicable program deductible, Covered at 80% when performed by a PPO provider, 60% when performed by a non-PPO provider.
HMO Illinois	Covered, subject to location of care (physician's office, hospital inpatient and outpatient facility) and applicable co-payment or deductible.
UniCare HMO	

Diabetic Supplies and Equipment

(including insulin, needles, syringes, lancets, chem strips, glucometer)

Premier PPO	Covered under prescription drug program administered by Walgreens Health Initiatives. Glucometer is covered as Other Covered Services at 90% subject to annual deductible.
Select PPO	Covered under prescription drug program administered by Walgreens Health Initiatives. Glucometer is covered as Other Covered Services at 80% subject to annual deductible.
Value PPO	After program deductible, covered at 80%.
HMO Illinois	Supplies covered under prescription drug program. Equipment covered as durable medical equipment.
UniCare HMO	Covered under prescription drug program. Contact member services for additional information.

Diabetes Self Management Training (Education)

Premier PPO	Covered. Benefits will be provided if these services are rendered by a Physician, or duly certified, registered or licensed health care professional with expertise in diabetes management. Benefits for such health care professionals will be provided as Other Covered Services at applicable 90% in-network and 70% out-of-network levels after program deductible. Benefits are also available for regular foot care examinations by a Physician or Podiatrist. Subject to annual deductible.
Select PPO	Covered. Benefits will be provided if these services are rendered by a Physician, or duly certified, registered or licensed health care professional with expertise in diabetes management. Benefits for such health care professionals will be provided as Other Covered Services at applicable 80% in-network and 60% out-of-network levels, after program deductible. Benefits are also available for regular foot care examinations by a Physician or Podiatrist. Subject to annual deductible.
Value PPO	Covered after program deductible. Benefits will be provided if these services are rendered by a Physician, or duly certified, registered or licensed health care professional with expertise in diabetes management. Benefits for such health care professionals will be provided as Other Covered Services at applicable 80% in-network and 60% out-of-network levels. Benefits are also available for regular foot care examinations by a Physician or Podiatrist.
HMO Illinois	Covered. Benefits are provided for outpatient self-management training, education and medical nutrition therapy. Contact Member Services for further information.
UniCare HMO	Covered. Contact Member Services for specific coverage.

Durable Medical Equipment - Prosthetic Appliances

Premier PPO	After program deductible, covered at 90% for PPO provider, 70% of SMA for non-PPO provider.
Select PPO	After program deductible, covered at 80% for PPO provider, 60% of SMA for non-PPO provider.
Value PPO	After program deductible, covered at 80% for PPO provider, 60% of SMA for non-PPO provider.
HMO Illinois	Covered in full when authorized by PCP.
UniCare HMO	

Durable Medical Equipment: Self Injectables (Imitrex)

Premier PPO	Covered through Walgreens Specialty Pharmacies.
Select PPO	
Value PPO	After program deductible, covered at 80%.
HMO Illinois	Covered through Walgreens Specialty Pharmacies.
UniCare HMO	Self injectables such as Imitrex are covered. 20% co-insurance up to a maximum of \$100 up to a 30 day supply. Annual out of pocket maximum of \$5,000.

Emergency Room

Premier PPO	\$100 co-payment per occurrence. The co-payment is waived if an individual is admitted directly from the Emergency Room. Covered at 90% within 72 hours of medical emergency & for 1st visit after emergency accident; no deductible.
Select PPO	\$100 co-payment per occurrence. The co-payment is waived if an individual is admitted directly from the Emergency Room. Covered at 80% within 72 hours of medical emergency & for 1st visit after emergency accident; no deductible.
Value PPO	Subject to annual deductible. Covered at 80% within 72 hours of medical emergency & for 1st visit after emergency accident.
HMO Illinois	\$100 co-payment per occurrence for life-threatening accident or illness (waived if admitted directly from the Emergency Room).
UniCare HMO	

Extended Care Facilities

Premier PPO	Covered at 90% of SMA when performed by a PPO provider, 70% of SMA when performed by a non-PPO provider after program deductible.
Select PPO	Covered at 80% of SMA when performed by a PPO provider, 60% of SMA when performed by a non-PPO provider after program deductible.
Value PPO	Covered at 80% of SMA when performed by a PPO provider, 60% of SMA when performed by a non-PPO provider after program deductible.
HMO Illinois	Covered in full within provider network. Benefit maximums may apply. Contact Member Services for additional information.
UniCare HMO	

Hearing Aids

Premier PPO	Not Covered. While not covered under the PPO plans or HMOI, there are discounts available through Blue Cross' relationship with TruHearing at (866) 687-2020 or log on to Blue Access for Members at www.bcbsil.com , My Coverage, PPO discounts. This discount program is available to you and your covered dependents, as well as parents and grandparents.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Hospice Care (Life Expectancy of 6 months or less)

Premier PPO	Covered at 90% of SMA when performed by a PPO provider, 70% when performed by a non-PPO provider; hospice patients have a life expectancy of 6 months or less as certified by their Primary Care physician, after program deductible.
Select PPO	Covered at 80% of SMA when performed by a PPO provider, 60% when performed by a non-PPO provider; hospice patients have a life expectancy of 6 months or less as certified by their Primary Care physician, after program deductible.
Value PPO	Covered at 80% of SMA when performed by a PPO provider, 60% when performed by a non-PPO provider; hospice patients have a life expectancy of 6 months or less as certified by their Primary Care physician, after program deductible.
HMO Illinois	Covered in full within provider network up to specified maximum benefit and when pre-authorized by Plan and PCP. Contact Member Services for further information.
UniCare HMO	

Gender Reassignment

Premier PPO	Not covered
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

NCQA Accreditation <http://info.ncqa.org/status.htm>

Premier PPO	Not Applicable.
Select PPO	
Value PPO	
HMO Illinois	Full three-year (excellent) accreditation.
UniCare HMO	

Psychiatric or Psychological Consultation

Premier PPO	Inpatient covered at 90% PPO, 70% non-PPO, after program deductible. -- Benefits limited to 30 inpatient days. Outpatient services are covered at 50% in and out of network, 60 outpatient visits. Licensed clinical social workers are covered.
Select PPO	Inpatient covered at 80% PPO, 60% non-PPO, after program deductible. -- Benefits limited to 30 inpatient days. Outpatient services are covered at 50% in and out of network, 60 outpatient visits. Licensed clinical social workers are covered.
Value PPO	Inpatient covered at 80% PPO, 60% non-PPO, after program deductible. -- Benefits limited to 30 inpatient days. Outpatient services are covered at 50% in and out of network, 60 outpatient visits. Licensed clinical social workers are covered.
HMO Illinois	20 days inpatient; 20 visits outpatient (\$25 co-payment per visit); licensed clinical social workers are covered.
UniCare HMO	14 days inpatient; 10 days for inpatient substance abuse; 20 visits for outpatient mental health (\$25/visit co-payment); 20 visits for outpatient substance abuse (no co-payment); Licensed clinical social workers are covered.

Psychiatric & Substance Abuse

In-Network			
PLAN FEATURE	Premier PPO	Select PPO	Value PPO
Deductible	COINSURANCE INCLUDED	COINSURANCE INCLUDED	Coinsurance included
Member Coinsurance			
Inpatient	10%	20%	20%
Outpatient	50%	50%	50%
Copayments	Not applicable	Not Applicable	Not applicable
Out of Pocket Maximum	Coinsurance excluded	Coinsurance excluded	Coinsurance included
Limitations			
Inpatient	30 days	30 days	30 days
Day & visit maximums: in & out of network are combined	Subject to preadmission and length of stay review	Subject to preadmission and length of stay review	Subject to preadmission and length of stay review
Outpatient	60 visits	60 visits	60 visits

Out-of-Network			
PLAN FEATURE	Premier PPO	Select PPO	Value PPO
Deductible	Coinsurance included	Coinsurance included	Coinsurance included
Member Coinsurance			
Inpatient	30%	40%	40%
Outpatient	50%	50%	50%
Copayments	Not applicable	Not Applicable	Not applicable
Out of Pocket Maximum	Coinsurance excluded	Coinsurance excluded	Coinsurance included
Limitations			
Inpatient	30 days	30 days	30 days
Day & visit maximums: in & out of network are combined	Subject to preadmission and length of stay review	Subject to preadmission and length of stay review	Subject to preadmission and length of stay review
Outpatient	60 visits	60 visits	60 visits

Renal (Kidney) Dialysis

Premier PPO	Covered if treatment is received in a hospital, a dialysis facility, or in your home under the supervision of a hospital or dialysis facility; coverage at 90% PPO, 70% of SMA non-PPO after program deductible.
Select PPO	Covered if treatment is received in a hospital, a dialysis facility, or in your home under the supervision of a hospital or dialysis facility; coverage at 80% PPO, 60% of SMA non-PPO after program deductible.
Value PPO	Covered if treatment is received in a hospital, a dialysis facility, or in your home under the supervision of a hospital or dialysis facility; coverage at 80% PPO, 60% of SMA non-PPO after program deductible.
HMO Illinois	Covered in full when authorized. Contact Member Services for additional information.
UniCare HMO	

Skilled Nursing Facilities

Premier PPO	Covered at 90% of SMA in network, 70% of SMA out of network. MSA must be called prior to receiving services after program deductible.
Select PPO	Covered at 80% of SMA in network, 60% of SMA out of network. MSA must be called prior to receiving services after program deductible.
Value PPO	Covered at 80% of SMA in network, 60% of SMA out of network. MSA must be called prior to receiving services after program deductible.
HMO Illinois	Covered in full up to a specified number of days per calendar year. Contact Member Services for additional information.
UniCare HMO	

Temporomandibular Joint Syndrome (TMJ)

Premier PPO	Covered at 90% of SMA in network, 70% of SMA out of network, to include appliances after program deductible. Lifetime maximum is \$3,000.
Select PPO	Covered at 80% of SMA in network, 60% of SMA out of network, to include appliances after program deductible. Lifetime maximum is \$3,000.
Value PPO	Covered at 80% of SMA in network, 60% of SMA out of network, to include appliances after program deductible. Lifetime maximum is \$3,000.
HMO Illinois	Limited coverage: contact Member Services for further information.
UniCare HMO	

Prescription Drug Services

Co-payment Summary

PLAN	RETAIL PHARMACY 30-Day Supply			MAIL ORDER PHARMACY 90-Day Supply		
	Generic	Preferred Brand	Other (Non-Preferred Brand)	Generic	Preferred Brand	Other (Non-Preferred Brand)
Premier PPO	\$10	\$30	\$60	\$20	\$60	\$120
Select PPO	\$10	\$30	\$60	\$20	\$60	\$120
Value PPO	Subject to annual deductible and coinsurance up to annual out-of-pocket maximum					
HMO Illinois	\$10	\$30	\$60	\$20	\$60	\$120
UniCare HMO	\$10	\$30	\$60	\$20	\$60	\$120
* Prescriptions drugs may be obtained from national network of over 54,000 retail pharmacies including the majority or national retail pharmacy drug store chains including Osco, Dominicks, CVS, Rite-Aid, Parkway, Walgreens. Also includes many independent pharmacies. **Prescription drugs may be obtained from Osco retail pharmacies and certain other pharmacies only.						

Out-of-Pocket Maximum – Prescription Drugs

Premier PPO	The maximum amount an individual will pay in prescription drug co-payments is \$1,500 per calendar year per family member.
Select PPO	
Value PPO	Subject to annual out-of-pocket maximum
HMO Illinois	The maximum amount an individual will pay in prescription drug co-payments is \$1,500 per calendar year per family member.
UniCare HMO	\$1,500 for an individual, \$3,000 for a family.

Oral Contraceptives

Premier PPO Plan	Retail: \$10 co-payment for generic; \$30 co-payment for preferred brand; \$60 co-payment for non-preferred.	Mail: \$20 co-payment for generic; \$60 co-payment for preferred brand; \$120 co-payment for non-preferred.
Select PPO	Retail: \$10 co-payment for generic; \$30 co-payment for preferred brand; \$60 co-payment for non-preferred.	Mail: \$20 co-payment for generic; \$60 co-payment for preferred brand; \$120 co-payment for non-preferred.
HMO Illinois	Retail: \$10 co-payment for generic; \$30 co-payment for preferred brand; \$60 co-payment for non-preferred.	Mail: \$20 co-payment for generic; \$60 co-payment for preferred brand; \$120 co-payment for non-preferred.
Value PPO	After program deductible, covered at 80%.	
UniCare HMO	Covered. May be obtained from a network retail pharmacy or by mail order. 90-day supply available through mail order. Subject to applicable co-payment: Retail \$10 / Mail \$20 co-payment for generic drugs; Retail \$30 / Mail \$60 co-payment for preferred brand name drugs; Retail \$60 / Mail \$120 co-payment for non-preferred brand name drugs	

Over the Counter Medications

Premier PPO Plan	Not covered.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Viagra and Related Medications

Premier PPO Plan	Covered under prescription drug program.
Select PPO	
Value PPO	
HMO Illinois	
UniCare HMO	

Birth Control Devices and Related

Item	Premier PPO	Select PPO	Value PPO	HMO Illinois	UniCare HMO
Oral Contraceptives	Covered	Covered	Covered	Covered	Covered
Intrauterine devices	Covered at applicable co-insurance under the medical plan subject to program deductible.			Covered	Covered
OrthoEvra patch				Covered	Covered
Norplant				Covered	Covered
DepoProvera				Covered	Covered
Diaphragms				Covered	Covered
Fitting of devices*	Covered	Covered	Covered	Covered	Covered

*PPO plans: Fitting of a device is covered under the hospital and physician program administered by Blue Cross depending upon how the claim is submitted. If it is submitted under wellness and the maximum benefit has not been reached, it will be covered. If the maximum has already been reached or the claim is not submitted under wellness, the fitting will not be covered.
HMOs: Contact Member Services for further information including any limitations.

Dental Care Plans

Eligibility

Blue Cross PPO Dental Plan	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.
First Commonwealth DHMO Plan	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. Individuals must receive a University salary sufficient to cover premium deductions and be paid from the University's payroll system.

Eligibility of Spouse and Dependent Children

Blue Cross PPO Dental Plan	Unmarried dependent children are covered up through age 25 regardless if the individual is a full-time student. Dependent children include natural, step and legally adopted children and children who are in the employee's legal custody under an interim court order prior to the finalization of adoption proceedings. To be eligible, a spouse must be legally married to and have his or her principal residence with the eligible employee. To be covered, a spouse or dependent child must enroll within 31 days from the date of benefits eligibility or 31 days from the date of a change in family or employment status (marriage, birth, adoption, etc.), or during Open Enrollment.
First Commonwealth DHMO Plan	Any children who are dependent upon a member for support and maintenance because of mental or physical disability will be covered regardless of age if they were covered prior to reaching the limiting age. Dependent coverage does not include foster children or grandchildren or parents. An employee may enroll his or her same-sex domestic partner and eligible dependent children of the domestic partner. A Declaration of Same-Sex Domestic Partner Relationship must be completed and submitted to the Benefits Division.

Enrollment

Blue Cross PPO Dental Plan	Faculty and staff must complete the online enrollment process within 31 days from the date of benefits eligible employment or the date of a qualifying change in family or employment status.
First Commonwealth DHMO Plan	

Coverage Effective Dates

Blue Cross PPO Dental Plan	The coverage effective date is based on the date of benefits eligible employment. The coverage effective date is the first of the month following the date of benefits eligible employment.
First Commonwealth DHMO Plan	An individual, if he or she wishes, may begin coverage from the 1st date of benefits eligible employment by paying the full monthly premium to the University.

Filing Claims

Blue Cross PPO Dental Plan	Claims must be submitted within 6 months from the date of service, otherwise the claim will be denied.
First Commonwealth DHMO Plan	Claims for authorized services, which meet the definition of an emergency, must be submitted to the Plan for reimbursement. Members are responsible for the full cost of any care that is not authorized.

Pre-Existing Conditions

Blue Cross PPO Dental Plan	None.
First Commonwealth DHMO Plan	

Premium Payments

Blue Cross PPO Dental Plan	Premiums are deducted from the 1st and 2nd paycheck for employees paid on a biweekly basis and from the paycheck received the last working day of a month for employees paid on a monthly basis; premiums are not subject to federal or state income taxes (pre-tax), and Social Security or Medicare (FICA) taxes. Premiums deducted in the current month pay for the same month of coverage.
First Commonwealth DHMO	

Termination of Coverage

Blue Cross PPO Dental Plan	When an individual terminates University employment, coverage ceases at the end of the month of termination. When coverage ceases, an individual may elect to continue coverage generally for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). In such cases, individuals are responsible for paying the full monthly premium plus a 2% administrative fee.
First Commonwealth DHMO Plan	At the end of the COBRA coverage period, an individual may elect to convert coverage to an individual policy directly with the insurance company. At retirement, an individual may continue coverage provided he or she meets specified age and service requirements

Selection of Providers

Blue Cross PPO Dental Plan	Plan members may receive dental services from any licensed dentist. If you seek services from a in-network provider, you will not be balanced billed for the difference between the billed charges and U & C.
First Commonwealth DHMO Plan	Plan members may select dental care from dentists participating in the First Commonwealth provider network. Services obtained from a non network dentist will not be covered.

Routine and Preventive Services

(e.g. teeth cleaning, oral examinations, dental x-rays, sealant treatment, etc.)

Blue Cross PPO Dental Plan	Covered at 80% of Usual and Customary Charges. No deductible.
First Commonwealth DHMO Plan	Covered at 100%. No patient co-payment.

Primary Dental Services

(e.g. fillings, oral surgery, periodontal, and root canal treatment.)

Blue Cross PPO Dental Plan	Covered at 80% of Usual and Customary Charges. \$50 deductible.
First Commonwealth DHMO Plan	Covered at 80%.

Major Dental Services

(e.g. including inlays, overlays, crowns, bridge, denture and denture repair.)

Blue Cross PPO Dental Plan	Covered at 50% of Usual and Customary charges. \$50 deductible.
First Commonwealth DHMO Plan	Covered at 50%.

Orthodontic Treatment

(e.g. Braces)

Blue Cross PPO Dental Plan	Covered at 50% of Usual and Customary Charges Limited to \$3,000 benefit per lifetime per covered individual. Dependent child coverage to age 25.
First Commonwealth DHMO Plan	Approximately \$1,000 savings off the Usual and Customary charges. Contact Member Services for further information.

Benefit Plan Maximums

(The maximum amount paid in dental benefits each calendar year)

Blue Cross PPO Dental Plan	Limited to \$3,000 per individual per calendar year.
First Commonwealth DHMO Plan	Unlimited.

Dental Implants

Blue Cross PPO Dental Plan	Covered at 50% of Usual and Customary charges. \$50 deductible.
First Commonwealth DHMO Plan	No Coverage

Flexible Spending Accounts (FSA) Plans

FSA Health Care Account	
Monthly Contribution Maximum	Annual Contribution Maximum
\$833.33	\$10,000
NOTE: The minimum annual contribution is \$240. The maximum monthly allocation is \$833.33 times the number of months of participation.	

FSA Dependent Care Account	
Monthly Contribution Maximum	Annual Contribution Maximum
\$416.66	\$5,000
NOTE: The minimum annual contribution is \$240. The maximum election is \$5,000.	

FSA Back Up Child Care University Match		
An employee who is...	Will receive from the University toward the total hourly cost...	Up to a maximum contribution of ...
Full time	\$25.00 per occurrence	\$150.00

FSA Dependent Care University Match		
An employee whose adjustment income is...	Will receive from the University for every \$1.00 the employee contributes...	Up to a maximum contribution of
Up to \$50,000	80%	\$4,000 per year
\$50,001 to \$60,000	60%	\$3,000 per year
\$60,001 to \$80,000	40%	\$2,000 per year
\$80,001 to \$100,000	20%	\$1,000 per year

Limited Use FSA	
Monthly Contribution Maximum	Annual Contribution Maximum
\$833.33	\$10,000
NOTE: Available to those who enroll in the Value PPO plan and limited to dental and vision expenses. The minimum annual contribution is \$240. The maximum monthly allocation is \$833.33 times the number of months of participation.	

NOTE: The terms of FSA Account participation may be changed only on the basis of a qualifying change in family or employment status. Supporting documentation must be attached and submitted to the Benefits Division within 31 days from the date of the event.

For Health Care FSA: You have all of 2009 up to March 15, 2010 to have a date of service receipt. These dates of service may be claimed against Health Care FSA monies until March 31, 2010. Any monies remaining in the account as of April 1st of the following year are forfeited.

For Dependent Care FSA: . Any monies remaining in the account as of March 1st of the following year are forfeited.

Participants must re-enroll to continue participation in subsequent years.

Health Savings Plan

Health Savings Account (HSA)			
Maximum Contribution via Payroll Deductions**		IRS Limits for 2009*	
You only	You + (family members)	You only	You + (family members)
\$1,400	\$2,800	\$3,000	\$5,950
Age 55 or older can do an additional amount of \$1,000 via payroll deduction			
\$2,400	\$3,800	\$4,000	\$6,950
<p>**NOTE: If this is your first time enrolling into the HSA account, Northwestern will contribute up to half of the maximum Payroll deduction limits towards your account. Subsequent enrollment into the HSA will not be matched by Northwestern. Persons age 55 or older will not have the additional amount matched by Northwestern.</p> <p>*NOTE: If you wish to contribute the maximum IRS Limit amounts, then you may contact Mellon Bank.</p>			

Category	Healthcare FSA	HSA	Limited Use FSA
Who open an account?	Benefits eligible faculty/staff	Value PPO plan Enrollees	Value PPO plan Enrollees
Maximum annual contribution amount	\$10,000	\$1,400 Single \$2,800 Family	\$10,000
Catch-up contribution Age 55 or older	No	\$1,000	No
University contribution	No	Yes, \$1 for \$1 up to 50% of the total annual contribution	No
Roll over	No. Use all the money in the account by the end of the plan year. Any money remaining in the account is forfeited.	Yes. Money in your HSA at the end of the plan year carries over indefinitely.	No. Use all the money in the account by the end of the plan year. Any money remaining in the account is forfeited.
Portable	No. If you leave the University, you may continue your FSA participation under COBRA on an after-tax basis. The amount you contribute must be the same monthly amount you were contributing while you were actively employed.	Yes. HSAs are “portable” and can be taken with you when you leave.	No
Growth	No. FSAs do not grow through interest or earnings	Yes. When your HSA account balance reaches \$3,000, you can choose to invest the balance in the Dreyfus fund choices offered by Mellon Bank	No. FSAs do not grow through interest or earnings
Claims	Receipts must be attached to claim forms. Payment will be made up to the annual pledge amount.	Receipts do not need to be attached to claims but should be retained in the event of an IRS audit. Payment will be made up to the amount in the account	Receipts must be attached to claim forms. Payment will be made up to the annual pledge amount.

AD&D, Long Term Care and Life Insurance Plans

Accidental Death and Dismemberment Plan: Formula for Calculating Monthly Premiums

SINGLE COVERAGE	FAMILY COVERAGE
$(\text{Coverage} \div 10,000) \times \$0.15 = \text{Monthly Premium}$	$(\text{Coverage} \div 10,000) \times \$0.30 = \text{Monthly Premium}$

Long Term Care Plan: Monthly Premiums

Premiums vary by daily benefit and inflation protection option selected

Supplemental Term Life Insurance Plan: Monthly Premium = Yearly salary x benefit election (ie. 1x,-5x) x rate for your age group / 12

AGE	RATE
To Age 30	\$0.025
Age 30 Through 34	\$0.033
Age 35 Through 39	\$0.047
Age 40 Through 44	\$0.058
Age 45 Through 49	\$0.091
Age 50 Through 54	\$0.137

AGE	RATE
Age 55 Through 59	\$0.255
Age 60 Through 64	\$0.339
Age 65 Through 69	\$0.524
Age 70 Through 74	\$0.837
Age 75 Through 79	\$0.837
Age 80 and Over	\$0.837

Spouse Term Life Insurance Plan: Monthly Premium = Benefit amount x rate for your age group

AGE	RATE
To Age 30	\$0.025
Age 30 Through 34	\$0.033
Age 35 Through 39	\$0.047
Age 40 Through 44	\$0.058
Age 45 Through 49	\$0.091
Age 50 Through 54	\$0.137

AGE	RATE
Age 55 Through 59	\$0.255
Age 60 Through 64	\$0.339
Age 65 Through 69	\$0.524
Age 70 Through 74	\$0.837
Age 75 Through 79	\$0.837
Age 80 and Over	\$0.837

NOTE: Coverage is available in \$10,000 increments to maximum of \$250,000 not to exceed 50% of employee's Supplemental coverage. Within 31 days of benefits eligible employment, coverage above \$30,000 requires evidence of good health. Afterward, any amount requires evidence of good health. At age 65, coverage is reduced to 65%, at age 70 to 40% and at age 75 to 25%.

Dependent Child(ren) Term Life Insurance Plan: Formula for Calculating Monthly Premiums

$(\text{Desired coverage} \div 2000) \times \$0.30 = \text{Monthly Premium}$	$\text{Monthly Premium} \times 12 = \text{Annual Premium}$
NOTE: Coverage is available in \$2,000 increments to maximum of \$10,000.	

Short Term and Long Term Disability Plans

Short Term Disability Plan: $\text{Monthly Premium} = \text{Yearly salary} \times \text{rate for your age group} / 12 = \text{monthly premium.}$

AGE	RATE
To Age 30	\$.25
Age 30 Through 34	\$.20
Age 35 Through 39	\$.20
Age 40 Through 44	\$.18
Age 45 Through 49	\$.25

AGE	RATE
Age 50 Through 54	\$.31
Age 55 Through 59	\$.37
Age 60 Through 64	\$.49
Age 65 and Older	\$.67
70 and Older	\$.67

Long Term Disability: $\text{Monthly Premiums} = \text{Yearly salary} \times \text{rate for your age group}$

AGE	RATE
To Age 30	\$.12
Age 30 Through 34	\$.15
Age 35 Through 39	\$.17
Age 40 Through 44	\$.20
Age 45 Through 49	\$.26

AGE	RATE
Age 50 Through 54	\$.30
Age 55 Through 59	\$.37
Age 60 Through 64	\$.42
Age 65 Through 69	\$.40
70 and Older	\$.37

NOTE: Participation in the Short and Long Term Disability Plans requires one year of University regular service. The one year service requirement for the Long Term Disability Plan is waived if an individual provides documentation of participation in a comparable employer sponsored Long Term Disability plan for at least one year within 31 days of University employment. The one year service requirement for the Short Term Disability Plan is not waived.

Educational Assistance, Reduced and Portable Tuition Plans

Educational Assistance Plan for Employee Study at Northwestern University

COURSE OF STUDY	
Required Years of Service	None
PROGRAM OF STUDY	TUITION BENEFIT
School of Continuing Studies (Principally Evening and Saturday Classes)	
Undergraduate Study	85%
Credit Professional Development Programs	85%
Noncredit Professional Development Programs	85%
Graduate Study	75%

Day School Programs	
Undergraduate Study	75%
Graduate Study	75%

NOTE:

Maximum educational assistance is \$10,000 per calendar year.
 The Internal Revenue Code specifies that educational assistance for graduate study and amounts of undergraduate benefits over \$5,250 must be included as noncash compensation and added to an employee's taxable wages.
 See Summary Plan Description, Benefits Handbook and academic catalogs for additional information.

For additional information about School of Continuing Studies: <http://www.scs.northwestern.edu/>

Reduced Tuition Plan

For Spouse and Dependent Child Study at NU

PROGRAM OF STUDY	TUITION BENEFIT
Undergraduate Day School (Individuals pursuing an undergraduate degree or teaching certificate)	
5 years continuous qualified service	40%
8 years continuous qualified service *	60%
12 years continuous qualified service	90%
School of Continuing Studies	
6 months continuous qualified service	85%

*Hired prior to 1/1/2000

NOTE:

To qualify for the Reduced Tuition benefit, an individual must have full-time employment status as of the first day of the term for which the benefit is being requested. Contributed Service Medical School Faculty are eligible for Reduced Tuition benefits only.

The benefit amount is based on the individual's number of years of qualifying uninterrupted University service. Effective January 1, 2004, periods of part-time service are considered qualifying years of service and will be prorated. The amount of tuition benefit takes into account billed tuition minus forms of financial aid. Mandatory fees such as laboratory fees are not eligible expenses for the Reduced Tuition benefit. Day Program study benefits are provided to a dependent child for up to 8 semesters or 12 quarters and are limited to undergraduate study toward a degree or teaching certificate. Dependent child benefits are provided up to age 25.

A completed application must be submitted to the Benefits Division by December 31st of the calendar year for which the benefit is being requested.

Portable Tuition Plan

Portable Tuition Plan for Dependent Child Study at Schools other than NU

5 years of continuous service	40% up to 40% of NU's tuition
8 years of continuous service	100% up to \$2,808 per calendar year -Or- 40% up to 40% of NU's tuition
12 years of continuous service	100% up to \$5,616 per calendar year -Or- 40% up to 40% of NU's tuition

NOTE:

To qualify for the Portable Tuition benefit, an individual must have full-time employment status as of the first day of the term for which the benefit is being requested. Contributed Service Medical School Faculty are not eligible for Portable Tuition Benefits.

The benefit amount is based on the individual's number of years of qualifying uninterrupted University service. Periods of part-time service are considered qualifying years of service and will be prorated.

The amount of tuition benefit takes into account billed tuition and mandatory fees minus forms of financial aid such as scholarships and grants. Benefits are provided for up to 8 semesters or 12 quarters and up to age 25.

Tuition benefits are limited to undergraduate study.

A completed application must be submitted to the Benefits Division by December 31st of the calendar year for which the benefit is being requested

Portable Tuition benefits are calculated on the basis of 40% of the tuition of the school up to 40% of Northwestern's tuition. Northwestern's tuition for the 2008-2009 academic year is \$36,756 which yields a maximum benefit of up to \$13,600 per year or \$6,800 per semester.

Employees hired prior to January 1, 2000 may choose either plan for each child in a family. Once the new plan is chosen for a child, an individual may not later choose the old plan for that same child.

Summer Session

What kind of reduction am I eligible for during Northwestern University's Summer Session?

The easiest way to understand what kind of discount you are eligible for is to determine what kind of student you are, and from which institution you will receive your degree. Use the following charts to determine your percent reduction.

"I am a continuing student in the School of Continuing Studies at Northwestern University." You are eligible for the following discounts

Student	Degree	Service	Reduction
Employee	Undergraduate	1 day	85%
Employee	Graduate	1 day	75%
EE Spouse/Dependent	Undergraduate	6 months	85%
EE Spouse/Dependent	Graduate	n/a	None

"I am a new student in the School of Continuing Studies at Northwestern University." Only employees are eligible for the following discounts:

Student	Degree	Service	Reduction
Employee	Undergraduate	1 day	85%
Employee	Graduate	1 day	75%

I am...

- a student in a program at Northwestern other than the School of Continuing Studies
- a student at an institution other than Northwestern University
- registering as a student for the first time and I am not an employee

You are eligible for the following discounts:

Student	Degree	Service	Reduction
Employee	Undergraduate	1 day	75%
Employee	Graduate	1 day	75%
EE Spouse/Dependent	Undergraduate	4 years	30%
EE Spouse / Dependent	Undergraduate	8 years	60%
EE Spouse / Dependent	Undergraduate	12 years	90%
EE Spouse / Dependent	Graduate	n/a	None

Retirement Plan Contribution Schedules

403b Retirement Plan Contribution Schedules

Un-Matched Retirement Plan 5%

Northwestern contributes 5% of your eligible pay to your Retirement plan regardless of your participation.

Minimum age to participate - 24 years old

Contributions start the month after accumulating 1 year of service in benefits eligible position

May waive 1 year wait by completing waiver form.

Must have worked a total of 1 year in at a Non Profit or Governmental Agency and been benefits eligible, gap in eligibility must be no later than 31 days from date of hire at Northwestern in order to waive the 1 year waiting period.

Matched Plan

You may contribute 1% to 5% of your eligible pay and Northwestern will give you a dollar for dollar match.

Minimum age to participate - 24 years old

Contributions start the month after accumulating 1 year of service in benefits eligible position

May waive 1 year wait by completing waiver form.

Must have worked a total of 1 year in at a Non Profit or Governmental Agency and been benefits eligible, gap in eligibility must be no later than 31 days from date of hire at Northwestern in order to waive the 1 year waiting period.

Voluntary Contributions

This is additional money beyond the Unmatched & Matched Plans and contains your contributions only.

If you are eligible for the Matched Plan, you must FIRST contribute to the max amount, 5%, BEFORE doing any Voluntary contributions.

If you are NOT eligible for the Matched Plan, you may do Voluntary contributions until you are eligible for the Matched Plan.

Northwestern Will Contribute**	PLUS if You Contribute	Northwestern Will Match	Total:
5%	1%	1%	6%
5%	2%	2%	9%
5%	3%	3%	11%
5%	4%	4%	13%
5%	5%	5%	15%
**This 5% is paid entirely by Northwestern University regardless of your participation.			

Internal Revenue Service (IRS) Contribution Limits

YEAR	Maximum Employee Basic and Supplemental	Age 50 Catch Up	Maximum Eligible Salary	Maximum Employee and Employer Contribution
2008	\$15,500	\$5,000	\$230,000	\$44,000
2009	\$16,500	\$5,500	\$245,000	\$46,000

Your Investment Company Options

TIAA-CREF: The term TIAA refers to the Teachers Insurance Annuity Association, an insurance company founded in 1918 by the Carnegie Foundation for the Advancement of Teaching. TIAA-CREF is the nationwide retirement and financial services system for people who work at colleges, universities, independent schools, and other nonprofit education and research institutions throughout the United States. A nonprofit organization, TIAA-CREF is really two companies working together as one.

Set up an account with TIAA CREF:

Go to: www.tiaa-cref.org/northwestern follow their prompts and use the information below for enrolling into the 403b or 457b retirement plans. You will enroll into your investment options, stocks, bonds, mutual funds etc, on their site. You have the option to change these investments at any time on their website.

TIAA-CREF's NU 403(b) plan ID for full time faculty is NUPLANA

TIAA-CREF's NU 403(b) plan ID for staff and part time faculty is NUPLANB

TIAA-CREF's NU 457(b) plan ID is NU457B

Fidelity Investments: Fidelity Investments is a privately owned, investment company offering participants a wide range of conservative to aggressive mutual funds. It offers investment opportunities to employees of academic institutions, hospitals, other health care employers, foundations, and other tax-exempt organizations as well as for-profit employers.

Set up an account with Fidelity:

Go to: enrollonline.fidelity.com follow their prompts and use the information below for enrolling into the 403b or 457b retirement plans. You will enroll into your investment options, stocks, bonds, mutual funds etc, on their site. You have the option to change these investments at any time on their website.

Fidelity's NU 403(b) plan number is 56005

Fidelity's NU 457(b) plan number is 71102

Contact Information

Health Care Plans

Premier PPO	
Blue Cross Group number	906161
Internet address	www.bcbsil.com
Claims	(800) 327-8497
Member Services	(800) 327-8497
Select PPO	
Blue Cross Group number	906161
Internet address	www.bcbsil.com
Claims	(800) 327-8497
Member Service	(800) 327-849
Value PPO	
Blue Cross Group number	906161
Internet address	www.bcbsil.com
Claims	(800) 327-8497
Member Services	(800) 327-849
HMO Illinois (A Blue Cross Blue Shield of Illinois HMO)	
Group number	H56670
Internet address	www.bcbsil.com
Member Services	(800) 892-2803
Claims	(800) 892-2803
Vision care services	(866) 273-0817
Walgreens Health Initiatives (Prescription Benefit Manager for PPO, Aetna and HMO Illinois Members)	
Group Number	51-4751
Internet address	mywhi.com
Member Services	(800) 207-2568
Prior Authorization	(877) 665-6609
UniCare HMO	
Group number	56A55A
Internet address	UniCare HMO.com
Member services	(312) 234-8855
Wellpoint Pharmacy (Retail)	(888) 218-4844
Precision Rx (Mail Order)	(866) 274-6826
Vision care services	(800) 334-7591

Vision Care Plan

Spectera Inc Vision Care Plan	
Internet Address	spectera.com
Membership	(800) 638-3120
Find a Provider	(800) 839-3242
Claims	(800) 367-6401

Dental Care Plans

Blue Cross Blue Shield Preferred Provider Organization (PPO) Dental Plan	
Group Number	056909
Membership	(800) 367-6401
Claims	(800) 367-6401
First Commonwealth Dental Maintenance Organization (DHMO) Plan	
Group Number	378954
Member Services	(866) 494-4542

Retirement Plans

Fidelity Investments	
Internet address Information Services	Enrollonline.fidelity.com (800) 343-0860
TIAA-CREF	
Internet address Participant Information Center	tiaa-cref.org/northwestern (800) 842-2776