



NORTHWESTERN UNIVERSITY

Vision Care Plan

Summary Plan Description

2009

Plan Highlights

- The purpose of the Vision Care Plan is to provide the opportunity for eligible faculty and staff to purchase insurance protection covering a significant portion of the costs of an eye examination and eyewear.
- Participation in the Vision 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 the choice of four premium coverage tiers: You, You + spouse, You + child (ren) or You + spouse & child (ren).
- Premiums are paid by payroll deduction on a pre-tax basis which means that deductions are not subject to income or Social Security and Medicare (FICA) taxes.
- The Plan is fully employee paid.
- Unmarried dependent children are covered through age 25 regardless of student status.
- An employee may enroll his or her same-gender domestic partner and any eligible dependent children of the domestic partner.
- At termination of employment or loss of benefits eligibility, employees are eligible to temporarily continue vision coverage under COBRA by paying the full monthly premium cost plus a 2% administrative fee.
- At retirement, employees may continue vision coverage provided years of service and age requirements are met. Retirees pay the full monthly premium cost.
- United HealthCare Vision is the sponsoring insurance company. Member identification cards are not issued to participating employees.

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Purpose The purpose of the Vision Plan is to provide insurance protection covering a significant portion of the costs of an eye examination and eyewear.

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

Claims Administrator United HealthCare Vision is plan sponsor and claims administrator.

For Additional Information The information contained in this Summary Plan Description is intended to summarize the major features of the Vision Plan. It is not intended to be a complete explanation or list of benefits provided by the 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. Call (800) 839-3242 to locate a provider.

An individual may also access information from the web sites of the sponsoring insurance companies.

www.UnitedHealthCareVision.com

An individual may also contact Customer Service at (800) 638-3120 with any questions.

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

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

Eligibility

This section summarizes eligibility requirements for participation in the Vision Plan.

Salary Requirement

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 (half time).

Bargaining unit employees should refer to union contracts.

Faculty. Faculty must be appointed on a full-time or part-time basis (half-time or greater) 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 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 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 and hospital income does not qualify to cover the amount of monthly premium deductions. An individual's University income must be sufficient to cover premium 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 Vision 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 Vision Plan.

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 Vision Plan.

Post Doctoral Fellows – NRSA. Individuals classified as a Post Doctoral Fellow funded by NRSA and appointed on at least a half-time basis and meet specified salary criteria are eligible to participate in the Vision Plan.

Visiting Scholars. Individuals classified as a Visiting Scholar, appointed on at least a half-time basis, paid by the University's payroll system and meet specified salary criteria are eligible to participate in the Vision Plan.

Visiting Personnel. Visiting individuals with academic appointments of half time or greater appointment at the rank of professor, associate professor and assistant professor are eligible to participate in the University's benefit plans. Visiting personnel without academic appointments inclusive of Pre-Doctoral Fellows are not eligible to participate in the Vision Plan.

Disabled Employees. An employee who becomes permanently and totally disabled while working for Northwestern University and is receiving University-sponsored Long Term Disability benefits is eligible to participate in the Vision Plan. Individuals receiving Short Term Disability benefits pay also participate in the Vision Plan.

Employees on a leave of absence. An employee on a paid leave of absence may continue participation in the Vision Care Plan.

An employee on a leave of absence without pay may continue Vision Plan coverage by paying the specified 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.

Retired employees. Individuals who retire from University employment and have met specified age and service requirements and are a Vision Plan participant as of the date of retirement are eligible to continue University sponsored vision insurance coverage. Retirees must be:

- Participating in the University sponsored Vision Plan, and
- Be at least age 55, and
- Have accumulated at least ten years of continuous, full-time service.

Retirees, who retire at age 55 or older and have accumulated less than the specified service requirements for their age, may elect to temporarily continue Vision Plan coverage under COBRA provisions. Should the retiree die, the surviving spouse and dependent children may continue University-sponsored Vision Plan 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

Deceased Employees. A spouse or dependent child of a deceased employee is eligible for University sponsored Vision insurance coverage under the retiree plan 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.

Duration of Eligibility

Contributions to and participation in the Vision Plan may continue to be made by payroll deduction for as long as an individual remains an eligible employee and receives a University salary.

Other Eligible
Individuals

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

Surviving spouse and children of a deceased employee. An eligible spouse or dependent child of a deceased employee or retired employee may continue participation in the Vision Care Plan.

Domestic Partner. An employee may enroll his or her same-gender domestic partner and eligible dependent children of the domestic partner in the Vision 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 northwestern.edu/hr/benefits.

An employee's opposite gender domestic partner is not eligible to participate in the Vision Plan.

Dependent child. A dependent child through age 25 may be covered under the Vision Plan regardless of student status.

Qualifications for dependent status include those individuals who have their principal resident with an employee, and who rely chiefly on an employee for financial support.

Dependent children 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.

Eligible 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 Vision Plan coverage.

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

Parents and grandparents. An employee's parents, grandparents and in-laws are not eligible to participate in the University-sponsored Vision Plan.

Plan Options

This section highlights the choice of vision coverage and plans.

Choice of Coverage

An employee may choose either one of the following four premium coverage tiers or may elect to waive vision plan coverage.

- You only
- You + spouse
- You + child(ren)
- You + spouse & child(ren)

Benefits

University sponsored Vision Plan benefits provides insurance protection covering a portion of the costs of an eye examination and eyewear.

Contributions

This section summarizes premium contributions for the Vision Plan.

Premium Tiers

The University offers the choice of four premium coverage tiers. Employees pay the same amount regardless of full or part-time status.

Premium Tax Status

Premiums are deducted from paychecks on a pre-tax basis. This means that the premium amount is excluded as taxable earnings and W-2 statements. Premiums are based on the coverage option selected.

Premium Deduction Schedule

For individuals 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 deducted in a month pay for coverage for that month. For example, premiums deducted in March pay for March coverage.

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.

Employees Receiving Long Term Disability Benefits

Employees receiving long term disability benefits may continue Vision Plan coverage. Premiums continue to be paid by payroll deduction.

Employees Receiving Short Term Disability Benefits

Employees receiving Short Term Disability benefits may continue Vision Plan coverage. Premiums continue to be paid by payroll deduction but on an after tax basis.

**Enrollment
Procedures**

This section summarizes enrollment procedures and deadlines.

**Initial Hire or 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. If an individual does not elect or waive coverage, coverage will be automatically waived.

**After Hire or Initial
Benefits Eligibility**

After hire or initial eligibility, an individual may enroll in the Vision Plan during Open Enrollment or within 31 days of a qualifying change in family or employment status. Examples of a change in status include marriage, birth or adoption of a child, divorce, legal separation, or a spouse's loss of employment.

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 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 Vision Plan coverage.

Initial Eligibility

The effective date of Vision Plan coverage is the first of the month following the date of hire or initial benefits eligibility. Individuals may be covered from the date of initial eligibility by paying the total monthly premium to the Benefits Division or the individual's department pays the premium charging the expense to a specified CUFS account.

After Initial Eligibility

The effective date of Vision Plan coverage is January 1 if the enrollment process is completed during Open Enrollment or is the date of a qualifying change in family or employment status.

Qualifying Event

The effective date of coverage is the date of the event such as the date of marriage, birth of a child, adoption of a child, loss of spouse employment, etc.

Open Enrollment

The effective date of Vision Plan coverage is January 1st.

**Dropping Vision Care
Plan Coverage**

An individual may drop Vision Plan coverage by completing the enrollment process during Open Enrollment or within 31 days from the date of a qualifying change in family or employment status. The effective date is January 1 if dropped during Open Enrollment. Otherwise, it is based on when the withdrawal form is received and processed by the Benefits Division.

**Claim Submittal
Procedures**

This section summarizes claim filing procedures and deadlines.

Network Providers

Contact the provider for an appointment and simply mention that you have United HealthCare Vision. The provider's office will ask you for your unique member identification number (Social Security number) and date of birth.

**Non-network
Providers**

When obtaining services at a non-participating provider, you should pay your bill in full and submit an itemized copy (including cost of the exam, lens type and frame) of the receipt to United HealthCare Vision. Be sure to include the primary insured's social security number and patient's date of birth when submitting the receipt for reimbursement.

You will be reimbursed according to the plan's maximum schedule of allowances. This reimbursement schedule can be found on the "Vision Care Benefits" communication piece.

Please forward the above information to the following address:

United HealthCare Vision Claims Department
P. O. Box 26618
Baltimore, MD 21207-6618

Appealing a Denied
Claim

Should a 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 directly to United HealthCare Vision.

**Changes in
Employment or
Family Status**

This section summarizes the impact of changes in employment or family status on health plan coverage.

**Changes in Family
Status**

An individual may change from single to family coverage at any time as a result of marriage, birth or adoption of a child by submitting a completed enrollment form to the Benefits Division or to the Chicago Campus Human Resources Office within 31 days of the event.

An individual may add coverage for the newborn child, the employee's spouse and any eligible dependent children not previously covered.

An individual may similarly change from family to single coverage at any time as result of divorce, death or legal separation. An individual may drop coverage for a specific family member and continue family coverage by submitting a completed enrollment form to the Benefits Division or to the Chicago Campus Human Resources Office. The enrollment process must be initiated within 31 days of the qualifying event.

**Changes in
Employment Status**

An individual may enroll in the Vision Plan by submitting a completed enrollment form to the Benefits Division or to the Chicago Campus Human Resources Office within 31 days from the date of a change in employment status.

**Change in Spouse
Employment Status**

An individual may enroll in the Vision Plan by submitting a completed enrollment form to the Benefits Division or to the Chicago Campus Human Resources Office within 31 day from the date of a change in a spouse's employment status.

**Leaves of
Absence**

Employees may continue Vision Plan coverage during a leave of absence.

Leaves of absence for health or medical reasons. Employees pay the regular monthly premium.

Leaves of absence for personal reasons. Employees pay the regular monthly premium.

Leave coverage continuation procedures. Upon notification of approval of the leave, the Benefits Division will forward information to the employee detailing his or her benefit coverage, the monthly premium rate during the leave and a form for the employee to complete requesting and return to the Benefits Division electing continuation of health coverage. 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 Vision Plan coverage not continued during the leave.

Does not return from leave. An individual who decides not to return from a leave of absence has option of temporarily continuing participation in the Vision 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

An employee may continue Vision Plan 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 Vision Plan coverage following retirement provided the individual is age least age 55 and has accumulated at least 10 years of service. Please see Eligibility section for further information.

Participants pay the total monthly premium directly to Northwestern University.

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

United HealthCare	
Name of Plan	Northwestern University Vision Plan
Plan Number	50
Date Established	January 1, 2005
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 FAX: 847 4767-2288
Claim Administrator and Plan Sponsor	United HealthCare Vision Claims Department P O Box 26618 Baltimore, MD 21207-26618 FAX: 410 265-5013
Agent for Service of Legal Process	Office of General Counsel 633 Clark Street Evanston, IL 60208-1143
Contributions	Employer and employee paid

HMO Illinois	
Plan Number	514
Date Established	January 1, 1989

Unicare HMO	
Plan Number	511
Date Established	January 1, 1985