

Open Enrollment Survey Respondent Comments

The following comments were taken directly from the survey. For each question, respondents were allowed to choose “other” and write their comments or were allowed to comment in general. Comments appear exactly as they were written (which includes spelling and grammar errors); however, any identifying information has been removed to protect respondent confidentiality.

Q6. How have your 2007 health care benefits differed from your 2006 benefits?

Medicare became primary, PPO secondary
tried to add spouse to dental--failed
changed who in household carried the coverage
added short-term disability
as a part-time employee I have no coverage on the health care benefits through NU, that will be nice to be changed for all part-time employees at the university
I don't even know or care anymore
change part to full time
I had Humana HMO but it was not offered this year
spouse life insurance, more retirement benefits
chose closest equivalent to my 2006 plan
use dental plan only
More costly
had PPO
I don't know what coverage I had or what I have now. I just know I made a change.
Married
joined TIAA CREFF
Cost of PPO doubled couldn't afford it.
costs more
question irrelevant
University changed program (wording)

amounts
Does not cover medications covered by previous HMO
Same HMO had extremely higher co-pays for hospitalization
was forced to change
I chose the Select PPO
Value PPO w/HSA
Cost increase- someone needs to make up for it (payroll?)

Q7. If you chose a different coverage tier this year, how will the change impact you financially?

Through husband's coverage we will pay less in premiums than I paid last year at NU
My cost will be significantly lower by not participating
cost should be lower, as long as there are no disasters
change in calculating family benefits raised premiums much
I am a recent cancer survivor - I HAD to choose the plan with the most coverage & flexibility
family plan HMO Illinois is far more expensive (greater premiums + decuctibles)
I didn't change, but the cost has gone up--an unavoidable side effect of siphoning off users into a low-cost, high-deductible plan.
the cost will be HIGHER, even though I chose the same tier.
Last year I paid no deductible - this year I have to
still higher - with no change
I stayed with the highest level of coverage because we were trying to get pregnant and if that happened, I wanted the deductible to be paid as quickly as possible, so overall our cost will be lower
Different prescription provider. Did not like this at all.
The cost is higher for the same benefits.
I do not know what a coverage tier is.
Cost will be lower if I don't get sick. If I do get sick, the cost will be muchy higher.
question irrelevant

did not change tier
cost will be both lower & higher--value ppo for me is lower, but I incur roughly \$5000 in taxable costs having added my domestic partner to my coverage
Kept my deluxe PPO, but the cost is higher this year
I think cost will be lower-New FSA weird.
Changed Dental to a PPO; kept medical HMO
didn't change but cost is higher
Even though I didn't choose a new coverage plan the increase seemed reasonable until I realized someone making 4 times what I do pays the same ammount. That is unfair to support staff.
typo in deductible will cost me thousands. when i found out, it was too late to change!!
Same plan, increased cost due to family tiering
cost will be ridiculously higher-spouse's former insurance plan blows NU away-for the same insurance
better coverage is provided for less \$\$.
the same but cost much higher

Q8. If you changed your health care plan, why?

with the changes, I had to pay more or have worse benefits.
Switched from PPO to Value Plan
The plans were more finely tuned
\$600 from NU & meds included in deductible
Possibly more cost effective
wife stopped working
new employee
Northwestern no longer offered my HMO
HMOs didn't cover both ENH/NMFF-our family received care at BOTH facilities
No HMO coverage for OB/GYN in Evanston, For Blue Cross both Primary Care and OB/GYN must be in same network, no ENH OB/GYN taking new patients esp. if covered by BC/BS, Unicare not accepted at ENH
see above

add dependent
2006 ppo no longer offered
wife's plan was better and cheaper
found a better deal outside NU
exact BC/BS plan was not the same, was it?
N/A
Changed from "Family" to "Parent and two kids"
old plan discontinued
PPO plan no longer offered
We're getting older and don't know when health care needs will increase but expect they inevitably will
HSA was a great program
wanted to change dental--not possible
moved
Wanted to give HSA a try
HMOs offered this year are both poor choices
Same (or very similar) plan--different person in household carries insurance now
same option not available
Mislead in to believing it was lower cost and would take less of my time. There have been several cost surprises (things cost 10x as much), and it has taken 90 hours to figure out so far
Enrolled in the employee + spouse program instead of paying entire family plan
not under spouse's plan anymore
I wanted to make sure that my coverage level did not change from 2006. I didn't like the increase in cost.
I was caught up in lack of coverage with NU and First Commonwealth had a billing dispute. It resulted in me being in pain and not having coverage to go to a provider, all the while NU was taking the
New plan better fits with my consumption of HC services and price lower as a result, i.e. better fit for a single person who is never sick
There was no choice, my old health care plan was discontinued
initial cost higher, if hosp=lower
not covered through NU

my insurance was disconnected
i had to with the new plans being offered
switched from husbands employers health plan
Different option available
Wanted to switch to wife's- same coverage was cheaper for her, but I wanted HMO and she wanted PPO - so I stayed
I was not covered in 2006 by NU
enrolled in FSA plan
I have a pre-existing condition and had to initially choose an HMO, then switched to PPO.
vision insurance redundant with my other coverage
Cover husband on dental
Coverage was with my husband's plan - less expensive with NU
selected family coverae
I had to choose a new tier because PPO changed.
I reassessed my needs according to my recent history.
I don't use NU health care plan
I wanted the plan where I would be able to save, invest, and manage my health care dollars
Attracted by NU bonus to HSA for Value PPO plan
PPO options changed
Switched to HSA, which was not available before
Unfortunately, I felt like the more expensive option was the only one that would give me the same benefits that I had last year.
PPO Plan Options Changed
PPO from 2006 not offered this year
I was in BCBS PPO and had to change my plan as that was the only option
PPO I had in 2006 went up in price
My current physicians at ENH would not accept HMO Illinois. Therefore, I was forced to changed providers and physicians. his is unacceptable!
question irrelevant

change in family
PPO plans were changed
PPO options were different this year
new options
waived
Taking a chance on cheaper plan
Online calculator indicated that HMO would be more cost effective for me than PPO
wanted a PPO
\$600 match for weird FSA
Wanted to select my own dentist close to my place of employment with dental PPO
did not like HMO restrictions for referrals
dropped to go on husband's policy
the health plan I choose would not cover me because I moved to [another state] and was to far away from the doctors that I really wanted to use. Was forced to changed plans.
HSA benefit
Atena is out
wanted additional coverage
new employee;2006 thru partner
The Select PPO is close to what I had
I do not have coverage with NU
wanted to open an HSA
in the end, due to a typo i cannot change, i will be pay much much much more!
NU forced a tiered structure on the PPO option.
spouse quit job-had to enroll, after seeing choices did not want to enroll begged wife to keep her job

Q. 9. If you waived participation this year, why?

it's really annoying that I can't click next without answering all the questions marked with an asterisk. If you want people to participate in your surveys, please make them more user-friendly.

Spouse coverage
Family coverage at NU **** than my husbands company
I'm under my husband's policy, he's also a professor here.
Coverage through former employer (retired)
Alternative coverage through Prior University (as retired faculty member)
N/A
spouse covered at NU
He's at NU also, I'm answering this for both of us
I "officially" waived participation because coverage shifted to my spouse, also NU employee
There is no coverage at all
retired from former co. with benefits
better coverage, lower copays
My husband's was less expensive.
I am covered by my husband's NU plan, which meets all the statements above.
n/a
DNA
question irrelevant
Coverage through spouse
Spouse is enrolled in NU , we use his coverage

Q.10. If you chose Northwestern for the first time, why?

N/A
I joined in 2006.
n/a
does not apply
DNA

didn't want to be under spouses
question irrelevant
Only covered through Northwestern from Aug06 thru Dec06.
waived
N/A
I was a new hire in August 2006
do not have coverage with NU
Forced to as spouse quit job

Q.11. What factors are most important to you when choosing a health care plan?

comprehensive coverage
coverage of certain procedures
keep current physicians
alternative coverage
preexisting conditions
2 & 5 are signif overlap categories
Freedom of choice of physicians
specific coverage
quality of company--not just reputation
coverage for mental health care (regular psychotherapy)
ability to be reimbursed easily for visits done out of town or out of the country
coverage
the ammount
broad selection of doctors
They have to cover what we need - I won't go cheaper if they won't pay out when needed
Limited availability of plans to retirees

Quality of benefits and price
type of coverage provided for cost
Options
Quality of coverage
Covers types of needs I would use
[Benefits staff name]
being able to have the health care I need covered without making co-pays a financial hardship
services covered/quality of coverage
reliability of insurance company - Are you really covered? Are there loopholes which may exclude your expenses?
Coverage level for expecting pregnancy this year
I don't have any healthcare expenses. I feel ripped off when I am forced to pay high premiums knowing my money is going to cover other people's health care expenses and profiting inefficient insuranc
openness to "alternative medicine"
Flexibility of plan.
coverage meeting my needs
question irrelevant
Quality of Care
Services that are covered
n/a
More control of my life (healthwise)
What the plan covers
Combination of affordability and amount of coverage
coverage in plan
good coverage for medical needs
being able to gain access to doctors in [another state [(city name)]] within an HMO
Best coverage possible while still being affordable
Overall coverage of health services

We need better mental health coverage. Even the Premier PPO covers at only 50%, which is not affordable.
cheap
HSA
having my healthcare needs paid for - amount of coverage
what services are provided for little or no out-of-pocket expense
Coverage spectrum.
Good mental health coverage
Best coverage possible for procedures and practitioners
type of coverage
extent of coverage

Q.13. How could Open Enrollment be improved in the future?

Increased benefits, lower costs! Just kidding
provide more opportunities to speak and interact directly with providers; I still don't know how to contact my new provider and select physicians and don't know where to seek that information;
too much work just to waive it again when you don't currently use it
Timeliness of deliveries via mail needs to be improved
make sure updates that are implemented get entered correctly
It wasn't clear when I enrolled initially that my enrollment was incomplete because of a beneficiary issue. Needs to be better communication about when "done really means done."
fire the head of benefits. he is insensitive to individual needs and only cares about following the rules precisely, without any regard for the problems that human beings face.
Make sure the computers are compatible. All of my selections were wrong
Make sure benefits persons know answers. They were slow to respond and gave incorrect information.
Return to Aetna HMO option
This was a horrific experience for a new hire. I went through this twice in a 6 week period and part of my life insurance benefits got dropped because I was unaware I had to update it also.
provide income tax effect information, provide easier parking near HR office
Move to a two or three year rather than annual cycle for altering providers; too much time is consumed in relearning every December.
quicker turnaround between making selections and receiving confirmation of choices

I wanted to waive coverage, and I had to go through extra work to do so. More work for less coverage?
don't raise my premiums with a bs argument about me managing my health care!
better examples
don't make big mistakes
the HMOs can't handle the transfers
twice yearly
too much manipulation to downgrade coverage on health plan. It was obvious and repetitive. Lowered credibility of entire process.
Options should automatically roll over from previous year if no action is taken
I could not log on to my account
Provide more const information for basic health care expenses (e.g. for Value PPO plan) to make more informed choices
lower cost of programs
Give the choice of keeping what you have.
Dual employee household, two last names, considerable problems from enrollment process through implementation (still having problems w/ coverage--not satisfied at all)
provide more illustrative examples, i.e., "people like me" scenarios
If Changes are needed not to have to wait till next years enrollment.
More communication during and after the open enrollment process
do not allow paper enrollment-more opportunity to loose stuff
Department announces basic info
Provide documentation of benefits elected
make coverage booklets more easily available after selection
add reasonableness checks
answer phone calls when we have questions--I rarely get anyone in HR to answer a phone call. I wonder if the voice mail messages enter some black hole..
Make plan benefits available
if you are not changing plans i should not have to re-enroll
I hope some Benefits Counselor can be as nice as others. One of the three Benefits Counselor is not nice at all.
too much information for way too long a period of time.

Do not keep repeating the same info.
Train benefits staff to know the process better
Keep existing insurance carriers
need to make online information a little less confusing
Make the confirmation of completed enrollment more obvious. I felt uncertain that I had completed the enrollment process successfully.
More info sessions.
be clear that all employees must enroll even if only to waive the benefit
To emphasize: Communicate cost info earlier.
Allow all paperwork to be sent e-mail. You never know if your paperwork is received until it is too late.
More opportunities like the event with Guy Miller
Make sure that web, print materials, and spoken directions of HR staff are the same as to what documentation is needed for new life and ADD insurance
Communications overload could be scaled back. I was pretty sick of hearing about it by the time it was done.
Unless you use the plan a lot, any amount of information in any form just sounds like noise. The benefits and HR department did a good job explaining this convoluted program.
when your single status changes, we need to know more of what we are suppose to do so that everything is covered.
make the actual online procedure easier to understand
Conduct sessions for all schools.
Web site itself needs improvement
make it more clear what the current benefits are and how much is paid
Lay out different services/benefits provided by each plan (eg does it cover vision, out of state care, immunizations, etc.) in one chart for comparison
I tried to attend group session at my office but there was no room even to stand. Offer more sessions.
Overall I think the online process was excellent.
Guarantee changes to plan in cases of life changing events (e.g. marriage). I was not allowed to make certain changes to my plan, and initially my wife wasn't guaranteed coverage under my health plan
There was a lag after Jan. 1 in which many people did not receive their insurance cards.
The online enrollment was excellently thought out and it was hassle-free!
I got, and some co-workers got, DIFFERENT answers to the same benefits-related questions asked of people in central HR; that's not good
I was worried I had missed something when I had to re-enroll in ALL benefits. It would have been nice not to have that requirement to re-enroll in things that did not change.

Receipt of what you picked would be helpful
prizes as incentives good
individ in-person assist w/insur reps & NU
Mandatory customer service training for Benefits staff
immediate feedback if something is wrong (ie physician numbers) I waited almost 30 days before being notified that my benefits were not correct and needed to go back in and start again.
Be more explicit in what the bottom line will be for enrollees. The whole process, even with its many gadgets and profiles, was still murky.
educate benefits staff better
the website did not work without outside assistance
Better software testing for corner cases, such as default settings, or stepping the user through a process that would establish default settings so they start with a reasonable basis for future choice
Accuracy would be nice, this year iot was a nightmare, benefits did not go through, I was set as retired.
improve accuracy of system-- I received error messages saying I hadn't enrolled after I had.
if ebenefits wasn't so terrible. there isn't enough space here to begin.
too much paper was wasted on flyers and mailings
I never received a confirmation for my enrollment and had to do a lot of running around and re-registering to get it done a second time.
MUCH less mailings!
In person advice relates to TIAA-Cref representatives
Cut the marketing lies; just say the truth
Have coverage certificates available during open enrollment; communicate <u>all</u> aspects of coverage, not just highlights at open enrollment meetings
Make sure all the information regarding changes are made up front. (i.e. I had no idea my prescription coverage would also change when I chose Unicare.
More specific info for employees working less than one year.
Some glitches in on-line enrollment made it an uncertain experience. An inadvertent change, once corrected, still prompted a message saying a change was made and additional paperwork was needed.
In on-line help session, be able to print -- we were not able to print in the session room though there were printers around. We should have had access to print.
Have more complete info easily available. I had a hard time finding out all the details of the different plans.
There was too much (volume) of "information" but it wasn't very informative. There didn't seem to be a good explanation, just many many mediocre explanations. It wasn't a need for more quantity, but
Provide assistance in assessing health needs costs and determining how different health plans would be affected/ their cost difference.
HR staff need to know about librarian benefits. I got incorrect information after receiving the runaround. It was only my coworkers who knew our level of benefits.

provide the facts, not the fluff sent through the mail. I want the facts to make an educated decision. The materials sent home all reflected an agenda of a "win win" for everyone. That is not the
Phone calls return, little more timely
IF coverage is dropped and you have to switch allow one transfer in next year if benefits are much below standard of previous options
Give testimonials by employees about each of the plans, especially the Value PPO plan for next year to see if people were satisfied with it and why. More explanation of the Value PPO plan.
Don't forget to remind employees to fill out new tuition benefit forms and make sure the forms are available.
Make sure all on-line mechanisms are functional - I chose a provider number w/ HMO IL and I was told it didn't take. It took some doing by mail and email to correct this situation. People know.
more accuracy
Have the system open on-time; Provide prices up front
Simplify web site
Never received the details of each plan. Am finding out now that, although I went with the premiere PPO, I still have to have approval for some services. Why? I don't know. Doesn't seem like a PPO
Some online costs estimates were incorrect at first and then corrected later. I noticed it, called to verify, and it was so. Thus I had to re-evaluate my choices based on correct cost estimates.
The online healthcare expense tool was a good idea but it had errors that caused confusion.
The HR people who were supposed to be subject matter experts didn't seem to know much
improve turnaround time for paper confirmation
I would like to see all the details of the plans in writing so I know exactly what is covered and what the restrictions are for each plan.
avoid vague e-mails and insulting staff responses
More detailed information on the HR web site
Make it easier to find detailed information on the health plans so that comparisons can be made with less difficulty
highlight every field in which a decision is required. I completed all the highlighted areas only to receive a call that another decision was required, but that line had not been highlighted.
Don't waste my time with the fluffy, "feel-good" information designed to disguise the 30% price hike
Make the differences between the FSA and the Limited Use FSA clearer and more prominent in ALL enrollment materials.
As many online calculator simulations as possible. Very helpful.
Amount of info was overwhelming and confusing. Still confused re new FSA
Attempting to navigate through the Unicare website to complete the process was very confusing/cumbersome which required assistance from a fellow employee; additionally, I could not complete from home.
individual meetings w/ HR rep
rely less on mailings. I thought there were way too many mailings. I get my info online.

Hardcopy of Plan Benefit Plans
The online application was very cumbersome, difficult to navigate.
make sure front line staff are giving out correct information
Be much more specific about changes in plans
be more clear about additional paperwork that needs to be filled out with any changes
help line a month before deadline
Make physician choice in the plan part of the process. Did not happen. Cannot get plan to change to my physician
Give complete access to all detailed coverage information for all plans, instead of vague percentages of coverage
The detailed PDF descriptions of the plans were not online this year (those that list all covered services and percentages, etc.). The online "decision tool" was not useful; I'd rather compare myself.
more time from my department for open enrollment
Vastly improve online estimators.
you need to update the PPO information for the other types of costs e.g. mental health, lab tests, vision etc you had only the old docs on line and none of that available at any of the sessions
The online pages are poorly laid out and hard to figure out.
improve web site less modal, less javascript, less browser dependent
The online system is horrible. Get a user interface designer to overhaul the whole site. And do the same for HRIS, which is basically useless as it is today.
allow changing benefits online during the enrollment period
communicate other benefits that aren't changing (i.e., retirement, vision, dental, etc.) -- even though I've already made choices on these in past years --- would have benefited from review of options
Reliability of choices
There is little information on the applicability of the different plans and how they affect individuals and individual families.
improve the HR website! PDFs often would not open or were not updated!
allow for changes due to human error!
Make sure I am INSURED!!!
Better staffing to answer questions and even answer the phone! Educate the staff so they know the answers and don't say "someone will have to call you back" because they NEVER call back.
Better options.
Information about the need for a referral in PPO came out after in January. That needed to be communicated before people made decisions.
details about mental health coverage and out-of-network out of pocket max

I received reminders to complete sections for which I wasn't qualified due to my length of service. That was confusing.
More information on what is covered on the plan. And more of it- I used acupuncture for 12 weeks and the NU pplan does not cover it as an alternative therapy DESPITE the large [ethnic population name] population at NU
I don't have a home computer and may retire soon, therefore would like enrollment on paper as well for continuation of benefits.
Make the information usable, not HRspeak.
provide easier mechanism to see what additional forms are required when adding removing spouses or changing coverage.
More timely response from Benefits Office to e-mail inquiries
and offer paper enrollment
Access to HR - my department within [school name] made it very difficult for employees to avail themselves of HR resources, or enroll, during working hours.

Q.23. Take this opportunity to comment freely on any aspect of last fall's Open Enrollment.

You did a great job especially considering the extent of the changes.
I figured a lot of money was spent on printing and mailing, and it might have been better spent on keeping our premiums down. Why not communicate through e-mail and (for those who don't have computer access in their offices) campus mail?
I was intimidated when first learning about the new choices....but tools and personal orientation made it clear and website was amazingly easy. It was totally painless. Great job by all involved.
The information/marketing campaign -- slick, pricey, and wasteful -- was dishonest to the extent that employees were not explicitly informed that THEY would be taking riskier gambles for the sake of keeping their health-care expenses under control. That is, NU was shifting a greater portion of the burden on to its employees, but this fact was hardly acknowledged.
It would have been fine if I had just kept my original choice of the Value PPO with the HSA. Unfortunately, I was counseled by [department name] Personnel staff to go back in and add the general use FSA to help cover the \$800 between the deductible (\$1200) and the out-of-pocket maximum (\$2000). I was told this was fine after calling Benefits directly to confirm that it was an option before I went back in and chose it, and received a confirmation summary saying that the \$800 was going towards the general use FSA and that the limited use FSA was waived. A few weeks ago I realized that the FSA that was actually given to me is the limited use one that is only for dental & vision expenses, so now everything I wanted to use those funds for is ineligible. I know now that the general use FSA is not an option with the Value PPO, but I was told at the time by Benefits staff that it would be no problem. It's very upsetting that the switch was made without my knowledge, input, or approval. If I had been contacted and told that the limited use FSA was my only option, I would have waived it entirely, as I need that money for general health expenses, not vision and dental expenses. I chose the Value PPO plan because it worked out to save me about \$1000 over the course of the year, but now \$800 of that has to go towards expenses I will have to purposefully seek out and would not have chosen on my own otherwise.
new ID cards: there was no news about when we should expect to receive them & it was slow to receive them, I did not receive mine until I called to ask for it (did not receive until end of January or beginning of February, open enrollment ended in November, I expected to receive on or before new year so I could see my doctor)
I thought this style of enrollment was a big improvement. Working on the Chicago Campus it would sometimes seem as if information took twice as long to reach us and then we felt we had less available time to review. Having everything eletronically at your fingertips, I felt I had more time to reveiw and make decisions.
I didn't get adequate feedback after submitting my application -- the first evidence I received that the choices I made were actually received was in February. And I didn't know who to contact to check on this.

<p>It was difficult to get true side by side comparisons of the different options. Information was not located logically on the web page, such that it was difficult to find a document you had previously seen somewhere on the site.</p>
<p>There were some sections that had to be applied on paper, yet did not get submitted onto the HR HR system accurately.</p>
<p>I thought that the Benefits Office did a great job of providing MANY opportunities to become educated on the new offerings for Health Care coverage. I appreciated the mailed newsletter as well as the benefits Q&A held at my building that I attended. The whole system is pretty complicated and I thought there was a sincere attempt to make it understandable for everyone. It was a tough job. Thanks.</p>
<p>no benefit information for every plan</p>
<p>Not bad for first time effort. Cost is an issue, and I still haven't received BCBS booklet to confirm changes in coverage. In some places, it's not clear that my dependent is listed as covered. As stated before, I had no idea I had not completed the process until a follow-up email about the beneficiary.</p>
<p>It was handled extremely well by HR.</p>
<p>A limitation was the delay in confirmation. Some form of feedback is essential: the paper mailing came much later, well after the close of enrollment. Also, additional information about excess retirement contributions, including university rules, would be helpful. I had been under the impression that arbitrary additional contributions were permitted within the standard 403b framework (subject to upper bounds imposed by tax law). Somehow, I missed this in making my choice, which was subsequently rescinded because of a lack of accord with university rules.</p>
<p>The information provided on alternative plans was not very helpful. It did not account for the tax implications of different plans. Also the spending scenarios were not realistic in my experience - an accident or illness can generate much higher expenses than the worksheet allowed for. We did our own spreadsheet and included tax effects and different spending scenarios. The results were much different than the online resources suggested.</p>
<p>Many of the links on the web site were to old and/or out-of-date information. We could not get detailed info on the new Value PPO, which made signing up for it a bit of a leap of faith. We were very dissatisfied with the responses we received (or lack there of) from HR on the phone and via e-mail.</p>
<p>Sorry, but its been so long since enrollment that this isn't fresh on my mind.</p>
<p>I must say, as a new employee of Northwestern in 2006-2007, I was extremely impressed by the clarity, thoroughness, and efficiency of the open enrollment process, especially during a year when so many of the programs were altered or discontinued. Even though I thought the webpages could have been more clearly organized (and some of the links didn't work), I thought the flow of information both online and in print was very steady and helpful, the toolkits were marvelous, and the actual options for health-care programs were well-tailored to our community. I also must add that my personal benefits counselor, [name], is terrific: very clear, prompt, and extremely pleasant in explaining the processes of enrollment and in comparing various options among different plans. Thanks!</p>
<p>The information provided before the open enrollment period was completely inadequate. Indeed, it was insulting. It urged us to "take charge" and "educate ourselves," but the provided nothing but the vaguest information and platitudes. No actual information about costs, choices, features, etc., was provided until the last minute. I feel the options offered were inadequate and the University substantially cut my total compensation through its latest cuts in health care coverage. Attempts to communicate directly with people in charge brought more insultingly vapid and evasive responses. If those in charge really had as little information as late in the process as they claimed to have, it's amazing anyone at Northwestern has coverage at all.</p>
<p>I believe that Open Enrollment was excellent and more than enough information was readily available to you, which is the way that it should be. In dealing with Health Insurance many people are confused and really don't know what would be best for them to choose, but NORTHWESTERN MY HAT GOES OFF TO YOU for the way you handled Open Enrollment.</p>
<p>It was a nightmare. I chose the wrong plan, tried to correct my mistake within just a few days after the deadline but was told by the head of benefits that to make any changes would "endanger the integrity of the plan." The head of HR did not respond to my email asking for review of my situation.</p>

<p>I appreciate all the effort your team put into making something very challenging be accessible and easy. I would reiterate my point that all of the worksheets need to match the choices that were actually presented online. This wasn't the case for the investment section and I was confused.</p>
<p>I liked the multiple formats that the enrollment information was shared in. I think it would be helpful to have additional face-to-face opportunities to ask questions.</p>
<p>I was in a tough position b/c NU discontinued the relationship with Aetna HMO. I was pregnant and due [date]. If I had delivered past [date] I would have had to pay much more for the birth since I was forced to switch plans. I delivered [date], so this wasn't an issue in the end, but I considered being induced before [date] so as not to have a complicated insurance situation under a new PPO plan. I ended up signing up for my husband's healthcare benefits for 2007 b/c the premiums were much lower.</p>
<p>I thought that the glossy mailing were a waste and the meetings that were held before anything had been decided....a lot of hoopla but very little content.</p>
<p>This is my first position as a full-time faculty member and I was VERY frustrating by how difficult it was to access information about the health care plans and retirement plans. The web site was ridiculous. I also found that it was quite difficult to reach benefits "counselors" by phone to ask questions, and my emails were answered with instructions to look at websites that I had already spent hours trying to decipher. I wouldn't dream of treating a student with questions the way that benefits has treated me - and my questions are about details that will have a major impact on my life and potentially my health. This process was like learning a new language and I would have appreciated more help. In fact, I still have questions about certain aspects of the health plans, but I have no faith that the time I will have to spend trying to reach benefits will be rewarded with answers. The assistance I received with benefits information was much better when I was a graduate student at a public university, but perhaps that was because I was a member of a union....</p>
<p>1. I had somebody else's child listed as my dependent. My family was there but she was extra. I called Hr and they did not seemed concerned but they looked into it. I got a call back that things were fixed. 2. I did not realize that the enrollment ended at 5pm and I tried to finalize my application when I got home that evening. I emailed the HR group and they actually corrected my FSA amount. I thought that was great! 3. I prefer that all info be communicated via electronic means. it is a waste of money and paper to send it out.</p>
<p>I can't tell you how many difficulties I have had with WHI both this year and last year - both of two of my regular physicians have commented on the difficulties and unprofessional nature of the staff. Another RX carrier should really be looked at.</p>
<p>It was difficult to navigate due to computer problems. Also, why is no FSA offered unless you enroll in one of your benefits plans?</p>
<p>Some items selected was not accurate. For example, in retirement plan selection, when maximum amount was selected, it does not take out the maximum amount (~\$15,000).</p>
<p>This survey should have been sent out in December when I (and probably many others) would have a better recollection of the online open enrollment process.</p>
<p>I like the online information, as it is available 24 hours a day. Quality needs to be improved though. Detailed information on all plans was not available. Some outdated information was still accessible on the websites. This was a particularly hard year as there was a huge change as none of the previous Blue Cross plans were available and everyone had to make a new choice and re-enroll. Next year should be much simpler process. The online calculator tools were silly. Get rid of them. Keep the enrollment process online please.</p>
<p>NU needs to lower the employees cost of health insurance</p>
<p>The retirement plans required additional calculations before enrolling. It was not clear from the web form.</p>
<p>Open Enrollment went well; it was the confusion afterwards that ruined the experience. HSA info did not go out in time, NU money was not deposited by Mellon in a timely manner, usual bureaucratic runaround.</p>
<p>Checking and updating life insurance beneficiary information was confusing. Most of the rest of it went surprisingly smoothly given the complexity of implementing this. The informational flyers mailed home were of minimal value, but in-person presentations I attended were very helpful. Being able to ask questions of a person is important.</p>
<p>When enrolling in plans that required additional paperwork (eg long term care) there was no feedback that the paperwork had been received, approved, etc. The mailed document did not reflect the addition of long term care. But the money was taken from paycheck. I have received no documentation that I have been enrolled in this plan.</p>

This survey is a little too late. I do not remember many things about the open enrollment process online. There was also a problem with my husband, also a Northwestern employee. He waived his right to open enrolled for health care since he is covered under my plan but there was a problem and at the last minute we had to fill a form, sign it and fax it otherwise he would have been charged for one month automatic coverage. Since I had put him as one of my dependents, the system should have caught that.

There was a glitch in my registration-needed several calls to Benefits rectify-finally it went through before deadline. Some data was missing and it wasn't flagged as required data, but it was

I was quite disappointed with the slow response and inaccurate response from NU benefits persons on my questions. Other problems: 1) I was surprised that being in BC/BS HMO required a Walgreens prescription card--this was not clear to me. 2) The Excel worksheet for retirement plans was hard to follow and use. Furthermore, there was no option for taking out the maximum amount. 3) The system would not accept my input for ENH Medical group on [street name] St in Evanston.

When I finished enrolling, I couldn't figure out how to save what I done so that I could print it out later (I didn't have access to a printer at the time). Consequently, I had no way of knowing there was a mistake until I got a copy in the mail a couple of weeks later.

NU's decision to drop Aetna HMO leaving Evanston women with on BC/BC as an HMO option essentially blocked access to Women's care within Evanston or at ENH due to restriction that Primary care and OB/GYN be within the same network. Aetna HMO was added 2 years prior in part to increase access to OB/GYN availability as local practices dropped BC/BS. Unicare HMO is a poor option since it is not accepted at ENH. This was a major anti-woman policy decision by NU limiting women only to the highest cost NU plan.

The printed summary of what I chose arrived much later than was said. It should be possible to get through to a person at Benefits; but one can only leave a message with no indication as to when one will be called back. This makes it very frustrating to use. The people are nice enough, but the system frustrates the user. The maximum for Flexible Health Benefits should have increased this year, as it always has. Before technological changes are installed, ask some ordinary -- not tech savvy, not already well-informed on the subject matter -- users to try it, then change it according to their feedback.

Given that it was a new system, it probably wasn't that bad! We did run into several problems, though. There were mistakes online, and confusion over HSA/Flex accounts. Also, nobody could really explain how the value plan would work in practice, and I had to just go with the flow.

As noted earlier, the materials I received were more suitable for advertising purposes to the general public than for conveying important information to a university community. The material needs to be more straightforward about the increased cost for essentially the same services.

The problem was, as I see it, that you scared people by intimating that they would have to choose among a whole new list of packages. It was weeks before we knew that all there would be one that was equivalent to the one we currently hold, so that we wouldn't in essence have to do a whole lot of thinking, considering. I called and emailed Benefits to ask about that beforehand but I never got helpful responses.

I would have like to try the HSA plan, but the dollar amounts didn't appear to compensate for the risk particularly on an after tax basis. Also the difference between list price and PPO price is always disturbing, if they were they same, I'd have a better handle on understanding the HSA plan.

1) A summary screen should be provided to allow for review/correction and printing. 2) Proper Web links should be provided when any additional information is required to choose a specific plan to allow for on-line entry of the necessary. The HR should notify via email or regular mail if any additional information is required to complete the registration.

I found the intentional ambiguity of the mailed material insulting.

Mailings seemed a bit excessive in number. I was not very intersted in making changes.

The program that estimated cost of the PPOs would be more useful if it accounted for taxes. Some expenses are pre-tax and some are after-tax and the program did not account for this.

Information about current providers was not included in forms. It took me a fair amount of time to retrieve that information. Forms should be prepared with previous year information to minimize amount of work to users.

As there is no other place to do so, I deviate a bit from instruction to comment on some closely related matters. Some items still require paper enrollment and trips to the Human Resources office though it would seem to make sense for everyone involved if it was possible to do it online. This year that included making my FLEX account decisions and, most remarkably, verifying that my daughter is an undergraduate student at NU and eligible for tuition reduction. For God's sakes, can't Northwestern keep track of its own students? If she was my daughter when she was a freshman she will remain my daughter for the rest of her life, so all you really need to know is whether or not she is still enrolled, and you ought to be able to track that without my having to walk over there and fill out a form that someone else then has to process - that should be simple computer work. And why does student status have to be verified in January rather than at the beginning of the academic year? Someone seems to be asleep at the wheel.

I thought the on-line procedure was very efficient and easy.

All the information at various times gave me the ability to be prepared.

Still have not received prescription drug card.

Overall a better experience than I expected

Excellent!

The hardest part was finding out my current benefits.

I hated the "it's your choice" theme. It tried to disguise a rate increase, over which I had absolutely no control, as my "free choice." I also hated the way the materials insinuated that consuming health care is a kind of moral failing, the result of not eating well, exercising, etc., and that such people deserved to pay more. People often need to consume healthcare for reasons beyond their control, and often for reasons that cannot be predicted in advance. To pretend otherwise is disingenuous, indeed slimy.

I thought the whole process worked very well.

Poor or limited information on dental and eye vision coverage. Difficult to make decision on that basis.

I am very disappointed with the Value PPO. Information about coverage has been slow in coming and has been misleading. In particular, I am still confused about the Wellness Benefit. Must I meet the deductible before the Wellness Benefit applies?

The web site was a disaster. I wanted to max out the amount deducted, up to the legal limits, for retirement. This was an arcane process and the form allowed one to make grievous errors. That's simply bad design and sloppy implementation. I would fail an undergrad who turned in a design that horrible. It would save everyone a lot of time, energy, and trouble if you put more care into seeing that your web site for enrollment is done better.

HR representatives were not well prepared to answer questions at information sessions (and sometimes gave inaccurate answers); this limited the utility of the session I attended.

The hard-cover enrollment book is by far the most useful of all. With that in hand, web enrollment is very easy.

Maybe the University should raise salaries to compensate for the increase in health care costs they just passed on to faculty and staff. It is infuriating to have this done under the guise of our managing our healthcare. And what is the explanation for charging us to use the gym if you are so bloody interested in our managing our health?

The web site showed that Value PPO premium was taken from after tax \$, which was incorrect. Of course, at the time, nobody picked up the phone so I had to leave emails and a voice mail. Then Repeated VM and emails were left unanswered on this topic until the day before open enrollment finishes.

The material online to assist with health plan selections was *very* poor, really a complete waste of time. If you're going to present cost estimates from inputs you need to provide a way to drill down -- exactly where are those cost estimates coming from. It was impossible to know what assumptions lay behind whatever calculations you were doing. I was also offended by the marketing brochures. NU benefits money is going to pay for full color brochures with models on the cover that don't provide any real information? You're treating employees as if they're three-year olds.

People like me appear to want to push the least expensive plan to NU rather than the plan best suited to me. That's bad, if true.

It was great except the new plans were more expensive than my wife's coverage at work so we switched

I tried to respond on line but computer would not accept my waiver. I went into office and signed one. You failed to process it and signed me up for health care without informing me that you (wrongly thought) you didn't have my forms and I had to undo it all in January when the withholding showed up on my paystub. I got about 15 pieces of worthless information because it didn't include premium info. I know my family needs already and don't need you to approximate them with a fake model family. Put the money into making it work right, not the snow job. It doesn't inspire confidence at all.

It was a mess from the get-go. The new HMO did not have our registrations, our prescriptions were difficult to fill, all in all a mess. It took my wife two weeks of phone calls before we were back to normal.

The on line process was difficult to follow and did not allow me to waive certain things. It was much more helpful to meet with my HR person.

It seems like NUSAC is on the same page on this that I am. We got lots of information that the system was going to change, but no real information about what those changes were or what their costs were until really late in the process. All that earlier paper and mailing and so on was entirely useless because it had no information about the plans. What we needed was just complete comparative information, which we finally got. And it did seem odd that the system did not know our life insurance beneficiaries. Maybe we had never selected them, but we have had the same family composition for 23 years now. However, I would have to say that in personal interactions - which were not a component of the open enrollment for me this year - [Benefits staff name] has always been very helpful.

I was very disappointed to be forced to change my health care provider. This made the process far more complicated and anxiety producing. I used the human support system located at Norris. the person was gracious but unfamiliar with the software available there. The outcome was I received a notice that I had not completed registration. I made a frantic trip to 720 University Place to get things straightened out. It was not a easy process.

The summary information that was mailed after my first enrollment was incomplete / inaccurate re: LTD. I called the benefits office and no one returned my call within 2 days. I went on-line again just to view my selections and plan descriptions, which generated another summary information mailing. This mailing was incorrect in terms of taking some items out post-tax vs. pre-tax. So, after not being able to successfully reach someone in the benefits division after 2+ days of trying, I went on-line again. This was an incredible waste of time since I was making essentially no changes to my plan options from 2006.

This survey is 3 months too late. I recall very little about the Enrollment website or process.

I felt the process was more comprehensive than before. I did feel the biased emphasis on the lower cost plans was potentially detrimental to enrollees. I would like to see a less strident and fair approach to the health plans.

Information available on the PPO options was shockingly incomplete. Why wasn't the *full* plan description available online? E.g. for Value PPO it was almost impossible to determine what constitutes "well-care", what mental-health benefits were, etc. We got lots of *useless* mailings and incredibly little useful information: the content of most of the mailings was simply "change is coming" but we were never given enough information to actually make rational decisions. The fact that after all the advance hoopla, much of the relevant website was nonfunctional as of the beginning of open enrollment was outrageous. The whole thing was shockingly mismanaged.

1. The monthly newsletters were ridiculous! There was almost no content in them. They were a waste of time and money and paper. 2. Despite stated overall neutrality of costs, the healthcare costs for HMOI did go up significantly for family coverage (about \$800 per year not including increased deductibles). 3. I think it makes no sense to have so many different variations: employee alone; employee+spouse; employee+children; employee+spouse+children. Why have a group if such specialized plans are going to be developed? The idea behind a group is that you have a mix of populations. What is next? Differentiation by age? by gender? Ultimately, this might mean the end of group plans, with insurance tailored to each individual's circumstances. That is unwise. 4. Supplemental life insurance: It has taken several months, and I have not yet got a decision from the underwriters. The benefits letter from NU did not mention whether the supplemental life insurance is in process or not. It simply did not list it. In the future, please list things still under process.

Not yet

Please see previous comment regarding part-time faculty. Since no rates were listed, it was difficult to make decisions. In addition, I felt as if I were inconsequential to NU in the benefits process, even though I am eligible. It was also disturbing to see the huge discrepancy between what NU pays for full-time faculty benefits and part-time faculty benefits. There was virtually no difference between our rates as member plus spouse and family rates. This makes no sense to me.

For the amount of lead time that seemed to have been given, and amount of hype over the whole process, the online aspects were extremely deficient. The Benefits web site is a maze that is impossible to navigate. There are missing documents (i.e., titles of documents but no links), links that don't work, circular links (i.e., getting you nowhere but in an endless circle), and incredibly out of date information. This makes not only open enrollment, but also day-to-day management of personal benefits needs, very difficult.

Information on health plans seemed less detailed than in some previous years. In fact, I went back to some of the older information to read the definitions of certain types of services, etc.

Open enrollment was not available on the date that was given on the web. The web was not even set up by that date. The information was not available on the web even two weeks later when I did complete the forms. Overall, the level of information available and the accuracy of that information was terrible. Repeated phone calls to the benefits office did not clarify the situation, even when I asked to speak with a supervisor. The process was deeply flawed and seemed almost incapacitated by insufficient planning.

As stated in a previous section I thought that it would be best that if no action is taken then the choices from the previous year should automatically roll over. This would save time for people at both ends of the system, although I assume there is a good reason (unknown to me) why this is not done.

I tried to enroll my husband on my dental plan this year for the first time. I missed the link that stated I needed to provide a dental plan signed by the dentist in order to enroll in the Blue Cross program. Since I had communication with staff during this process, I expected that someone would notice this information was missing, but this did not happen. To date [(date)] this issue has not been resolved in spite of several phone calls to HR, and I'm not sure if my husband is covered or not. [respondent name]

See previous note. I am retired and found it very confusing to receive so much information that applied only to active faculty. I went to a group session and was told that it would not be helpful because the material did not apply to retirees. I called and finally got this information confirmed. The mailing explaining retiree benefits came to late in the process. All of that confusion could have been avoided.

Great improvement over the past. I know what my coverage really is having been forced to reject coverages that I did not want.

Given the scale of the undertaking, it was impressive, but there were a lot of things that were unclear and needed follow-ups with e-mails, phone calls, etc. I was surprised how little was saved by a plan that included spouse but not dependents as opposed to one that included dependents. I would have thought we could do better.

The information provided on the various PPO options before open enrollment was inaccurate. Even after spending 4-5 hours studying the information and calling the benefits office I still do not know the true cost of each option, and whether I chose the one that is right for us. Given how expensive these options are we should get better information.

I was told that if you were 55plus, you could put more money in health savings account. I pledged \$1800, but my summary statement said \$1200 and people at benefits were not helpful to let me change it. Also, I went to a Q & A for the new open enrollment, and the woman gave me inaccurate information. She said that if my husband was on medicare I couldn't sign up for the Value PPO, this turned out to be untrue.

I thought that this process was extremely well done. The mailings at home, the informational session at work, the on-line process worked very well for me. I may have had some suggestions about the on-line registration process if you had asked me earlier but I have forgotten the details of that process by now.

We needed to change our HMO provider because our previous provider was discontinued. It was extremely difficult to find a new primary care physician for my wife. My and my children's primary care physicians did not change and it was easier to find their numbers.

Because my HMO group number was unavailable on the terminal I used to enroll, it required TWO computers to enroll. Afterward, HR failed to record my spouse's name correctly.

It would really help if HR would (1) answer the phone and (2) direct you to someone who will return calls or answer the phone. It's very frustrating to get in touch with them. However, when I talked in person to people in the HR Chicago office, they were all very helpful and very nice.

I was horrified by the rhetoric of the "People Like Me" information, which was so moralistic! E.g.: "John eats well, exercises, and generally takes care of himself, so he can use the Value PPO," while "Bob is a smoker and is overweight with Type II Diabetes, so he needs the regular HMO." This is a parody of what it means to require adequate health care. Most professionals I know in the academy (I'm a professor) take excellent care of their bodies--don't smoke, eat well, exercise--but also seek therapy and other kinds of mental health care to help address the stress of their jobs, especially pre-tenure. The "Value PPO" is an impossible choice for anyone who wants even semi-weekly therapy, because the deductible is so high. In future years, I think it's imperative to include information about mental health care benefits, and how each plan addresses them. It's also imperative to dispense with this kind of moralistic language that suggests only carelessness and some kind of health-related self-destructiveness might lead someone to need a lower-deductible plan.

I attempted to enroll my spouse in my dental coverage. The online form accepted the information, but it was NOT clear that we also had to submit a separate form from her dentist reporting her dental health. We could have easily have done this, but the online form allowed us to enroll, but then did not inform us clearly that this other document was needed. The report I received said that she was enrolled (and payroll deduction indicated that), but it was only when I received only one card, that I discovered she was not enrolled because of the lacking statement from the dentist. I appealed this and my request was handled ok (but slowly) by the staff in HR. This person admitted there was a problem. I then appealed to the administrator, [name], on [date], who reported back only after being requested a second time over a week later [date] and gave a classic bureaucratic denial that it was all my fault. My wife and I both work with online forms all the time, and she is a Web Designer. We did the online form together and never knew that we missed this important step. Clearly the online form is flawed by not alerting the person enrolling that they MUST submit this additional letter from the dentist. I pointed this out to [name] who chose not to respond. It would be simple to add a statement at the end of the online form to remind the enrollee that the additional form is required to actually complete the process.

Overall, I felt that online enrollment worked well. However, the quality of the enrollment website was quite poor. One particular example that comes to mind is the beneficiaries selection for the spousal life insurance policy. Due to the lack of clarity of the website, it was not entirely clear the secondary beneficiaries for my spouse's policy were correct. In fact, even when I received my benefits summary by mail, this information was not displayed clearly. There were a few similar problems with other parts of the website. Given the importance of these benefits selections, I feel that this is a serious problem.

Filling out this immediately following enrollment would be more accurate and I could have been more specific. I recall some points were not clear but I cannot remember them now.

The newsletters "It's Your Choice" sent to my home prior were not very useful. They did not contain much valuable information and kept saying: wait until next month. I think way too much money and time spent on them with very little value added. Very much liked on-line enrollment, much improved.

When I tried to log on to complete the open enrollment, my account had been disabled. The problem was corrected, but not in time for me to participate in open enrollment.

I received inaccurate information concerning deductibles at an information session, and the lady continued to give this bad information. Since it did not seem right to me, I pursued the issue with the head of Benefits and he gave me the correct information. It is very important that all staff giving information actually understand what they are talking about. Also, all the health plan changes and cost information should have been provided much earlier in the process.

I went to one of the informational sessions in Norris, which was worthwhile. The best part was the lady (sorry, I can't remember her name) who presented at the session. She was willing to work with me individually following her presentation. She helped me go step-by-step through the online enrollment process. She did a great job of explaining and guiding me through the process.

If costs are being shifted to employees (e.g. in a Value PPO plan), then more information about what typical costs are for typical physicians' and hospital fees & medications should be provided in order for us to make informed decisions. Otherwise it's just a gamble. The process for enrolling new family members should be clarified, as there was no way to add them online, only on paper. However, this was not at all clear from your website.

All my interactions with NW HR Benefits have been painful. Foremost, my voicemails are not returned. I cannot fathom this type of behavior in any profit-based institution -- this could only exist in a bureaucracy. Additionally, when I am able to speak with someone, the interaction is unprofessional and sometimes even disrespectful. I have worked at two other (public!) universities and experience much more professional service. Northwestern's HR Benefits needs an overhaul.

I was very impressed with the entire process. I felt I was well informed and I was clear about the steps I needed to take. Great job!

The multiple copies of the changes via regular mail was not necessary. It wasted my time checking for possible changes (there were none).

I have 3 major complaints about the process and service provided by the University: 1) The web site was UNACCEPTABLE. The links to the 2007 documents explaining benefits in detail did NOT work (sent you to the 2006 documents instead). The Mail-in info did not have a comparison chart of plans, nor a copy of the detailed PDF that spells out all the rules, eligibility and coverage of the plan as you used to have for the old plans. Even worse, as I said, the web site was hard to navigate (was not at all obvious where I could find what I was looking for) and when I finally seemed to find the page and link to the detailed PDF of the plan coverage, the link pointed to the 2006 document instead of the 2007 document! This is just UNACCEPTABLE for a University like Northwestern. 2) The mailed material was written for people who make health care decisions lightly. The information was almost trivial. There was no way to make a clear comparison between the new plan and the old plan of the same tier, to find out whether my coverage was being changed. This combined with the fact that the web site had the wrong links made the process VERY frustrating. 3) For months and months the University advertised how great the new plans will be and from my perspective all I got was the exact same plan (PPO Premier) with a LOT higher monthly premiums (almost a 50% increase!). Once again, given what Northwestern University represents I was disappointed with the process at multiple levels. The only shining light in my whole experience was sending an e-mail to [name] at Benefits and getting her clear, complete response within just a few hours. [respondent name] Associate Professor of [department]

My retirement selections were guided by the online system, but ended out being incorrect in multiple ways and requiring HR time and my own time in order to straighten them out. HR personnel were very helpful there, but HR response to the initial problem was delayed. The web system could have been designed to avoid all the problems.

I thought it worked remarkably well.

Please try and reduce costs of these programs. They have risen in cost very, very rapidly.

This year's benefits enrollment was a disgrace. The mailings over the summer seemed to be drivel meant to soften us up to reduced benefits and increased employee percentage premium. The web site was apparently never tested. Several calls were needed to get basic information like plan number. I did the enrollment properly, got confirmation finally that the enrollment was what I wanted and then learned the other day that blue cross dental was never informed of my wife's enrollment. I called and left emails several times with questions during the enrollment period but never got a return call. I sent fourth and fifth reminders of questions and finally got a response. This is a problem that is endemic with benefits. If I just write a question to benefits I generally do not get an answer. I have learned to write directly to [name]. Perhaps the employees consider themselves anonymous and don't think that an email to 'benefits' is really to one of them. Please take the care and time to fix this situation. It shows lack of respect for the employees of the University to have offhanded benefits responses like the one we have seen this year. I was once chair of my dep't and I know that you burn a lot of good will when you treat people like this. [respondent name], Professor of [department]

I would prefer to have the choice that if I do not need to change anything not to wait time filling up forms online or having to answer questionnaires. If I do not need changes just renew my memberships automatically.

<p>1) I called and requested to do this with HR assistance, was assured it was unneeded, which proved both at the time (and continuing) to be totally false. 2) Shifted major medical from my name to my husband (both long-term NU employees) and ended up with my son "dropped" from dental (despite being on policy for 18 years); and with my DOB for major medical/prescription drugs so wrong that I have had great difficulty getting any of my maintenance medications, and worry about what happens when I have "adult" medical treatments. 3) With the shift to spouse's policy, I was asked to "waive" NU coverage--which I was not doing. No provision to cover NU couples in the official paperwork--and I know plenty of such. Really serious oversight, to ask employees to 'waive' coverage when they just want one policy for the family. 4) Too much mailing of utterly superficial information about the plans; I frankly thought HR was wasting their money all summer. I wanted "real" substantive information about comparative coverage and costs. I was irked that the university was spending so much money with superficial overviews of the different programs instead of putting money and energy into the kinds of information I needed to make actual, informed decisions. 5) In sum, I found the "buildup" information useless; the process of enrolling to be confusing and requesting things I could not give (e.g. the "waiver" of NU coverage); and the implementation--well I am still dealing with the mistakes made once I was enrolled, and have not appreciated the amount of frustrating time and energy I have had to devote to this (and suspect all of this will continue for some time).</p>
<p>I thought that an enormously complicated effort was conducted expertly. I'm a bit disorganized, and a bit naive about benefits issues, and during the school year I'm outrageously busy, but even I felt I had enough information, in the right order, in a timely way, and had plenty of very helpful reminders to keep me on track. Thanks!</p>
<p>There was too much time between the initial presentation sessions and the actual enrollment period, although the initial presentations were very complete and the discussions were valuable.</p>
<p>Did not like finding out after the fact that as of March 1, bills for Physical Therapy would need a letter of medical necessity (under BC PPO). This is an antiquated requirement but if it was going to be implemented, it should have been included in all up front material.</p>
<p>The web site still had links to LAST YEAR's documentation in a few places, the toolkits SHOULD have been very helpful, but instead were very annoyingly implemented, and in general the navigation and help features were not intuitive, at least in my opinion. I don't know who modeled or templated the navigation and some of the content, but I would recommend getting a group of faculty and staff together to review the site before going live, and at the point of design engage the community to understand better how people would like to interact with the site. It has the potential of being a wonderful resource for employees to understand their open enrollment surveys, but it was extremely difficult to find information in a non-linear way.</p>
<p>I got burned this year. If I stay at the university, I hope I don't get burned again next year. If I knew that when I needed a prescription it would cost 10x as much and I would have to wait 3 weeks for it, I would have chosen another plan. If I knew that you were going to change the rules on reimbursement in March (after I had to enroll), I would have made a different decision. My experience with the health care benefits makes me wonder if I should leave NW. Faculty colleagues at other top research universities are treated better.</p>
<p>Overall, I am very satisfied with this year's Open Enrollment. And I hope that oOn-line enrollment will continue.</p>
<p>i felt the toolkits were really pushing towards the FSA plans, and didn't entirely agree with them.</p>
<p>Those expensive glossy fliers sent to my home provided only the most basic and general information about healthcare, which I and most people already know. NU could have saved a lot of money without this expense and trouble. The online enrollment was rather clunky, always having to revert back after each section (unless I was doing it wrong, which was not made clear).</p>
<p>Maybe because this was a first-time effort, it was stressful. In fact, I'm not sure I did everything right. My take home pay is far less than the previous year. I know I need to speak with benefits staff now, but I like to think I wouldn;t have to if I had planned my benefits better.</p>
<p>Process was presented very clearly, accurately. You knew HR worked hard to make it as smooth a process for all employees and took the entire process very seriously.</p>
<p>there wasn't enough information about the optional term life insurance plan , the process of application and how much time it takes to be approved</p>
<p>Too many newsletters were mailed out. Especially since the newsletters didn't seem to have relevant information about the changes being made and the differences in the plans. All I needed was an outline of the HMOs and PPOs and their costs and I would have been fine. And I don't think I got that until I went to one of the Benefits meetings.</p>

<p>I found that when the changes to the health care plans were announced we were bombarded with mailings and emails. However all of the information was very vague. There was no cost information available at all until after open enrollment began. Second, I found the online calculators and plan comparison features to be useless. They were difficult to use and did not supply me with helpful information.</p>
<p>I think for the first year it was awesome and it can only get better. The only thing was the people answering questions over the phone did not all sound knowledgeable about their answers if they gave one. Lacked a bit of customer service savvy.</p>
<p>Everyone involved in providing information, processing enrollments, etc., was terrific. Kudos to all: you did a great job with a complex and important task. Thanks!</p>
<p>Once I read the instructions, it was very easy.</p>
<p>Very nicely done. However, I feel that the new PPO plan is just shifting risk and costs to the employee, which is not the true purpose of insurance.</p>
<p>I'd say I got too much information prior to open enrollment AND not enough. So many things were not covered or explained anywhere in the material sent, like the \$500,000 cap on life, and what it meant, and why someone might or might not choose it, or, under retirement, the meaning of "Employee 1% - Employer 2%," "Employee Age and Job Applicable," or "Waive". [name] himself went to great lengths to explain all of this (and more) to me in several e-mails, and I still don't fully understand it. I also consulted with co-workers who'd attended the open enrollment help sessions, and they all said that only *health* benefits were discussed there. I think a lot of people may have just flipped a coin (or closed their eyes and pointed) when deciding about the non-health benefits, because they didn't have a clue what they were being asked. You know how, when you install software, it asks if you want the default installation or want to customize? Maybe you should set default choices in these areas, if they can't be explained to halfway-intelligent people like me (at least I think I am), and offer the "experts" the opportunity to "customize". That'd be just as good as the guesswork I used. Also I had a terrible time with the web site and had to start over several times.</p>
<p>Online tools were great until I realized NOTHING applied to part-timers! The HR website also was giving misinformation (PDF from a few years ago) for part-time benefit info. The mailers were too repetitive although done in a friendly manner. The brown bags and email direct with HR were my only source for accurate information. I really would have liked to have been able to use the other tools. The actual registration was fantastic. email reminders and gift incentives were great motivators for me.</p>
<p>Felt than online open enrollment was an improvement over paper-only format.</p>
<p>When I use the system infrequently, it's hard to remember what I elected or what the features of my election are -- particularly regards making future decisions. For example, if I want to have lasix surgery in the next several years, how do I best plan ahead for this to be affordable/even doable? should I change my plan? Also, how do I get a mammogram given the plan I've chosen? In summary, answers/resources that gave me information I needed AFTER enrollment and "just in time" for when I need the information would be very helpful. Now I delay getting services because I'm not sure how to fill out the paperwork or navigate the system. I wish I could talk to a real person who could "teach" me to use the system(s) for the first time and then I would be fine going forward.</p>
<p>I liked the online enrollment, but I liked having paper info to review. I am much more likely to delete an email without really looking at it, verses something mailed to my home.</p>
<p>It was very well handled and documented</p>
<p>Although I enrolled on time, I was not put on the BC/BS PPO list until sometime in January and Mellon did not send me any information about the HSA until I contacted them. I still have not had Northwestern's contribution credited to my HSA although my contributions have. Luckily, I did not need any coverage during this gap time.</p>
<p>my office mates were confused about the different plans. I explained the PPOs in terms of Aldi brand, Jewel, and Whole food brand. It gave them an idea of amount of and quality of benefits.</p>
<p>I really like the online enrollment!</p>
<p>I had trouble changing the beneficiary and removing my ex-husband off of the policy.</p>
<p>I especially liked the fair which included various health information in addition to the healthcare/provider information.</p>
<p>Thank you to all who worked so diligently on the whole process. From my experience and others who I talked with, it was very smooth transition.</p>

<p>I was kinda mad because, I didn't remember waiving my dental. But, when I went to use it I found out, then tried to see if there was something I could do but, I was told I would have to wait til next years open enrollment.</p>
<p>I worked well, I liked having paper before to take home and discuss with my spouse. I liked being able to review and change my responses online.</p>
<p>I like the on-line enrollment rather than paper forms.</p>
<p>I submitted my choices as soon as the open enrollment period began. I never received any confirmation that my choices had been submitted. I emailed benefits twice (and never got a reply) and left a few phone messages that were never returned. I finally was able to get a person on the phone to confirm that my choices HAD been submitted, although without this in writing I was not completely assured that this was the case. I was not told until the third time that I talked to a person in benefits that the reason I did not get my confirmation letter was because the short and long term disability applications hadn't been approved yet -- and apparently until this happens, I don't get confirmation that my choices were properly submitted. I did not find out until well after the open enrollment period ended, and if there had been a problem it would have been too late for me to fix it. I should have been told right away after submitting my choices online that I wouldn't be getting my confirmation letter until the LTD and STD applications were approved. I also should have been given assurances that the rest of my choices were properly submitted.</p>
<p>Good job relaying all the information to staff in a timely, informative manner</p>
<p>open enrollment was fine. however, even tho deductions were taken from my check I was not listed with insurance, and wrong insurance card was sent to my house. luckily I found this out in feb while trying to reorder prescription meds as I was not allowed to orders meds as supposedly I had no insurance. it was fixed immediately & I got what I needed. if I had had an emergency it would have potentially been a mess. yes, this may be unrelated to open enrollment- but with switching plans who knows.</p>
<p>Well done!</p>
<p>This survey would be easier to complete accurately if it had been made available closer to the end of open enrollment. Most of the online tools, such as "People Like Me," were misleading or incomplete and therefore useless.</p>
<p>Because I was waiving my enrollment, I assumed that I didn't need to reenroll as waived. As a result I was ignoring the e-mails. One of my colleagues alerted me to this fact luckily but I thought it would have been helpful to have the departments announce to staff some of the basics when going through such a major change. Northwestern does not cover one of the medications that I need and this has not changed. The medication is called Heprin and is used the thin blood but also does not cause birth defects and has a short shelf life, all of which I need.</p>
<p>Everything was fine. I didn't have a problem with it because I didn't have to use it.</p>
<p>Overall, I think that the process was okay. I would have liked to have the option to complete it on paper as well as on-line. When I was on-line completing my forms as well as before I went on line, I never was able to get someone to speak to right away. Then someone would call me back the next day which I thought was a little too long considering it was open enrollment time and someone should be available all day (stagger breaks or something). I wanted to sign up for life insurance for my child but it would not let me unless I signed up for (I am not sure) but I think it was life insurance for myself which I already have through another provider, so I didn't like that I could not just sign him up.</p>
<p>Best part of it all was having people in HR at computers to help on a walk-in basis. They answered questions as they helped me enroll on line. Preparing and making choices beforehand was one part of the process, but feeling comfortable entering on line is another. Having experienced people to help added sense of security.</p>
<p>very good enrolled from online</p>
<p>Open enrollment online was overall a good experience and I applaud NU for investing in an online system for doing so. However, some of the summary plan descriptions were sparse and in a few places (the phone number for Commonwealth Dental for example) completely inaccurate. The followup from HR in this regard was poor (phone calls not returned, unable to get through to a PERSON - not voice mail, not timely). When deciding on benefits information was often difficult to find or not detailed enough in the SPD.</p>

WAY too many mailings came to my home. They were redundant and unnecessary. I would have preferred receiving only a couple of concise mailings but I wouldn't really have needed those either because I got all of the info I needed at the info sessions before open enrollment. Those mailings had to have been VERY expensive. I would have preferred the money go into our meager salaries or used in some other more beneficial way. Also, my premiums went up considerably, so much so that my raise was essentially meaningless, in other words my premiums were higher than my raise. I even had to lower my retirement contributions to keep my rates similar to last year.

I am having difficulty with my new dental plan. I registered my spouse for coverage, and I am being charged on my pay check for spouse coverage. However, the insurance company says that she is not covered, and rejected a claim. The benefits personnel do not return my phone calls to try to straighten this out. I am extremely dissatisfied with the benefits department.

NEED TO SHOW ALL COSTS FOR EYE CARE WITH IN HMO PLAN COMPARED TO OPTIONAL EYE CARE,ALSO SHOW COSTS AND COVERAGES WITH IN ALL PLAN COVERAGES

I think staff in my office were generally satisfied with the process. I hadn't heard any complaints -- certainly a good sign. My own experience was generally good, although there were some complications. I never received an email confirmation of my eBenefits selection, although I thought somehow that was part of the process. Perhaps I misunderstood. I did receive my dental insurance card from BCBS in late December (incredibly fast, considering they needed to evaluate our dental health), but it wasn't clear who was covered under the policy. When I called BCBS, they said my entire family was covered -- very odd considering I had only requested self/children coverage, and never submitted a form of dental health for my husband. When I called Benefits on 1/2, it was extremely difficult to get through, with the vmail box full on several occasions and no opportunity to leave a message. I think it would be helpful if the Benefits website could be organized so that staff know who their benefits counselors are. [Department name] does this for faculty and staff using a GCO finder tool. I believe [department name] also has a similar tool. Also, it would be helpful if the Benefits website would have told us that we could check our benefits coverage by going to the self-service page. The good news is that once I made contact with a Benefits staffer, I received the assistance I needed. Despite being barraged with phone calls all day, the person who helped me was pleasant and helpful. I'd also have to say that the benefits summary in HRIS is excellent. I responded N/A to the questions about the open enrollment web ease of use, as I can't remember the details at this point.

It was excellent of this year's open enrollment. I hope I can find a good doctor for my HMO health plan.

I used it alot.the cost was suitable.

I was disappointed in the way the benefits office handled telephone questions, responded to messages, and were unable to answer questions. I have become accustomed to excellent communication with HR, which seemed to lapse a great deal during open enrollment. As good as the paper and online information is, there is still going to be a need for a person to answer questions.

Please do us the courtesy of being completely honest and open. Share all the information. Tell us the details of coverage for new plans. Tell us about the costs of maintaining an HSA account and who will pay. The fancy brochures just hit the highlights. Also the NU payments to the HSA account were late and left us without coverage on our credit card for more than half the month.

Generally a good experience, although I've had to contact the HSA source several times to answer questions I couldn't find on the website. They haven't always known the answer immediately, but were eager to help.

I did not appreciate that an HR representative did not call me back when I left a message with my questions. I had to call again & follow up myself.

I got an insurance card for my old HMO, then called and HR send another one for the PPO I'd actually signed up for. It seemed like it was corrected quickly, but it was pretty lame that it happened in the first place. Also, it was extremely difficult to obtain cost and provider options for mental health treatment contained in each of the plans. It's hard enough to go through an insurance plan to get mental health benefits - it would be nice if figuring out how much I'd actually have to pay for it weren't so complicated.

As far as "completeness" of the open enrollment pages, the only thing that confused me was that my long-term care was not always listed, nor was it on the confirmation email I received. I had had some concern that it might not have carried over, until I was able to confirm by seeing my paycheck. The mailings to my home were what I spent the most time looking at. I actually looked forward to the next installment.

<p>The process was straightforward and pretty easy. I much prefer online to paper. With paper I tend to procrastinate. For the first time in recent memory, I sent my choices in more than a week before the due date. I usually drop off the forms 5 minutes before the office closes. The single best aspect was being able to stop at any time and return without loss of data. Good work.</p>
<p>Mailings and brownbag were helpful.</p>
<p>I had a lot of trouble just figuring out how to get to the enrollment page. I could have used clearer step by step directions on how to get to get to the enrollment page. once i was there it was fine. Finally, i did not find the staff to be very helpful, so maybe provide more staff with greater knowledge about enrollment. The info sessions were VERY helpful, and once i got into the enrollment page it went quite smooth.</p>
<p>Would have liked more clear information as to the necessity of using open enrollment to prevent unwanted changes in my health insurance benefits. As I had already stated my health insurance/benefit preferences as a new employee, I thought I didn't need to restate my preferences again--until I noticed an e-mail stating that my preferences might change if I didn't re-enroll. So I went online and used open enrollment. If not for this e-mail, I may not have seen the need to use open enrollment, and my health benefits would have changed unbeknownst to me.</p>
<p>I am troubled with the hipaa violoations that occur when administrators have access to prescription details-and they share this information including via email. I am also troubled by some of my colleagues losing prescription coverage, for drugs that they are already on, when changing insurers. Lastly I am troubled by the lack of clarity, organization and ease of use in dealing with Walgreen's. This sentiment is strongly echoed by my physcians. The NU benefits website is horribly hard to use.</p>
<p>I like that we didn't have to fill any paperwork. And the website was easy to use. But I had to keep re-enrolling because I kept getting emails saying I had waived coverage when I hadn't. This made the process time consuming.</p>
<p>No comment. This is the first time that this was not done by some one else for me.</p>
<p>Very unhappy with paying higher cost for health care. Makes any salary increase null and void.</p>
<p>Again - BETTER THAN IT'S EVER BEEN. And don't let anyone tell you otherwise - there's a lot of backwards people on this campus and I've been waiting years for electronic enrollment. Also - the sessions were great and the info arrived in a more timely fashion than it ever has.</p>
<p>I would like to have known how much of an increase the itential plan (Plan A 2006 to Premium 2007) would be. I think there was a significant increase in the amount we have to pay for our benefits. My take-home pay is almost the same as last year, and I switched to the Value PPO. I expected to see more in my check. Maybe I could have gone through and figured that out, but it wasn't very clear.</p>
<p>I was asked for beneficiary designation forms I had already submitted the previous year. I enrolled by the early deadline but did not receive written confirmation until February 2007 even though I spoke with and emailed my benefits counselor. Even after I turned in what was requested, my online information was not changed and I never received confirmation that the beneficiary forms or health care waiver had been received.</p>
<p>I wanted to change my beneficiaries and this was complicated to do online. You should be allowed to open a new window so that you can download the needed forms; otherwise, it's too confusing. I had to try to go back in later to find out which forms I needed and it was a difficult process.</p>
<p>Overall, an easy process. Much better than paper submission.</p>
<p>The information about the deductible that was provided in the late January mailing should have been provided at open enrollment</p>
<p>It was great and it is excellent to have benefits. No bad comments just wish HR was more open to employee's. We feel that it is close to us since we need to call at the door.</p>
<p>I felt my Open Enrollment experience was extremely easy and was straight forward since I kept BCBS HMO Illinois coverage. I did need to "push" my staff to get them to enroll online. They all have access to a workstation, but they needed a little nudging. I didn't want them to wait for the last week when I knew the online enrollment system would be extremely busy. The general reason for not enrolling early was due to heavy work loads in the fall and, admittedly, procrastination. Their comments back to me on Open Enrollment was the actual process was simple.</p>
<p>I wish that I could look up all my doctors (eye, dentist and general care) I picked when I login to the benefits page where it shows the other information.</p>
<p>I still wonder if we can change our voluntary contributions to our 403b plan. We were able to in 2006 I believe.</p>

If you are new to the country the whole benefits process is completely alien, to aid future employees it would be beneficial to provide a dedicated guide for foreign nationals and new employees. I.e. cover all the relevant points for things such as pre and post tax deductions for people on tax waiver programmes, explanation of HMO, PPO's etc. Aid in finding doctoral cover and basic information about what to do in various common situations. Comparison of plans is all very well but unless you understand what and why you are comparing it is all redundant

Overall I felt the information was available, but I still called individuals from outside NU to get their opinions on the options. If I was deciding for more than just myself (ie, family plan) or if my income was sufficient that I wasn't in the lowest bracket, I suspect the amount of information available would not have been sufficient. At each "in person" event, I felt like the vendors were available to sell me on their plans, but no one was there to just answer my questions.

I thought that the opportunity to do online enrollment was wonderful. I particularly liked being notified of my choices, after they were made, so that they could be adjusted, if necessary, during the enrollment period. I found, however, that I referred primarily to the mailings I was sent in order to choose my coverage -- the information was much easier to access on paper than it was online. Perhaps next year HR can improve the online presentation of that information.

Starting mid-summer, I received a lot of paperwork by mail that discussed the importance of choosing a plan. However, there was very little actual content in these mailings. I found it very frustrating. The value PPO was sold as a good option (which it was for me), but many of the details (costs, structure, etc.) were never discussed in any detail. I feel like I made the right choice in the end. But, in hindsight, it was a decision based on limited information.

Benefits caught a serious error i made in specifying an supplemental savings amount

Overall the process was just fine. In my case I already knew which plan I wanted and the only problem for me was enrolling in retirement benefits for the first time. That was a little confusing but the support staff was OK in answering questions. I really hate getting mail that isn't necessary, so I think it would be a huge cost savings if you pushed everything through the web...after all that's how you end up enrolling anyway! This was my first open enrollment through Northwestern and it went pretty smoothly and I believe I'll have a better handle on some of the finer points next year. Thanks.

Was somewhat disappointed with family HMO increasing and maybe you can take into consideration how long an employee has been on the job and not if they are covered as family with spouse. Thanks

Overall, excellent. One area of confusion with the on-line enrollment was it telling you it was complete when in fact you could go in and change something until open enrollment was over. If I hadn't gone to an info session I wouldn't have known I could change something. Very misleading.

The only thing I needed help with was the retirement deductions. The HR staff were very helpful in explaining the deductions. I spoke with someone at Fidelity, he helped calculate how much would be deducted. However, with the new year the deduction was more than calculated; so that hurts a bit.

Having [Benefits staff] come to our department meeting was fabulous and he explained and answered questions very well. I was making a simple one-to-one switch and had been to the administrators' meetings, so I knew what was what, but it never ceases to amaze me how many people don't read what they're supposed to and don't follow directions. The information sessions were beneficial for people like that. I only had one coworker who asked for my help figuring out how to calculate her health insurance usage and add a new spouse. I think people feel that their health insurance is a very private thing, so I'm not surprised that they didn't come to me to ask quesitons - I'm too close to them.

It would be more fair to have opposite-sex partner benefits. Please get the dependents correct. Please answer the phone or answer voice mail messages---it is difficult to get questions answered.

Overall the University has done a terrific job in improving the effectiveness of completing the task of Open enrollment for employees and staff. I appreciate the options and hope that this would be made available for students during enrollment.

I thought the open enrollment was very helpful. It was a lot easier since everything was done via the internet, whereas when I was first hired the paperwork was all done by hand. Very convenient.

I attempted to increase my contribution to my retirement/TIAA-CREF & the enrollment page would not accept my 1/2% increase. I got a message I could not go above a 2% contribution, which I know is untrue. Granted, I did not pursue this at the time which I should have, but now I regret that I didn't.

As stated previously, it was not easy or impossible to find the details of the benefits of the new plans. And they were not available on the insurance company web sites.
I disliked the entire process -- from the change in plans and increased costs to the lack of information about the insurance particulars available from HR.
I believe this year's information was very very informative. I did not agree that it had to be done on line exclusively, because there are many departments that don't use the computer and it was very difficult to have other employees from other departments in HR to translate and explain a net ID situation. It worked out, but it was very time consuming and it won't be any easier by next open enrollment, because these employees do not use the computers for anything having to do with their jobs. I feel they should have had the choice a paper enrollment versus computer enrollment.
The only problem I have encountered is that I have still not received my new insurance cards. Not sure if this is an issue at NU Benefits or at Blue Cross/Shield. On a side note, I would really like to see the Benefits office improve their customer service, much like HR has done. I have had very few friendly dealings with Benefits and I'm always made to feel like my calls are a bother.
it was good overall though the health care benefits were a little confusing. need to make them simple and clear.
I did not receive my summary until January.
This isn't about open enrollment, but I would just like to register my frustration with Walgreen's Health Initiatives as a prescription provider -- it is so inconvenient and frustrating, and their customer service is rude and basically abysmal!
I feel it was alright considering I had some problems at the end when I tried to complete and close out.
I have worked here for 4 years and this is the 3rd time that have had to enroll in a program. I was not making any changes to my plan this year (the other options were not cost effective for me) why did I have to re-enroll if no changes were made to my current plan?
I appreciated all the email reminders. The web enrollment form was surprisingly easy to use. :)
When I was first hired By Northwestern University, I emailed and called my Benefits Counselor (one of the three) several times about one question and she never got back to me. At last, somebody told me to report this to the director of the Human Resources, but I didn't do that. I emailed her again and told her if she didn't answer my question (that's her job), I would contact her boss instead. She got back to me very quickly. That's really a bad experience for me. I know most people in Northwestern University or in Human resources are very nice and helpful, but I do hope the work attitude like this women can be changed.
Keep up the good work.
Overall, the process went smoothly. When the mailed confirmation information was received and incorrect, 1 call to HR was made and it was corrected within 2 hours of the call.
It would have been nice to submit enrollment information, and then go back later to "tweak" or adjust my selections.
Although we are encouraged to use the HRIS self-service, it often is slow or not responsive.
I thought it was unclear whether or not you had to send in paperwork as well as completing the on-line registration. For example, I signed up for the FSA, but I wasn't sure whether I needed to send in the FSA form with my signature on it as well.
item 1: I received too much info sent to my home. It was a WASTE OF RESOURCES, and some of the info was redundant. item 2: way too much duplicate info item 17: I had some temporary problems (not technical, but I don't specifically remember what--I think along the lines of navigation or clarity).
It was very easy to make selections on line. HR personnel were very helpful and assisted me on the computer in the HR office.
I think that the enrollment process should have been allow on paper. I know that we are a paperless society but I still like to have paper so that I can read and understand exactly what better.
The process for my daughter who is covered by COBRA was done on paper and it did not work at all.
I thought the process went extremely smooth.

<p>My husband's name was spelled correctly on all 2006 insurance information. At no point did I need to retype his name, but his name is now misspelled on all of my 2007 information. So, the person who entered it into the database misspelled it, and now I imagine it will be quite a pain to change it back.</p>
<p>The open enrollment opportunity was nice, however, my costs increased dramatically. I'm not sure the tiered system works to everyone's advantage.</p>
<p>There were a number of problems the I experienced in waiving healthcare coverage: 1. After I waived coverage on the web system, I was informed electronically that I needed to update my beneficiaries. When I reviewed them through the open enrollment website, they were correctly listed. Just in case, I re-entered them as if they were changed. 2. I was never asked to complete a hard-copy form to waive coverage, as had been announced as being necessary at one of the healthcare meetings. I tracked down the form through contacting [Benefits staff] directly. I completed and submitted it. 3. I did not receive any acknowledgement of the acceptance of my choice to waive, receipt of my completed form confirming my choice to waive, nor that I had "updated" my beneficiaries as instructed. Until I received my January paycheck, I was unsure whether I was going to be assigned to a plan; since I was not charged a premium, I assumed that I had not. Eventually, sometime in February, I finally received confirmation that I had waived coverage. I also went into HRIS Self-Serve to review my beneficiaries, who are correctly listed.</p>
<p>I called benefit officer (1-7515). They are very kind, patient and nice to teach me how to do.</p>
<p>It got complicated trying to enroll online. Some things were not that clear to me so I sought assistance which proved to be a good thing.</p>
<p>People who decline benefits should be able to get the employer contribution back, since it saves NU money for use to not enroll.</p>
<p>I was concerned about the increased cost of insurance coverage but found that in my situation it was minimal and affordable.</p>
<p>The mailings were a waste of money. They offered no information other than "look, we're going to help you". This is a usual tactic when people are being "handled" which is exactly how I felt. I still have a very bad taste about this year's presentations. Also, I attended the [Benefits] presentations and was extremely upset with his condescending attitude and "big brother" approach. I have absolutely no respect for the higher ups in Human Resources and the Benefits Department.</p>
<p>Not enough info sessions. Full COSTS should have been disclosed up front. Needed a longer time frame to select because change was so drastic.</p>
<p>Sending out so much material PRIOR to releasing the actual changes and costs was a waste.</p>
<p>Seemed to be a lot of helpful information available to compare plans. I didn't need a health care plan but I also didn't realize that I needed to waive the benefit.</p>
<p>I liked the electronic enrollment MUCH better than the paper enrollment. Less chance for error.</p>
<p>It would have been helpful if I could have determined the actual cost of my monthly deductions before open enrollment. As it stands, my net pay is considerably less than expected because I couldn't accurately estimate/determine the total payroll, specifically retirement, deductions.</p>
<p>This online system was very easy to use and easy to understand. It took me less than 20 minutes to complete my enrollment. I liked the fact that you could go into the enrollment and make changes prior to submission. Excellent job!</p>
<p>I feel that this new move towards value PPOs is bad policy draining off the healthy from the University's pool and should not be encouraged.</p>
<p>needed more very specific info on how HSA works. for instance, after enrollment, discovered that there is a minimum balance fee on the HSA (drag). still don't understand exactly how to approach ongoing strategy/maintenance of HSA.... could really use some pointers from an expert on how to make best use of the HSA. also, was surprised by how long it took for payroll deduction to post to HSA (potential big problem relative to minimum balance fee!)</p>
<p>Open enrollment progressed without difficulty. There were so many options to go through and changes made that it would have been nice to better understand them, or at least have a better way to research them.</p>
<p>The process was very smooth.</p>

The initial communications regarding health plan changes did not have enough detail to be useful. The "It's your choice" mailings starting 8/06 followed a progression of "changes are coming", to "here are some vague descriptions of available plans" to "same vague descriptions, inaccurate statement of when real information would be available". This didn't engender any trust in the process. I'd rather have just had all the information straight off. Impressions of pre-open enrollment communications: evasive, vague, bait-and-switch, overly cheerful to the point that it seemed like you were hiding something. I think the changes were reasonable, you should have had the respect for us to give us the full information, rather than acting as though you were sugar-coating and hiding the awful truth from us.

None.

I wanted to change my beneficiary or at least correct the beneficiary information. I was not allowed to correct the address and phone number on line which was pretty silly. I've sent in paperwork in the past to correct the address and phone number but of course it was "lost in the mail". I wanted to add a beneficiary but because it was via paper I knew all too well the change would never happen because the paper would be "lost in the mail". The booklets sent through the mail were useless better you should that the money spent on printing and postage and distribute among the employees.

I thought the Brown bag information sessions were very helpful. I needed to have that face to face contact for questions.

I think an ideal situation would involve having enough benefits staff to go to every office and meet with everyone to go over the changes. I attended a session with [Benefits staff] and have spoken with benefits staff and I'm still not sure of what the new PPO option offers. I found it very confusing. I would hope that there is some way to better explain the policy. I also think that moving more people to more costly PPOs and limiting the HMO options is a way of moving more of the costs of health care to the employee. I found it irritating that HR staff and publications kept emphasizing that the University would continue to pay the majority of our health care costs. Of course it will. It ought to. In fact employers will continue to pay for health care until they band together against the insurance companies and assist the government in establishing a national health care system, like in every other developed country. So please don't pretend like the University is doing us a favor. Benefits are one of the reasons that we all work here and that the University has such excellent staff and faculty.

Explanation of new health care plan options, especially the HSA, was not very clear, either in material/handouts or information sessions. I am a fairly sophisticated user in this regard and I still didn't completely understand. For those with less sophistication (especially new employees and those employees new to the workforce), it must have been terribly confusing!

I think all the mailing we got at home not once did it include actual prices of the different options with the health care provider. I was looking for it and it was not there. I also feel for a single coverage that the price for the coverage was very high procentage wise from last years coverage.

HR failed to enroll my pregnant wife with our insurance provider even though my online enrollment data was correct. That's a huge mistake that unfortunately seems commonplace here at NU - not much to do with the tool, but putting a bad process online is not that exciting.

I was frustrated by the completely contradictory information I received about what supplemental documentation I would need to complete for new life insurance or ADD insurance (I don't remember which now.) One of the online tools indicated that I needed a supplemental form that took me forever to complete and then the staff member to whom I handed my supplemental documents refused to even accept the form. Paperwork takes a lot of time -- especially the forms about medical history. Make sure your information is accurate so people do not waste their time.

The health care/insurance options were all quite straight-forward - it should have been easier to indicate no changes were needed or desired. The retirement benefits should be entirely separate. The contribution calculations were not clear and it should have been much simpler to maintain the maximum contribution allowed. It should not have been necessary to even go through this process for unchanging retirement contributions.

The process was earlier than I expected. I helped everyone in the office in less than an hour.

No information available on HMO/PPO vision benefits and/or comparison to vision care plan

Way too many mailers sent to home/office. Enough!! One or two mailings would have done it, especially since the information conveyed was so GENERAL. You could have done a few postcards, and just driven people to the Web. Lots of money wasted, it seems.

All health plans are big pyramid schemes where young, healthy, non-child bearing people cover the exorbitant costs of older, unhealthy and child bearing people. Because it is a big scam the plans need to be convoluted and confusing. All of the bureaucracy makes for a very inefficient and expensive system. Given my very low opinion regarding the healthcare and insurance industries, I think the benefits department and human resources representatives do a great job providing the best options available and explaining those options clearly. I think the staffing level of knowledgeable benefit reps on the Chicago campus is too low. A full-time presence in Chicago would be a great addition.

I did not receive the benefits book with details until half way through enrollment period and could not have enrolled during the push early enrollment.

Intense disappointment with the lack of HMO choices for employees who want to use NU physicians at NMFF or ENH - suggests a lack of regard for employees' needs.

I would like faster turn around time in verification of my healthcare choices, via email / regular mail. This was the only way I knew that my choices did not go through correctly.

It was fine and relatively simple.

The web enrollment is cumbersome and not easy to use. I attempted to change my beneficiary at least 3 times and it is still not correct. When I emailed my benefit counselor she did not respond (it's at least a month later and I have not heard from her.) I'm getting married in the fall and am really not looking forward to changing my name since I can expect the same lack of help from the benefits department.

All my personal information was missing, such as in case of emergency, and beneficiary. I was able to correct emergency contact on-line and it has been corrected, but I fax my beneficiary over and I still have not had any response. I also called and never got a call back.

The costs of the programs seemed to be a big secret until you finally saw information as you enrolled. The website for enrollment did not offer enough direction and its not intuitive enough for average user. Once you complete the first section it got easier. An online description of terms would have been helpful some of it was confusing. What I liked best was the online calculator that should the total monthly costs of all your online choices. In the past you had to wait until the first check to see how it impacts your wallet. The information sessions were information but gave almost too much of some information and not enough of what you really needed to here. Sample screens of the enrollment process would have been helpful. The difficult part of enrollment is not choosing a healthcare plan but all the other stuff like life insurance, long term/short term disability and retirement plan info.

You might want to send this survey out within a month of open enrollment. It was difficult trying to remember all this stuff when it was over four months ago.

There was a lot of good information about how to choose a benefits plan (health, etc.), but little to no information about what we would actually experience while enrolling online. The interface was not intuitive, and only through trial and error did I learn exactly what to do in order to get the result I wanted. Even afterward I wasn't sure whether the system knew what I wanted, until the notification by mail several days later.

the cost of the same level of healthcare doubled from the past. This is obscene especially in light of the meager "raises" was get

This year I changed from HMO Illinois to Unicare. All the tools made available by NUSAC seemed to indicate that changing was the right thing to do: exact same service, less money. The only reason I could see to stay in my old plan was a desire to stick to some physician/hospital, which was not an issue for me. Now, at the end of the informative talk I attendend someone asked a question that seems key to me: "Unicare HMO seems to offer the same service at a lower rate, what is the catch?" In deciding to switch, I assumed there is no such catch, and I am overall very happy with the whole process. If, rather, there IS a catch (e.g. some piece of information that NUSAC did not include in the summary tables, for example, that would meake Unicare less convenient or more "risky") my overall assessment would, of course, change to extremely dissatisfied. I am confident, though, that this will not be the case.

The brown bag meetings were extremely helpful. I found the information online and the papers we were sent in the mail to be very overwhelming at first. I had to attend 2 brown bag meetings before I felt I understood the process well enough to go ahead and fill out the online enrollment form. Once online, I didn't have any trouble filling out the enrollment form and it went very quickly. I don't know if you're also looking for feedback on the insurance plans, but I found the Value coverage tier of the PPO plan to be very confusing. I couldn't figure out how it worked, so I picked a more expensive coverage tier because at least I understood it.

<p>Long Term Care Insurance was not at all explained or included, which was confusing (it turns out that was not part of the Open Enrollment, but it was not well clarified in the first place)</p>
<p>Problem with joining TIAA CREF. Still not sure if it's correct. Couldn't complete the on line registration at the NU link to TIAA CREF because I didn't know the NU ID number so figured registration was not complete, but did receive something by mail so then I thought it was OK, however it wasn't and NU sent them money but since I didn't have a completed registration it turned out the money got sent back to NU, so the TIAA CREF representative gave me the NU ID number and I re-registered. I still have to check if NU received that info and knows to send them money again. [respondent name, e-mail address, phone number]</p>
<p>It wasn't clear to me what level of disability insurance (LTD)I had in 2006. Thinking I was signing up for the same as I already had, I ended up with a plan where I am charged each month more than I was before. It should have been easier for me to discern that. I don't recall seeing anywhere how much it was going to cost me to chose a certain level of disability coverage or that the rates had increased. I did read the literature sent to employees in a folder. In short, it should show me what I currently have and the cost for it and then I could more easily see the consequences of my selection.</p>
<p>Keep the NU contribution to the HSA for the Value PPO plan in future years, too!</p>
<p>I had one question which no one I asked could give me straight answer to, which was do I need to put my PCP' s number on the enrolment page. I now only have the medical group name on my medical card. I have not had cause to use the medical card yet but I am still unsure if the insurance company (HMO Illinois) will need a PCP name. Other than this concern everything else went well. I did go to one of the seminars on the Chicago campus expaining how to use the open enrolment website. I found this to be a bit of a waste of time for me as I already know how to work a computer and the website was self explanatory.</p>
<p>This year was very confusing because of the HSA wrinkle and its relationships, if any, to the FSA. I still do not know how the HSA works; where receipts are supposed to be sent (for either or both), and the difference between my HSA checkbook and debit card. I was out of the country much of October and November so I did not have an opportunity to attend any info sessions. Therefore found the on-line information confusing. Would have increased my FSA amount had I understood more about the impact of the HSA on eyeglass and dental expenses.</p>
<p>The only hitch was this: I started work in May 06 and did not enroll in long term disability. When open enrollment came around, I thought it might be a good idea after all, but when I tried to do it I realized I would have needed some medical forms completed. I wish I had realized this sooner or I might have gone ahead with it - I could not reach anybody by phone so I dropped the idea when I couldn't get it done in time. I realize I waited too long.</p>
<p>The timeliness of being sent our prescription cards caused me to go through alot of changes due to someones, and I still haven't figured out who, ineptness. In my world heads would roll for the way that was all handled...</p>
<p>THIS WAS A GOOD ENROLLMENT YEAR GOOD JOB.</p>
<p>I thought the actual enrollment process went smoothly, although I would have preferred enrolling using a paper format. I assumed the switch to electronic enrollment would lessen errors, however that has not been the case. In mid January my husband was inexplicitly dropped from my PPO, resulting in an embarrassing denial of service and multiple charges that had to be resubmitted. When I called BC/BS they verified that he was not longer covered on my plan and instructed me to call NU. It then took several calls to Benefits to actually get a human being. This person insisted that "they" would not take someone off my policy unless they had been instructed to do so (which I never did) or maybe I hadn't originally included him as a dependent. Fortunately I had the paper summary to prove that he was included from the start. After some time on hold this person said that my husband had been reinstated retroactively to Jan 1st. It was never explained how or why this problem occurred. Additionally while our PPO id cards arrived promptly, our prescription cards did not. We didn't get the cards until the end of January. This forced us to delay purchasing some medication.</p>
<p>Once the message got through to me that it was mandatory that I do something, it was smooth sailing. In the past I have not participated in Open Enrollment so it wasn't on my radar screen until the mandatory sunk in.</p>
<p>I was rather disappointed with the selections, especially because of the rise in cost over last year for the Premium PPO. My staff who attended the info sessions told me that felt like the university was "pushing" some of the plans, which tended to bias some and make others wary.</p>
<p>no comments</p>

<p>Summary of my choices was not mailed within one week as promised. If there had been mistakes, there would not have been time to correct them. The enrollment information packet was late. I got e-mail messages to enroll before I had the packet. The information about supplemental retirement withholding was vague in the enrollment materials. It was not clear whether a choice was binding for the entire year, like other choices. Much of the information was too much like advertising. Less fluff and more attention given to facts and hard info needed to make decisions would be better. HR in Chicago is not helpful. The website was not very well-designed.</p>
<p>As the initial version of the Open Enrollment, I think that it was excellent. I was impressed because it took me less than an hour to do everything including the change in HMOs. What more can I say? Congratulations to the team who thought this out!</p>
<p>I really did not like having to re-enroll in all of my benefits since they did not all have to change. It did cause some concern that I might have missed something. I thought the communication was fine--I used the newsletters and the web site to review several times.</p>
<p>I think the online process is effective and efficient. Thank you for providing such a great tool.</p>
<p>Excellent job! As a former HR benefits professional, I appreciated the crispness of the process.</p>
<p>I thought the process was smooth and concise.</p>
<p>As a business manager, I went to large HR training session held at Norris. I felt comfortable offering my knowledge to those in my area who voluntarily sought me out. I knew where to refer them when necessary or appropriate. They expressed gratitude to me. I primarily worked with research staff who have English as their second language. I think online makes good business sense, saving data entry costs. Don't see necessity to return to paper. Might be alternative offered, but promote online heavily.</p>
<p>I think the most confusing part was with the retirement section. For me I spent the most time on this and I was somewhat confused by the forms. Currently I need to increase my deduction for tax purposes to greater than 3.5% and again I am having trouble understanding the form I downloaded. It does not seem clear..to me at least. Thank you</p>
<p>--Health summary came very late; cards very late. Cards must arrive earlier -- December would be nice. More clarification on line needed regarding HSA and other health reimburse plan. Bit confusing. Update Benefits voicemail message more often. Have insurance reps avail to answer general questions and also specific to individuals. Give more "like me" examples. Nice to be on line though and efforts of [Benefits staff], Benefits/HR and others much appreciated.</p>
<p>Open Enrollment was fine. I am disappointed in the healthcare options available though. I preferred the old PPO plan to the new options.</p>
<p>After waiting 30 days to be notified (by snail mail) that my physicians number was incorrect - it was frustrating to go back on line to find out I had to start again. If the generic online form is the only form that can be used, perhaps listing all versions of terminology would be the most efficient for those using the system</p>
<p>Overall,I thought the open enrollment went well considering that it represented a major change. I did find the website to be somewhat confusing in the beginning--instructions were a bit inconsistent--and thought the method of navigation was somewhat cumbersome in terms of how one moved from one benefit category to another. Some improvements could be made in that regard, but overall I think it was a very positive step forward in how open enrollment is managed.</p>
<p>Like I said before, it was a lot of bells and whistles that ended up with it still being a rather frustrating experience. One co-worker had asked an HR person, a VP I think, point blank a question, and they gave one answer, and it was completely wrong. Health care really shouldn't be this confusing. :(</p>
<p>Although, HR reps are very busy during this time, they need a better system. To leave several messages and not get a response is annoying.</p>
<p>Doing this online was better than filling out paper forms. It would be good to implement a system like this for FSA claims.</p>
<p>Every time I call HR there is no answer. I never received any information about my Spectera vision package. I could find no explanation that Spectera was a paperless company. I finally called Spectera and they found me in their database, but I have to use my SSN for a memberID. Is that really safe? I chose a new dentist in the DMO but I never received a new card. I called First Commonwealth and they had no record of a new dentist.</p>
<p>Paper as well as on line enrollment should be made available. In some instances, spouses and/or beneficiaries are better imformed about the benefits and paper forms might be suitable for these employees.</p>
<p>I feel it is very well in last fall's open enrollment.</p>

I enrolled on-line, completed the session, and got a notice that I was done. Later I went back to check something, but apparently did not do something I needed to for the final submission to go through, although I didn't change anything. I only knew I had not completed my enrollment by getting an email a couple of weeks later reminding me I still wasn't enrolled. I was SHOCKED, went back in, and had to click OK on the last few screens to complete the process. I guess the problem occurred when I had gone back in to look up something. The requirements for completing the online process should be clearer, and perhaps an automated reminder that I've started but not finished should be sent out sooner.

Changed dentist and location during open enrollment. Did not get my First Commonwealth Insurance Card until around February. My tooth cracked and fell out, No Pain, but still. Usually First Commonwealth gives me their card early every year but not this year. Also when I did get my card, I expected to say First Commonwealth on the envelope and not Guardian. I get a lot of insurance junk mail as it is. Guardian mail looks just like the junk mail I get.

It seemed very easy to do it online; and it was. Unfortunately, when I saw my first paycheck the deductions differed from what the monthly costs read online after I chose my selections. The change in health care plans, new selections, etc. seemed as if it were thrown on us suddenly.

After I enrolled in the Value PPO, I had many questions about reimbursements, etc. I could not find the answers on the websites and often found outdated information. When I called for answers, I received incorrect information often.

For young healthy people, making these health care choices is very difficult. Our health care needs are completely unpredictable on an individual level and money is often tight. At least with the HSA/Value PPO option we had the option of hoping for the best (paying less for the barebones coverage) but planning for the worst (putting money in the HSA) without the risks of misestimating that I had last year with the FSA. People were absolutely shocked last year to learn that working at Northwestern there were no coverage choices for my spouse and myself that cost less than \$150/mo. I know several other people in equivalent positions at other institutions who pay nothing for their healthcare as long as they stay within the institution's provider pool.

The choice if HMO's offered was poor. While employees were told that HMO Illinois was selected because it contracts with ENH and Unicare because it contracts with NMFF, most ENH physicians do not accept HMO Illinois, only BC/BS PPO. Despite all the mailings regarding open enrollment, there was insufficient information given about the prescription drug plans and coverage. The open enrollment process was cumbersome on-line and the web site took a long time to navigate and update.

Called and email (twice) benefits for missing insurance card. Never called backed. Needed more details on the FSA and HSA account. Such as charges and qualifying deductions.

As a new employee, no one made me aware of the open enrollment deadline until it was too late. I got a call on the last day of open enrollment letting me know that I hadn't submitted some documents that would insure my coverage. I didn't even know that there was open enrollment. I thought as a new employee that it was sufficient to fill out the forms to insure coverage. I was appalled by the lack of communication. I was penalized for lack of knowledge. Improvement in communication would be ideal.

My benefits were messed up from the get go, my representative NEVER returned my calls. I dealt with the front desk, no joy from that. I had to get our HR liaison to finally get them to give me accurate information. THEN with the new enrollment they had my status as retired, then no status, but yet I was in the system. I made repeated calls to my rep and still no answer back in any way shape or form, I was then forced to actually contact the hr director. He straightened the benefits out on the BCBS side.

I noticed that information regarding NU's domestic partner benefits options was sometimes overlooked in presentations or written materials about the plan changes. This is an unfortunate oversight, given that some people might be hesitant to ask about them in front of others, and because not everyone was fully informed of what they're entitled to as employees of NU.

OMG: eBenefits was a nightmare. I was satisfied with the coverage I had which was still being offered this year. For some reason "keep what I have" wasn't an option. It would have at least been nice if they would have showed me what I had so I didn't have to go digging around for the physician number (which I couldn't find on my provider's web site, but luckily it is printed on my HMO card). Here is a problem with every web site HR ever creates: NOT EVERYBODY USES WINDOWS. I have a Mac at home and at work and getting an HRIS site to work is a crapshoot at best. Clicking the "back" button produces unexpected behaviors. Things crash, disappear, etc. I hope you could address that one day but I fear the problem is they will only offer what PeopleSoft gives us. The benefits fiasco is in the past and I expect "keep my coverage" will be an option next year. Every other self service site (auto deposit, jobs, online directory, and conflict of interest) could use some attention.

I am still trying to get the correct information on the insurance cards.

Glad to be able to enroll online. Appreciated the information provided by my Benefits Counselor. Am hoping benefit selections will be "evergreen" for coming years.

I felt that the university was underhanded about what was actually happening to the health insurance provided by. As a PPO user all of the options I had were negative. I could pay significantly more (roughly a 50%) for the same coverage I already had; I could pay about the same for less coverage; or the third and by far worse option was to enroll in the plan using the savings account, which was essentially equivalent to not having insurance at all. I felt that the University covered up the fact that the insurance they were providing was worse.

My issue is not with the online enrollment process itself, which I think was pretty good. It was the fact that I could not keep all of our doctors under the new HMO options. The non-HMO options are too expensive for having a child, which we'd like to do this year. I was forced to change pediatricians, which is a horrible thing for the parent of a child less than one with asthma.

I did my open enrollment on [date] (2 days after my wedding) so I could include my new husband. I never received a confirmation. I had to call benefits, who told me to wait a week or so for the mail. When I called back I was told to redo my open enrollment but at that point I missed out on all the early enrollment benefits (such as the pedometer program or the drawings).

Information on the HSA was somewhat misleading. I almost chose something that was not right for me until I went to an information session and got more information. (Providers) When choosing a provider, customer service is very important. I had a horrible experience with BCBS in 2006 and would not choose them if I didn't have to. On a number of occasions. They did not reimburse me until I called several times. Customers shouldn't have to work so hard to get the coverage they are promised.

The many many mailings of your newsletter to my home was usually without any useful information or relevant information, and very much a waste of time. Quicker to read and email or your web site.

I think everything went just fine, the online system is easy to use and helpful. My only complaints were 2 things: 1) I asked one of the benefits counselors to find out for me if the other HMO plan covered a service, but she never got back to me about it at all. 2) The TIAA-Cref representative couldn't meet until 2 days before open enrollment was over, so I had to wait until the very end to finish the process even though I was ready to finish at the very beginning. I do realize this is no fault of HR, but perhaps you guys could push them so they would realize they need to have a ton of appts available around that time.

Considering this was the first year for online Open Enrollment, I thought the process ran very smoothly. It was obvious that the HR Benefits division spent valuable time in the planning and preparation of this process. GOOD JOB!

When I searched on-line I found some out dated (prior year) information came up instead of the 2007 information. Besides that, everything went smoothly.

The marketing materials, "It's Your Choice: Take Care," were insulting. Instead of telling us the truth--that we would have to pay a lot more for health insurance or cut our benefits--you send us colorful brochures with smiling people and double speak. You should have been honest up front. I understand that NU may need to cut benefits, but you don't have to add insult to injury.

The open enrollment period was, frankly, a nightmare. There was a huge waste of paper in the form of the puff piece mailings, most of which contained no substantially useful information. Some aspects of the Value PPO were misrepresented-e.g., we were told that in _all_ PPOs the max out-of-pocket limits were individual, not cumulative. More recently received information indicates that for the Value PPO they are cumulative. This means I won't reach my max out-of-pocket until both I & my partner are maxed out. Rather than being the cheapest plan for me, this turns out to be the most expensive. The online enrollment tools allowed me to include my partner in my HSA enrollment, and the mailed confirmation I got also included these values. However, when the HSA was actually set up, it only included me, not my partner. Again, this was a misrepresentation of a significant portion of the Value PPO. We will end up paying for any of his costs out of after-tax dollars, with no recovery possible as these costs likely will not reach the 7.5% tax threshold. The "people like me" tool was useless, containing no examples sufficiently close to my situation--one partner significantly older and sicker than the other--to be of any guidance whatsoever. The cost comparison tool was poorly designed, especially as regards the amount of lab work ordered. It was not made clear that one had to plug in the number of _individual tests_, not the number of times one had lab work done, to get the correct numbers out. These are two wildly different concepts. The number of times one has lab work done may be 4 or 5 per year. But, at each time, the doctor may order 10 or more tests. There's a huge difference between 5 instances of lab work and 50, especially when some of the tests cost hundreds of dollars each. The fact that PeopleSoft doesn't allow you to display long-term care as a benefit was also problematic. The language on the enrollment pages did not indicate clearly what the issue was, and made it seem as if we would all have to enroll all over again for this coverage. Calls I made to the benefits office went unanswered and unreturned. Some critical links on the benefits website were either circular, leading back to the starting point without ever providing an informational page, or wrong, leading to information from the 2003 enrollment period. This has always been a problem on the benefits site. There are dead links, links to old pages, circular links, pages that you can get to one logical way but not another. The entire site needs to be overhauled and corrected.

get rid of more paper..

I completely understand the reason why I had to choose a new health plan. My main problem has been that I was unaware Unicare did not use Walgreen's prescription coverage. As a result, I had to go through a rather lengthy appeal process to get them to cover medicaion I have been on since [year]. Also, my payment went from \$35/mo to \$100/mo. I was not prepared to have such a significant increase to cover my medical expenses. I will now be looking to change my health plan again during open enrollment and this will be the first thing I check on when selecting a new plan.

I am on my wife's insurance; however she is pregnant, and we will be switching to Northwestern insurance upon the baby's arrival. I got extremely helpful advice regarding that upcoming change. However, we nearly switched to Northwestern insurance in open enrollment. I later found out that because I've been an employee less than one year, the birth expenses would not have been covered. There has to be some way to communicate what will and will not be covered within the first year of employment.

Some glitches in on-line enrollment made it an uneven experience. An inadvertent change, once corrected, still prompted a message saying a change was made and additional paperwork was needed. Inaccuracy of dependent information and inability to correct. A little to cumbersome to navigate for additional information such as finding out provider's pin numbers. But overall not bad for a first go.

Overall, I thought it was rolled out very well. The communications were helpful. I appreciated all of the on-line tools even though I didn't use them--since I chose HMO Illinois my decision was not very complex. The only issue I had was that the website wasn't ready when I first tried to enroll. This was actually a pretty big frustration when you have 2 little kids at home so free time to work on the computer during the weekend is pretty rare. Other than that - good job guys!

As soon as I started getting the slick mailers about an accounting change and changes to the healthcare structure I thought "I'm screwed." Lo and behold I was right! I'm now paying \$75 more per month for the same insurance. Thanks guys!!!

All things considered, it wasn't as bad as I thought it would be.

Open enrollment was unacceptable on-line. I was unable to access the web site of the HMO I switched to and did not receive the proper identification of the medical group I chose. The ID cards I receive list a hospital (medical group) I will not use. I will not use this HMO unless it is an emergency.

It was annoying to receive benefits info at home. It seems like an unnecessary expense for the university to mail info to people's homes, when it could have been emailed in a newsletter. I got very little out of the newsletters I received at home. I thought the "People like me" was a great idea, but it wasn't taken far enough to be helpful to me. None of the sample people were like me. The info session that was held in Wieboldt was very helpful. It was great that people from the insurance companies, etc., stayed as long as necessary to answer questions from individuals after the presentation.

From my perspective, I thought this year's open enrollment was planned and implemented very well. I did have a couple of questions whose answers were not easy to find in the resources provided. I think some people may have been confused by the sheer amount of information, though I think all the information was necessary.

As stated before, went to an enrollment session and was not able to print. Next time, we should be able to print. I know the printers work.

I suggest you remove the limitations on certain benefits that employees must be 24 years old. I know this doesn't pertain directly to the Open Enrollment process, but it deserves to be said that young staff employees feel discriminated against that they cannot benefit from NU's matching contributions (after all the pressure we receive to start saving early, where's our incentive???) the way anyone over 24 can after one year of service. The policy does not make any sense.

My biggest problem and what I think is still a problem is that I can't really find all the information that I need. The website kind of leads me around in circles when I am trying to find out the specifics of any of the plans I have. It is incredibly frustrating. I thought that the general overviews/comparisons were helpful but now that I've selected a plan I want all of the details to be easily accessible.

while I thought most aspects were great, and very easy. I tried to use the same doctor this year as last and was to the new "PPO Select" was not covered in his group. I was under the impression I was not losing any service by accepting the select instead of the premier. I'm a little disappointed by this, and wish it would have been more clearly explained in all the literature.

I found the 401K difficult to follow, particularly the part where I had to put in a % of my salary to be deducted. I recommend that if someone wants to do the maximum amount, that you have a "maximum amount" box that we can check without having to figure out a specific %. I have had to go back to HR and change my % because I did not have the correct amount to reach the maximum. This creates more work for you and for me. Just a suggestion.

Same thing I said above...plenty of communication - in fact, too much in some ways - especially with the home mailings that didn't communicate very much content - just here it comes. But then not enough to help me make a good decision. I felt as if I was basically making my best educated guess - not a fully informed decision (and I did attend a session at the health fair - so it's not that I didn't try). A coworker chose the HSA option and I didn't. We are going to compare notes at the end of the year to see which really comes out ahead - without information as to what would constitute the regular wellness services that were included I found it impossible to assess if it was right for me as a single mostly healthy person or not.

My salary is less than \$30,000.00 annually.

I thought [Benefits staff] was extremely helpful when he came to talk to our department.

In the group presentation sessions, I felt that the presenters should have been more knowledgeable when answering questions and there should have been more time to ask questions. In the future, I think you should extend the sessions to allow for this or provide additional group sessions to allow a time and space just for questions.

It was hard to navigate and find, change or choose a different physician group, and it is time consuming. I found a new physician and entered all the information on line, but when I received my health insurance cards, the group or physician was never changed as well as my son's pediatric information and I currently, will have to take the time to call the insurance company to make all the corrections and still in the process of doing it.

I need to stress HR's poor performance in communicating benefits to [department HR]. No one knew what retirement plan I had; nor did staff know what vacation time I had. As a new hire, this was particularly distressing. Additionally, it took longer than expected for my benefit elections to be recorded in your systems. Payroll in particular was exceptionally slow.

I recieved a letter dated Jan 12 stating new procedures for the PPO plan to receive therapy (now needed referrals). It seems to me, that administration would know of this change prior to the end of the open enrollment period. I think it was underhanded not to disclose this vital component of a policy when people could have used this information to factor into their healthcare plan decision. I would be very upset if I had signed on for the same plan (at nearly double the cost) and then immediately have some of my benefit freedoms pulled.

Easy to use, very satisfied. I thought there was a bit too much information given out (paper and electronic), but I can understand why it was done -- this is a very important process and people need constant reminders.

On q. 20 I think I remember some set of instructions indicated that you needed both the group number and the physician number. There was no place on the form for both. This was the only online question where I was confused as to whether to put the group number or the physician number.

Good work, all information and forms well thought out very easy to complete.

New and interesting. But overall good. Thanks [respondent name]

On completing the Web enrollment form, It is essential that ALL benefits and Complete per paycheck, Monthly/Annually. costs are reflected in a printable format with guaranteed accuracy.

There was an error when I did my paperwork online however I had to call HR becasue there was an delay in my paperwork. The computer should spot errors then check them before you finish the process

I was forced to change as my previous HMO was no longer offered. Now, my medications aren't covered anymore and I can not get anyone from Benefits to help assist me how to deal with an 250 dollar increase per month in medication cost. Benefits voicemail is always full and no one ever answer their voicemail or even wants to help. I have even meet with [Benefits staff] and he too was not helpful.

Not enough open sessions explaining the differences, especially in Chicago. Not enough advertisement of one-on-one counseling. Online selection help and comparison not useful or applicable to me.

As an employee who entered NU in September of 2006, I had to choose benefit plans relatively close to one another (once in Sept for 06, once in Nov for 07). I was able to easily contrast the two processes, and was extremely pleased and impressed with the new process for 2007. The online materials were fantastic - particularly the plan comparison tool and expense calculator. Plus the information session presentations and HR web pages were very informative. The raffle and prize incentives were a fun twist, and I would definitely repeat that. In addition, the email reminder that "Submit" was not completed on my online submission of benefit choices was helpful because I didn't even realize this had occurred. I would CERTAINLY repeat this process again for 2008 and beyond. The one suggestion I would have for next year is to provide testimonials by employees about satisfactions or dissatisfactions with their plans from 2007. Particularly in relation to the new plans like Value PPO, I am very interested to know how people found the high deductible plan. Were prescriptions and office visits more expensive than one thought and they easily expended the deductible amount before insurance covered anything, would they select this plan again, is setting up the HSA easy and worth it, etc. Thanks! Great work to the team who facilitated a smooth and effective online enrollment!

go back to enrollment on paper

I like the opportunity to enroll online. No forms were lost this year. Less paper mailings would save some money. We received multiple open enrollment summaries, one inaccurate and one accurate.

Please see my "other" comment on a previous question. Overall, the process was sound and complete - it was just the issue with the provider number or group medical number that wouldn't take in the on-line form.

I didn't get much use out of any of the online tools. I made my decision at the information session that I went to weeks (or months) before open enrollment began.

I am still not sure if one of my chail is on the life insurance coverage, i am waiting on HR to follow up with me

I really liked the open enrollment online. The only thing I did not get right was that I didn't assign the beneficiaries for the Life Insurance because I thought that would carry over. I did get a call from HR to fix it though, but there was no confirmation after that it had actually gone through until I got the confirmation letter.

Sending out mailings without price information is not helpful. The cost of the plans is very important and without this information, the pieces were useless. Also, I received an e-mail after I enrolled saying that I hadn't enrolled yet. When I called to check, I was told this was sent to all PPO participants regardless of whether we registered or not. The wording should have been different.

Appreciate all that NU Benefits staff did to help faculty and staff make informed choices. Hope that the future of health care is along the lines of the PPO value plan where the consumer takes responsibility for his/her own health care and is rewarded for making healthy choices and living healthy lifestyle.

All of the information that was sent via mail was a waste of money. Seemed more like a marketing campaign. I want specific information about each plan to make the best decision for my individual needs. I need to know what each plan covers, how to best use the plan, etc. BEFORE choosing the plan. The "People Like Me" was of no help - none of those people were like me. I'm an intelligent being and can read through the documents related to the coverage to figure out what would best meet my needs. Send me the information on the insurance, not a lot of slick marketing. What a waste of university resources.

Overall, I think it was highly successful, and it was clear that a lot of effort and thought went into the structure of the changes. I am very appreciative of all the work that was done to facilitate this. I think many staff will agree that the healthcare information is overwhelming to digest and become clear on in order to make choices. It would be great if this were not the case, but I can't believe there is a way to make it so. Thank you for all the help give to NU employees. Everyone who worked on this effort deserves an employee award.

While I loved the online health care expense calculator, when I entered my information it made it appear that I would not have to pay anything for perscription drugs because the deductible was reached in a previous section. I wish it had more detail so when you enter your information it breaks it down so you can see where things are coming from. Also, I don't understand how the "Anticipated Level of Service Needed" affects the \$\$ amount. If you chose one and then hit calculate I can see its basing it on an average. But if you choose one, and then on the next page you tell it exactly how many times you go to each type of doctor, how many perscriptions you have, etc, the \$\$ amount should not change? Also, I'm still waiting for my new health insurance card from BCBS. I know i can print a temporary one online but this is ridiculous.

There was a lot of information and it wasn't presented clearly and consistently. I attend 2 info sessions (HR and NUSAC) and both were confusing. The only person who seemed to know what he was talking about was [Benefits staff name]. I felt that the other HR staff were not as informed as they should have been. I asked the same question of 2 people and got 2 different answers. I was eligible to enroll in Short Term Disability, but when I enrolled online I got a message saying I had to submit some form, and it wasn't clear if I was actually enrolled or not. I asked someone in HRIS who told me I was enrolled and didn't have to submit a form. Then when I got my printed statement, it said I wasn't enrolled. I contacted my HR rep who told me I wasn't enrolled because they hadn't received my form and I couldn't enroll because the open enrollment period had passed. It turns out the HRIS answer was correct, but I had to jump through hoops and quote HR's own documentation to convince the HR person, and had to escalate it to her manager before it was finally corrected.

I walked several people through the computer process, mainly those who waited for the last minute or were not very good on computers. Though paper is archaic, it would help some people and lessen the amount of time I spent helping others.

My paper summary didn't arrive by mail in a timely manner. Two weeks after I enrolled, I contacted HR to check on it; several days later I received a reply that it was on the way. It finally arrived several weeks later, after open enrollment was closed. I have also had difficulty straightening out eligibility for short and long term disability benefits as an employee for less than 1 year. This created errors in the online enrollment and required several phone conversations with HR (initiated by me) to resolve.

I found the links to the HMO websites to be confusing, not taking me to the information I was looking for. I had entered my info, then changed it but the changve did not go into affect until I called Benefits to have them change it. Overall, I prefer election online rather than completing redundant paperwork.

too confusing

The online tools were easier to use than I expected. I found them really helpful in figuring out that, yes, I still need the super-deluxe PPO plan due to my medical conditions and expenses.

<p>I really liked my HMO Illinois PPO last year and was upset to see the monthly premium increase 40%. I ended up choosing the value PPO but I'm having difficulty determining exactly what is covered and what the restrictions are concerning coverage.</p>
<p>Thanks - I really liked the on-line access to be able to review and change (if needed) the Open Enrollment options.</p>
<p>The open enrollment process was fairly smooth. I received several vague e-mails to the effect that some supporting material was missing from the benefits office, but what it was was not specified. When I called, the person to whom I spoke could not tell me what it was, and was in fact rather impolite. The e-mail reminder would have been more useful had it said what was missing. While it's not what you're asking about, the changes to benefits are really terrible. For a family of three, I am paying \$100/month more for the same coverage, under the guise of "choice." While the new system is no doubt fairer in some sense, it would be fairest if the costs went up with each additional dependent. My boss with a family of six is probably paying the same as me, my coworker with a spouse only is paying much less. While health care costs are bigger than the university, it needs to do everything it can to keep them down in the short run. Maybe by dipping into its endowment profits. In the long run, it needs to use its influence to encourage a change in the broader system. It is discouraging to receive what amounts to --for me--a 2% reduction in pay for the same benefits. For many employees with lower salaries the percentage reduction will have been even more.</p>
<p>All areas that require a decision need to be highlighted on the panels. I completed all the highlighted fields and submitted my work (and it was accepted). I was contacted later that another decision was required (on life insurance or LTD, I think), but there was nothing had indicated that I needed to enter that area of the panel and make decisions. Either highlight everything that requires action, or don't highlight anything.</p>
<p>I think everyone did a pretty good job. Especially with the changes in coverage--the town hall meeting we had was very useful and the information sent to us with comparisons really made the decision fairly easy to make</p>
<p>There was a lot of information sent out, but most of it was fluff that was not at all useful--all those glossy brochures sent home, in particular. I had the feeling they were trying to make us feel good about the process while obfuscating the fact that they were raising the premium on the Plan A equivalent--the only one that offers decent coverage--by some 30% for those in the mid-level salary tier, thus pricing it out of reach of those at the low end of the tier.</p>
<p>The presentation and q/a follow up was very useful.</p>
<p>Although, overall, I felt that a good job was done to present a large amount of fairly complex information, there was a lot of material to read through. This meant that it was easy to miss certain important details, especially with regard to 1) the differences in prescription drug coverage among the various plans and 2) the differences between the HSA, FSA, and Limited Use FSA (and especially the differences between the FSA and Limited Use FSA). Information on those topics was buried in text about the overall change in plans. There are a couple of ways you might be able to make it easier to find information about the Rx coverage and the subtle differences between HSA/FSA/Limited Use FSA: First, better use of headings, font, and formatting to highlight these items in the overall plan description/comparison materials. Second, publish a separate newsletter or flyer completely devoted to comparison of the prescription drug coverage options, and another separate flyer highlighting the differences between the HSA/FSA/Limited Use FSA plan. Finally, I discovered very late in the process (it might even have been after I enrolled) that the HR/Benefits web site had an extensive and very good FAQ section. I believe I found out about this from my HR/Benefits representative. I encourage you to promote this resource more prominently in the enrollment materials.</p>
<p>I am glad my family can continue with the ENH medical group, having had to switch from Humana to HMO IL. BUT. . . The the mental health care network that HMO IL uses in not the same as the one Humana used. This abrupt change has been very disruptive to my son's mental health care and it could not have been more poorly timed. He was in the middle of being tested for several conditions, and we don't even know the results of the EEG, etc. I know many of my colleagues were relieved that with the switch to HMO IL we would not have to change our ENH primary care providers, as was I. I believe that 'continuity of care' is even more important in mental health care.</p>
<p>I think the mailed communications were too general and not very helpful - too much image, not enough numbers, facts and specific comparisons. I liked the online calculators very much and they helped me make my health care selection. Scenarios about sample people and their situations are also helpful. I would suggest having more scenarios about contributing to retirement accounts and about investment options as part of open enrollment. I think people do not have a good understanding of the future benefits and do not take the time to access TIAA-CREF or Fidelity.</p>

<p>I thought HR did a great job of reminding people to enroll and providing educational opportunities about the new plans. The only thing that was poor is the quality of the open enrollment registration website. It is not very clear and it's slow, and I can see why people who don't understand computers very well would find this program frustrating.</p>
<p>Some of the directions in on-line enrollment were unclear for saving choices and going on to the next section.</p>
<p>Benefits for retirees are non-existent. Why can you ONLY have the most expensive Blue Cross Blue Shield option if you want to live in a state other than Illinois??? Don't a large number of retirees want to relocate to warmer climates, or to move closer to family? This is the worst part of the benefits package, and NUSAC members are either unaware of the limitation or don't think about retirees because it doesn't affect them. Guess what? We all get there eventually, and it will affect you. Make the changes now while you can please.</p>
<p>I had a little bit of a problem registering because my selection from last year was entered incorrectly in the computer system but I called to ask for help and the people I spoke with on the phone were friendly, knowledgeable, and fixed the problem. It would have been nice, obviously, to not have the problem in the first place, but they were very good with customer service and not at all impatient, even though I called near the end of the enrollment period.</p>
<p>I found the process confusing. The Meeting here at Kellogg was helpful--particularly the comments of a faculty member who had done on-line calculations comparing the costs of different programs. The Mellon FSA seems overly complicated and under-explained.</p>
<p>I went online and opted out of the health care. I also signed the paper stating I was not requesting health care this year and turned it into the benefits office by the deadline. By the beginning of January, I never received an email confirming my choice nor did I receive my HIPA statement. This was affecting my new health insurance. I phoned the benefits office and they stated they were a little behind "just wait a week or so". By the middle of January, I still did not have my statement. I phoned Blue Cross and they stated that Northwestern still had me as being active. I phoned the benefits office again to inform them of this. Three weeks later I received my HIPA statement in the mail. Thank god that no one in my family had to go to the doctor or the hospital during that time!!!</p>
<p>All was well until I attempted to complete the process online from home which I could not do because of pop ups (I later learned). From the office, navigating through the Unicare site was a horror, requiring help from a colleague who claimed that he too had a horrible time with his own provider's web site. NU's instructions did not match the Unicare navigation path.</p>
<p>I did not receive email confirmation of my enrollment choices, which I think should have been provided. A few weeks after enrolling in a new PPO plan, I received a plan card in the mail that was from my old HMO (Unicare) instead of my new PPO (BCBS). The combination of receiving the wrong card in the mail along with not getting an email confirmation of my 2007 plan, was confusing and frustrating - it made me think I hadn't enrolled properly or that there was an internal glitch in the system. I had to call HR to let them know I had not received a card for my new PPO plan yet. It took a while to get it.</p>
<p>I was pretty satisfied. It would have helped to have more information up front instead of waiting until Open Enrollment actually began. Knowing the premium and level of coverage is necessary in making my decision.</p>
<p>More clarity about when and how long & short term disability kick in after one year is needed for people who are approaching a year with NU. When are not able to submit b/c you didn't waive certain things, it was not immediately clear to me what the problem was. Online enrollment was great. MUCH MUCH BETTER THAN PAPER!</p>
<p>I received two confirmation statements, which conflicted. Also, the statements were wrong. I am still trying to get a final confirmation statement that correctly identifies my dependents, life insurance beneficiary and contingent beneficiary. The on line enrollment did not show this information (to my recollection), or I could not find it.</p>
<p>Mailing of membership cards, after enrollment, was late.</p>
<p>The summary I received in the mail was accurate, but when I tried to make a dentist appointment, they had no record I was covered under the dental HMO. I called First Commonwealth and they said I had been terminated from coverage, so I had to call HR to fix their mistake. Also, I didn't receive my BCBS card and HSA information until well into February.</p>
<p>I looked forward to an online application and was pleased with the results.</p>
<p>I actually do not remember if I received confirmation by mail but I had to pick something to move on in the survey.</p>

<p>Need more information and comparison tools for dental plans. Would prefer more options for dental and vision plans...similar to whats available for health plans.</p>
<p>I think it is wonderful that you now offer single person + one - I saved about \$90 a month this year! The only thing that was difficult was getting the right medical group ID number. My cards were delayed a couple weeks because of this. It was just a matter of getting the right numbers to the right person (tricky).</p>
<p>All interaction with [first name] is always frustrating and difficult, I cringe at the thought of having to interact with her, and do not like being 'assigned' only one person to handle my inquiries. She's barely competent, passes the buck, does not respond in a timely manner, has attitude and always tries to put the 'burden' of finding the answer onto me. I don't feel she's there to help me and talks down to me, repeating herself and talking slowly, when my questions are not answered, thats very frustrating when she's not answering my question in the first place, I'm not stupid. [Second name] was rude and obnoxious when I was turning in my benefits forms, telling me that I would have to wait for her to clean her eyeglasses before she would reach up and take the forms from me, and then when I asked for a time stamp, I got a dirty look and "attitude" (I had to stand 3 feet away from her and watch her clean her eyeglasses before she took my forms, a very very long 30 seconds)and [Benefits staff] never responded to being copied on correspondence I had with [first name]. I know this is not the forum for my issues, but I am not aware of any other outlet for this necessary communication. Instead of taking a survey on Open Enrollment, why not take a survey on Customer Service in Benefits, or is that too much to tackle and easy enough to ignore?</p>
<p>#1 After asking numerous times I never did receive a confirmation sent to my home address. I have recently received one via campus mail. #2 There should be some provision whereby changes made after submission don't require (or request) re-submission of attendant paperwork. Granted, final submission shouldn't take place unless one is sure of the information; however, in my case at least, additional data became available to me after I had made my initial submission. When I went back to correct this data I was required to re-submit all paperwork and this caused a great deal of confusion.</p>
<p>Given that many of us were FORCED to change our coverage, much more should have been communicated about the exact costs and consequences of those changes and these communications should have been made much earlier. The "People Like Me" mailings were useless and a complete waste of money. By the time any useful information was sent I didn't read it for a long time because I assumed it was more in what had already been a long line of useless information. The online signup was confusing -- I didn't understand why I had to essentially "re-enroll" for everything, when only one thing needed to be changed. It seemed to me that this made the margin for error much higher that it would have been if I had only had to enroll for the necessary item. I also didn't appreciate having my sign-up status shared with several others in my department (this information was shared so that they could "encourage" or "remind" me to sign up) but frankly, it is no one's business but mine and I feel it was a huge invasion of privacy.</p>
<p>The open enrollment process was fine but I would like to see benefits look into offering an HMO in [another state]. I live in [city] which is just over the border but an unable to have a doctor or pediatrician for my children unless I go into illinois. And the current plan with Unicare will not cover me because I am more than 30 miles from the doctors I do want here at NMH but don't have any doctors in [another state] but do have them in [a second state].</p>
<p>I chose the same plan I had before but am only now discovering aspects of it that have changed from last year - especially in terms of vision coverage. It would have been nice not just to have a comparison between different plans, but also a way of comparing the way the same plan has changed from prior years.</p>
<p>I chose the Value PPO because it sounded like the best money saver for me, however, my medical needs changed since October, and I feel stuck with it now. I would prefer to have been able to enroll in a FSA or contribute more to my HSA.</p>
<p>It was well planned & the communication was very good. It allowed us to really decide & make the proper choice for your current needs.</p>
<p>the spectera vision care option could have been explained better; i have bcbsil and therefore eyedmed coverage, but didn't realize that when i chose spectera; could there be a flag or warning to tell eyedmed participants they already have vision coverage, and may not need spectera? worst of all, now i'm stuck with it for the entire year.</p>

The actual enrollment process was fine, but I have discovered since then, AFTER making my selection, that I am NOT covered at all for a significant health need that I have this year. This was NOT included in any of the information provided, and it is - unbelievably - STILL NOT LISTED on the benefits website nor in person in the office. The Certificate of Coverage for the PPO plans is, now in March, still not available for employees. Had I had this information during open enrollment, I absolutely would not have chosen the PPO. I am now going to have to incur about \$20,000 in health care costs due to this lack of information!

I am not happy with the choices offered for health care. I still do not have the proper physician group listed even after several attempts. And the coverage is more limited for a higher price. Had a lot of trouble accessing the page for enrollment and since I travel this created a problem.

I'd like more information about each plan, specifically easier access to who are the providers for each plan. It sends me to the providers website and it's difficult to navigate around there, or even get in. Also, shouldn't it say on my card what my co-pay is? I of course had forgotten and never paid anything.

I have still not received a membership card from WHI, the pharmaceutical provider. HR seemed to wash their hands of matters such as these quickly after Open Enrollment closed, leaving me (along with a large number of other employees) with the distinct impression that they were tired of dealing with the volume of complaints they were receiving.

Overall I felt it was a smooth transition - no problems to report.

Dollars matter. Salary here is low but the benefits made up for the low salaries. This is not the case anymore. PPO Health insurance is becoming very expensive. Making one think about alternative action concerning employment.

This comment really has less to do with Open Enrollment and more to do with how benefits are paid out of pocket by employees at NU. I think that it is unfair to ask staff to pay the same for health care policies as faculty and administrators who make 4 or more times what staff does. These higher paid individuals should pay more and then that additional money is pooled to reduce the cost for staff and other lower paid workers.

I thought it was incredibly smooth, especially for a first time endeavor. The newsletters were informative, giving me good ideas about my choices before I attended a meeting with [name].

Make sure there are more explanation how to drop the health insurance coverage or any benefit.

I wanted access to the full benefits information before enrolling. But all I could access was general charts that compared percentages of coverage. I could not find things like emergency room co-pay or mental health benefits. When I emailed for information, I received a quick response, but it did not answer my question at all. I re-emailed the same day, and did not hear back the answer for a week. For all previous years, I've been able to sit down with booklets and really compare the plans. I would like the booklet information to be at least available as a PDF before open enrollment next year.

Well done!!

More accurate than expected. All my choices, beneficiaries, etc. were all reflected online correctly. Got married during open enrollment and needed to add spouse to coverage plans. I was sure something would go wrong but nothing did! Also, online information was thorough and comprehensive. Brochure and reminder mailings to home were not necessary. Is it necessary to mail out confirmation of final selections? Is e-mail an option in this regard?

Overall, this was a better open enrollment period than in previous year's. I was disappointed with the level of information that was given about the new health plans, however. In particular, it would have been nice to get more information on the value PPO vs. other PPO options.

I cannot emphasize enough that I would greatly prefer to have a PPO option that covers mental health at 90%, or at least 80%. I rarely get sick or have physical or muscular pain; however, I do have general anxiety. It is very disappointing that even with the "premier" PPO plan, mental health care is covered at a substandard rate. It isn't a premier plan for me. None of the plans offered fit my needs. I considered the value PPO, or waiving coverage, and spending the saved cost on mental health care, but that was not feasible either. Next year, please have a BC/BS PPO tier with mental health coverage comparable to the rest of the plan. I would greatly appreciate it!

I was in the percentage of NU employees who was in Aetna HMO (which was great) and I was forced to change. I spent a lot of time making phone calls and researching online. Neither of the remaining HMO options allowed everyone in my family to retain their doctors, and either my children would have had to have switched pediatricians or my husband and I would have had to switch our primary care physicians. Neither option was satisfactory, as we all had longstanding relationships with these doctors. I ended up switching into the Value PPO, in order for us all to retain our doctors and because that plan at least paid for wellness visits and immunizations for the children. Ultimately, I did not find this option that satisfactory either, since it will only pay for 80% of our medical expenses. Overall, I was disappointed in the options for this year. We had really been satisfied with Aetna -- it met all of our needs. Unfortunately, the value I feel I am receiving from these benefits has really decreased this year. That being said, the process itself was easy, and there was plenty of information available to evaluate the choices. When I called with a question, the benefits office was friendly and helpful. I just wish that you had not discontinued Aetna.

My department [school name] did not work very well with giving us enough time to enroll. Also we were discouraged and even told NO about attending open enrollment meetings or classes.

I was impressed. I felt the information was released in a timely fashion (allowing participants plenty of time to consider options) and the in-person and print information sources were both well done*

Thank you for allowing us to complete Open Enrollment online. Keep up the good work.

Benefits department exhibited excellent attitudes, patience and endurance. They were always willing to answer inquiries.

(1) The "people like me" functions and plan comparisons were annoying and unhelpful in part because there was no scenario that addressed maternity care, which seemed like a significant oversight, given the significant attendant medical expenses involved in prenatal care, maternity care, and newborn care. I could not easily compare prenatal care options, c-section/hospital stay requirements, or coverage for prenatal care. As a result, I defaulted to the most expensive PPO plan, on the assumption that it would offer the best coverage. (2) There was a significant flaw in the online enrollment options for short-term disability benefits (STD). Employees who have been at NU for less than a year are not eligible for enrollment in STD until their year anniversary. During open enrollment, I fell into this category - I had not reached my anniversary and was not eligible to enroll. However, the only online options that I was presented with were either to enroll (a non-option for me due to my new-hire status) or "waive" coverage. I called the benefits office to address this issue, and the individual who answered the phone was (a) rude - she continually interrupted me and had an extremely hostile tone and (b) lacked sufficient knowledge to address this issue. I was advised to "waive" coverage. I remain concerned that this will adversely impact me when I want to enroll, as I worry that by "waiving" coverage, I will now have to show proof of a lack of a pre-existing condition when I go to enroll. I am certainly not unique in this situation, and would have expected this scenario to be addressed in the online materials. (3) I appreciated being able to see my benefits plan selections online and being able to check the status of my dependant care account online. (4) My experience with Blue Cross/Blue Shield has been very positive - their online claims service is also a considerable benefit. (5) There was a frustrating delay in receiving our new Walgreens Prescription Drug cards. I'm not sure who is responsible for this, but it led to several frustrating trips to CVS for me and several of my co-workers.

Please do not waste money on the People Like You mailings. They were redundant and a serious waste of time and money and it would have been much preferred if perhaps one mailing had been sent with actual costs shown. Thanks for allowing the feedback through the survey. Overall online enrollment is heavily preferred. Also presentations by [Benefits staff] did not provide sufficient substance (once again costs are what people are concerned about). Also a true cost comparison showing in the final mailed summary how the new costs would compare with the current costs would be definitely appreciated since one might make some adjustments before the final deadline. Thank you very much!

I think the new PPO tier stinks and my health insurance care costs have gone up much more than the state or national average

The open enrollment went well

Hewitt seems to have this process worked out well. It was much better than when NU handled it internally, but how much did bringing them to administer it add to our premium cost? I'd like to know if NU absorbed the cost of the outsourcing or if it was passed on to employees.

As with NU's online job application process, the pages are poorly laid out and difficult to navigate. I'm against using paper enrollment, but if this is the best that can be offered online, I think we should return to hard copy enrollment options.

The web site was too "tricky", in a technical sense, too hard to tell what a click would do. It was hard to be prepared in advance with all the needed information or find out what the questions would be. The method for selecting primary care provider was _terrible_ it took me multiple tries and there was no way to be sure I'd gotten it right. I could not delete a former beneficiary, only assign them a zero percent share. The theme of the year seemd to mean "Choose right or you're screwed".

In principle, this is a great idea. However, the implementation is really bad. Functionality doesn't work or works in peculiar ways, it was slow most of the time, and it wasn't at all clear when the system actually accepted your choices and when it didn't. That the system is bad isn't surprising given how awful HRIS is. I've worked at other universities that implemented PeopleSoft, so I know that both of these systems could be much, much better than what we have. Really, get some people that have a clue about designing interfaces and get these systems fixed!

There was a great deal of health insurance information prior to open enrollment, however, the real specifics of what it would cost were not communicated. It was a shock to see the real rates for the tiers of coverage for HMO participants. Who actually saved in this process? It looks like it was NU not the employee.

The only problem was that it took so long to communicate the specifics of new plans. There were lots of rumors flying around, and everyone thought the silence on details meant we were in for huge (i.e. expensive) changes. In reality, it wasn't that bad! Also, although there is plenty of info online, I have always found the benefits website navigation a little tricky...the plethora of info isn't organized as intuitively as it could be. This really became apparent when I was researching new plans. Great job on all the mailings and communication. Personally it didn't help me, but it seemed to be a conscious effort to make sure no one got lost in the shuffle.

Sometimes you thought you were doing something wrong. Was very hard to find the correct number for the doctor.

Please allow changing benefits online (after enrolling in a plan) during the enrollment period.

I'm a hard-copy person. I would prefer to have a paper application. I want to see exactly what I've marked from the beginning to the end, without having to flip back and forth between screens.

I felt overall that the on-line open enrollment worked well for me. The only problem I have is that, while I know health care costs are rising, I cannot continue to pay increased premiums and also pay higher perscription and energy costs all on salary increases of 3%. I am a good performer and a long tenured staff member yet I probably bring home a total of about \$150.00 more per month than I made three years ago. I make a pretty good salary but can't imagine how others who don't are making it.

I thought it went very well.

Being newly hired and never having to do comparisons before and not fully understanding the different benefits associated with the different offerings made for an overwhelming experience. I now know that I did not enroll in the program best suited for my needs and regret my choices. I will be able to make new choices for next year, but feel trapped into paying for a year of useless benefits for my needs. The actual enrollment was simply done. The information given was probably clear for a veteran of benefits usage - but it wasn't clear enough for me. Thanks.

Good job, HR!

I thought that the process was pretty straight-forward. I liked completing enrollment online as opposed to paper. The only thing that I didn't like were the newsletters that were mailed out. I thought some of them were repetitious. The information on the benefits website wasn't much help either.

I like the online enrollment, it is very efficient.

the confrimations were late and incorrect-also to much paperwork for this to be an on line enrollment--speak to real benefits persons to see what questions employees ask everyday---

I have found that there is little information about how individual plans might work for me and my family which is disconcerting. I had to change as Aetna was not offered and it is anxiety provoking to have to change providers. I felt like I was taking a leap into the unknown when I chose the plan I did and was not sure it was the best one for me.

--Prescription plan of Unicare HMO listed disingenuously. Pay much higher cost (double to triple) than that of Walgreens plan. --Have received three benefit cards from Unicare, none properly listing PCP. --Overall, dissatisfied with Unicare choice.

I liked the fact that so much of the process could be researched and completed on line, but the HR website is generally terrible. Full of holes and incomplete information...Lots of information that hadn't been updated since 2005, and many PDFs that weren't working. When I called in to ask questions/complain, the general customer service with NU HR was pretty abysmal. My benefits counselor is generally very responsive but often seems rushed and overloaded.

I do not know why I did not receive a summary of my benefits in the mail for review. Was it because I applied online? As I mentioned before, my deductible was entered incorrectly (decimal in the wrong place) and I had not noticed this online. I would like to think that, had I received a summary, I (or more likely, my husband) would have noticed this grave error.) I only found out my mistake when I went to the pharmacy and the pharmacist told me my \$12 deductible was actually \$1200!! I do not remember if there was an online summary available or not.

I had to add a dependent and it did not work online. I had to go to a HRIS specialist to get the dependent added. It even took the HRIS specialist a long time (1/2 hour) to get the dependent added

Trying to reach HR for answers about open enrollment was VERY difficult. They did not return calls; were less than responsive when finally reached. In fact several times I called and their voice mail was full. I never received a call back on messages I left. I also felt the mailing to our home "People Like Me" were skewed to selecting one plan. They did not answer realistic questions/concerns.

I appreciate having the information on line. I don't need a million reminders to apply on line though.

HR should have informed the NU community of changes in healthcare plan costs much earlier.

I thought HR did an EXCELLENT job educating us about the choices and options. I thought the sessions held on campus were extremely helpful and the website was super easy to use and navigate. I was amazed by how smoothly the process went!! GREAT JOB!!!

I was dropped from insurance rolls and I HAD TO FIX IT MYSELF! I AM The one who called HMO Illinois and HR and got myself back on the rolls. DURING this period of 2 weeks I did not feel compelled to work very hard here. It was almost impossible to get a hold of HR. I finally had to spend hours on the web trying to find individuals phone numbers as NOBODY ever picked up the main line at HR. I think [Benefits staff] should be reviewed. The first week of January nobody seemed to be checking their email or answering the phone. I am completely disgusted after being here 25 years. I was finally promised 1 waived co-payment by HR but I don't expect to ever see it. I have three children who at anytime would need to go to ER and I would have no proof of insurance. I was a member of HMO Ill several years ago and to the best of my reckoning the fact i was still in their system screwed up my entry. SOMEBODY should have thought to test this.

I emailed a question to HR about benefits but never received a response. Maybe I wasn't emailing the right person (I was unsure where to direct my question about Spectera), but I felt that they should have acknowledged my question or referred me to someone else.

Additional supplemental life insurance was presented as available in additional increments of 1x salary without proof of health. I enrolled in this and it accepted it online. Showed as a benefit in mailing. Now, does not show as a benefit.

The tier structure is unfair to staff. The range now goes up to \$100K for the same cost as someone making in the \$40K range. Big difference! [Benefits staff] stated when asked about this that a majority of our staff are making less than \$40K, like he was proud of this fact. Is he aware that many staffers have a second job to survive? This survey is coming out late to recall exactly my experience with open enrollment.

Summary of open enrollment choices was received three weeks after open enrollment closed and I registered when it was first available. Every time I called, I either got no answer and had to leave a voice mail which no one responded to or I got someone who had no information and said they would get back to me and then I heard nothing. The online system was fine, but the Benefits Staff's ability to handle the inquiries was terrible.

I was disappointed with the cost cutting measures that have been applied to our benefits, especially in light of the outrageous growth of NU's endowment. Unfortunately this appears to be the trend for NU over the past several years.

The Open Enrollment process was fine. I think Information Sessions after 5 would have been helpful because during the year it is hard to get away from the office during normal business hours.

Received conflicting information about whether those in the Value PPO could participate in the FSA instead of the HSA, for those who do not qualify for the HSA due to other non-HDHP coverage. Needed more complete information about out of pocket expenses, especially mental health (which was ignored in the enrollment materials). For many people mental health expenses represent the largest portion of out of pocket expenses. Summary plan descriptions should have been available for each plan. The plan details available in the online benefits tools were incomplete. The benefits calculator was also not useful to me for the same reason. Again, should have included in-network and out-of-network mental health visits for accurate calculation. The mailed newsletters contained a lot of redundant information that was, in my opinion, unnecessary. I liked the online enrollment. Saved time in filling out forms.

The ability to make changes and save them then go back to finish was very nice. I did not feel rushed and was able to make more confident decisions.

Benefits did a great job. Process was easy. Great information provided. Not happy with PPO pricing tiers. Overall good experience.

no problem except for the increased cost of health care and no compensation for said increase (because it was such a jump) I did not choose a higher deductible as I would have A. Had to pay it out of pocket which B. meant I would have had to have more taken out for my FSA which would lead to C. a decrease in my take-home pay. The joy of cause and effect.

Though I waived coverage in open enrollment-as I have for my entire time here, my wife had to quit her job, which forced me to enroll in the insurance plan through NU. While the process wasn't that difficult,once I was able to contact HR, it has been anything but simple since. From issues of going to pick up a prescription for my infant son only to find out that he was not listed on the insurance policy to outrageous copays on prescriptions so far-I am not at all impressed with NU's insurance offerings, I had the same HMO coverage through my spouse's insurance plan with drastically better coverage. The issue with my son-and also my daughter or wife not being listed on the policy-which I have heard from multiple co-workers is a common,but in my opinion, inexcusable mistake. It shouldn't happen-regardless of who's at fault. And HR needs to answer the phone when it rings. It seems like regardless of when you call HR, it goes to voicemail. There shouldn't be a voicemail bottleneck to get to HR. I would like to say that I dealt with [name] and she does her job very well. She was very clear & specific in directing me in what I needed to do. And her help was greatly appreciated.

Being the 1st time for on-line enrollment, i thinkm it went fairly accurately.

The one very disappointing thing about it was, not that Humana was dropped (my previous HMO provider), but that I was undergoing care for a back problem. I am very much afraid that my new provider, Blue Cross Blue Shield of Illinois wil regard this as a "previously existing condition" and not allow continued care. I do not dare even ask them the question, as this will raise "eyebrows" on their end. I now have to start over with BCBS. NOT good.

What a screwed up mess. I still don't have my beneficiaries straightened out, and the forms I was told to download don't do what I need to do. HR is terribly unhelpful, sometimes insulting, and, for the second time in five years, terminated health insurance on my ex-wife without notifying me. She had no coverage for a month before I was told. This is completely unacceptable behavior from a Human Resources department. It's hard to imagine HR doing a worse job, but I expect they'll find a way.

Excellent repeated information was very helpful. I thought rate would be less, so I obviously misread the information -- my fault. I still would have picked the same plan. (But why is me + spouse * individual x 2?) I also used the website to add to retirement savings, so that was extremely helpful.

I had some accuracy and follow up issues with the process.

I attempted to meet with HR individually regarding insurance coverage because I have special circumstances and wanted some privacy to ask questions. I was avidly discouraged from doing so and told to go to the open forums. I was informed that online enrollment was the only option which is not legal. In addition the open enrollment was incorrect once it was done. The process did not function properly and I contacted HR immediately to inform them and I was told it would be fine and it was not, and had to contact them again. I have worked for an insurance company in the past and am knowledgeable about the benefits, copays exclusions,etc. Most people do not really understand the terminology and need a face to face opportunity whether they chose to educate themselves or not. I have also done online registration at other employers and it never goes well and there are consistent issues with the programs and consumers understanding of them.

The enrollment process itself was fine. But, whoever data entered my info made 2 mistakes. I tried to reach Benefits by phone in Dec when I received the "Final" benefits confirmation but no one ever called back, voice mail was full, etc. I eventually emailed [Benefits staff] in January, and then it was straightened out.

hmo co-pay completely out of line with other major universities

Q.24. (Race/ethnicity)

I am extremely good looking and brilliant, though quite modest about it.

african

New York Office of OARD

Off campus

Thank you for listing us as Latinos, we are not Hispanics, that is a word created by some non-latino journalists.

Q.28. Where do you work?

Media Management Center

Center for Public Safety TSS

Office of Financial Aid-Chicago Campus

I'd rather not say.

Traffic Safety School

Searle center for Teaching Excellence

in a research center under VPR

Institute for Healthcare Studies

Center for Public Safety

student accounts

na-too much information

Counseling Psychology Dept - The Family Institute Bldg

long term disability

RHLCCC -research

R.P.M.U.