

Benefits Enrollment Instructions

When you're ready to enroll...



The choices you make during your initial Benefits Enrollment shape the benefits that will be working for you and your family throughout the balance of this year. With that in mind, it's important to thoughtfully consider your coverage options - and your personal benefit needs - and to choose well.

The benefits enrollment platform is your one-stop shop for enrollment in faculty and staff benefit programs, with the exception of commuter benefits, which are made at www.payflex.com. The platform offers tools to help you select the plans that fit you and your family's needs. Explore the site to find videos on High Deductible Health Plans and HSA, what is an HMO and PPO, and much more. For the most up-to-date information regarding benefit for which you might qualify, please attend one of our live benefit orientations, which can be found on PlanIt Purple (<https://planitpurple.northwestern.edu/>) or visit the main benefits website (<http://www.northwestern.edu/hr/benefits/>).

Please note that you have 31 days from the date you become eligible for benefits to enroll. All enrollments must be made online following the process outlined in the guide. The system will walk you through all offerings even if you do not plan on enrolling in all benefit plans. If you do not use a computer at work or at home, computers are available in the HR offices.

Before You Enroll

To make the enrollment process as easy as possible, it is recommended that you gather information and documents for all dependents you wish to enroll on the health plan before you begin the online enrollment process. Plan to have legal names, dates of birth, social security numbers, as well as scanned copies of proof of dependency documents (<http://www.northwestern.edu/hr/policies-forms/how-do-i-verify-dependents.html>) readily available.

What's Inside

Accessing Benefits Enrollment Portal	3
Adding Dependents	3
Spouse, Civil Union Partner, Dependent Children	
Selecting Medical Coverage	4
Health, Dental, Vision, HSA, Health Care FSA	
Selecting Dependent Care FSA	11
Dependent Care Match Application	
Selecting Life Plans	12
Basic , Supplemental , Spouse Life Dependent Life	
Disability Plans	14
Core and Buy-up Plans	
Identity Protection	15
Employee and Spouse Coverage	
Finalizing Enrollments	16
Printing Confirmation Statement	
Uploading Documents	17
Proof of Dependency	

If you have questions or need help completing Benefits Enrollment ...

Multifactor Authentication Issues

IT Help Desk: 847-491-4357

consultant@northwestern.edu

Net ID Issues

myHR Help Desk: 847-467-4800

myHRhelp@northwestern.edu

General Benefits Questions

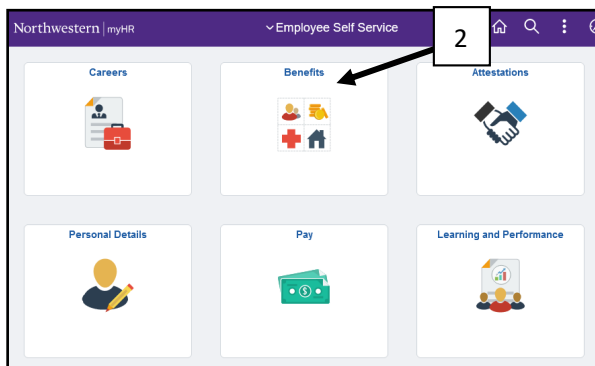
Benefits Office: 847-491-7513

benefits@northwestern.edu

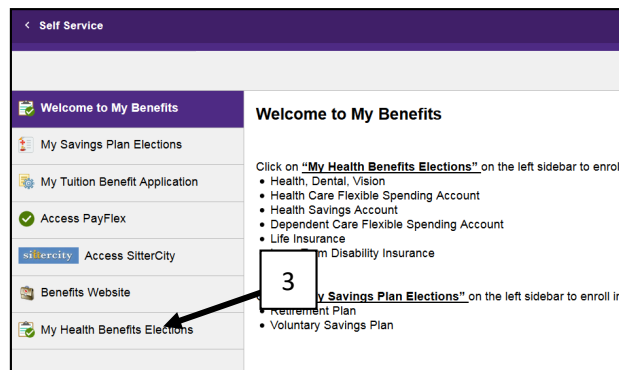
Accessing Benefits Enrollment Portal

1. Login to myHR at <http://www.northwestern.edu/myhr/>.

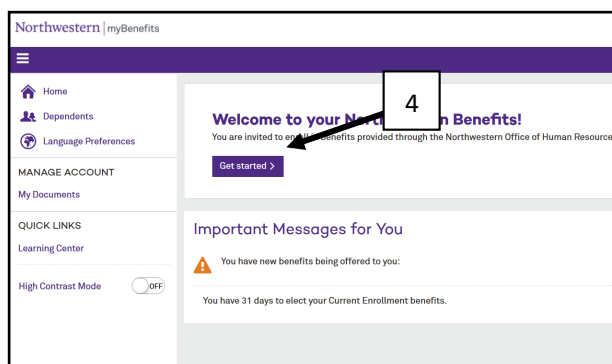
2. Select the **Benefits** tile in myHR Self Service.



3. Select **My Health Benefits Elections** from the left-hand menu.

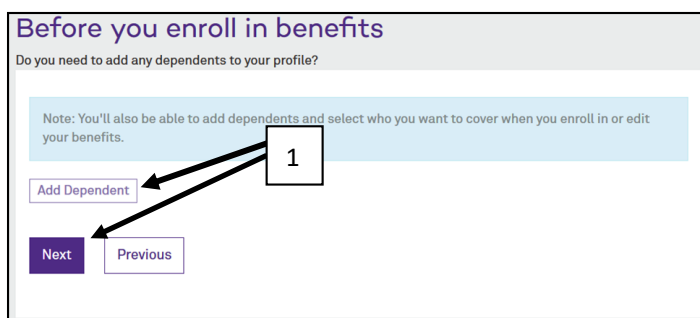


4. Select **Get Started** from the center of the page.



Adding Dependents

1. Select **Add Dependents** to add a spouse or child(ren). If you do not have any dependents, select **Next**.



Adding Dependents (cont.)

2. Enter all required dependent information and click **Save**. Please note that for compliance purposes all SSNs should be provided.

Add Dependent

First Name *
Middle Name
Last Name *

Suffix
Preferred Name

Date of Birth *

Gender *
☐ Male ☐ Female

SSN

Relationship *
Please Select

Address
☒ Use Employee Address

Save **Save & Add Another** **Cancel**

3. Select **Add Dependent** to add more individuals or **Next** to move to the next section.

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Profile

Before you enroll in benefits
Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Name	Relationship	Date of Birth	Gender	Actions
Employee Spouse	Spouse	06/28/1980	Female	Actions
Employee Child	Child	06/28/2016	Male	Actions

Add Dependent **Next** **Previous**

Selecting Benefit Plans

The enrollment process is broken into five sections: Medical Coverage; Dependent Care FSA; Life; Disability; Identity Protection. Multiple benefits are grouped under each of these sections (e.g. Dental, Vision, FSA/HSA are included under Medical Coverage). You can save at the end of each section and come back to it later.

Selecting Medical Coverage

1. To elect coverage, select **Begin Enrollment** under *Choose your Medical coverage*. Note that Health, Dental, Vision, FSA/HSA are included under Medical Coverage. Once you select **Begin Enrollment** under Medical Coverage the system will walk you through enrollment for all four of these benefits.

Your benefits

1. Choose your Medical coverage

1 **Begin enrollment** **Decline coverage**

2. Choose your Dental coverage

2. Please note that if you are enrolling dependents, which includes your spouse, on the health plan, proof of dependency is required. Select **Dependent Verification** from the *Benefit Administrator's* note in the pop-up for a list of required documents. Click the "x" in the upper right to close the note.

A note from your Benefits Administrator

If you are adding a spouse and/or child to your health insurance that was not previously verified, you will need to provide documentation to prove dependency. Please note the following documents on the link below. Documents should be uploaded in myHR via My Documents.

- Dependent Verification

3. Next you will be asked who you would like to cover on the health plan. Select the **check box** next to the names of each individual who will be added to the plan. Then select **Next**. If you do not wish to cover anyone other than yourself, just select **Next**. If you wish to add other dependents that haven't already been input into the system, select **Add Dependents**.

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Profile

Shop for benefits

Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	New Employee	Subscriber	01/01/1980	Male	
<input type="checkbox"/>	Employee Spouse	Spouse	06/28/1980	Female	Edit
<input type="checkbox"/>	Employee Child	Child	06/28/2016	Male	Edit

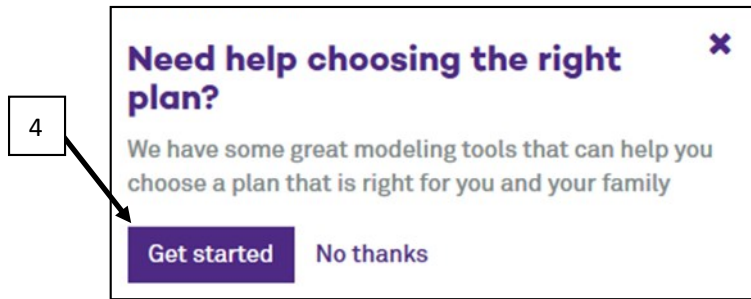
Add Dependent

Decline Coverage I would like to decline Medical coverage.

Next

Previous

4. Now you will be presented with all the health insurance plans available to you. A modeling tool is available to help you determine the best option for you and your family. Select **Get Started** to launch the tool. Otherwise hit *No thanks* and skip to the *Selecting your health plan* (pp8).



5. The tool loads with the National Averages of medical services, which includes the average number of services and cost incurred by Americans. You can customize this for yourself by selecting the “Customize Usage” option instead. Select **Add Contribution** at the top of the page to enter in FSA and HSA information.

Service	Cost
Emergency Room Visit	\$1,320.49
Outpatient Procedure	\$3,070.44
Inpatient Hospital Procedure	\$0.00
Doctor Office Visits	\$3,858.75
Prescription Drugs	\$2,746.83
Total Usage Cost	\$10,996.51

Note: You are not committing to any enrollment nor is Northwestern able to access information entered in this modeling tool.

Category	Minimum	Maximum	SS+ Additional
Single	—	\$3,400.00	\$1,000.00
Family	—	\$6,750.00	\$1,000.00

Enter expected HSA and FSA costs to better evaluate which health plans works for you.

How to Compare Health Plans

- Once you have loaded information into the modeling tool, you will be presented with a high level summary of the health plans, along with your per-pay period cost. To see a more in-depth comparison of more than one plan, select the **Compare** box next to two or more plans. Then click **Compare Plans & Estimate Your Cost** at the top of the screen.

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Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Covered persons:

- ☒ Will Cut
- ☒ Terahunt Cut
- ☒ Unstable Cut
- [Add Dependent](#)

[Compare plans & estimate your cost](#)

Personalize your estimated cost

Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation.

Costs based on National Average Year

☒ Compare

Premier PPO

This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a prior Northwestern Medicine or BlueCross BlueShield PPO Network.

Estimated Annual Cost \$12,671.89 FSA Tax Savings \$637.50
How was this calculated?

Individual Deductible

Family Deductible

Individual Out of Pocket Max (DOP Max)

Family Out of Pocket Max (DOP Max)

[Select plan](#) [Plan details](#)

Select PPO

This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a prior Northwestern Medicine or BlueCross BlueShield PPO Network.

Estimated Annual Cost \$6,089.95 FSA Tax Savings \$637.50
How was this calculated?

Individual Deductible

Family Deductible

Individual Out of Pocket Max (DOP Max)

Family Out of Pocket Max (DOP Max)

[Select plan](#) [Plan details](#)

- You will then be presented with a new page that shows you a side-by-side of the cost of the plan, as well as the costs of in- and out-of-network services. Review this information to determine which plan works best for you and your family.

Once you are done reviewing the plans, select **Return to Results** at the top left of the page.

NOTE: Do not use the back button in your browser. It is best to use the previous button within the platform.

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Choose your Medical plan.

[Return to results](#)

Premier PPO

\$798.00
Monthly Cost

Employer Contribution
\$0.00

[Select plan](#)

Select PPO

\$248.00
Monthly Cost

Employer Contribution
\$0.00

[Select plan](#)

In-Network

Individual Deductible	\$250	\$100
Family Deductible	\$750	\$1,500
Individual Out of Pocket Max (DOP Max)	\$2,200	\$2,650
Family Out of Pocket Max (DOP Max)	\$6,600	\$7,750
Doctor's Office Visit	\$25 copay/visit	\$25 copay/visit
Inpatient Hospital Services	10% Coinsurance	20% Coinsurance
Outpatient Hospital Services	10% Coinsurance	20% Coinsurance
Emergency Room Visit	\$100 copay plus 10% coinsurance	\$100 copay plus 20% coinsurance
Prescription Drugs - Generic	\$10 - Retail (one-month supply) \$20 - Home Delivery (three-month supply)	\$10 - Retail (one-month supply) \$20 - Home Delivery (three-month supply)
Tier 2 - Preferred Drugs	\$30 - Retail (one-month supply) \$60 - Home Delivery (three-month supply)	\$30 - Retail (one-month supply) \$60 - Home Delivery (three-month supply)
Tier 3 - Nonpreferred Drugs	\$60 - Retail (one-month supply) \$120 - Home Delivery (three-month supply)	\$60 - Retail (one-month supply) \$120 - Home Delivery (three-month supply)
Tier 4 - Specialty Drugs	\$90 - Retail (one-month supply) \$180 - Home Delivery (three-month supply)	\$90 - Retail (one-month supply) \$180 - Home Delivery (three-month supply)

Selecting Your Health Plan

Once you are done reviewing the modeling tool and have made your choice of health plans:

1. Verify everyone you want covered on the plan is checked in the box on the left side;

Covered persons:

- ☒ New Employee
- ☒ Employee Spouse
- ☒ Employee Child

[+ Add Dependent](#)

2. Click the **Select Plan** box under the plan in which you wish to enroll;

3. If you select the HMO Illinois plan, you will be prompted to select a Primary Care Provider for both you and your dependents. A link is provided to BCBSIL's provider finder. The PCP number from BCBSIL's website must be entered at the time of enrollment;

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Medical

Enter the PCP (Primary Care Provider) information or search from a list of providers.

View Primary Care Provider List

Provider Name	Provider Number
Wild Cat	42012295
Turbulent Cat	42012295
Untamable Cat	42012295

Please Note:

- Under an HMO or Point-of-Service (POS) plan, a primary care provider is usually your first contact for health care. This is usually a general practitioner, family practitioner, internal medicine or pediatrician. The primary care provider makes referrals to specialists when medically necessary. To select a PCP call (800) 892-2003 or access the link below. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. OB/GYN and PCP must be from the same medical group. To change your PCP to a different medical group, contact HMO Illinois member services.

What is a primary care provider?

[Find a Doctor - Navigate to the Provider Finder](#)

[Next](#) [Previous](#) [Cancel](#)

Find a Doctor - Navigate to the Provider Finder

Under the HMO Illinois medical plan medical services are only covered when authorized in advance by an individual's Primary Care Physician (PCP). A PCP is usually your first contact for health care. This is usually a general practitioner, family practitioner, internal medicine or pediatrician. The primary care provider makes referrals to specialists when medically necessary. To select a PCP call (800) 892-2003 or access the link below. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. OB/GYN and PCP must be from the same medical group. To change your PCP to a different medical group, contact HMO Illinois member services.

[Provider Finder](#)

Premier PPO \$798.00 Monthly Cost

This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you see a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.

Estimated Annual Cost \$12,871.88 FSA Tax Savings \$637.50

Individual Deductible \$250

Family Deductible \$750

Individual Out of Pocket Max (DOP Max) \$2,200

Family Out of Pocket Max (DOP Max) \$6,600

[Select plan](#) [Plan details](#)

Select PPO \$248.00 Monthly Cost

This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you see a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.

Estimated Annual Cost \$8,989.50 FSA Tax Savings \$7.50

Individual Deductible \$500

Family Deductible \$1,500

Individual Out of Pocket Max (DOP Max) \$2,850

Family Out of Pocket Max (DOP Max) \$7,750

[Select plan](#) [Plan details](#)

Value PPO \$104.00 Monthly Cost

This plan is a High Deductible Health Plan. You can use a Health Savings Account to set aside the deductible pre-tax. This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater benefits and pay lower out-of-pocket costs when you see a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.

Estimated Annual Cost \$6,424.50 FSA Tax Savings \$1,697.50

Individual Deductible \$1,600

Family Deductible \$2,800

Individual Out of Pocket Max (DOP Max) \$3,000

Family Out of Pocket Max (DOP Max) \$6,850

[Select plan](#) [Plan details](#)

HMO Illinois \$426.00 Monthly Cost

This plan gives you access to the HMO Illinois provider Network, but pays no benefits when you see a provider who is not a member of the Network (except in an emergency). Your Primary Care Physician (PCP) will coordinate your care with other network specialists. When enrolling in the HMO plan for the first time, a PCP must be selected at the time of enrollment.

Estimated Annual Cost \$8,885.50 FSA Tax Savings \$637.50

Individual Deductible \$0

Family Deductible \$0

Individual Out of Pocket Max (DOP Max) \$1,500

Family Out of Pocket Max (DOP Max) \$3,000

[Select plan](#) [Plan details](#)

Decline Coverage I would like to decline medical coverage.

[Previous](#) [Cancel](#)

NOTE: For the health plan, OB/GYN and PCP must be from the same medical group.

4. If you select the Value PPO plan, you will be prompted with the option to elect a Health Savings Account (HSA) - Detailed instructions on next page;

5. If you do not wish to enroll in health coverage, select **Decline Coverage** at the bottom of the page.

Contribute to your Health Savings Account (HSA)

If you do not want to contribute to your HSA, select next.

Contribute to your HSA

Enter the amount you would like to contribute to your HSA. The total amount that you can contribute for this benefit year is \$3,400.00

Contribution Type

☒ Repeating

Repeating

Change contribution start and end dates

Per paycheck *

\$ x 14 paychecks = \$

Health Savings Plan

If you elected to participate in the Value PPO Health Plan you are eligible for the Health Savings Account (HSA). If you did not select the Value PPO then **skip this page**.

Northwestern University offers matching funds up to \$750 for a single participant or \$1,500 for a family.

1. To enroll in the HSA click on **Select Plan**. To decline enrollment select **Decline Coverage**.

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Choose your Health Savings Account (HSA) plan.

Because you have selected a High Deductible Health Plan (HDHP), you are eligible for a Health Savings Account. A Health Savings Account allows you to contribute money that may be used to pay for qualified health care expenses.

Health Savings Account

You can use pre-tax contributions in your Health Savings Account to pay for qualified health care expenses for yourself, your spouse, or your dependent(s), including deductibles, copays, coinsurance, and eligible services that are not covered by your medical plan. You can use the funds to pay eligible dental and vision expenses after meeting your medical deductible. Northwestern will match your contribution dollar for dollar up to a total of the medical deductible amount.

Select plan (labeled 1) | Plan details

Decline Coverage | I would like to decline Health Savings Account (HSA) coverage.

Previous | Cancel

2. Enter the amount you wish to have deducted from each remaining paycheck for the year. This amount should not include what you plan on receiving from the University Match. Click **Next**.

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Contribute to your Health Savings Account (HSA)

If you do not want to contribute to your HSA, select next.

Contribute to your HSA

Enter the amount you would like to contribute to your HSA. The total amount that you can contribute for this benefit year is \$7,750.00.

Contribution Type: Repeating

Repeating

Change contribution start and end dates

Per paycheck * (labeled 2) | * 7 paychecks = \$

When you enter your monthly contribution amount above, make sure to take into account the amount Northwestern will match so that you do not go over the total maximum amount allowed of \$8,750. For more information on Northwestern's match, visit this webpage: <http://www.northwestern.edu/benefits/saving-spending/accounts/health-savings-account.html>.

Add contribution | Clear

Next | Previous | Return home

Example: Seven paychecks remaining and you want to receive full Single Match of \$750:

Employee amount per pay = \$214.29 Total = \$1,500

3. A summary will appear that shows how much you will contribute and how much the University will contribute. Note occasionally all contributions cannot be made evenly from all checks so one check will have a different amount.

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Contribute to your Health Savings Account (HSA)

If you do not want to contribute to your HSA, select next.

Amount	Frequency	Date	Description	Actions
\$200.00	☑	06/30/2017 - 12/31/2017	Employee ongoing contribution	Actions -
\$200.00	☑		Employer match	

Next (labeled 3) | Previous | Return home

4. Finally, read the acknowledgement, select **I Agree**, then click **Next**. If you have questions about the acknowledgment, contact the Benefits Division at (847) 491-7513.

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Health Savings Account (HSA)

Acknowledgement

Acknowledgement and Agreement

- I am not enrolled in Medicare
- I cannot be claimed as a dependent on another person's tax return
- I understand that if my spouse is enrolled in a Health FSA I am not eligible to contribute to an HSA
- I understand that my contribution cannot be effective prior to my HDHP coverage date
- I do not have a balance in a health care flexible spending account.

☒ I Agree (labeled 4)

Next | Previous | Cancel

Dental and Vision Plans

The process for selecting your dental and vision plans is similar to the process for selecting your health plan, with the exception that there is not a modeling tool for these benefits.

Health Care or Limited Care FSA Plan

1. If you wish to participate in a Health Care or Limited Care FSA, click **Select Plan**. Otherwise select **Decline Coverage** to move to the summary page.
2. If you are electing to participate, you will be prompted to enter in the *annual* amount you want to contribute and select **Next**.

Completing Medical Enrollment

Once you have completed your Health, Dental, Vision, HSA, and FSA enrollments you will be brought to a summary screen. Select Save at the bottom left to save these choices and move to the next section.

Benefit Elections (3 Items)	
Monthly	
Medical	\$145.00
Dental	\$72.00
Vision	\$24.00
Monthly Total	\$241.00
Tax Advantage Accounts (1 Item)	
Monthly Contributions	
Health FSA Employee Contribution	\$344.29
Monthly Contributions Total	\$344.29
You Pay	
Monthly Total	\$425.29

NOTE: If you are adding dependents, you will be prompted to provide proof of dependency. Please see steps 2 and 3 on page 17 of this guide.

Dependent Care FSA Plan

The Dependent Care FSA plan allows you to put up to \$5,000 into a pre-tax account for dependent daycare expenses. Faculty & Staff with a household adjusted gross income less than \$130,000 could be eligible for a partial reimbursement from Northwestern. A separate application must be submitted for this.

1. If you wish to enroll select **Begin Enrollment**. Otherwise select **Decline Coverage**.

2. Then click on **Select Plan** to begin enrollment.

3. A Benefits Administrator's note will appear with a link to the Dependent Care Reimbursement Application. **Only** complete this form if you wish to apply for reimbursement.

4. Then enter the amount you wish to contribute for the remainder of the year and click **Next**.

Reminder: The Dependent Care Reimbursement Application must be completed each year during Open Enrollment.

5. Once you have completed your Dependent Care FSA you will be brought to a summary screen. Select **Save** at the bottom left to save your elections and move to the next section.

To elect coverage, select **Begin Enrollment** under **Choose your Life coverage**. Note that Basic Life, Supplemental Life, Spouse Life, and Dependent Life are included under Life Coverage. Once you select **Begin Enrollment** the system will walk you through enrollment for all four of these benefits.

6. Choose your Life coverage

7. Choose your Supplemental Life coverage

8. Choose your Supplemental Spouse Life coverage

2. Then click on **Start** to begin enrollment.

Life

Click Start to begin. When you complete the section, you will be prompted to save.

Your benefit selections may require you to complete and send a/an evidence of insurability form to the carrier.

Start Cancel

3. Then click on **Select Plan** to enroll.

Choose your Life plan.

Please review your options and choose the coverage amount that best meets your needs.

Certain coverage amounts may make you subject to imputed income and apply to any coverage level with an * below. [Learn more about imputed income](#)

Plan	Coverage amount	Cost
Basic Life \$50K	Coverage amount: \$50,000.00	\$0.00 Semi-Monthly Cost
Basic Life 2.5 Times Salary	Coverage amount: \$175,000.00 (2.5 times salary up to \$750,000.00)	\$0.00 Semi-Monthly Cost

Coverage amounts above \$50,000 are subject to imputed income.

4. Then click on **Add Beneficiary** to add beneficiaries for this plan.

Life: Beneficiary Information

You have no beneficiaries either

Your Beneficiary is the person (or persons) who will receive your Basic and Supplemental Term Life Insurance benefits if you die. You can name anyone you want as your Beneficiary(ies) - and designate as many people as Beneficiary(ies) as you wish. (Note: You may not name Northwestern University as a Beneficiary)

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
Add Beneficiary							

Please Note: Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

Next Previous Cancel

Note: Basic life is fully University paid. Coverage over \$50,000 is subject to imputed income.

Supplemental, Spouse, Dependent Life

The process for selecting your Supplemental Life, Spouse Life, and Dependent Life plans is similar to the process for selecting your Basic Life plan. For Supplemental Life over 3x your salary and Spouse Life over \$30,000 an Evidence of Insurability (EOI) application must be completed. You will be prompted at the time of enrollment with a link to the form.

Completing Life Enrollment

Once you have completed your Basic Life, Supplemental Life, Spouse Life, and Dependent Life plans you will be brought to a summary screen. Select Save at the bottom left to save these choices and move to the next section.

NOTE: Do not use the back button in your browser. It is best to use the previous button within the platform.

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Adam Doyle

Life Summary

Your US Life benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Life

Basic Life 2.5 Times

Offered By: Dearborn National
Coverage Amount: \$89,375.00 (2.5 times salary up to \$250,000.00)
Imputed Income: \$81.12 per pay period [What's this?](#)
Effective Date: 06/01/2017
Coverage Amount: \$89,375.00
You Pay: \$0.00 per month

[Beneficiaries](#) [Add](#)

[Additional Information](#)
[Show details](#)

[Edit coverage](#) [Edit plan](#)

Supplemental Life

Supplemental Term Life Insurance

[Edit coverage](#)

Supplemental Child Life

Child Term Life Insurance

Offered By: Dearborn National
Coverage Amount: \$5,000.00
Effective Date: 06/01/2017
Coverage Amount: \$5,000.00
You Pay: \$0.64 per month

[Add](#) [Show](#) [Information](#)

[Edit coverage](#)

[Save](#) [Cancel](#)

Cost Summary

This is a summary of your current benefit elections.

[Show/hide all](#)

Benefit Elections (8 items)

Monthly	
Medical	\$145.00
Dental	\$72.00
Vision	\$24.00
Travel	Unavailable
Life	\$0.00
Supplemental Life	\$34.01
Supplemental Spouse Life	\$0.21
Supplemental Child Life	\$0.64

Monthly Total **\$299.86**

Tax Advantage Accounts (2 items)

Monthly Contributions	
Health FSA Employee Contribution	\$364.29
Dependent Care FSA Employee Contribution	\$754.29

Monthly Contributions Total **\$1,078.58**

To elect coverage, select Begin Enrollment under Choose your Long-Term Disability coverage.

11. Your Supplemental Child Life coverage
Child Term Life Insurance
 Offered By: Dearborn National
 Coverage Amount: \$5,000.00
 Effective Date: 06/01/2017
 Persons Covered: Untamable Cat
 \$0.64 per month

12. Choose your Long-Term Disability coverage
 Begin enrollment Decline coverage

2. Then click on **Start** to begin enrollment.

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Disability

Click Start to begin. When you complete the section, you will be prompted to save your selections. Your benefit selections may require you to complete and send a/an evidence of insurance.

Start Cancel

3. Then click on **Next**. Benefits eligible faculty and staff will be automatically enrolled in the core plan.

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Choose your Long-Term Disability plan.

Please review your options and choose the coverage amount that best meets your needs.

50% Core Benefit LTD
 LTD provides a monthly benefit to you in the event of a long-term disability due to illness or injury - you are unable to perform your regular job (during the first 2 years of disability, up to 50% of regular base wages/salary; thereafter, up to maximum monthly benefit of \$11,000)
 Coverage amount: \$2,281.87 per month (50% of monthly salary maximum of \$4,563.74 per month)
 \$0.00 Semi-Monthly Cost

Current Selection Plan details

Please Note: This benefit cannot be declined.

Next Previous Cancel

4. Then click on **Select Plan** to enroll in the buy-up or **Decline Coverage** to decline.

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Choose your Voluntary Long Term Disability plan.

Please review your options and choose the coverage amount that best meets your needs.

10% Buy Up Benefit LTD
 LTD provides a monthly benefit to you in the event of a long-term disability due to illness or injury - you are unable to perform your regular job (during the first 2 years of disability, up to 10% of regular base wages/salary; thereafter, up to maximum monthly benefit (core and buy-up coverage combined) of \$13,800)
 Coverage amount: \$138.00 per month (10% of monthly salary maximum of \$13,800 per month)
 \$13.15 Monthly Cost

Select plan Plan details

Decline Coverage I would like to decline Voluntary Long Term Disability coverage.

Previous Cancel

5. Once you have completed your core Disability and Buy-up plans enrollment you will be brought to a summary screen. Select **Save** at the bottom left to save these choices and move to the next section.

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Disability Summary

Your LTD Disability benefit summary is shown below. To make changes, click Edit. Please note that your benefits are subject to change.

Long-Term Disability
 50% Core Benefit LTD
 LTD provides a monthly benefit to you in the event of a long-term disability due to illness or injury - you are unable to perform your regular job (during the first 2 years of disability, up to 50% of regular base wages/salary; thereafter, up to maximum monthly benefit of \$11,000)
 Coverage amount: \$2,281.87 per month (50% of monthly salary maximum of \$4,563.74 per month)
 \$0.00 Semi-Monthly Cost

Voluntary Long Term Disability
 10% Buy Up Benefit LTD
 LTD provides a monthly benefit to you in the event of a long-term disability due to illness or injury - you are unable to perform your regular job (during the first 2 years of disability, up to 10% of regular base wages/salary; thereafter, up to maximum monthly benefit (core and buy-up coverage combined) of \$13,800)
 Coverage amount: \$138.00 per month (10% of monthly salary maximum of \$13,800 per month)
 \$13.15 Monthly Cost

Cost Summary

Benefit	Monthly Cost
Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Life	\$0.00
Supplemental Life	\$0.00
Supplemental Health	\$0.00
Supplemental Disability	\$0.00
Voluntary Long Term Disability	\$13.15
Monthly Total	\$13.15

Monthly Contributions

Contribution	Monthly Amount
Health Insurance Contribution	\$0.00
Dependent Care FSA Contribution	\$0.00
Monthly Contributions Total	\$0.00

You Pay \$13.15 Monthly Total \$13.15

Save Cancel

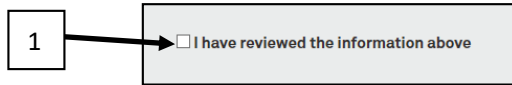
Identity Protection Coverage

1. To elect coverage, select **Begin Enrollment** or **Edit Coverage** under *Choose your Identity Protection coverage*.

2. Next you will be asked who you would like to cover on the health plan. Select the **check box** next to the names of each individual who will be added to the plan. Then select **Next**. If you do not wish to cover anyone other than yourself, just select **Next**. If you wish to add other dependents that haven't already been input into the system, select **Add Dependents**.

3. Then click on **Select Plan** to enroll or **Decline Coverage** to waive.
4. Select **Save** at the bottom left to save your choices and move to the home screen.

- Now that you have made your elections you **MUST finalize your enrollments**. First click the *"I have reviewed the information above"* acknowledgment at the bottom of the page. If any sections are incomplete or need your attention, you will not be able to check the box. Click on **Complete Enrollment** for a list of the section(s) that need to be addressed.



- Then click **Complete Enrollment** at the bottom of the screen.

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Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

0/12 Benefits Complete

Your Medical coverage
 Select PPO \$165.00 per month
 Offered By: Blue Cross Blue Shield of Illinois
 Effective Date: 06/01/2017
 Plan Name: Wild Cat, Turbulent Cat

Your Dental coverage
 Dearborn Dental PPO \$72.00 per month
 Offered By: Dearborn National
 Effective Date: 06/01/2017
 Plan Name: Wild Cat, Turbulent Cat, Uninsurable Cat

Your Vision coverage
 EyeMed Vision \$24.00 per month
 Offered By: EyeMed
 Effective Date: 06/01/2017
 Plan Name: Wild Cat, Turbulent Cat, Uninsurable Cat

Your Health FSA coverage
 Health Care FSA \$364.29 per month
 Contribution Amount: \$1,355.00 Per Plan Year (\$56.25 per month)
 Offered By: Fidelity
 Effective Date: 06/01/2017
 Plan Name: Wild Cat

☒ I have reviewed the information above

[Complete Enrollment](#) [Cancel](#)

You Pay (Monthly Total): \$1,981.00

- Finally, you are presented with a summary screen. To save or print a confirmation sheet, select **Benefit Summary Report**.

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Home Profile Benefits Dependents Language Preferences

MANAGE ACCOUNT
 Login Information
 My Documents

QUICK LINKS
 Learning Center

✓ Congratulations, Willie! You have successfully completed your enrollment process.
 Your confirmation number is: 14182918439-703112. Please review and print your Benefits Detail Report for your records.

Welcome, Willie

Benefits Snapshot

Benefit Type	Plan Name	Effective Date	Monthly Cost
Medical	Select PPO (Employee and Spouse)	Effective as of 06/01/2017	\$165.00 Monthly
Dental	Dearborn Dental PPO (Employee, Spouse and Children)	Effective as of 06/01/2017	\$72.00 Monthly
Vision	EyeMed Vision (Employee, Spouse and Children)	Effective as of 06/01/2017	\$24.00 Monthly
Health FSA	Health Care FSA (Employee)	Effective as of 06/01/2017	\$364.29 Monthly

+7 Additional Benefits >

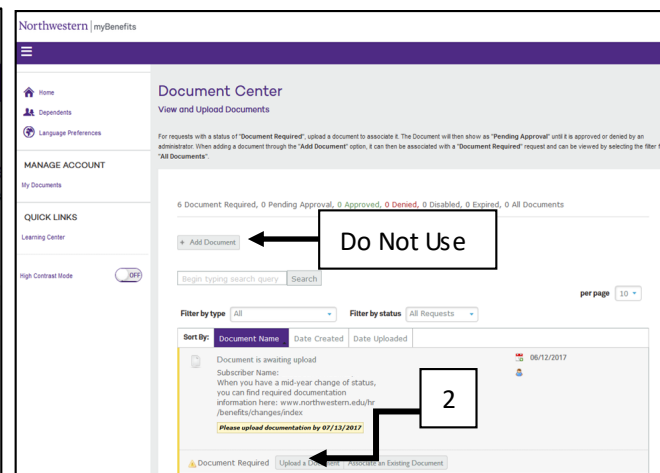
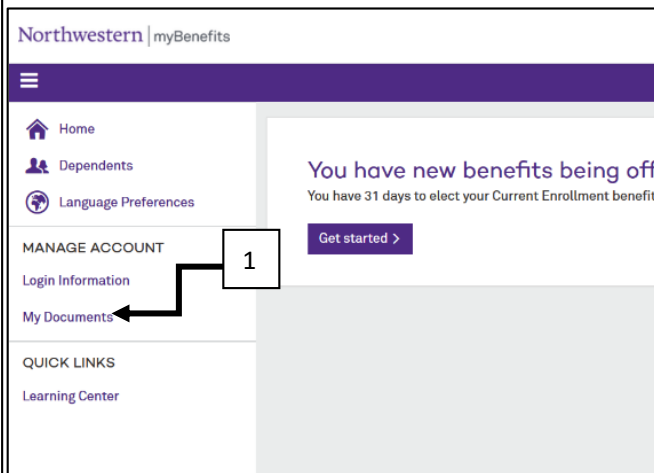
Important Documents
[Benefit Summary Report](#)

Uploading Documentation

Proof of Dependency documents must be uploaded into the system before benefits will be effective.

1. Select **My Documents** from the left-hand menu.

2. Then select **Upload a Documents** in the section of the page associated with dependent. Do NOT select Add Documents bot on the top center of page.



3. Complete the upload by:

- Choose File** and upload document;
- Name the document;
- Select the most appropriate **Category**;
- Enter any notes to share with HR Benefits;
- Select **Save**.

Please complete the information

Browse for File *
Choose File No File Chosen

Hover over the (f) above to view accepted file type

Document name *

Associate Document With *

Search

Category *

Date

Description

Notes (ad hoc information; this will only be displayed to HR Admins)

Cancel Save

a

b

c

d

e

Category *

Adoption/Legal Guardianship
Papers
Birth Certificate
Common Law Marriage
Certificate
Court Order Acknowledgement