

IT'S ABOUT
RUSH

Employee Contributions Guide **for Employees of Rush Oak Park** **Hospital**



Excellence is just the beginning.

2019 Rush Benefits Employee Contributions Guide

This guide provides information about how much you will pay for your Rush benefits in 2019. To learn more about your benefit options and to enroll, log into www.ROPHbenefits.HRintouch.com. Or enroll on the BenefitFocus app, available at the Apple Store and Google Play. Download the app and enter the code **Rushbenefits**. Then enter your Rush email address and computer password.

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Questions?

Contact the Rush Benefits Center
Monday through Friday, 7:00 a.m. to 7:00 p.m.
(312) 942-2222 or (855) 866-8696
rushbenefits@benefitfocus.com

Choose Health Wellness Premium Discounts



Did you participate in the Choose Health wellness screening this year? If you did, you will save hundreds of dollars on your 2019 medical premiums.

- Covered employees and spouses each earn a **\$300 medical premium discount** just for participating in the Choose Health screening.
- Covered employees and spouses each **earn an additional \$300 medical premium discount** for achieving their personal health goals by the wellness screening.
- First-time screening participants also earn the full \$600 discount.
- *Those hired on or after September 1, 2018, do not qualify for this discount for 2019.*

You can see your 2018 personal health goal — and whether you met it or not — at www.myinteractivehealth.com.

Or consult the personal health report that was mailed to you earlier this year.

Applying Your Choose Health Medical Premium Discounts

This chart tells you how much your Choose Health discount is per pay period.

IF	Then you Receive	Which Means
You participated in the Wellness Screening	A \$300 medical premium discount	A \$12.50 discount per pay period
...and you met your Health Goal	A \$600 medical premium discount	A \$25 discount per pay period
You and your spouse participated in the Wellness Screening ...	A \$600 medical premium discount	A \$25 discount per pay period
... and one of you met your Health Goal	A \$900 medical premium discount	A \$37.50 discount per pay period
... and both of you met your Health Goal	A \$1,200 medical premium discount	A \$50 discount per pay period

All this is calculated for you automatically when you enroll for benefits at:

www.ROPHbenefits.HRintouch.com

2019 Rates for Medical Benefits

Full-Time Employees

Rates per pay period (24 x a year). All rates rounded up to the nearest penny.

Employee Hourly Rate	<\$24	\$24-\$39.99	\$40 and Above
Health Savings Advantage Plan			
Employee only	\$50.00	\$57.50	\$68.43
Employee + spouse	\$88.90	\$100.96	\$120.47
Employee + children	\$83.50	\$94.39	\$112.63
Family	\$103.40	\$121.87	\$145.42
Premier PPO Plan			
Employee only	\$52.36	\$61.92	\$73.17
Employee + spouse	\$139.46	\$166.64	\$198.07
Employee + children	\$121.37	\$143.53	\$169.60
Family	\$192.00	\$203.08	\$242.31
Select EPO Plan			
Employee only	\$67.58	\$79.91	\$94.43
Employee + spouse	\$174.75	\$208.80	\$248.10
Employee + children	\$154.50	\$179.23	\$213.85
Family	\$248.00	\$259.00	\$297.85

Part-Time Employees

Rates per pay period (24 x a year). All rates rounded up to the nearest penny.

Employee Hourly Rate	<\$24	\$24-\$39.99	\$40 and Above
Health Savings Advantage Plan			
Employee only	\$57.50	\$68.70	\$81.47
Employee + spouse	\$107.59	\$122.82	\$145.13
Employee + children	\$100.50	\$116.82	\$138.03
Family	\$124.55	\$140.53	\$166.06
Premier PPO Plan			
Employee only	\$57.75	\$68.29	\$80.69
Employee + spouse	\$156.33	\$184.86	\$218.45
Employee + children	\$133.85	\$158.29	\$187.04
Family	\$222.60	\$240.89	\$284.65
Select EPO Plan			
Employee only	\$74.53	\$88.13	\$104.14
Employee + spouse	\$195.81	\$231.56	\$273.62
Employee + children	\$180.61	\$213.58	\$252.38
Family	\$279.00	\$308.47	\$364.50

2019 Rates for Dental and Vision Benefits

Dental Plan Rates per pay period (24x a year)

Full-Time Employees

Delta DHMO	
Employee only	\$5.74
Employee + spouse	\$10.62
Employee + children	\$12.12
Family	\$13.74

Part-Time Employees

Delta DHMO	
Employee only	\$6.08
Employee + spouse	\$11.37
Employee + children	\$12.85
Family	\$14.57



Delta Dental PPO

Employee only	\$10.10
Employee + spouse	\$20.20
Employee + children	\$17.18
Family	\$25.26

Delta Dental PPO

Employee only	\$10.71
Employee + spouse	\$21.62
Employee + children	\$18.21
Family	\$26.78

Vision Plan Rates per pay period (24x a year)

Vision Plan

Employee only	\$4.07
Employee + spouse	\$6.32
Employee + children	\$6.00
Family	\$10.41



2019 Rates for Life Insurance

Employee Supplemental Life Insurance Monthly Rate (rounded to nearest penny)

Supplemental life and AD&D insurance premiums are calculated based on your age, current base annual salary, and amount of coverage you desire. Rates are based on your age as of January 1 of the current year as shown in the table below.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$1,000	\$06	\$07	\$08	\$09	\$13	\$20	\$28	\$52	\$111	\$153



How to calculate your Life & AD&D upgrade premium:

Example:

To calculate the monthly premium for a 30-year-old employee whose annual salary is \$25,000 per year, and who elected supplemental coverage for twice their annual salary: $\$50,000 \times .07$ (per rate table above) = $\$3,500 \div 1,000 =$ \$3.50 monthly payroll deduction

2019 Rates for Life Insurance

Spouse Supplemental Life Insurance Monthly Rates (rounded to nearest penny)

Employees may elect supplemental coverage for a spouse. Rates are based on your spouse's age as of January 1 of the current year as shown in the table below.



Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate per \$1,000	\$.06	\$.08	\$.08	\$.10	\$.12	\$.18	\$.35	\$.56	\$1.03	\$1.77

Child(ren) Supplemental Life Insurance Monthly Rates

Child(ren) life coverage monthly cost (covers all eligible children)

\$10,000 = \$1.54 per month for one or more children



How to calculate the premium for dependent supplemental life insurance:

Example: You are electing \$30,000 for your 37-year-old spouse and \$10,000 of coverage for each of your two children

1) Enter the rate from the table	\$0.10
2) Enter the amount of insurance coverage	\$30,000
3) Divide line 2 by \$1,000	30
4) Spouse coverage monthly premium (Multiply line 1 by line 3)	\$3.00
5) \$10,000 of child coverage for two children	+\$1.54
6) Total monthly cost (add line 4 plus line 5)	\$4.54

2019 Rates for Disability Benefits



Long-Term Disability Buy-Up Semi-monthly rates

Long-term disability buy-up premiums are calculated based on a common rate for all employees: \$0.31 per \$100 of annual salary.

Buy-Up Premium Calculation for 60% Buy-Up Option

Annual salary ÷ 100 x 0.31 = annual cost

Annual cost ÷ 24 pay periods = semi-monthly deduction

Example: annual salary \$50,000

\$50,000 ÷ 100 x 0.31 = \$155 annual cost

\$155 ÷ 24 = \$6.46 per pay period deduction from your paycheck

2019 Rates for Additional Coverage

Voluntary Accident Plan Rates per pay period (24 x per year)

Employee	\$6.15
Employee + Spouse	\$10.34
Employee + Children	\$11.85
Employee + Family	\$18.93



Voluntary Critical Illness Plan Rates per pay period (24 x per year)



Coverage Amount: \$10,000

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee only	\$1.24	\$1.66	\$2.31	\$3.53	\$5.67	\$8.72	\$12.69	\$17.82	\$26.03	\$36.79	\$52.11	\$69.91
Employee + spouse	\$2.30	\$3.06	\$4.31	\$6.65	\$10.90	\$17.35	\$26.05	\$37.64	\$55.79	\$70.22	\$75.36	\$99.23
Employee + children	\$1.67	\$2.09	\$2.74	\$3.96	\$6.10	\$9.15	\$13.12	\$18.25	\$26.46	\$37.22	\$52.54	\$70.34
Family	\$2.73	\$3.49	\$4.74	\$7.08	\$11.33	\$17.78	\$26.48	\$38.07	\$56.22	\$70.65	\$75.79	\$99.66

Coverage Amount: \$20,000

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee only	\$2.47	\$3.32	\$4.61	\$7.05	\$11.33	\$17.44	\$25.38	\$35.63	\$52.06	\$73.58	\$104.22	\$139.81
Employee + spouse	\$4.59	\$6.11	\$8.61	\$13.29	\$21.78	\$34.70	\$52.10	\$75.27	\$111.58	\$138.22	\$148.27	\$196.13
Employee + children	\$3.33	\$4.18	\$5.47	\$7.91	\$12.19	\$18.30	\$26.24	\$36.49	\$52.92	\$74.44	\$105.08	\$140.67
Family	\$5.45	\$6.97	\$9.47	\$14.15	\$22.64	\$35.56	\$52.96	\$76.13	\$112.44	\$139.08	\$149.13	\$196.99

Coverage Amount: \$30,000

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee only	\$3.71	\$4.98	\$6.92	\$10.58	\$17.00	\$26.16	\$38.07	\$53.45	\$78.09	\$110.37	\$156.33	\$209.72
Employee + spouse	\$6.89	\$9.17	\$12.92	\$19.94	\$32.68	\$52.05	\$78.15	\$112.91	\$167.37	\$206.21	\$221.18	\$293.05
Employee + children	\$5.00	\$6.27	\$8.21	\$11.87	\$18.29	\$27.45	\$39.36	\$54.74	\$79.38	\$111.66	\$157.62	\$211.01
Family	\$8.18	\$10.46	\$14.21	\$21.23	\$33.97	\$53.34	\$79.44	\$114.20	\$168.66	\$207.50	\$222.47	\$294.34

2019 Rates for Additional Coverage

Voluntary Hospital Indemnity Coverage Rates per pay period (24 x per year)

Employee	\$11.49
Employee + Spouse	\$21.03
Employee + Children	\$20.81
Employee + Family	\$31.90



Legal Assistance Program Coverage Rate per pay period (24 x per year)

Employee	\$9.13
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Identity Theft Protection Coverage Rate per pay period (24 x per year)

Employee	\$4.98
Employee + Family	\$8.98



Please note: Your cost for 2019 is based on your salary (hourly rate equivalent) that is in effect on October 30, 2018.

This guide contains a summary of 2019 benefits contribution rates for medical and other benefit options available to you. For more information about any Rush benefit plan, please refer to the applicable summary plan description. Although every effort has been made to ensure that the information in this guide is accurate, if there is any conflict between this guide and the terms of a benefit plan as described in the summary plan description, the latter must control. Summary plan descriptions are available in human resources and online at www.ROPHbenefits.HRintouch.com.