

IT'S ABOUT
RUSH

Employee Contributions Guide **for Union Employees of** **Rush University Medical Center**



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.rushbenefits.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.

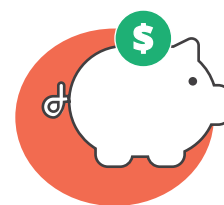
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Questions?

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.rushbenefits.HRintouch.com

2019 Union 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	\$48.00	\$57.35	\$68.43
Employee + spouse	\$84.50	\$100.96	\$120.47
Employee + children	\$79.00	\$94.39	\$112.63
Family	\$102.00	\$121.87	\$145.42
Premier PPO Plan			
Employee only	\$55.88	\$66.77	\$79.67
Employee + spouse	\$139.46	\$166.64	\$198.83
Employee + children	\$124.10	\$148.28	\$176.92
Family	\$169.96	\$203.08	\$242.31
Select EPO Plan			
Employee only	\$64.35	\$76.89	\$91.74
Employee + spouse	\$174.75	\$208.80	\$249.13
Employee + children	\$150.00	\$179.23	\$213.85
Family	\$206.00	\$246.14	\$293.68

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	\$81.98
Employee + spouse	\$108.50	\$129.64	\$154.68
Employee + children	\$100.50	\$120.08	\$143.28
Family	\$131.50	\$157.12	\$187.47
Premier PPO Plan			
Employee only	\$74.94	\$89.54	\$106.83
Employee + spouse	\$187.01	\$223.45	\$266.62
Employee + children	\$166.41	\$198.83	\$237.24
Family	\$231.54	\$276.65	\$330.09
Select EPO Plan			
Employee only	\$86.29	\$103.10	\$123.02
Employee + spouse	\$234.33	\$279.99	\$334.07
Employee + children	\$200.00	\$238.97	\$285.13
Family	\$279.00	\$333.36	\$397.76

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

Delta Dental PPO

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

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

No Cost Changes

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

No Cost Changes

2019 Rates for Life Insurance

No Cost Changes

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

You have \$20,000 in basic life and AD&D insurance through Rush at no cost to you. You have the option of purchasing a life and AD&D upgrade of 1.5 times your annual base salary.

The monthly cost for the upgraded Life & AD&D is \$0.205 per \$1,000 of coverage.

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

The life & AD&D rates for union employees is a composite rate and not based on age.



Example:

If your annual salary is 40,000, your basic Life & AD&D coverage would be \$20,000. If you would like to upgrade your coverage, your new amount would be \$60,000. However, the first \$20,000 is covered by Rush, so your premium would be based on the remaining \$40,000.

$$\$40,000/1000 * \$0.205 = \$8.20$$

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

No Cost
Changes

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

No Cost
Changes

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

No Cost
Changes

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

Employee	\$9.13
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New
Benefit

Identity Theft Protection Coverage Rate per pay period (24 x per year)

Employee	\$4.98
Employee + Family	\$8.98

New
Benefit

Please note: These rates apply ONLY to non-union and ISSSA-represented employees. Teamsters-represented employee rates may be different from those listed in this booklet, and these employees are advised to consult their contract for rates. These rates do not apply to house staff. 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.rushbenefits.HRintouch.com.



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