

2018

 RUSH

Rush Benefits

Employee Contributions Guide

for Employees of
Rush University Medical Center



2018 Rush Benefits Employee Contributions Guide

This guide provides information about how much you will pay for your Rush benefits in 2018.

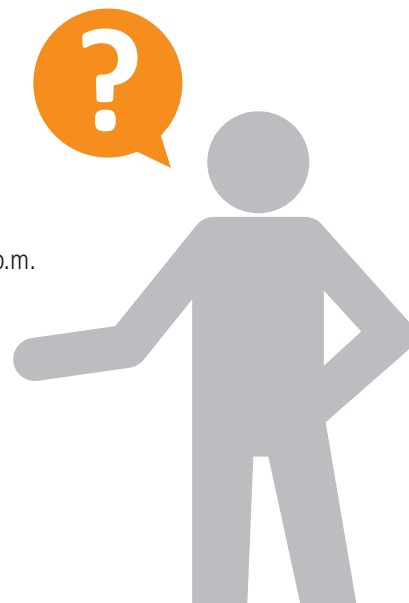
To learn more about your benefit options and to enroll, log into www.rushbenefits.HRintouch.com. Or enroll on the BenefitFocus app, available at the Apple Store and Google Play. Download the app and enter the code RushBenefits. Then enter your Rush email address and computer password.

The following benefit cost information is included in this guide:

Choose Health Wellness Premium Discounts	2
2018 Full-Time Rates for Medical Benefits	3
2018 Part-Time Rates for Medical Benefits	3
2018 Rates for Dental and Vision Benefits	4
Dental Plan	
Vision Plan	
2018 Rates for Life Insurance	5-6
Employee Supplemental Life Insurance	
Spouse/Civil Union Partner Supplemental Life Insurance	
Child(ren) Supplemental Life Insurance	
2018 Rates for Disability Benefits	5
Long-Term Disability Buy-Up	
2018 Rates for Additional Coverage	6-7
Voluntary Accident Plan	
Voluntary Critical Illness Plan	
Voluntary Hospital Indemnity Coverage	

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 2018 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.

You can see your 2017 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

Full-Time Employees 2018 Rates for Medical Benefits

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	\$55.20	\$63.48
Employee + spouse	\$84.50	\$97.18	\$111.75
Employee + children	\$79.00	\$90.85	\$104.48
Family	\$102.00	\$117.30	\$134.90
Premier PPO Plan			
Employee only	\$55.88	\$64.27	\$73.90
Employee + spouse	\$139.46	\$160.38	\$184.44
Employee + children	\$124.10	\$142.71	\$164.12
Family	\$169.96	\$195.46	\$224.77
Select EPO Plan			
Employee only	\$71.50	\$82.23	\$94.56
Employee + spouse	\$174.75	\$200.96	\$231.11
Employee + children	\$150.00	\$172.50	\$198.38
Family	\$206.00	\$236.90	\$272.44

Part-Time Employees 2018 Rates for Medical Benefits

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	\$66.13	\$76.04
Employee + spouse	\$108.50	\$124.78	\$143.49
Employee + children	\$100.50	\$115.58	\$132.91
Family	\$131.50	\$151.23	\$173.91
Premier PPO Plan			
Employee only	\$74.94	\$86.18	\$99.10
Employee + spouse	\$187.01	\$215.07	\$247.32
Employee + children	\$166.41	\$191.37	\$220.07
Family	\$231.54	\$266.27	\$306.21
Select EPO Plan			
EE Only	\$95.88	\$110.26	\$126.80
EE+Spouse	\$234.33	\$269.48	\$309.90
EE+Child(ren)	\$200.00	\$230.00	\$264.50
Family	\$279.00	\$320.85	\$368.98

2018 Rates for **Dental and Vision** Benefits

No Cost Changes

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

Full-Time Employees		Part-Time Employees	
Delta DHMO		Delta DHMO	
Employee only	\$5.74	Employee only	\$6.08
Employee + spouse	\$10.62	Employee + spouse	\$11.37
Employee + children	\$12.12	Employee + children	\$12.85
Family	\$13.74	Family	\$14.57
Delta Dental PPO		Delta Dental PPO	
Employee only	\$10.10	Employee only	\$10.71
Employee + spouse	\$20.20	Employee + spouse	\$21.62
Employee + children	\$17.18	Employee + children	\$18.21
Family	\$25.26	Family	\$26.78

No Cost Changes

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

Vision Plan	
Employee only	\$4.07
Employee + spouse	\$6.32
Employee + child(ren)	\$6.00
Family coverage	\$10.41

Cost Reduced

2018 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	\$1.11	\$1.53

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 ÷ 1,000 = \$3.50 monthly payroll deduction

2018 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)	<u>\$4.54</u>

2018 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

2018 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



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



Please note: These rates apply ONLY to non-union and ISSA-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 2018 is based on your salary (hourly rate equivalent) that is in effect on October 30, 2017.

This guide contains a summary of 2018 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.