

For all your life.

2022 Benefits Guide



Our Mission

Ann & Robert H. Lurie Children's Hospital of Chicago is dedicated to the health and wellbeing of all children. As the pediatric teaching facility of Northwestern University Feinberg School of Medicine, this commitment drives us to be a leader in:

- Pediatric healthcare delivery
- Research into the prevention, causes and treatment of diseases that affect children
- Education for physicians, nurses and allied health professionals
- Advocacy for the general wellbeing of all children

Lurie Children's is guided by the belief that all children should grow up in a protective and nurturing environment, where each child is given the opportunity to reach his or her potential.

Our Values

The core principles that guide us:

Compassionate Service

We give our all, through patient and family-centered care, and by seeing the potential in each other and in those we serve.

Excellence

We strive to be outstanding in everything we do, clinically, administratively and personally, and are resilient to the challenges in our way.

Respectful Collaboration

We leverage the unique perspectives of each colleague and patient family to achieve the best possible outcomes together.

Diversity and Inclusion

We strive for an environment that represents the diverse patients we serve and respect that our individual differences make us a stronger whole.

Integrity

We honor the trust placed in us by taking accountability for our actions, living up to our commitments and being open, honest and humble.

Discovery and Innovation

We are driven to create better treatments and more innovative processes through an evidence-based approach and critical thinking.

Stewardship

We are respectful of the resources entrusted to us, including reputation, time and talent, as well as financial and physical assets.

We strive to provide an inspiring, fulfilling work experience. We will continue to work toward open, transparent feedback, active listening, meaningful learning experiences and professional development in a safe and inclusive workplace with rewards and recognition for great work. We pledge to give you our all: all the care and compassion, all the leadership and service, all the innovation and breakthroughs.

All of us together, changing outcomes, building futures.

Our Promise to All Employees

All of us at Lurie Children's are part of a bigger mission and purpose. We strive to create a healthier future for every child. We believe in education, advocacy, research and discovery. We believe in the power of all.

All is stronger than one. All has compassion, humility and the resilience to keep a world-class hospital running, growing and impacting more children every day. All treats every patient and family like they are the most important in the world and each other with that same value and respect. All listens, takes responsibility, demonstrates stewardship and finds answers where one alone cannot.

And all of us have the power to turn a hospital into a passion — for kids, for families, and for our community and for each other.



For all your life.

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Welcome to Lurie Children's!

This guide will provide you with information and resources to help you make your employee benefit elections.

Benefits Resources

Review your benefit information and make your health and voluntary benefit elections through the Benefits' portal or by contacting the Benefits' call center. You have **20 calendar days** from your hire date to make your elections.

Benefits' portal: luriechildrens.bswift.com

User name: your 5-digit employee ID

Password: the last 4 digits of your social security number

Benefits' call center: The call center is available from 7 a.m. to 7 p.m. CT, M–F to assist you with the enrollment process and other benefit questions by calling **312.227.5500**.

Benefits video: Take a minute to watch the video to learn about your benefit programs. The video is available on the home page of your Benefits' portal.

New! Lurie Children's Wellbeing Portal: Review the new Lurie Children's Wellbeing Portal to learn more about all of your benefits at myLurieBenefits.com.

New Hire Checklist



Health & voluntary benefits:

enroll through the Benefits' portal at luriechildrens.bswift.com or Benefits' call center within **20 calendar days** of hire.



Retirement benefit: enroll through TIAA starting **14 days** after hire, go to tiaa.org/luriechildrens or call **800.842.2252**.



Commuter benefit: enroll through HealthEquity | WageWorks starting **30 days** after hire, go to healthequity.com/wageworks or call **877.924.3967**.



Eligibility

Employee Eligibility

As an employee of Lurie Children's you are eligible for benefits if you are budgeted to work at least 40 hours per pay period (.5 FTE or greater). Full Time = 60 or more hours per pay period (0.75 FTE+), Part Time = less than 60 hours per pay period (under 0.75 FTE).

Coverage for most benefits including medical, dental and life insurance begins on the first of the month after hire. Coverage for the following starts as noted:

- Short Term Disability Insurance — Effective the first of the month following six months of employment.
- Long Term Disability Insurance — Effective the first of the month after one year of employment in a benefit eligible status.

Dependent Eligibility

You can choose to cover your eligible dependents under some benefit plans. Eligible dependents include:

- Your lawful spouse
- Your own and/or your spouse's dependent child through the end of the month in which they turn 26
- A child who you or your spouse are required to provide coverage for under a legal guardianship or court order
- A child who is dependent upon you for lifetime care and supervision because of a disabling condition, regardless of age, as long as they were covered prior to reaching the limiting age

If your spouse is also a Lurie Children's employee, be sure not to duplicate your coverages. Each family member should be covered under one or the other of your benefit options, not under both.

Note: Verification of eligibility will be requested for all dependents newly added to the health or dental plans. Expect to receive a request for documents (i.e., marriage or birth certificates) within one month of completing the election. If you cover a disabled child, you'll be asked to provide documentation of the disabling condition at the time they reach age 26 and proof child is dependent on you for care.

Enrollment Opportunities

There are specific times when you can enroll in benefits for yourself and your dependents. The benefits you elect or waive will be in effect for the remainder of the plan year. You cannot make changes to your elections mid-year unless you experience a qualified status change event. You can enroll or make changes at the following times:

When you are first hired:

You have 20 calendar days from your date of hire to enroll for benefits. Coverage for most benefits begin the first of the month after hire.

Following a change to your employment status:

Following a change to a benefit eligible status, you have 30 days from the status change date to enroll for benefits. Benefits will be effective first of the month following your status change.

During Open Enrollment:

An annual enrollment will be held every year in the fall, elections are effective January 1.

Qualifying status changes (life events):

You have 30 days from the date of a qualifying life event to process changes to your benefit elections or 60 days following a change in eligibility for coverage through Medicaid or State Children's Health Insurance Program (SCHIP). Process changes through the Benefits' portal or contact the Benefits' call center. Qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in dependent status of a child (e.g., child is no longer a dependent)
- Death of a dependent
- Gain or loss of eligibility for benefits by you, your spouse or dependent child (as a result of a change in employment status, cancellation or change of other employer's benefits plan, etc.)
- Entitlement to or loss of eligibility for Medicaid or SCHIP



Choose Your Health Plan

The health plan provides coverage for medical services through Cigna and pharmacy services through CVS/Caremark. You have a choice of three health plan options: Option A, Option B and Option C. Each option offers a choice of two Cigna Networks: Open Access Plus or LocalPlus. Your share of the costs for medical and pharmacy expenses will differ based on the premium rates, deductible, coinsurance and out-of-pocket maximums for the plan option you choose.

You will receive separate ID Cards for medical and pharmacy.

Option A

Option A Highlights

Medical

- Preventive care claims (in-network) are paid at 100%.
- You have a copay for any preventive generic prescriptions.
- You pay the cost of all other medical claims until you meet your annual deductible.
- After your annual deductible has been met, you and the plan share the claim costs at the coinsurance amounts.
- You are responsible for paying the coinsurance amounts for medical claims until you reach your out-of-pocket maximum.
- After you meet your out-of-pocket max, the plan pays 100% of all medical claims.
- The deductible and out-of-pocket max will be applied per individual. The family maximum will only be met if multiple family members collectively meet that maximum.

Prescription Drugs

- You will be responsible for prescription copays or coinsurance costs up to an annual out-of-pocket drug maximum.
- After you/your family have met the annual drug maximum, the plan pays 100% of all prescription drug costs.

Option B & C

Option B and Option C Highlights

Medical and Prescription Drugs

- Preventive medical care claims (in-network) are covered at 100%.
- You have a copay for any preventive generic prescriptions.
- You pay the cost of all other medical claims and prescription drugs until you meet your annual deductible.
- After your deductible has been met, medical claims are covered at the coinsurance level and you pay the co-pay or coinsurance for prescription drugs.
- You are responsible for paying the coinsurance amounts until your out-of-pocket maximum has been met.
- After the out-of-pocket maximum is reached, all medical and prescription drug expenses are covered at 100%.
- If you have single coverage, the individual deductible and out-of-pocket maximum will apply. If you cover one or more dependents, the family deductible and out-of-pocket maximum will apply.
- A family deductible or out-of-pocket maximum means that the entire family deductible must be met to enter the coinsurance phase on all tiers except Individual. Coinsurance will not begin until the entire family deductible is met, even if all claims are incurred by one member.

Health Savings Account

- Option B and Option C are both qualified High Deductible plans which allow you to contribute pre-tax dollars to an HSA.
- If you elect to participate, the hospital will make a contribution to your HSA bi-weekly. Hospital contributions are: \$400 per year if you have employee-only health plan coverage, or \$800 if you cover dependents.
- HSA contributions can be used to pay for eligible medical, prescription drug, dental and vision expenses.



Choose Your Health Plan Network

Cigna Networks

Cigna Open Access Plus (OAP) Network

The Cigna OAP network offers a broad national network of quality healthcare providers. Coverage is available for both in-network and out-of-network services; however, your out-of-pocket costs will be lower if you receive care from an in-network provider.

Cigna LocalPlus (LP) Network

Cigna LP is a select network of local, quality doctors and hospitals providing access to discounted, cost effective care. Coverage is available for in-network services only with coverage availability in 8 counties in Illinois: Cook, DuPage, Kane, Lake, Kankakee, Kendall, McHenry and Will and 3 counties in Indiana: Lake, LaPorte and Porter only. With the exception of emergency services, out-of-network services are not covered. The LP network offers lower premium rates and higher discounts on medical services, so you'll save more on the costs of medical services.

Confirm Your Network Providers

Medical:

To locate a Cigna OAP or LP provider or for health plan questions, contact the Cigna OneGuide Pre-Enrollment Assistance Line at **888.806.5042** or **cigna.com**.

Your Personal Guide Will Help You:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is that during the enrollment period, your personal guide is just a call away. Should you forget to ask something and need to call back, simply ask for your guide by name and we'll reconnect you, so you can pick up where you left off.

Pharmacy:

For prescription drug questions or to confirm specific prescription drug costs, contact a Lurie dedicated CVS/Caremark representative at **855.566.8402** or log onto **caremark.com**.



Medical – Cigna

Open Access Plus Network		Open Access Plus Option A		Open Access Plus Option B		Open Access Plus Option C	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				Collective Family Deductible		Collective Family Deductible	
	Individual	\$750	\$3,000	\$2,000	\$5,000	\$3,000	\$7,000
	Family	\$1,500	\$9,000	\$4,000	\$10,000	\$6,000	\$14,000
Coinsurance (Plan Pays)		80%	60%	90%	70%	80%	60%
Out-of-Pocket Maximum (Includes Deductible)	Individual	\$3,000	\$7,000	\$3,500	\$7,000	\$6,500	\$13,000
	Family	\$9,000	\$21,000	\$7,000	\$14,000	\$13,000	\$26,000
	Individual Max w/ Family Coverage	N/A	—	\$6,850	—	\$6,850	—
Preventive Care		Covered 100%	60% after deductible	Covered 100%	70% after deductible	Covered 100%	60% after deductible
Inpatient Hospitalization		80% after deductible	60% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient Services							
Office Visit							
MDLive (Telemedicine Visit)							
Lab Services		80% after deductible	60% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Emergency Room Visit		80% after deductible		90% after deductible		80% after deductible	
Infertility		4 attempts*		4 attempts*		4 attempts*	

Out-of-network services are covered at a maximum reimbursable charge after plan deductible is met. Provider may charge the member for costs over the maximum reimbursable limit.

LocalPlus Network		LocalPlus Option A		LocalPlus Option B		LocalPlus Option C	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				Collective Family Deductible		Collective Family Deductible	
	Individual	\$750	NO COVERAGE	\$2,000	NO COVERAGE	\$3,000	NO COVERAGE
	Family	\$1,500		\$4,000		\$6,000	
Coinsurance (Plan pays)		80%		90%		80%	
Out-of-Pocket Maximum (Includes Deductible)	Individual	\$3,000		\$3,500		\$6,500	
	Family	\$9,000		\$7,000		\$13,000	
	Individual Max w/ Family Coverage	N/A		\$6,850		\$6,850	
Preventive Care		Covered 100%		Covered 100%		Covered 100%	
Inpatient Hospitalization		80% after deductible		90% after deductible		80% after deductible	
Outpatient Services							
Office Visit							
MDLive (Telemedicine Visit)							
Lab Services		80% after deductible	90% after deductible	80% after deductible			
Emergency Room Visit, Urgent Care		80% after deductible		90% after deductible		80% after deductible	
Infertility		4 attempts*		4 attempts*		4 attempts*	

NOTE: The LocalPlus Network does not provide any coverage for out-of-network services except for emergencies.

*An additional 2 attempts if a successful pregnancy occurs.

Looking to start or grow your family?

If you enroll in medical coverage, we offer additional benefits like direct access to infertility resources through **WINFertility**, as well as during and after pregnancy resources through **Cigna Healthy Pregnancies, Healthy Babies®** program via Cigna One Guide. For details, contact a Cigna One Guide Advocate at **800.244.6224**.

Health Plan Overview

Pharmacy Benefits	Option A	Option B	Option C
	In-Network	In-Network	In-Network
	No deductible (costs apply to separate maximum)	After deductible (costs apply to out-of-pocket maximum)*	After deductible (costs apply to out-of-pocket maximum)*
Retail/Mail Order, 30-Day Supply (Member Pays)			
Generic	\$7 Copay	\$7 Copay	\$7 Copay
Brand Preferred	30% (\$30 min / \$100 max)	30% (\$30 min / \$100 max)	30% (\$30 min / \$100 max)
Brand Non-Preferred	50% (\$50 min / \$125 max)	50% (\$50 min / \$125 max)	50% (\$50 min / \$125 max)
Specialty Drugs	50% (\$75 min / \$200 max)	50% (\$75 min / \$200 max)	50% (\$75 min / \$200 max)
Retail/Mail Order, 90-Day Supply (Member Pays)			
Generic	\$14 Copay	\$14 Copay	\$14 Copay
Brand Preferred	30% (\$60 min / \$200 max)	30% (\$60 min / \$200 max)	30% (\$60 min / \$200 max)
Brand Non-Preferred	50% (\$100 min / \$250 max)	50% (\$100 min / \$250 max)	50% (\$100 min / \$250 max)
Specialty Drugs	50% (\$150 min / \$400 max)	50% (\$150 min / \$400 max)	50% (\$150 min / \$400 max)
Annual Maximum	\$1,200 Individual / \$3,600 Family	N/A	N/A

*Deductible not applied to preventative generic drugs; qualifying medications will be covered at the copay level; costs will count toward health plan out-of-pocket maximum.

Health Plan Premiums (26 Times Per Year)		EE Only	EE + Child(ren)	EE + Spouse	EE + Family	EE Only	EE + Child(ren)	EE + Spouse	EE + Family
Option	Network	Full-Time Employees				Part-Time Employees			
Option A	Full OAP	\$96.92	\$157.85	\$231.23	\$288.00	\$151.38	\$238.62	\$325.85	\$409.85
Option B	Full OAP	\$62.31	\$105.23	\$168.92	\$207.69	\$116.31	\$185.54	\$263.08	\$328.15
Option C	Full OAP	\$49.85	\$84.46	\$133.38	\$165.69	\$90.92	\$146.31	\$205.85	\$258.46
Option A	Local Plus	\$73.85	\$114.00	\$180.00	\$218.77	\$127.85	\$195.23	\$274.62	\$340.15
Option B	Local Plus	\$42.00	\$66.00	\$123.69	\$145.85	\$95.54	\$146.31	\$217.85	\$266.31
Option C	Local Plus	\$32.77	\$51.69	\$95.54	\$114.00	\$73.85	\$113.54	\$168.00	\$206.77

Beginning January 2022, you will see health plan premiums deducted from every paycheck, increasing the frequency of paycheck contributions to 26 times per year. The result is slightly smaller amounts withdrawn from every paycheck. Due to rounding, actual paycheck deductions may slightly vary.

Wellness Incentive Program

Employees can earn wellness rewards for completing healthy activities and for maintaining or improving their health numbers. Health plan members can qualify for an annual wellness premium credit (reduction) of up to \$600 (spouses an additional \$300). Lurie Children's has partnered with Cigna to manage our wellness program. Please look for details about the wellness program in 2022. Remember, taking healthy actions and completing regular annual check-ins can help reduce our risk of illness, disease and costly medical treatments. To learn more, review the Wellness Incentive Guide, email wellness@luriechildrens.org, or contact Cigna One Guide Advocate by calling **800.244.6224**, "Click to Chat" on mycigna.com or through myCigna Mobile App.

New hires: If you are newly hired as of November 1, 2021 or after, you automatically receive your employee annual wellness premium credit for the first year. You and your covered spouse must participate in the program to earn the full wellness premium credit in future years.

Tobacco Use Surcharge

Employees who are tobacco users will have a surcharge of \$23.08 per pay-period (\$600 annually) applied to their health plan premiums. Employees enrolling in a health plan for the first time, will be required to complete a tobacco attestation. Lurie Children's is committed to your health and offers tobacco cessation programs through Cigna.

Omada®

Omada® is a digital lifestyle change program that can help you lose weight, feel fantastic and develop long-term healthy habits. Employees and their covered adult dependents receive the program at **no additional cost** if you meet eligibility criteria to participate in the program, including being enrolled in the Lurie Children's health plan through Cigna, are at risk for diabetes or heart disease and are accepted into the program. See if you're eligible at omadahealth.com/luriechildrens.



Health Savings Account

With High Deductible Health Plan Options B and C

The Health Savings Account (HSA) is managed by HSA Bank for Cigna. Contact Cigna customer service at **800.CIGNA24 (800.244.6224)** to speak with an HSA Bank Representative.

If you enroll in a high deductible health plan option, you are eligible to contribute to an HSA. This is your own personal savings account where you can put aside money on a pre-tax basis to cover eligible medical, pharmacy, dental and vision expenses. Funds contributed to your HSA are yours to keep, and stay in your account until you spend them.

The hospital contributions and the IRS limits are pro-rated based on the number of months you are actively enrolled in an HSA. If you enroll for Medicare (A or B), you are no longer eligible to contribute to an HSA.

Hospital contributions:

If you elect to participate in an HSA the hospital will contribute to your account.

Single: \$400 per year

Family: \$800 per year

Deposited bi-weekly into your HSA to help you better manage expenses. New employees hired throughout the year will receive a prorated amount.

Your contributions and limits:

You may also elect to make additional contributions on a pre-tax basis to your HSA. Below are the 2022 IRS limits, which include both the hospital and your own contributions:

Single: \$3,650 (\$4,650 if age 55 or over)

Family: \$7,300 (\$8,300 if age 55 or over)

How to set up your HSA

If you enroll in health plan Option B or Option C, you will be prompted to elect or waive the HSA plan.

- You can set an amount to contribute pre-tax up to the IRS limit.
- If you are enrolled in a high deductible health plan, you will automatically receive hospital contributions to an HSA to use for eligible medical expenses.
- If you are currently enrolled in an HSA, no action is required to continue participation unless you need to change or cancel contributions.

Note: If you participate in a Health Savings Account (HSA), the IRS restricts your ability to contribute to a Healthcare FSA. You cannot choose to participate in both an HSA and a HealthCare FSA during a calendar year.





Flexible Spending Account

The Flexible Spending Accounts are managed by HealthEquity | WageWorks. Contact HealthEquity | WageWorks customer service at **877.924.3967** or **healthequity.com/wageworks**. Shown below are the 2022 IRS limits.

Flexible Spending Accounts (FSA) allow you to put money aside on a pre-tax basis to use for qualified expenses.

Flexible Spending Accounts are “use-it-or-lose-it” which means if you don’t use the dollars for eligible expenses, you will lose the funds remaining in your account at the end of the year. All claims for calendar year expenses must be incurred by December 31 of the year and submitted for reimbursement by March 31 of the following year. You may need to provide eligibility documentation, so be sure to keep your receipts.

FSA elections are made for the current calendar year, coverage ends on December 31. If you wish to contribute to an FSA, you need to actively elect the FSA plan each year during open enrollment (or within 30 days of a qualified mid-year status change).

Healthcare FSA

Contribute up to \$2,850 to an FSA to be used for eligible medical, dental, vision and prescription drug expenses. You can access the full amount of your annual health FSA election on your first day of coverage. You will have several payment & reimbursement options including a debit card. If you contribute to a Health Savings Account (HSA), you cannot contribute to a Healthcare FSA (IRS guidelines).

Your FSA debit card

If you currently participate in one of these accounts and your debit card does not expire at the end of 2021, you will continue to use your HealthEquity | WageWorks debit card in 2022. If you currently participate in one of these accounts and your debit card expires at the end of 2021, or if you elect to participate in one of these accounts for the first time, you will receive a debit card in the mail from HealthEquity.

Dependent Care FSA

Contribute up to \$5,000 annually to an FSA to be used for eligible dependent care expenses including pre-school and daycare. If married and filing separate income tax returns, the annual maximum is \$2,500 per person. Access your pre-tax dependent care FSA contributions through convenient reimbursement options. Funds may be accessed after paycheck deductions.

Pre-Tax Commuter (Available throughout the year)

Transit—for transportation to/from work on Metra, RTA, CTA/Ventra, Pace and even the Lurie Children’s shuttle. **Up to \$280** monthly limit.

Parking—for commercial garages near your train/bus stop or close to your worksite (but not for Lurie Children’s garages). **Up to \$280** monthly limit.

This benefit is not elected through the Benefits’ portal. You can visit the HealthEquity | WageWorks website at **healthequity.com/wageworks** to register and set up your pre-tax commuter orders. Orders must be set up by the 10th of the prior month. You can set up and change orders on a monthly basis or set up a recurring order on an ongoing basis.

*Visit **healthequity.com/wageworks** to learn how FSAs work and to see a list of eligible FSA expenses. Register for an account and set up commuter orders directly through the website. Contact HealthEquity | WageWorks directly: **877.924.3967**.*

FSA Carry Over

Healthcare FSA allows you to **carry over up to \$570** in unused FSA funds to the next year. This will help you avoid losing unused money at the end of the year.

Dental Insurance

Dental benefits are managed by Delta Dental of Illinois. You have a choice of two plans, the Delta PPO Plan and the Deltacare DHMO Plan. To find a network provider, **visit deltadentalil.com** or call **800.323.1743**.

Delta PPO

The PPO option features a wide network of dental providers and offers coverage for in and out-of-network services. You do not need to select a primary dental provider, however your out-of-pocket costs will be lower if you receive care from a dentist in the Delta PPO or Delta Premier networks.

Deltacare DHMO

Under the Delta Care DHMO option you must receive services from a dentist in the DeltaCare network and you must select a primary dentist for you and your covered dependents. You pay only the patient copayment for covered procedures, and there are no deductibles, annual benefit maximums or claim forms to complete. If you choose this option, you will be prompted to enter a dental provider ID for each family member.

Dental Plan Highlights	DELTA PPO			DELTACARE DHMO
Delta Dental Network	PPO	Premier	Out-of-Network	In-Network
Individual	\$0	\$50	\$50	\$0
Family	\$0	\$150	\$150	\$0
Deductible Applies to	N/A	Basic and Major	Basic and Major	N/A
Annual Maximum	\$2,000			Unlimited
Preventive Services	100%	100% of MPA*	100% of MPA*	100%
Basic Services	80%	80% of MPA*	80% of MPA*	Covered according to fee schedule
Major Services	50%	50% of MPA*	50% of MPA*	Covered according to fee schedule No coverage for dental implants
Periodontics	80%	80% of MPA*	80% of MPA*	Covered according to fee schedule
Endodontics	80%	80% of MPA*	80% of MPA*	Covered according to fee schedule
Orthodontics	Covered at 50% up to a lifetime maximum of \$2,000			Covered subject to copay Must use DHMO network orthodontist

*MPA = Maximum Plan Allowance. You are not responsible for charges exceeding MPA for services performed by a Delta Premier dentist. Out-of-Network providers may charge you for costs exceeding MPA.

Dental Plan Premiums (26 Times Per Year)	EE Only	EE + Child(ren)	EE + Spouse	EE + Family	EE Only	EE + Child(ren)	EE + Spouse	EE + Family
	Full-Time				Part-Time			
Delta PPO	\$10.88	\$30.77	\$21.75	\$41.65	\$13.03	\$36.91	\$26.09	\$49.98
DeltaCare DHMO	\$5.02	\$10.47	\$9.28	\$14.73	\$6.02	\$12.56	\$11.13	\$17.69

- Beginning January 2022, you will see dental premiums deducted from every paycheck, increasing the frequency of paycheck contributions to 26 times per year. The result is slightly smaller amounts withdrawn from every paycheck.
- Due to rounding, actual paycheck deductions may slightly vary.

Vision Insurance

The vision benefit is managed by UnitedHealthcare Vision. You have a choice of two options, the Standard option or the Premium “buy-up” option. To find a network provider close to you visit myuhcvision.com or call **800.638.3120**.

Vision Plan Highlights

In-network benefits are covered in full (after copay), including comprehensive exams, eye glasses with standard single vision, lined bifocal or lined trifocal lenses, standard scratch-resistant coating and frames or contacts in lieu of eye glasses.

	STANDARD	PREMIUM
Frequency of Exams	Every 6 months	Every 6 months
Frequency of Lenses, Frames, Contacts	Every 12 months	Every 12 months
Copay – Exam / Materials	\$10 / \$25	\$10 / \$25
Frame Benefit	\$130	\$130
Lens Options – Standard Scratch-Resistant Coating and Polycarbonate Lenses	Covered in full	Covered in full
Lens Options – Standard and Deluxe Progressive Lenses	Not covered	Covered in full (main advantage to this option)
Selection Contact Lenses (Formulary Contacts*) *A list can be found at myuhcvision.com	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider	If you choose disposable contacts, up to 8 boxes are included when obtained from an in-network provider
Non-Selection Contact Lenses	\$150	\$200

Vision Plan Premiums (26 Times Per Year)	EE Only	EE + Child(ren)	EE + Spouse	EE + Family
	Full-Time & Part-Time Employees			
Standard Plan	\$2.87	\$5.59	\$5.34	\$8.48
Premium Plan	\$4.48	\$8.36	\$8.77	\$13.33

- Beginning January 2022, you will see vision premiums deducted from every paycheck, increasing the frequency of paycheck contributions to 26 times per year. The result is slightly smaller amounts withdrawn from every paycheck.
- Due to rounding, actual paycheck deductions may slightly vary.



Voluntary Benefits

Voluntary Benefits are managed by MetLife. For additional benefit information you may contact MetLife at **800.GETMET8 (800.438.6388)**.

To help create a financial safety net for you and your family the hospital has partnered with MetLife to offer three voluntary benefit options. These plans provide additional coverage for accidents and illnesses and are an economical way to supplement your health and disability plans. You can choose to cover yourself, your spouse and your children. In the event of a covered illness or accident, benefit payments are made directly to you to be used as you see fit. Use the benefit payments to cover your out-of-pocket medical expenses, disability expenses or to pay for your every day living expenses – such as your mortgage, car payments, or child care.

Complete plan details and individualized rates will be reflected in the Benefits' portal as you process your elections. Beginning January 2022, you will see voluntary benefits' premiums deducted from every paycheck, increasing the frequency of paycheck contributions to 26 times per year. The result is slightly smaller amounts withdrawn from every paycheck. Due to rounding, actual paycheck deductions may slightly vary.

Critical Illness

This benefit can help cover the extra expenses associated with a serious illness, as well as other conditions such as cardiac arrest, severe burns, COVID-19, and specific childhood diseases (new for 2022!). You can elect a high or low benefit option. If a serious illness occurs, this coverage provides you with a lump-sum payment upon diagnosis (\$30,000 high plan or \$15,000 low plan). In the event you or your family member suffer more than one covered condition, the total benefit available is 3 times your initial benefit (\$90,000 high plan or \$45,000 low plan).

Your Cost for Coverage

Your premium (26 times per year) is shown below for \$15,000 of coverage. Critical Illness costs should be multiplied by two for the high plan (\$30,000 in coverage).

ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/CHILDREN
<25	\$1.11	\$2.15	\$2.70	\$3.74
25-29	\$1.18	\$2.70	\$2.77	\$4.29
30-34	\$2.01	\$4.43	\$3.60	\$6.02
35-39	\$3.12	\$7.13	\$4.71	\$8.72
40-44	\$5.05	\$11.63	\$6.65	\$13.22
45-49	\$7.75	\$18.35	\$9.35	\$19.94
50-54	\$11.22	\$27.35	\$12.81	\$28.94
55-59	\$15.65	\$39.53	\$17.24	\$41.12
60-64	\$22.71	\$58.64	\$24.30	\$60.23
65-69	\$33.99	\$88.48	\$35.58	\$90.07
70+	\$54.14	\$134.10	\$55.73	\$135.69

NEW for 2022—Health Screening Benefit Available!

MetLife provides a health screening benefit with your Critical Illness and Accident coverage. You can receive a health screening benefit of \$50 towards a covered test. To learn what health screening tests are covered, visit the Lurie Children's Wellbeing Portal at myLurieBenefits.com.

Accident

This benefit pays you should you or a covered member of your family have an accident. More than 150 events & services are included including fractures, dislocations, 2nd & 3rd degree burns, concussions, eye injuries, and emergency care as well as hospitalizations resulting from an accident and accidental death & dismemberment.

Your Cost for Coverage

The table below shows your cost (26 times per year) for coverage based on the plan and level of coverage you choose.

COVERAGE LEVEL	HIGH PLAN	LOW PLAN
Employee Only	\$4.51	\$2.42
Employee + Spouse	\$6.99	\$3.76
Employee + Children	\$8.15	\$4.39
Employee + Spouse/Children	\$10.86	\$5.75

Hospital Indemnity

Hospital stays are costly and often unexpected. They often mean extra out-of-pocket costs, beyond what your health plan may cover. This benefit provides you with a lump-sum payment when you are admitted or confined to a hospital due to a sickness or accident as well as mental illness (new for 2022!). You can elect a high or low benefit option and can choose to cover yourself, your spouse and your children. Typically, a flat amount is paid for any admission and a daily amount is paid for each day of a hospital stay.

Your Cost for Coverage

Your cost for coverage (26 times per year) is shown below and is based on the plan you choose and your level of coverage.

COVERAGE LEVEL	HIGH PLAN	LOW PLAN
Employee Only	\$7.95	\$4.06
Employee + Spouse	\$13.14	\$6.70
Employee + Children	\$13.14	\$6.70
Employee + Spouse/Children	\$18.92	\$9.56



Life Insurance

Basic Life Insurance

Life insurance coverage equal to one times your annual salary provided by the hospital at no cost to you.

Supplemental Life Insurance

You can choose to purchase additional life insurance coverage for yourself, your spouse or your children.

- **Yourself:** Elect an additional one to three times your annual salary
- **Spouse:** \$5,000, \$10,000 or \$25,000 of coverage
- **Child:** \$2,500, \$5,000 or \$10,000 of coverage

Personal Health Application

As a newly eligible employee, you can enroll for employee life insurance up to \$300,000 without proof of your health status. If you elect coverage over \$300,000, you will be prompted to complete a personal health application (PHA). PHA may be required if you choose to increase your employee or spouse coverage at a later date. If your election requires PHA, the Benefits' portal will open a link to the Hartford website for you or your spouse to complete an online PHA. You will be notified if your PHA is not approved.

Beneficiaries: Be sure to designate your life insurance beneficiary during the enrollment process.

Life Premiums	Coverage Amount
Employee Additional Life Insurance	1x, 2x or 3x your annual earnings
Spouse Life Insurance	\$5,000
	\$10,000
	\$25,000
Child Life Insurance (Live Birth to Age 26)	\$2,500
	\$5,000
	\$10,000

Note: Your individual coverage amount and cost will be reflected in the Benefits' portal.

Beginning January 2022, you will see life and AD&D insurance premiums deducted from every paycheck, increasing the frequency of paycheck contributions to 26 times per year. The result is slightly smaller amounts withdrawn from every paycheck. Due to rounding, actual paycheck deductions may slightly vary.



Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment (AD&D) insurance through The Hartford provides coverage if you were to die or lose the use of a limb in an accident. You can choose coverage for yourself and your family members. If you elect this coverage, be sure to set up your beneficiary designation.

See table below for the costs for each of these coverage amounts.

AD&D Premiums (26 Times Per Year)	EE Only	EE + Child(ren)	EE + Spouse	EE + Family
\$50,000	\$0.32	\$0.46	\$0.51	\$0.55
\$100,000	\$0.65	\$0.92	\$1.02	\$1.11
\$150,000	\$0.97	\$1.38	\$1.52	\$1.66
\$200,000	\$1.29	\$1.85	\$2.03	\$2.22
\$250,000	\$1.62	\$2.31	\$2.54	\$2.77

Short Term Disability Insurance

Short Term Disability (STD) insurance is provided by the hospital at no cost to you through IPMG. Your STD benefit provides you with pay in the event you are unable to work due to illness or a non-work related accident. You are eligible for STD coverage beginning on the 1st of the month following six months of service. The program provides you with STD benefits equal to 60% of your budgeted weekly salary for up to a maximum of 26 weeks from your date of disability.

Disability benefits begin on the 8th calendar day of a disability, if hospitalized greater than 23 hours, benefits begin day 1.

Long Term Disability Insurance

Long Term Disability (LTD) insurance is managed by The Hartford and is provided by the hospital at no cost to you after you have completed one year of benefits eligible service. LTD benefits begin after you've been disabled for 180 days and provides you with a monthly benefit equal to 60% of your salary.

Voluntary Long Term Disability

You also have the opportunity to elect and pay for an additional 6-2/3% monthly benefits for a total benefit coverage of 66-2/3%. Your costs for coverage will be reflected in the Benefits' portal.

Paid Time Off

Time away from work is critical to your well being and your ability to serve our patients. You accrue PTO hours each pay-period. PTO hours can be used for holidays, vacation, illness and other eligible time off. New employees are eligible to use PTO starting 90 days after hire, holidays right away.

You accrue up to (pro-rated based on FTE status):

Years of Service	Annual PTO Accrual
0-2.99	29 days
3-9.99	34 days
10+	36 days

Parental Leave

For many of you, family is an important part of life, and we recognize that sometimes you need time to dedicate to your loved ones. To help support employees who are new parents through birth, adoption, legal guardianship or long-term foster care placement, Lurie Children's will provide up to 2 weeks of paid Parental Leave.

The purpose of paid parental leave is to support employees while they care for and bond with a newborn or newly adopted or placed child. This paid time may be, but is not required to be taken concurrently with leave available under the Family and Medical Leave Act (FMLA), as applicable.

Backup Childcare and Eldercare

Benefits eligible employees have access to up to 10 days of high-quality back-up child and elder care through Bright Horizons Care Advantage program. You can choose from in-home or center-based care:

- **In-home care:** \$6/hour
- **Center-based care:** \$15 per day/per child or \$25 per day/per family

You can register with Bright Horizons by going to www.careadvantage.com/luriechildrens (Username: luriechildrens; Password: backupcare). Request care online or call 877-BH-Cares (**877-242-2737**) to speak with a live consultant 24/7/365.

Childcare is critical to working parents, and this year you may be considering approaches you haven't needed before. We continue to partner with Bright Horizons to allow even more accessibility in easily searching for a variety of ongoing care options — including in-home or childcare centers in their network, nannies, sitters and virtual care. They can also help you connect with educators to manage small group learning pods that can support school curriculum remotely. Additional benefits include resources to help find eldercare, pet care, housekeeping and more!

To find extra support now, visit <https://clients.brighthouse.com/luriechildrens>.



Retirement Plan

The Retirement Savings Plan is managed by TIAA. Visit tiaa.org/luriechildrens or call **800.842.2252**.

The 403(b) Retirement Savings Plan offers a convenient way to save for your retirement. All employees are eligible to participate in the plan, and all participants are eligible for the hospital's matching contribution of up to 5% of pay.

Plan Features

Managed by TIAA, a financial services organization serving employers in the academic, medical and research fields.

- Wide variety of investment funds, including Lifecycle funds
- Rollovers from 401(k) & 403(b) plans accepted
- TIAA individual counseling available on-site year round, call **800.732.8353** to schedule

Matching Contributions

To help you reach your retirement planning goals, Lurie Children's will also contribute to your account.

Any participant who makes contributions to the plan is eligible to receive matching contributions.

The hospital will match 100% of your 403(b) contributions up to a maximum of 5% of your pay up to the annual IRC limit. The IRC limit for eligible compensation for 2021 is \$ 290,000.

Vesting refers to the contributions that you own and can take with you when you leave. You are always 100% vested in your own contributions. However, you do not become fully vested in the employer matching contributions until you complete 3 years of service.

For example: If you are hired on July 1, 2021, you will not become fully vested in the matching contribution until July 1, 2024.

Auto-Enrollment and Contribution Limits

- Select any percent of your eligible earnings to be contributed on a pre-tax basis each pay-period (26 times per year)
- New employees hired in a benefit eligible status (0.5 FTE+) will automatically be set up for a 2% contribution after 60 days of employment if they do not elect a percent or opt out in that time
- Elect at least 5% to maximize your matching contribution
- The IRS annual employee contribution limit for 2021 is **\$19,500** or **\$26,000** if you are age 50+. These limits are subject to annual cost-of-living adjustments by the IRS, and may be increased for 2022 – look for an announcement by mid-November. Also, be sure to consider: all contributions made in a calendar year through any other qualified employer plan as they also count toward the IRS limits.

Steps for First Time Enrollees:

1. Visit the TIAA website to set up your account no sooner than 14 days after your hire date
tiaa.org/luriechildrens
2. On the TIAA sign-in page click on "Ready To Enroll," then "Register with TIAA"
3. Set up your contact information and designate your beneficiaries
4. Make your investment selections or choose the Lifecycle fund targeted to the year you want to retire
5. Elect your contribution percentage – to receive the maximum 5% match, contribute at least 5% of your pay
6. Save your changes

Contribution and investment changes can be made at any time through your TIAA account

For assistance with the enrollment process contact TIAA at **800.842.2252**








Note: Auto-enrollment applies to new employees hired in benefits eligible status only. New hires have 60 days from their hire date to complete or waive enrollment before they are automatically enrolled.

Meet the match!

Try to contribute at least 5% to take full advantage of the match – otherwise, you're leaving free money on the table. Log in to your TIAA account to increase your contribution rate.

Additional Benefits

In addition to the core benefit plans covered on the previous pages, the hospital offers the following additional programs. You do not need to elect or enroll in these plans. To gain a more comprehensive review of your total rewards package, visit the new Lurie Children's Wellbeing Portal at myLurieBenefits.com.

BENEFIT	HIGHLIGHTS	ELIGIBILITY
 Hospital Services Discount	You and dependent children can receive a 50% discount on hospital services after insurance coverage. You can also receive 5% below the average wholesale price for drugs on the hospital formulary.	All employees
 Adoption Benefit	Financial assistance for parents who choose to adopt, up to \$5,000 per adopted child, which is intended to assist with such expenses as legal services, family studies, adoption related travel expenses, or cover other expenses incurred as a result of the adoption.	Benefits eligible employees, 6 months of service
 College Savings Plan (529)	Allows you to set aside savings for future college tuition through payroll contributions to Bright Start of Illinois. Check out Healthcare Associates Credit Union powered through Enrich to learn more on saving for a child's education.	All employees
 Tuition Assistance	Tuition reimbursement for employees who choose to continue their education. Up to \$5,000 per calendar year, pro-rated for part-time employees. Note: benefits eligible employee = budgeted in a 0.5 FTE status or more.	Benefits eligible employees, 6 months of service
 Student Loan Refinancing	SoFi offers refinancing options for students and Parent PLUS loans. Takes just minutes to see your rates and terms and does not impact your credit score. Upon refinancing, you'll receive a welcome bonus.	All employees and dependents
 Employee Assistance Program (EAP)	Free, confidential assistance program available 24/7 by telephone or internet. Covers up to 3 face-to-face sessions with a mental health professional, at no cost to you. Helps you connect with a mental health or substance abuse professional in your network. Provides access to a wide variety of financial & legal resources, child & elder resources, discounts, online tools and more. Program managed by Cigna Behavioral Health.	All employees and their family members
 Rethink	Rethink provides extra support for your child with learning, social or behavioral challenges with 24/7 access to tools and resources to help you feel more in control of your child's full potential with Rethink.	All employees



Who to Call

		CONTACT INFORMATION	
Lurie Children's Benefits' Call Center		Phone: 312.227.5500 7 a.m. – 7 p.m. CT, M-F Fax: 844.494.0367 E-mail: luriebenefits@bswift.com	luriechildrens.bswift.com
Lurie Children's Benefits		N/A	myLurieBenefits.com
Cigna Plans	Provider Look-up	Account #: 3332180 (same for all members)	Members: mycigna.com General: cigna.com Download the MyCigna Mobile App
	Customer Service	800.CIGNA24 (800.244.6224) available 24/7	
	Pre-enrollment Line	888.806.5042	
CVS/Caremark Pharmacy		Customer Service: 855.566.8402	caremark.com Download the CVS/Caremark Mobile App
	Option A	Account #X1248	
	Options B and C	Account #X1249	
Delta Dental of Illinois		Member Services: 800.323.1743	deltadentalil.com
Bright Start (529 College Savings Plan)		877.432.7444	brightstartsavings.com
COBRA (administered by bswift)		866.365.2413	billingservices@bswift.com
Employee Assistance Program – Cigna Behavioral Health (Work/Life Balance Resources, College Planning, Financial Planning, Child and Elder Care Issues)		888.371.1125	mycigna.com Employee ID: luriechildrens
Bright Horizons Backup Childcare and Eldercare		877.BHCARES (877.242.2737)	careadvantage.com/luriechildrens Username: luriechildrens Password: backupcare
HealthCare Associates Credit Union (HACU)		630.276.5555	hacu.org
Lurie Children's Health-care Services Discount	Hospital Services Billing	877.924.8200	hospitalbilling@luriechildrens.org
	Physician Services Billing	312.227.7200	mydocbills@luriechildrens.org
TIAA (403B Retirement Savings)	Customer Services	800.842.2252	tiaa.org/luriechildrens
	Counseling Appointment	800.732.8353	
Tuition Assistance/Reimbursement		E-mail: tuitionassistance@luriechildrens.org	
United Healthcare Vision Plan		Customer Services: 800.638.3120	myuhcvision.com
Value Growth Plan (RetirementFocus) (Pension Plan Information)		www.retirementfocus.com 833.679.1375	
HealthEquity WageWorks (Flexible Spending Accounts (Health, Dependent), Pre-Tax Transit and Parking Orders)		877.924.3967	healthequity.com/wageworks
YouDecide (Employee Discount Program)		800.746.7236 Group ID: LCH545	youdecide.com/luriechildrens
Lurie Children's Contacts	Human Resources Benefits Team		benefits@luriechildrens.org
	Payroll Department		mypay@luriechildrens.org
MetLife (Voluntary Benefits)		800.GETMET8 (800.438.6388)	
Student Loan Refinancing – SoFi		855.456.7634	sofi.com/lurie
The Hartford		860.547.5000	thehartford.com
Rethink		800.714.9285	support@rethinkbenefits.com
Crisis Text Line		Text HOME to 74741	N/A
Wellness Incentive Program		800.244.6224	mycigna.com
WeeCare		213.401.4964	Childcare services
The Wellbeing Index		N/A	https://app.mywellbeingindex.org/landing-page/lurie Mobile App: Wellbeing Index, code: LURIE
The REACH Team (Resilience Education & Crisis Help)		312.227.3288	
RISE (Resilience in Stressful Events)		312.227.7473	Peer Support Program
PsychHub		N/A	psychhub.com
Omada		N/A	https://go.omadahealth.com/luriechildrens
IPMG		877.737.0032	https://core.in-sightonline.com/Security/Login Short-Term Disability and FMLA
HSA Bank through Cigna (Health Savings Account)		800.244.6224	mycigna.com
Aunt Bertha		N/A	www.findhelp.com
Absence Management Vendor IMPG		877.737.0032	
MDLive Telehealth		888.726.3171	mycigna.com; Schedule an appointment with MDLive provider or licensed therapist online or call, available 24/7
Circle of Friends Program		312.227.7296	Email circleoffriends@luriechildrens.org; https://www.luriechildrens.org/en/ways-to-help/fundraise/
Community Fundraising Team		312.227.7254	http://foundation.luriechildrens.org/site/TR/Events/CommunityFundraising?fr_id=2000&pg=informational&sid=1006
High Five Employee Recognition Program		N/A	https://cloud.workhuman.com/microsites/t/home?client=luriechildrens&setCAG=true Recognizes and rewards high performers



Human Resources/Benefits

225 East Chicago Avenue, Box 14
Chicago, Illinois 60611-2991
312.227.5500
wellness@luriechildrens.org

Important Information Regarding this Guide

The information in this guide is intended only as a summary and does not provide a full listing of details for all of your benefits. Please visit the Benefits' portal (luriechildrens.bswift.com) or the Benefit Plan Documents page on The Point to view the full summary plan description. Lurie Children's reserves the right to change or end benefits options at anytime.

The hospital is not responsible for your enrollment errors due to you not carefully reading this and other related benefits information, not following procedures or due to inaccurate or incomplete information you may provide.

For all **your** life.
