LOYOLA
UNIVERSITY MARYLAND

2012-2013 Summary of Benefits

ELIGIBILITY

Employees working a minimum of 22.5 hours per week on a regular basis (not seasonal or temporary) are eligible to participate in benefits noted and described in this brochure. Benefits for newly hired employees are effective on the first of the month following or coinciding with the date of hire.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined as:

- Spouse: a person of the opposite sex to whom your are legally married by a ceremony recognized by the law of the state or jurisdiction in which the employee resides;
- Legally Domiciled Adult (LDA): Domestic partner or dependent relative that meets eligibility criteria (LDA affidavit must be completed and returned to the Benefits & Wellness Unit);
- Child(ren): Eligible to age 26 regardless of student, financial dependency or marital status

Please keep in mind that benefit elections and their related payroll deductions can not be changed until the next Open Enrollment period unless you, your spouse or your dependent experience a change-in-status event. You must notify your Human Resources Department within 30 days of the change-in-status event.

Change-in-Status events are changes in:

- Legal marital status, including marriage, death of a spouse, divorce, and annulment;
- Number of dependents due to birth, death, adoption, and placement for adoption;
- Employment for you, your spouse, or your dependent, including commencement of or return from leave of absence, or change in employment status;
- Eligibility status of your dependent due to attainment of age, change-in-status or any other similar circumstance.

If after reviewing this benefits summary you have any questions about your benefits you may contact Loyola's Human Resources Department, the insurance carrier or PSA Insurance & Financial Services. PSA is a consulting firm chosen by Loyola to assist with the administration and selection of your benefit plans. PSA can be reached at (877) 716-6618.

COMPANY PAID BENEFITS

CORE FLEX CREDITS*:* The University provides flex credits to assist employees with the purchase of their benefits. Regular full-time, core and four-fifths-time employees receive $1,000 of base flex credits. Regular full-time or core employees who are members of the Order of the Society of Jesus or the Order of the Religious Sisters of Mercy receive $850 base flex credits. Regular half-time staff and administrators receive $500 base flex credits. In addition to the base flex credits, the University provides eligible employees with additional credits after six years of service.

CORE VISION BENEFIT*:* The University provides for an annual eye exam for the employee only. It is available through VSP (Vision Service Plan) which is a nationwide network of optometrists and ophthalmologists. You have the choice of using in-network or out-of-network doctors. There is a $10 co-pay for the annual eye exam if services are obtained by an in-network provider. If you visit a non-participating provider, the plan reimburses you according to a specific schedule.

BASIC LIFE/AD&D INSURANCE (MetLife):

- **Option 1:** 1x annual earnings (rounded up to the next higher $1,000) to a maximum of $50,000
- **Option 2:** 1 x annual earnings (rounded up to the next higher $1,000) to a maximum of $250,000

LONG TERM DISABILITY (MetLife): 66.67% of the first $12,749 of your pre-disability earnings up to $8,500 per month

- 180 day waiting period
- If you have received medical treatment, consultation or were prescribed medications for a sickness or accidental injury in the 3 months prior to the date your insurance took effect, you will not receive benefits for that sickness or accidental injury until 12 months after the insurance has taken effect.

EMPLOYEE ASSISTANCE PROGRAM (The O'Connor Plan): Provides professional and confidential assessment, referrals or short-term problem solving to eligible participants and their family members. Among the types of problems for which assistance is provided are marital or family problems, job problems, emotional distress, etc. The plan also provides financial and legal services as well as child care and elder care referrals and counseling for related issues.

ADDITIONAL BENEFITS

MEDICAL INSURANCE PLANS (CareFirst BlueCross BlueShield)

- PPO & HMO plans are available, see page 5 for details.

DENTAL INSURANCE (MetLife)

- PPO & Copay plans available, see page 6 for details

VISION BUY UP (VSP)

- See page 7 for details

FLEXIBLE SPENDING ACCOUNTS (FSA)

- Health Care FSA: $2,500 maximum contribution
- Dependent Care FSA: $5,000 maximum contribution
- See page 8 for details

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE (MetLife)

- Employee can purchase $25,000, $50,000, $100,000 or $150,000

SPOUSAL SUPPLEMENTAL LIFE INSURANCE (MetLife)

- Employee can purchase $10,000 for a spouse

DEPENDENT SUPPLEMENTAL LIFE INSURANCE (MetLife)

- Employee can purchase $100 for a child from age 15 days to 6 months or $5,000 for a child age 6 months to 19 years or 25 if a full-time student

SHORT TERM DISABILITY (MetLife): 66.67% of the first $12,749 of your pre-disability earnings up to $8,500

- 90 day waiting period
- If you have received medical treatment, consultation or were prescribed medications for a sickness or accidental injury in the 3 months prior to the date your insurance took effect, you will not receive benefits for that sickness or accidental injury until 12 months after the insurance has taken effect.

REGULAR RETIREMENT PLAN

- The college will contribute 11% of base pay if all of the following apply:
  - You are an eligible faculty, administrative or staff member;
  - You are age 21 or older;
  - You have completed one year of service at Loyola University *(waived if you have worked at least 1,000 hours in an accredited higher education institution in the immediate past 12 months);*
  - You contribute 2% of base pay.

SUPPLEMENTAL SAVINGS PLAN

- Voluntary plan designed to allow an individual to set aside tax-deferred salary dollars for retirement.
- Available to all full-time and part-time employees and with no age or service requirement.

TUITION REMISSION

- Available to full-time faculty, staff, administrators and their spouses and eligible dependent children. Also available to part-time employees on a pro-rated basis.

LIVE NEAR YOUR WORK (LNYW)

- Working as partners, the City and Loyola University will each contribute $1,000 toward the closing costs associated with the purchase of a house near Loyola (Grant application must be completed and approved)
- Available to full-time or core employees who have worked for at least 6 months, plan to purchase a home in the target, receive mortgage approval, contribute a minimum of $1,000 toward the purchase and agree to live in the home as a primary residence for 3 years.
- For additional information, please contact the Benefits & Wellness Unit at x1365.

LIBERTY MUTUAL GROUP SAVINGS PLAN

- Group discount on home, auto and renter's insurance through Group Savings Plus from Liberty Mutual.

CHILD CARE VOUCHER PROGRAM

- Eligible employees may receive 10% of the average cost of monthly daycare (based on a survey of the cost of care in the surrounding area)
- Must be through licensed day care and/or before and after school programs and Child Care Voucher Program application and Child Care Voucher Monthly Cost Verification Form must be submitted to the Benefits & Wellness Unit.

ANNUAL PAYROLL DEDUCTIONS

Annual premiums are pre-taxed and pro-rated over the plan year (7/1 – 6/30). To calculate the pay period deduction, divide the annual premium by 24 (if you are an administrator or faculty member) or 26 (if you are a staff member). The University also provides to the employee a base amount of $1,000 in Flex Credits to offset the cost of benefits. Flex Credits are considered taxable income to the employee if not used to purchase tax-favored benefits.

Annual Cost (before Flex Credits)	Employee	Two Party	Family
Medical			
CareFirst BluePreferred PPO	$ 1,268.06	$ 5,028.72	$ 7,549.60
CareFirst BlueChoice HMO	$ 1,210.08	$ 4,854.72	$ 6,922.16
Dental			
MetLife PPO Plan	$ 286.92	$ 574.80	$ 999.60
MetLife Copay Plan	$ 186.36	$ 390.96	$ 702.60
Vision			
VSP Buy-Up	$ 98.91	$ 146.66	$ 270.77

Supplemental Life Insurance

Age	**29 or under**	**30 - 34**	**35 - 39**	**40 – 44**	**45 - 49**	**50 - 54**
$25,000	$12.00	$17.70	$23.70	$26.70	$40.50	$62.10
$50,000	$24.00	$35.40	$47.40	$53.40	$81.00	$124.20
$100,000	$48.00	$70.80	$94.80	$106.80	$162.00	$248.40
$150,000	$72.00	$106.20	$142.20	$160.20	$243.00	$372.60
Age	**55 - 59**	**60 - 64**	**65 - 69**	**70 – 74**	**75 - 79**	**80 or older**
$25,000	$116.10	$166.20	$317.70	$513.90	$513.90	$513.90
$50,000	$232.20	$332.40	$635.40	$1,027.80	$1,027.80	$1,027.80
$100,000	$464.40	$664.80	$1,270.80	$2,055.60	$2,055.60	$2,055.60
$150,000	$696.60	$997.20	$1,906.20	$3,083.40	$3,083.40	$3,083.40

Current employees must provide medical approval when electing any level of optional life as a new or increased benefit. A Statement of Health Form must be completed and submitted to the Benefits & Wellness Unit.

Dependent Life Insurance

Dependent children are eligible from age 15 days to 19 years (25 years if a full-time student). Spouses may be insured to age 70.

$10,000 Spouse / $5,000 Child(ren)	Employee's Annual Premium : $25.92

Short Term Disability

Current employees must provide medical approval when electing short-term disability as a new benefit. A Statement of Health must be completed and submitted to the Benefits & Wellness Unit.

Use this calculation if you **are** receiving Loyola's Retirement Plan Contribution.

Base Wage	**Divide by**	**Multiply by**	**Annual Cost**
$	100	0.175	$

Use this calculation if you **are not** receiving Loyola's Retirement Plan Contribution.

Base Wage	**Divide by**	**Multiply by**	**Annual Cost**
$	100	0.142	$

MEDICAL COVERAGE

Loyola is pleased to offer a choice of two medical plans that are administered by CareFirst BlueCross BlueShield. The HMO option utilizes the BlueChoice network and you are required to select a Primary Care Physician (PCP). The PPO option utilizes the BluePreferred network and you are able to seek care outside of the network. Please note that if you seek care from an out-of-network provider, you are subject to higher out-of-pocket expenses and balance billing by that provider. Please refer to the table below for a highlight of benefits available. To find a participating provider, visit www.carefirst.com and select "Find a Doctor".

	HMO Option		PPO Option	
	In-Network Only		In-Network	Out-of-Network
Deductible (Individual/Family)	None		$300/$600	$750/$1,500
Out-of-Pocket (Individual/Family)	$2,000/$5,500		$1,000/$2,000	$4,000/$8,000
Primary Care Office Visit for Illness	$10 copay		$10 copay	Deductible, then covered at 60% AB*
Specialist Office Visit for Illness	$20 copay		$10 copay	Deductible, then covered at 60% AB*
Allergy Shots	$10 PCP / $20 Specialist		Covered at 80% of AB*	Covered at 60% AB*
X-Ray & Laboratory	No Charge		No Charge	Deductible, then covered at 60% AB*
Other Diagnostic Testing	No Charge		No Charge	Deductible, then covered at 60% AB*
Inpatient Facility / Physician Services	No Charge		Covered at 80% of AB* (up to 365 days)	Deductible, then covered at 60% AB*
Outpatient Facility (Hospital or Free-standing Surgery Center)	No Charge		Covered at 100% of AB*	Deductible, then covered at 60% AB*
Outpatient Facility Practitioner	$10 PCP / $20 Specialist		Covered at 80% of AB*	Deductible, then covered at 60% AB*
Emergency Room Copay (waived if admitted)	$50 Per Visit		$50 copay	Paid as In-Network
Rehabilitation Services (Physical, Occupational, Speech) limited to 100 visits per plan year combined	$20 Per Visit		Deductible, then covered at 80% of AB*	Deductible, then covered at 60% AB*
Preventive Services				
Well Child Care	$10 Per Visit		$10 copay	Covered at 60% AB*
Adult Physical Examination	$10 PCP / $20 Specialist		$10 copay	Deductible, then covered at 60% AB*
Routine GYN Visit	$10 PCP / $20 Specialist		$10 copay	Deductible, then covered at 60% AB*
Mammogram	No Charge		No Charge	Covered at 60% AB*
Mental Health/Substance Abuse				
Inpatient Hospitalization	No Charge		Covered at 80% of AB*	Deductible, then covered at 60% AB*
Office Visits	No Charge		No Charge	Deductible, then covered at 60% AB*
Partial Hospitalization	No Charge		No Charge	Deductible, then covered at 60% AB*
Prescription Drug Coverage	Retail (34 day supply)	Maintanence (90 day supply)	Retail (34 day supply)	Maintanence (90 day supply)
Formulary Generic	$5 copay	$10 copay	$8 copay	$16 copay
Formulary Brand Name	$10 copay	$20 copay	$25 copay	$50 copay
Non-Formulary Brand Name	$25 copay	$50 copay	$25 copay	$50 copay

*AB = Allowed Benefit—the amount CareFirst has established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. Your are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network.

DENTAL COVERAGE

Loyola provides employees a dental plan administered by MetLife. This plan allows you the freedom to seek care from any dentist that you choose by utilizing both in-network and out-of-network providers. If you choose to receive services from an out-of-network provider, you are subject to higher out-of-pocket costs and balance billing by that provider. To find a participating provider, visit www.metlife.com and select "Find a Dentist".

Service	PPO		Copay Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible (applies to Type B & C Services)				
Individual	$50	$75	None	$75
Family	$150	$225	None	$225
Plan Year Benefit Maximum*	$1,250 per person	$750 per person	$1,250 per person	$750 per person
Type A: Preventive Services (Exams, Cleanings, Fluoride treatments, Sealants, X-Rays)	Covered at 100%	Covered at 85%*	Based on Fee Schedule	Covered at 80%*
Type B: Basic Services (Intraoral periapical X-rays, Fillings, Oral Surgery)	Covered at 80%	Covered at 60%*	Based on Fee Schedule	Covered at 50%*
Type C: Major Services (Crowns, Dentures, fixed Bridges, Root Canal therapy)	Covered at 50%	Covered at 40%*	Based on Fee Schedule	Covered at 30%*
Type D: Orthodontia Children up to age 26	50% up to $1,250 Lifetime Maximum	40% up to $750* Lifetime Maximum	Covered at 40% of MAC up to $1,250* Lifetime Maximum	40% up to $750* Lifetime Maximum
Out-of-Network Reimbursement	*Based on Maximum Allowable Charge (MAC)		*Based on Maximum Allowable Charge (MAC)	

VISION COVERAGE

Loyola provides employees with an annual vision exam through VSP (Vision Service Plan). There is a $10 copay for the annual eye exam when services are obtained at an in-network provider. You also have the option to purchase an upgraded vision plan for you and your dependents that provides coverage for materials as well. These plans utilize the VSP Signature national network and you have the ability to seek services both in-network and out-of-network. If you choose to receive services from an out-of-network provider, you will be reimbursed for those services based on the reimbursement levels noted below. To find a participating provider, visit www.vsp.com, select "Members and then "Find a VSP Doctor".

Core Services	Copay	In-Network (after copay)	Out-of-Network Reimbursement (after copay)
WellVision Exam			
(once per plan year)	$10	Covered at 100%	N/A
Buy-Up Services	**Copay**	**In-Network (after copay)**	**Out-of-Network Reimbursement (after copay)**
WellVision Exam			
(once per plan year)	$10	Covered at 100%	Up to $52
Frames			
(once per plan year)	$20	$130 Allowance	Up to $70
Lenses (once per plan year)			
- Single	$20	Covered at 100%	Up to $55
- Bifocal	$20	Covered at 100%	Up to $75
- Trifocal	$20	Covered at 100%	Up to $100
- Lenticular	$20	Covered at 100%	Up to $125
Contact Lenses (in lieu of frames and lenses) (once per plan year)			
Medically Necessary	$20	Covered at 100%	Up to $210
Elective	$20	$130 Allowance	Up to $105
Discounts			
Glasses & Sunglasses	N/A	Average 35-40% savings on all non-covered lens options, 30% off additional glasses and sunglasses	N/A
Contacts	N/A	15% off contact lens exam (fitting and evaluation)	N/A
Laser Vision Correction	N/A	Average 15% off regular or 5% off promotional price	N/A

FLEXIBLE SPENDING ACCOUNT(S)

Flexible Spending Accounts (FSAs) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for un-reimbursed eligible expenses for you and your family. You can increase your disposable income while you cover out-of-pocket expenses. There are two types of FSAs:

Health Care –You can elect up to $2,500 to receive reimbursement for out-of-pocket health care expenses for you and your family members. These medical, dental, vision or other health care related expenses cannot be eligible for reimbursement through any insurance or other benefit program. Out-of-pocket health care expenses incurred by you and your family are eligible if the service occurred during the plan year and while you are making contributions to the plan. You can be reimbursed up to your full annual election, less any previous reimbursements.

To ensure compliance with Health Care Reform and to avoid possible adverse tax consequences to participants, we are changing the Health Care FSA limit to $2,500 effective July 1, 2012.

Dependent Care – You can elect up to $5,000 and receive reimbursement to pay for dependent care which allows you and your spouse to work outside your home, to seek employment or to attend school full-time. Eligible expenses must be incurred during the plan year and while you are making contributions to the plan. When submitting a claim, you can only be reimbursed up to the amount you have contributed to-date, less any previous reimbursements.

Use It or Lose It: Carefully estimate your expenses when you make your FSA elections because they are subject to the "use it or lose it" rule. Any funds remaining in your account at the end of the plan year will be forfeited. Note: If you participate in the Child Care Voucher Program, be sure to coordinate with your Dependent Care FSA.

Over-the-Counter Medications: Effective January 1, 2011 over-the-counter medications are no longer considered an eligible expense under the Health Care Flexible Spending Account, unless medically necessary. If your over-the-counter medication is medically necessary, a prescription from your provider is required for reimbursement.

	No FSA Savings	FSA Participant
Gross Pay	$25,000	$25,000
Voluntary Salary Reduction	$0	-$1,000
Taxable Income	$25,000	$24,000
Taxes*	-$6,413	-$6,156
Income After Taxes	$18,587	$17,844
Health Care Expense	-$1,000	-$1,000
Available Income Before Reimbursement	$17,587	$16,844
Tax Free Reimbursement	$0	$1,000
Available Income	**$17,587**	**$17,844**
Savings = $257 for the year on your medical out-of-pocket expenses		

***Assumes federal withholding of 15%, state withholding equal to 20% of federal and social security withholding of 7.65%**

RESOURCE DIRECTORY

Carrier	Member Services Phone Number	Website
CareFirst Medical	800-628-8549	www.carefirst.com
CareFirst Pharmacy	800-241-3371	www.carefirst.com
MetLife Dental	800-942-0854	www.metlife.com
MetLife Life/AD&D	800-638-6420	www.metlife.com
MetLife STD & LTD	800-300-4296	www.metlife.com
VSP Vision	800-877-7195	www.vsp.com
Liberty Mutual	410-771-8012 x51440	www.libertymutual.com
APS Healthcare	800-765-0770	www.apshelplink.com
HFS FSA & COBRA	888-460-8005	www.hfsbenefits.com
Loyola HR, Benefits & Wellness Unit	410-617-1365	https://inside.loyola.edu/HR/Benefits
PSA Insurance & Financial Services	877-716-6618	loyola@psafinancial.com

ENROLLMENT DIRECTIONS

The following are the instructions for enrolling in your benefits. You will have access to the benefits enrollment system the Monday following your date of hire. You have thirty (30) days from your date of hire to enroll. Details regarding all of Loyola's benefits are located on the HR Benefits website.

If you are in need of additional assistance, please contact the Benefits & Wellness Unit at x1365 or email Kimberly Wright (kawright@loyola.edu).

New employee instructions for benefit enrollment

- Log on to Loyola University's website http://www.loyola.edu
- Click on Inside Loyola located at the top of the page
- Enter your username and password
- Under Quick Links on the right side click on Benefit Enrollment
- Begin the enrollment process by following the directions
- When you are finished be sure to sign out and close your browser

REQUIRED FEDERAL NOTICES

Special Enrollment Rights: If you are declining enrollment in the medical plan for yourself or for your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends and provide supporting documentation. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the medical plan, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Women's Health and Cancer Rights Act of 1998: If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan.

Newborns' and Mothers' Health Protection Act: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Health Insurance Portability and Accountability Act (HIPAA): This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for dental and vision insurance. A copy of the Notice of Privacy Practices is available from the Benefits & Wellness Unit for the medical insurance and health care Flexible Spending Accounts.

Creditable Coverage: You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage from the plan, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage.

Grandfathered Health Plan: Loyola University Maryland believes the health plan options are "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator care of the Benefits & Wellness Unit. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This brochure provides a summary of the benefits available. The company reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this brochure are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this brochure as accurate as possible. However, should there be a discrepancy between this brochure and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts and plan documents will always govern.

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