

**Loyola University Maryland Health & Welfare Benefit Plan**  
**Summary of Material Modification**  
**July 1, 2013**

The following changes are made to the Summary Plan Description for the Loyola University Maryland Health & Welfare Benefit Plan effective July 1, 2013:

1. The CareFirst Preferred Provider Option Evidence of Coverage is amended as follows:
  - a. On item 6 of page 44, photochemotherapy is added.
  - b. On page 65 Eligibility Schedule, the following are added as eligible Dependents:
    - i. Legally Domiciled Adult (LDA) in accordance with the Employer's policy.
    - ii. A child under court appointed guardianship, other than temporary guardianship for less than 12 months' duration, of the Subscriber or the Subscriber's covered Spouse.
  - c. On page 76, photochemotherapy is added as a Covered Service, Outpatient Health Care Provider Services with chemotherapy, radiation therapy, renal dialysis.
  - d. On page 79, the annual maximum of \$1,400 for Hearing Aids for a minor Dependent child is eliminated.
  
2. The BlueChoice Evidence of Coverage is amended as follows:
  - a. On item 7 of page 50, photochemotherapy is added.
  - b. On page 71 Eligibility Schedule, the following are added as eligible Dependents:
    - i. Legally Domiciled Adult (LDA) in accordance with the Employer's policy
    - ii. Grandchild in the court-ordered custody of the Subscriber
  - c. On page 83, photochemotherapy is added as a Covered Service, Outpatient Health Care Provider Services with chemotherapy.
  - d. On page 85, the annual maximum of \$1,400 for Hearing Aids for a minor Dependent child is eliminated.

This Summary of Material Modification supplements the Summary Plan Description that has been separately provided to you. You should retain this document with your copy of the Summary Plan Description.