

2018–2019



LOYOLA
UNIVERSITY MARYLAND

Summary of Employee Benefits

July 1, 2018–June 30, 2019



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Benefits presentation

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Important Notice about Your Prescription Drug Coverage and Medicare—see page 20.

Please read it and share it with any of your Medicare-eligible dependents.



The benefits plan year runs July 1 to June 30. You will not be able to make changes to your elections during the plan year unless you experience a change-in-status event. If you do not experience a change-in-status event, the elections you make will remain in effect until June 30, 2019.



LOYOLA UNIVERSITY MARYLAND

Summary of Employee Benefits July 1, 2018–June 30, 2019

Eligibility

Employees

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 their date of hire.

Eligible Dependents

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

- **Spouse:** a person to whom you are legally married by a ceremony
- **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 status, financial dependency, or marital status

Change-in-Status Events

Please keep in mind that benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event. Change-in-status events are changes in the below:

- Legal marital status, including marriage, death of a spouse, divorce, and annulment
- Number of covered dependents due to birth, death, adoption, granting of legal custodianship, or reaching maximum age for coverage
- Employment for you, your spouse, or your dependent, including commencement of or return from leave of absence, or change in employment status
- Eligibility for other coverage, or loss thereof, due to spouse's Open Enrollment period, or loss or gain of benefit eligibility



You must notify your Benefits & Wellness Unit within 30 days of the change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

Enrolling in Your Benefits

Before you enroll:

- Familiarize yourself with your options by reading the benefits described in this brochure. Details regarding all of Loyola's benefits are located on the **HR Benefits website** at www.loyola.edu/department/hr/benefits.
- Use the ALEX enrollment support tool to find the best plans for you and your family. Please refer to the information on the right for more details.
- If you are in need of additional assistance, please contact the Benefits & Wellness Unit at x1365.

When you're ready to enroll, simply follow these steps:

- Log on to Loyola University's website at 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 on-screen instructions
- When you are finished be sure to sign out and close your browser



New Hires—please note...

You will have access to the benefits enrollment system the Monday following your date of hire. You have 30 days from your date of hire to enroll.

If you have any questions about your benefits you may contact Loyola's Benefits & Wellness Unit, 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 Monday through Friday, 8:30 a.m. to 5 p.m. at 1-877-716-6618 or via email at loyola@psafinancial.com.

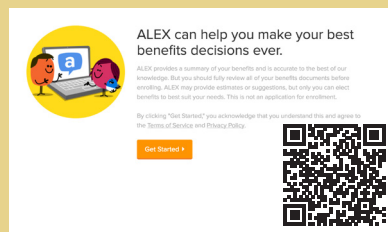


ALEX can help you make your best benefits decisions ever

Find the great-fit benefit plans you and your family will love with ALEX®! ALEX is an easy-to-use online tool that will help you get the RIGHT amount of coverage for your needs.

ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs. It's that easy!

Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health insurance. Get the right plan with ALEX at <https://www.myalex.com/LoyolaUniversityMaryland/2018>.



Benefits at a Glance



University Paid Benefits

The University provides these benefits at no cost to eligible employees.

Benefit	Details/Options
Core Flex Credits	<p>The University provides flex credits to assist employees with the purchase of their benefits.</p> <ul style="list-style-type: none"> 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. <p>In addition to the base flex credits, the University provides eligible employees with additional credits after six years of service.</p>
Core Vision Benefit VSP	<ul style="list-style-type: none"> Annual eye exam—for employees only. \$10 copay if you use an in-network provider. If you visit an out-of-network provider, the plan reimburses you according to a specific schedule. Available through VSP (Vision Service Plan), which has a nationwide network of optometrists and ophthalmologists.
Basic Life and AD&D Insurance Principal	<ul style="list-style-type: none"> Option 1: 1 times annual earnings (rounded to the next higher \$1,000) up to a maximum benefit of \$50,000. Option 2: 1 times annual earnings (rounded to the next higher \$1,000) up to a maximum benefit of \$250,000. (Please note that coverage over \$50,000 is considered taxable imputed income.)
Long Term Disability Principal	<ul style="list-style-type: none"> 66.67% of the first \$12,749 of your pre-disability monthly 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 KEPRO	<ul style="list-style-type: none"> Professional and confidential assessment, referrals, or short-term problem solving to eligible participants and their family members. Get assistance with: marital or family problems, job problems, emotional distress, and more. The plan also provides financial and legal services as well as child care and elder care referrals and counseling for related issues.
Tuition Remission	<ul style="list-style-type: none"> Available to full-time faculty, staff, administrators, and their spouses and eligible dependent children. Also available to part-time employees on a prorated basis. Please see the staff and administrator policy manual or the faculty handbook for more information.
Live Near Your Work (LNYW)	<ul style="list-style-type: none"> Loyola partners with the City to 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 targeted area, 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.

Additional Benefits

Below is a summary of the benefits available to eligible employees.

Benefit	Your Options
Medical and Prescription Cigna	<ul style="list-style-type: none"> 3 plan options through Cigna. See page 10 for medical and prescription plan highlights.
Health Savings Account Bank of America	<ul style="list-style-type: none"> Health Savings Account available to those that elect the OAP HSA (HDHP) medical plan. See page 12 for plan highlights and eligibility information.
Dental MetLife	<ul style="list-style-type: none"> 2 plan options through MetLife. See page 14 for plan highlights.
Vision VSP	<ul style="list-style-type: none"> University provides Core Vision benefit for annual eye exam. Buy-Up plan available through VSP. See page 15 for plan highlights.
Flexible Spending Accounts ConnectYourCare	<ul style="list-style-type: none"> Health Care: contribute up to \$2,650 per year in pre-tax dollars. Dependent Care: contribute up to \$5,000 per year in pre-tax dollars. See page 16 for plan highlights.
Supplemental Life Insurance Principal	<ul style="list-style-type: none"> Employee: Purchase \$25,000, \$50,000, \$100,000, or \$150,000. Spouse: Employee can purchase \$10,000 for spouse. Dependent Children: Employee can purchase for dependent children up to age 26 <ul style="list-style-type: none"> From birth to 6 months: \$1,000 benefit; Over 6 months: \$5,000 benefit.
Long-Term Disability Buy-Up Principal	<ul style="list-style-type: none"> Purchase disability coverage 66.67% of the first \$12,749 of your pre-disability monthly earnings up to \$8,500 per month. 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.
403(b) Retirement Plan	<ul style="list-style-type: none"> The University will contribute 9% of base pay if all the following apply: <ul style="list-style-type: none"> You are an eligible faculty, administrator 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. Full-time and part-time faculty, administrator, or staff members are eligible to participate on a voluntary basis with no age or service requirement.
Group Savings Plan Liberty Mutual	<ul style="list-style-type: none"> Group discount on home, auto, and renter's insurance through Liberty Mutual. Please contact Liberty Mutual at 410-771-8012 x51448.
Child Care Voucher Program	<ul style="list-style-type: none"> 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; Child Care Voucher Program application and Child Care Voucher Monthly Cost Verification Form must be submitted to the Benefits & Wellness Unit.

- The University will contribute 9% of base pay if all the following apply:
 - You are an eligible faculty, administrator 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.
- Full-time and part-time faculty, administrator, or staff members are eligible to participate on a voluntary basis with no age or service requirement.

403(b) Retirement Plan

You can take steps toward planning for a secure retirement. Consider enrolling today.

It's easier than ever to plan and save for retirement. Whether it's years down the road or just around the corner, you can get started right now.

Enroll online in just a few minutes:

- Go to: TIAA.org/loyolamd.
- Select Ready to Enroll.
- Select the plan(s) in which you wish to enroll.
- Follow the instructions provided and Select Begin Enrollment.
- Register for online access or log in if you have an existing web ID with TIAA.
- Follow the prompts and print out the confirmation page. You are now enrolled.

Do nothing and wait to be automatically enrolled

Eligible employees who are not currently contributing will be automatically enrolled in the Retirement Plan once eligibility requirements are met. Contributions will be set at 2% and the University will contribute 9% of base pay. These contributions will be directed to the plan's default investment, which is the JPMorgan Smart Retirement Fund closest to your projected date of retirement at age 65. TIAA will send you an email notification of your automatic Enrollment as you near your eligibility date.

Keep your retirement money working as hard as you do

The earlier your contributions start, the longer your money can work through the power of compounding. Compounding happens when earnings on your savings get reinvested to generate additional earnings. Over time, compounding can fuel the growth of your savings.

For questions regarding your eligibility to contribute to the plan visit <http://tiaa.org/loyolamd>.



Medical Overview

Keeping you and your family in good health.

The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. The University is pleased to offer a choice of three medical plans that are administered by **Cigna**.

If you enroll in the OAP-IN (HMO) plan, you must receive services from a participating, in-network provider. The OAP (PPO) and OAP HSA (HDHP) plans offer the flexibility to choose from both in and out-of-network providers, but keep in mind that if you receive care from an out-of-network provider you will be subject to higher out-of-pocket costs and balance billing by the provider.

Need more information about your medical plans or other benefits?

There are a number of resources on the University's HR/Benefits website at www.loyola.edu/departments/hr/benefits.



Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for each medical plan option. The SBCs are located on the Benelogic website, under the Resources tab, and at www.loyola.edu/departments/hr/benefits. A paper copy is also available, free of charge, by contacting the Benefits & Wellness Unit.

Save money on your medical plan premiums by completing the wellness steps

Employees and their spouses/LDAs insured under the medical plan can qualify for reduced medical plan premiums. You and your covered spouse/LDA must complete the following in order to qualify:

- Health Assessment on the MyCigna website
- Annual Physical exam with completed Wellness Screening Form

Instructions on how to access the MyCigna website and Wellness Screening Form can be found online at www.loyola.edu/departments/hr/benefits.

Deadlines to qualify for premium reduction:

- **Current employees enrolling during Open Enrollment:** Your annual physical must have been completed within the last 12 months or by 10/31. If you haven't had a visit in the last 12 months, the Wellness Screening Form must be completed by a physician. Next, submit your wellness screening results in MyCigna between July 1, 2018 and October 31, 2018. If you do not complete the requirements by October 31, 2018, the "non-wellness" rates will go into effect with your first paycheck in December.
- **New hires:** Your annual physical must have been completed within the last eight months or within 120 days of eligibility. The Health Assessment and Wellness Screening Form must be completed within 120 days of eligibility. If you do not complete the requirements by the deadline, the "non-wellness" rates will go into effect on the first of the fifth month following date of hire.

Please see page 18 for medical plan premiums.



Need to locate a provider?

Go to www.cigna.com and select "Find a Doctor." Choose "For Plans Offered Through Work Or School." Choose your search location and select the Open Access Plus plan option to search for a participating provider near you. You will use the Open Access Plus network for all three plan options.

Affordable Care Act (ACA)

Under the Affordable Care Act (ACA), you are generally required to have health care coverage that is "minimum essential coverage" or pay a penalty when you file your federal income tax return. The health coverage offered by Loyola qualifies as "minimum essential coverage."

In addition, ACA establishes minimum value and affordability standards for health coverage provided by employers. The health coverage offered by Loyola meets the minimum value standard and is intended to be affordable based on your wages. Therefore, you and your eligible family members will generally not be eligible for premium tax credits available through the Health Insurance Marketplace unless you have special circumstances that impact your household income for the year.

If you have questions about your specific circumstances, you should contact your tax advisor or visit www.healthcare.gov for additional information.

Cigna Member Resources

Getting the most from your plan

When you're better informed, it can help you make better choices. Cigna's personalized website, www.mycigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna's online tools can help you stay active and take care of your health.



Cigna Mobile app

The myCigna mobile app gives you an easy way to organize and access your important health information—anytime, anywhere. Download the free app and gain instant access to multiple services.

Preventive Care

Preventive Care is covered in full when received in-network. Preventive care services include adult routine physical, well-child care visits, immunizations, routine GYN visits, age and gender appropriate cancer screenings, and other preventive services as required by the Affordable Care Act. These preventive services are covered in full when seeing a participating, in-network Cigna provider.

Know Before You Go—When You Need Care

Your Doctor Knows Best

- Your primary care physician (PCP) knows your health history.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor's office is closed?

Cigna Members: 24/7 Medical Advice

- Health Information Line: get advice on a diagnosis or where to receive care.
- Cigna Telehealth Connection: access virtual doctor visits for common, uncomplicated, non-emergency health issues.

Urgent Care Centers (e.g. Patient First or ExpressCare)

- Usually open after normal business hours, including evenings and weekends.
- Many offer on-site diagnostic tests.
- Save time and money by going to urgent care instead of the ER.

Emergency Room (ER)

- Best place for treating severe and life-threatening conditions; ERs are not staffed to focus on minor injuries.
- Most expensive type of care.

These are general guidelines. Call 911 or go straight to the ER if you have a life-threatening injury, illness, or emergency.

Cigna Telehealth Connection

The care you need—when, where, and how you need it

Cigna provides access to two telehealth services as part of your medical plan—AmWell and MDLIVE. Cigna Telehealth Connection lets you get the care you need—including most prescriptions—for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

- **Choose when:** Day or night, weekdays, weekends, and holidays
- **Choose where:** Home, work, or on the go
- **Choose how:** Phone or video chat
- **Choose who:** AmWell or MDLIVE doctors

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with the below:

- Sore throat
- Headache
- Stomachache
- Fever
- Cold and flu
- Allergies
- Rash
- Acne
- UTIs
- And more

Care whenever, and wherever you need it!

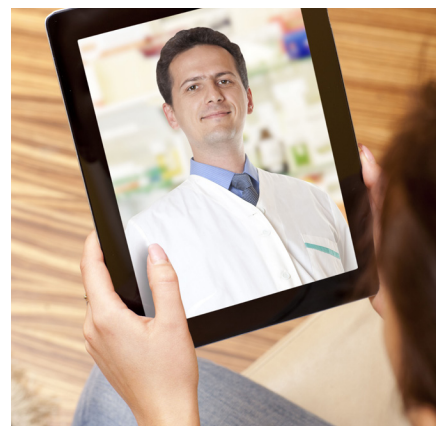
Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and they cost less than going to the emergency room. The cost of a phone or online visit is the same or less than with your primary care provider.

Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Note: AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, employees have access to the Cigna Behavioral Health network of providers.

- Go to [Cignabehavioral.com](https://cignabehavioral.com) to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit. See your plan materials for costs and coverage details.



Get started!

Visit the websites to below register:

- AmWellforCigna.com
- MDLIVEforCigna.com

Or call the below numbers:

- AmWell: 1-855-667-9722
- MDLIVE: 1-888-726-3171

Signing up is easy!

- Set up and create an account with one or both AmWell and MDLIVE.
- Complete a medical history using their "virtual clipboard."
- Download vendor apps to your smartphone/mobile device.

Cost

- OAP HSA (HDHP)
 - Deductible, then PCP/ Specialist copay*
- OAP-IN (HMO)
 - \$20 copay
- OAP (PPO)
 - \$25 copay

*Under the OAP HSA medical plan, telehealth services are subject to the deductible. When you are in the deductible phase, the cost per telehealth visit will be \$49 for AmWell/\$45 for MDLIVE—much less than the PCP/Specialist contracted rate!

Medical and Prescription Plan Highlights

The features of your medical plan options through Cigna are highlighted in the chart below. Please refer to your plan description for full details. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

You are responsible for copayments, coinsurance, and all charges that exceed the allowed amount for services received out-of-network.

	OAP HSA (HDHP)		OAP-IN (HMO)	OAP (PPO)	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network Only YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Network	Open Access Plus	N/A	Open Access Plus	Open Access Plus	N/A
PCP Required?	No		No	No	
Referrals Required?	No		No	No	
Annual Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$500 Family: \$1,500	Individual: \$750 Family: \$2,250	Individual: \$2,000 Family: \$4,000
Annual Out-of-Pocket Maximum	Individual: \$4,000 Family: \$6,550	Individual: \$6,000 Family: \$12,000	Individual: \$2,000 Family: \$5,500	Individual: \$3,000 Family: \$9,000	Individual: \$6,000 Family: \$12,000
Preventive Care Services					
Well Child Care, Adult Physical, Routine GYN Visit, Mammogram	No charge	Deductible, then no charge	No charge	No charge	40%
Office Visits, Labs, and Testing					
Office Visits PCP/Specialist	Ded., then no charge/ Ded., then \$30 copay	Deductible, then 1%/ Deductible, then 1%	\$20 copay/ \$35 copay	\$25 copay/ \$25 copay	Deductible, then 40%/ Deductible, then 40%
X-Ray and Laboratory	Ded., then no charge	Deductible, then 1%	Deductible, then 10%	No charge	Deductible, then 40%
Allergy Shots PCP/Specialist	Ded., then no charge/ Ded., then \$30 copay	Deductible, then 1%	\$20 copay/ \$35 copay	\$25 copay	Deductible, then 40%
Rehabilitation Services (Physical, Speech, Occupational) <i>limited to 100 visits per plan year combined</i>	Deductible, then \$30 copay	Deductible, then 1%	\$35 per visit	Deductible, then 25%	Deductible, then 40%
Emergency and Urgent Care					
Emergency Room <i>copay waived if admitted</i>	Deductible, then \$250 copay		\$250 copay per visit	\$250 copay per visit	
Urgent Care	Deductible, then \$50 copay		\$35 copay	No charge	
Hospitalization					
Inpatient Facility	Deductible, then \$300 copay per admission	Deductible, then 1%	Deductible, then 10%	25%	Deductible, then 40%
Inpatient Physician	Deductible, then no charge	Deductible, then 1%	Deductible, then 10%	25%	Deductible, then 40%
Outpatient Facility	Deductible, then \$300 copay	Deductible, then 1%	Deductible, then 10%	Deductible, then 25%	Deductible, then 40%
Outpatient Physician	Deductible, then no charge	Deductible, then 1%	\$20 PCP \$35 Specialist	Deductible, then 25%	Deductible, then 40%

How the Annual Out-of-Pocket Maximum Works: Under the OAP-IN (HMO) and OAP (PPO) plans, when one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the allowed amount. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed amount. Under the OAP HSA (HDHP), all eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.



Need help choosing the best plan for you and your family? Meet ALEX!

Visit <https://www.myalex.com/LoyolaUniversityMaryland/2018> where ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs.

	OAP HSA (HDHP)		OAP-IN (HMO)	OAP (PPO)	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network Only YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Mental Health/Substance Abuse					
Inpatient Hospitalization	Deductible, then \$300 copay per admission	Deductible, then 1%	Deductible, then 10%	25%	Deductible, then 40%
Office Visits	Deductible, then no charge	Deductible, then 1%	Deductible, then 10%	\$25 copay	Deductible, then 40%
Partial Hospitalization	Deductible, then no charge	Deductible, then 1%	Deductible, then 10%	No charge	Deductible, then 40%
Prescription Drugs					
Deductible	Medical deductible applies		None	None	
Retail					
up to 34-day supply	Copays apply once the deductible is met:				
Generic	\$0 copay	20%	\$10 copay	\$10 copay	20%
Preferred Brand	\$25 copay	20%	\$25 copay	\$25 copay	20%
Non-Preferred Brand	\$45 copay	20%	\$45 copay	\$45 copay	20%
90- day supply	Copays apply once the deductible is met:				
Generic	\$0 copay	20%	\$20 copay	\$20 copay	20%
Preferred Brand	\$50 copay	20%	\$50 copay	\$50 copay	20%
Non-Preferred Brand	\$90 copay	20%	\$90 copay	\$90 copay	20%
Home Delivery					
90-day supply	Copays apply once the deductible is met:				
Generic	\$0 copay	Not covered	\$20 copay	\$20 copay	Not covered
Preferred Brand	\$50 copay	Not covered	\$50 copay	\$50 copay	Not covered
Non-Preferred Brand	\$90 copay	Not covered	\$90 copay	\$90 copay	Not covered

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Restricted Generics

- Your prescription benefits are structured to take advantage of the savings associated with generic drugs.
- With Restricted Generics, you will save the most by choosing generic drugs (when available) versus brand-name drugs.
- Unless your doctor writes "Dispense as Written" or DAW on your brand-name drug prescription, you will pay both the non-preferred brand copay plus the cost difference between the generic and brand-name drug.



Contraceptives and sterilization procedures and services are not covered under any of the Loyola sponsored medical plans. These services are available directly from Cigna. Contact Cigna Member Services at **1-800-244-6224** for additional information.

Health Savings Account

Is an HSA right for you?

Visit <https://www.myalex.com/LoyolaUniversityMaryland/2018> where ALEX will walk you through your options and help you decide if the HSA-qualified plan is right for you.



You can set up an automatic per pay deposit to fund your HSA on a regular basis without any hassle. Your contributions will be deducted pre-tax from your pay and deposited into your Bank of America HSA.

The annual contribution limits set forth by the IRS for 2018 (including Loyola's contribution) are:
Individual—\$3,450
Family—\$6,900
Individual account holders age 55 or older may contribute an additional \$1,000 per year.

Loyola contributes to your HSA—\$500* if you are enrolled as an individual or \$1,000* if you are enrolled with dependents.

The annual contribution amount is deposited as a **lump sum** at the beginning of the plan year into your Bank of America HSA.

**amount prorated for new hires.*

Available to employees who enroll in the OAP HSA (HDHP) plan

When you enroll in the OAP HSA (HDHP) medical plan, you are eligible to open a Health Savings Account (HSA). An HSA can help you save money by allowing you to pay for health care expenses with tax-free dollars. You can use the funds to pay for qualified health care expenses, such as medical and prescription drug expenses until you meet your deductible, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses, for you and your tax dependents*—even if they are not covered under your medical plan! To be eligible to open and contribute to an HSA, you must be enrolled in an HSA-qualified health plan and must not be covered by other health insurance that is not an HSA-qualified plan, including Medicare or a spouse's Health Care FSA.

**Dependents must be claimed on your tax return to be considered eligible to be reimbursed from the account. However, dependents do not have to be enrolled in the OAP HSA plan to use HSA dollars.*

Reasons to Love a Health Savings Account (HSA)

- Triple Tax Savings
 - You can contribute to your HSA using tax-free dollars.
 - You can use the money in your HSA to pay for health care expenses with tax-free money.
 - Whatever you don't use in a year rolls over to the next year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account—you can use the funds to pay for your health care expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty (but will be taxed as ordinary income if funds are not used for qualified medical expenses).

HSA Highlights

Loyola has partnered with **Bank of America** to offer the HSA to employees. Each account is employee-owned and funded. There is a monthly maintenance fee of \$2.75, which will be deducted directly from your account. The Bank of America HSA features:

- Easy access to your funds. Use your Bank of America Visa debit card to pay eligible costs at the doctor's office, pharmacy or wherever else Visa debit cards are accepted. Remember to keep your receipts in case they're needed by the IRS to verify eligible expenses.
- Easy tracking of health care costs. You can view balances and recent activity online at any time. All your expenditures will be reported in a single monthly statement.
- Investment options available after you have \$1,000 in your account.
- Rollover funds from another HSA if you currently have an HSA.
- One-time trustee-to-trustee transfer from your Individual Retirement Account (IRA).
- Visit <http://healthaccounts.bankofamerica.com/learn-individuals.shtml#.WovJMXfMzUI> to access resources and additional HSA education.

How the OAP HSA (HDHP) Medical Plan and HSA work together



Get preventive care at no cost to you

In-network preventive care is covered at 100% with no deductible. You pay \$0 out-of-pocket for your annual physical, well woman visit, mammogram, colonoscopy, routine immunizations, preferred preventive drugs, and other eligible services.



Pay for other medical expenses

You pay for additional medical and prescription drug expenses as you incur them until your annual deductible is met.



Use your HSA

You can use the funds in your HSA to pay for qualified health care expenses, such as medical and prescription drug expenses, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses. Remember to save your receipts in case they are needed to verify eligible expenses!



Reminders:

- Be sure the bill from the provider matches the amount that Cigna says you owe.
- Keep your EOBs, invoices and receipts! It is your responsibility to provide this documentation if you get audited by the IRS.
- The HSA debit card will only work if there is money in the account.

A list of eligible expenses is available on the IRS website, www.irs.gov. Please consult your tax advisor should you require specific tax advice.

What to do when you go to the doctor's office

When you go to the doctor's office, present your Cigna ID card and let them know that you have a High Deductible Health Plan. The doctor's office will bill Cigna. Cigna will review the claim and apply discounted rates. The amount you owe will either be credited toward your deductible or paid to the provider per your benefit plan if you have already met your deductible.

You will receive an Explanation of Benefits (EOB) from Cigna. Check to make sure that the amount Cigna says you owe matches the bill you receive from the provider.

Once you receive a bill from the provider, pay it using your Bank of America HSA debit card. If the doctor's office doesn't accept credit cards you can pay out-of-pocket and reimburse yourself from your HSA.

What to do when you need a prescription

Present your Cigna ID card at the pharmacy. The pharmacy system processes in real-time so the pharmacy will be able to tell you exactly what you owe when you pick up your prescription. Pay your bill at the register using your Bank of America HSA debit card.



Need more information on HSAs?

Visit <http://www.brainshark.com/HRTechnologies/LoyolaHSA101> to view the "HSA 101" presentation. Have a smartphone or tablet? Scan the QR code to view the presentation.

Dental Plan Highlights

Loyola offers dental coverage for you and your family through **MetLife**. You have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

	PPO Plan		Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible <i>applies to Type B & C services only</i> <i>Amount you must pay before the plan begins to pay benefits unless otherwise noted</i>	\$50 Individual \$150 Family	\$75 Individual \$225 Family	None	\$75 Individual \$225 Family
Plan Year Benefit Maximum <i>Maximum amount the plan will pay in a year for covered services</i>	Plan pays \$1,250 per person	Plan pays \$750 per person	Plan pays \$1,250 per person	Plan pays \$750 per person
Preventive Services (Type A) Oral exams, cleanings, x-rays, topical fluoride applications	Plan pays 100%* no deductible	Plan pays 85%* no deductible	Based on Fee Schedule	Plan pays 80%* no deductible
Basic Services (Type B) Fillings	Plan pays 80%* after deductible	Plan pays 60%* after deductible	Based on Fee Schedule	Plan pays 50%* after deductible
Major Services (Type C) Crowns, inlays, onlays, implants, bridges, dentures	Plan pays 50%* after deductible	Plan pays 40%* after deductible	Based on Fee Schedule	Plan pays 30%* after deductible
Orthodontia Services Dependent children up age 26	50%	40%	40% of maximum allowable charge	40%
Orthodontia Lifetime Maximum per person	\$1,250	\$750	\$1,250	\$750

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

* Based on negotiated fee. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copays, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.



To locate a participating dentist, please visit www.metlife.com and select the PDP Plus network or call 1-800-942-0854.

Not sure which plan to pick?

Visit ALEX at <https://www.myalex.com/LoyolaUniversityMaryland/2018> for help making the best decision for you and your family.

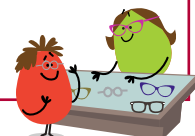


Vision Plan Highlights

Loyola provides employees with an annual wellness vision exam through VSP for a \$10 copay. You also have an option to purchase additional vision coverage for you and your family that offers a full range of vision care services provided through **VSP**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

Not sure which plan to pick?

Visit ALEX at <https://www.myalex.com/LoyolaUniversityMaryland/2018> for help making the best decision for you and your family.



To locate a participating provider, visit www.vsp.com, select Members and then click on Find a VSP doctor.

Benefit	Description	Copay	Frequency
Your Coverage with VSP Doctors and Affiliate Providers (In-Network)			
Well-Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Provided as a core benefit 	\$10	Every plan year
Prescription Glasses		\$20	See frame and lenses
Eyeglass Frames	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance 	Included in prescription glasses	Every plan year
Eyeglass Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every plan year
Eyeglass Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options 	\$50 \$80-\$90 \$120-160	Every plan year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	up to \$60	Every plan year
Your Reimbursement with Other Providers (Out-of-Network)			
Exam	up to \$52	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$55	Progressive Lenses	up to \$95
		Contacts	up to \$105

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Extra Savings and Member Discounts

Scan for more information or go to www.vsp.com/specialoffers



VSP puts members first by delivering the best value through Exclusive Member Extras, like an extra \$20 to spend on featured frame brands. Find a doctor who carries these brands at www.vsp.com.

Glasses and Sunglasses

- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Laser Vision Correction

- Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Flexible Spending Accounts



Use it or Lose it

Carefully estimate your expenses when you make your Health Care or Dependent Care FSA elections. These elections are subject to the “use it or lose it” rule.

Any funds remaining in your Health Care FSA or Dependent Care FSA as of June 30, 2019 will be forfeited. You will have 120 days after the end of the plan year to submit claims incurred during the previous plan year.

Note: if you participate in the Child Care Voucher Program, be sure to coordinate with your Dependent Care FSA.

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

There are two types of FSAs: Health Care FSA and Dependent Care FSA. The plans for 2018-2019 are administered by **ConnectYourCare**.

In order to participate in the Health Care FSA or the Dependent Care FSA you must enroll each plan year.

Health Care FSA

If you enroll in the OAP-IN (HMO), OAP (PPO), Medicare, or other coverage, you have the ability to contribute to a Health Care FSA (employees who enroll in the Health Savings Account (HSA) are **not** eligible.) Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to \$2,650 annually in pre-tax dollars to pay for qualified health expenses such as copays, dental expenses, glasses, and chiropractic treatments. Funds can be used for yourself, your spouse and your dependent children.

Reminder: Over-the-Counter (OTC) Medications are not an eligible FSA expense unless you have a written prescription from your physician.

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, the simplest way to pay is to use your Payment Card. You can also pay with personal funds and submit a claim for reimbursement. **Don't forget to keep your receipts!**

24/7 real-time access to account information and health education tools online or via the mobile app!

- View account balance and transactions
- Submit and view claims and reimbursement requests
- Manage personal and direct deposit bank information
- Access a variety of health education tools

The image shows a screenshot of the ConnectYourCare website and a mobile app. The website interface includes a header with the logo, a navigation bar with links like Home, Accounts & Balances, Payments & Reimbursements, My Payment Card, My Profile, and Help & Tools. The main content area is divided into three columns: Accounts Summary, Payments & Reimbursements, and Recent Account Activity. The Accounts Summary shows balances for DCAP and FSA, and a table of available, investments, and total values. The Payments & Reimbursements section lists existing claims and payment card transactions. The Recent Account Activity section shows a table of recent claims. The mobile app interface is shown in the foreground, displaying a similar menu and account information.

Balances		
DCAP :	\$4,100.00	Active
FSA :	\$1,030.03	Active
Total Available: \$6,334.25		
Investments:	\$0.00	
Total Value:	\$6,334.25	

Date	Activity
05/12/14	Claim 736263 for \$208.00 is Ready for Action
05/12/14	Claim 736262 for \$98.00 is Ready for Action
05/12/14	Claim 736261 for \$30.00 is Ready for Action
05/12/14	Claim 736260 for \$55.00 is Approved, processed
05/12/14	Claim 736259 for \$100.00 is Ready for Action
05/12/14	Claim 736258 for \$69.00 is Approved, processed

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars (employees who enroll in the Health Savings Account (HSA) are eligible). You may set aside up to \$5,000 annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse. Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work or attend school full-time.

Eligible expenses include those listed below:

- Care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse who is physically or mentally incapable of caring for him/herself

Includes programs such as:

- After school care
- Summer camp
- Daycare center
- Individual daycare provided by a licensed caregiver
- Elder care expenses

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Pre-tax Savings Example (With \$5,000 Dependent Care FSA)		
	Without FSA	vs With FSA
Gross Pay	\$50,000	\$50,000
Health Care FSA Contribution	\$0	- \$5,000
Taxable Income	\$50,000	\$45,000
Taxes*	- \$13,265	- \$11,532
Take Home Pay after Taxes	\$36,736	\$33,468
Reimbursable Expenses	- \$5,000	- \$5,000
Available Income before reimbursement	\$31,736	\$28,468
Tax-Free Reimbursement from FSA	\$0	\$5,000
Net Income	\$31,736	\$33,468

That's a potential savings of \$1,733 for the year!

*Assumes single filer federal income tax rate, 5% state income tax rate and social security rate of 7.65%. For illustrative purposes only. Actual dollar amounts and savings may vary.



A Dependent Care FSA is a great way to pay dependent care expenses and lower your taxable income.

Dependent Care FSA and Health Care FSA are separate accounts. You can enroll in the Dependent Care FSA even if you do not enroll in the Health Care FSA. HSA users can also take advantage of the Dependent Care FSA.

Not sure if an FSA is right for you?

Visit ALEX at <https://www.myalex.com/LoyolaUniversityMaryland/2018>.

ALEX will walk you through your options and help you decide if enrolling in an FSA options is right for you.



Learn more about FSAs!

There are a variety of resources on the ConnectYourCare website, including:

- How an FSA works
- List of qualified medical expenses
- Contribution and balance calculators



Scan QR code to watch the FSA video or visit

www.connectyourcare.com



Annual Payroll Deductions

Annual premiums are pre-taxed and pro-rated over the plan year (7/1/2018–6/30/2019). 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 Flex Credits to offset the cost of benefits (see page 4 for details). Flex Credits are considered taxable income to the employee if not used to purchase tax-favored benefits. Don't forget, you have until October 31, 2018 to complete the wellness steps or the "non-wellness" rates will go into effect with your first paycheck in December.



Save money on your medical plan premiums by completing the Wellness steps—see page 7 for details.

Please note: If you miss a paycheck or do not earn a full paycheck, you are still responsible for paying your benefits premiums. Loyola will begin to recoup the premiums due when you have your next paycheck. HR will work with you to establish a repayment plan on an individual basis, not to exceed four pay periods.

Annual Medical, Dental, and Vision Cost (before Flex Credits)						
Medical	OAP HSA (HDHP)		OAP-IN (HMO)		OAP (PPO)	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	1,096.32	1,514.76	1,686.47	2,104.91	1,837.55	2,255.99
Employee + Spouse	4,342.32	5,179.20	5,690.83	6,527.71	5,851.74	6,688.62
Employee + 1 Child	4,342.32	4,760.76	5,690.83	6,109.27	5,851.74	6,270.18
Employee + Children	6,534.12	6,952.56	7,897.00	8,315.44	9,228.82	9,647.26
Family	6,534.12	7,371.00	7,897.00	8,733.88	9,228.82	10,065.70

Dental	MetLife PPO	MetLife Copay
Employee Only	\$382.56	\$248.52
Two Party	\$766.44	\$521.40
Family	\$1,332.72	\$936.84

Vision	VSP Buy-Up
Employee Only	\$108.72
Two Party	\$161.16
Family	\$297.48

Supplemental Life Insurance				
Age	\$25,000	\$50,000	\$100,000	\$150,000
29 or under	\$13.80	\$27.60	\$55.20	\$82.80
30–34	\$20.10	\$40.20	\$80.40	\$120.60
35–39	\$27.00	\$54.00	\$108.00	\$162.00
40–44	\$29.40	\$58.80	\$117.60	\$176.40
45–49	\$45.00	\$90.00	\$180.00	\$270.00
50–54	\$68.40	\$136.80	\$273.60	\$410.40
55–59	\$129.00	\$258.00	\$516.00	\$774.00
60–64	\$198.00	\$396.00	\$792.00	\$1,188.00
65–69	\$365.10	\$730.20	\$1,460.40	\$2,190.60
70–74	\$589.50	\$1,179.00	\$2,358.00	\$3,537.00
75–79	\$589.50	\$1,179.00	\$2,358.00	\$3,537.00
80 or older	\$589.50	\$1,179.00	\$2,358.00	\$3,537.00

Dependent Life Insurance
Dependent children are eligible from 6 months to 26 years for \$5,000 (birth to 6 months: \$1,000).
\$10,000 Spouse/\$5,000 Child(ren) Employee's Annual Premium: \$27.96

Long-Term Disability Buy-Up			
Use this calculation if you are receiving Loyola's Retirement Plan Contribution			
Base Wage	Divide by	Multiply by	Annual Cost
\$	100	0.202	\$
Use this calculation if you are not receiving Loyola's Retirement Plan Contribution			
Base Wage	Divide by	Multiply by	Annual Cost
\$	100	0.163	\$



Statement of Health for Supplemental Life Insurance and Long-Term Disability Buy-Up

Current employees must provide medical approval when electing long-term disability buy-up, or any level of Supplemental Life insurance as a new benefit or when increasing coverage. A Statement of Health form, located on the Resources tab in Benelogic, must be completed and submitted to the Benefits & Wellness Unit.

Paid Time Off & Leave

Full-time Administrators

Vacation and sick leave hours are accrued each pay period. Your vacation and sick leave begins to accrue on your hire date; however, vacation leave may only be taken after the successful completion of your provisional period. Sick leave may be taken after 90 days of employment. Vacation and sick leave does not accrue or accumulate during periods of unpaid leave. Vacation and sick leave accruals will automatically stop accruing once leave balances have reached the maximum number of hours allowed. Please refer to the Staff and Administrators Policy Manual for the full Leave Policy.

	Vacation		Sick
Years of Service	0 - 9	10+	0+
Hours Accumulated per pay	6.25	7.82	6.25
Maximum hours allowed	150	187.50	975
Maximum days allowed	20	25	130

Full-time Staff

Vacation and sick leave hours are accrued each pay period. Your vacation and sick leave begins to accrue on your hire date; however, vacation and sick leave may only be taken after the successful completion of your provisional period. Vacation and sick leave does not accrue or accumulate during periods of unpaid leave. Vacation and sick leave accruals will automatically stop accruing once leave balances have reached the maximum number of hours allowed. Vacation and sick leave accrue for each hour paid bi-weekly. Please refer to the Staff and Administrators Policy Manual for the full Leave Policy.

Support Staff

	Vacation			Sick	
Years of Service	0 - 4	5 - 9	10+	0 - 4	5+
Hours Accumulated per pay	2.89	4.33	5.77	3.47	5.77
Maximum hours allowed	75	112.5	150	975	975
Maximum days allowed	10	15	20	130	130

Public Safety and Transportation Staff

	Vacation			Sick	
Years of Service	0 - 4	5 - 9	10+	0 - 4	5+
Hours Accumulated per pay	3.08	4.62	6.15	3.7	6.15
Maximum hours allowed	80	120	160	1040	1040
Maximum days allowed	10	15	20	130	130

Personal Leave for all Regular Full-Time Staff

Month Hired	July - October	November - February	March 1 - March 15	March 16 - June 30
Number of Personal days	3	2	1	0

Holidays

Loyola offers several paid holidays each year. Observed holidays include:

- New Year's Day Holiday (varies by calendar year)
- Martin Luther King Jr. Day
- Good Friday
- Easter Monday
- Memorial Day and the Friday before
- Independence Day and the day before or after
- Labor Day
- Thanksgiving Day and the Friday after
- Christmas Holiday(s) (number of days vary by year)

Employees are also given one floating holiday to be scheduled at a time between Memorial Day and Labor Day.

Note:

Part-time administrators earn pro-rated vacation and sick leave benefits.

Part-time staff employees earn pro-rated vacation and sick leave benefits, but no personal days.

Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with Loyola University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are **two important things** you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Loyola University has determined that the prescription drug coverage offered by Loyola University, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Loyola University will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Loyola University, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Loyola University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you

have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Loyola University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	July 1, 2018
Sender:	Loyola University
Contact:	Benefits & Wellness Unit
Address:	4501 North Charles Street Baltimore, MD 21210
Phone:	410-617-1365



Required Notices

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) in the medical plan because of other medical coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). 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 of 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.

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 Privacy Practices for the medical plan and health care Flexible Spending Account is available from Human Resources. A copy of the Privacy Practices is available from the insurance carriers for dental and vision insurance.

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 (WHCRA). WHCRA 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 coinsurance 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).

Wellness Program—Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed (either publicly or to the employer), except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. You will not be discriminated against in employment because of medical information you provide as part of participating in the wellness program, nor will you be subject to retaliation if you choose not to participate.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility.

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidtprecovery.com/hipp/>
Phone: 1-877-357-3268

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits & Wellness Unit at Loyola University.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Resources

Who to contact when you have questions about your benefits



If you have any questions about your benefits you may contact Loyola's Benefits & Wellness Unit, 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 **1-877-716-6618** or via email at loyola@psafinancial.com.

Plan	Phone Number	Website
Medical Cigna	1-800-244-6224	www.cigna.com
Pharmacy Cigna	1-800-244-6224	www.cigna.com
Health Savings Account Bank of America	1-866-791-0250	www.bankofamerica.com
Dental MetLife	1-800-942-0854	www.metlife.com/mybenefits
Life/AD&D Principal	1-800-986-3343	www.principal.com
LTD & LTD Buy-Up Principal	1-800-986-3343	www.principal.com
Vision VSP	1-800-877-7195	www.vsp.com
Auto and Home Group Savings Plan Liberty Mutual	410-771-8012 x51448	www.libertymutual.com
Employee Assistance Program KEPRO	1-800-765-0770	www.EAPHelpLink.com company code: LOYOLA
Flexible Spending Accounts ConnectYourCare	1-877-292-4040	www.connectyourcare.com
403(b) Retirement Savings Plan TIAA	1-800-842-2273	www.tiaa.org/loyolamd
Loyola HR, Benefits & Wellness Unit	410-617-1365	www.loyola.edu/departments/hr/benefits
Benefit questions, eligibility, claims issues PSA Insurance & Financial Services	1-877-716-6618	Email: loyola@psafinancial.com



This communication highlights some of the benefit plans available. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. The University reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.