

LOYOLA UNIVERSITY MARYLAND HEALTH & WELFARE BENEFIT PLAN APPENDIX

COMPONENT PROGRAMS

The following Component Programs, the terms, administrative and claims procedures for which are defined in the applicable Insurance Certificate, Evidence of Coverage, or Contract, shall be treated as part of the Loyola University Maryland Health & Welfare Benefit Plan pursuant to section 2.15 of the Plan Document. Such other contracts may, from time to time, replace any or all of the contracts listed below for any of the Component Programs.

Medical OAP	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	Self-Insured – These benefits are funded through the general assets of the Employer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Medical OAP-IN	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	Self-Insured – These benefits are funded through the general assets of the Employer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Medical OAP HSA	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	Self-Insured – These benefits are funded through the general assets of the Employer.
Eligibility	Class 1: Employees working a minimum of 22.5 hours per week on a regular basis are eligible. Class 2: Temporary employees, temporary faculty members and Loyola student employees normally scheduled to work a minimum of 30 hours per week are eligible. Class 3: Employees who are not otherwise eligible but who average 30 or more hours per week over the lookback period designated by the Employer.
Waiting Period	Class 1: Employees are eligible to participate in the Plan at date of employment. Class 2: Employees are eligible upon completion of 60 days of employment. Class 3: Employees are eligible to participate in the Plan after completion of the lookback period and related administrative period.
Effective Date of Coverage	Classes 1 and 2: Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period. Class 3: Coverage will be effective on the on the first day of the month of the related stability period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Dental PPO	
Insurer Information	Metropolitan Life Insurance Company One Madison Ave. New York, NY 10010
Contract/Group Number	113743-1-G
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Dental Copay Plan	
Insurer Information	Metropolitan Life Insurance Company One Madison Ave. New York, NY 10010
Contract/Group Number	113743-1-G
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Core Vision	
Insurer Information	VSP Vision Care, Inc. 3333 Quality Drive Rancho Cordova, CA 95670
Contract/Group Number	12093416
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will be automatically enrolled in this Component Program upon completion of the Waiting Period.

Vision Buy-Up	
Insurer Information	VSP Vision Care, Inc. 3333 Quality Drive Rancho Cordova, CA 95670
Contract/Group Number	12093416
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Basic Group Term Life and AD&D Insurance	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will be automatically enrolled in this Component Program upon completion of the Waiting Period.

Supplemental Life Insurance	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Core Long Term Disability Insurance – Members with Pension	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees with pension working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will be automatically enrolled in this Component Program upon completion of the Waiting Period.

Core Long Term Disability Insurance – Members without Pension	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees without pension working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will be automatically enrolled in this Component Program upon completion of the Waiting Period.

Long Term Disability Buy-Up – Members with Pension	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees with pension working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Long Term Disability Buy-Up – Members without Pension	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees without pension working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the day on which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Employee Assistance Program	
Insurer Information	KEPRO Acquisitions, Inc. 777 East Park Drive Harrisburg, PA 17111
Funding Medium	Fully Insured – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate 30 days following termination of employment.
Automatic Enrollment	An Eligible Employee will be automatically enrolled in this Component Program upon completion of the Waiting Period.

Health Care Flexible Spending Account	
Third Party Administrator Information	Connect YourCare LLC 307 International Circle Suite 200 Hunt Valley, MD 21030
Contract/Group Number	N/A
Funding Medium	Self-Insured – These benefits are funded through the general assets of the Employer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

COVERAGE CONTINUATION

If a Plan participant is on an approved leave of absence, coverage will continue for up to six months under the same terms and conditions that apply to active plan participants. The participant will be responsible for continuing to make their share of the premium payments during this six-month period in order to keep the coverage in effect.

If an individual fails to return to work after the expiration of six months of approved leave, coverage will be terminated and COBRA will be offered (as applicable).

PARTICIPATING EMPLOYERS

There are no Participating Employers.

RETIREES

There is no Retiree coverage.

EFFECTIVE DATE

This Loyola University Maryland Health & Welfare Benefit Plan Appendix states the Component Programs that constitute the Plan, Retiree eligibility provisions, and the Participating Employers of the Loyola University Maryland Health & Welfare Benefit Plan as of July 1, 2018.