

# 2025 Benefits Guide



# Loyola Benefits Partnership

Loyola University New Orleans is offering a competitive benefits package designed to give our faculty and staff an array of options to suit their individual needs during the upcoming year.

## WHAT'S CHANGING IN 2025

The following is an overview of changes you will see in 2025. **This year will be a passive enrollment process.** To make updates or changes to your benefits elections, log in to LORA Self Service to confirm or change your elections. If your beneficiaries have changed in 2024, please be sure to update your beneficiary records. As a reminder, if you participate in Flexible Spending Accounts, you must re-enroll in FSA plans every year.

### Medical and Pharmacy

- UnitedHealthcare continues to be our medical provider for 2025. You are still offered four plan options: Core, Basic, Plus and HDHP.
- Premiums for the Core, Basic and Plus plans will be increasing by 10% for 2025.
- Elixir is now MedImpact. Elixir was acquired by MedImpact in early 2024 and the name is officially changing to MedImpact January 1, 2025. Member ID cards, customer care phone numbers, member portal and mobile app will remain the same with new MedImpact branding.
- Members using Elixir Mail and Elixir Specialty Pharmacy have been transitioned to Birdi and Specialty by Birdi. Birdi will continue to be the Mail order and Specialty pharmacy provider in 2025.

### Wellness Programs

UHC Rewards and OnePass will continue to be part of our wellness programs in 2025. More information on these programs will be shared during the Open Enrollment presentations and Benefits Fair.

### Dental

- Cigna continues to be our Dental provider for 2025.
- The DHMO plan will have an expanded network of providers beginning in 2025.

### Vision

The vision coverage premium and plan design will remain the same for 2025. You will not receive new ID cards unless you are enrolling for the first time. You may continue to use your UNUM card to receive care.

### Life Insurance

- Lincoln Financial will continue to be our life and disability coverage provider for 2025.
- There will be a change to the increments in which Voluntary Life Insurance can be elected in 2025. Starting in 2025, Voluntary Life Insurance can be elected in increments of \$10,000, up to \$500,000. This is an enhancement which provides more flexibility in choosing your coverage amount.
- If you choose to elect higher coverage than you currently have, an EOI may be required.
- Current elections will automatically round up to the next higher \$10,000 increment to fit within the new plan design, when needed.

### Worksite

- Worksite coverage will be moving from Aflac to Lincoln Financial for 2025.
- This change in carrier will enhance our coverage by providing lower rates for all tiers of Hospital Indemnity and Accident coverage. Critical Illness will also have comparable or lower rates.

### Employee Assistance Program (EAP)

Reminder: Loyola provides employees with a confidential Employee Assistance Program at no charge. Skilled behavioral professionals can suggest solutions to problems caused by stress or changes in life.

- Employees enrolled in a Loyola Medical Plan through UnitedHealthcare will have access to the **UHC EAP Core** program.
- Employees that do not participate in Loyola's medical insurance may access Employee Assistance Program benefits through **Aetna/HorizonHealth**.

## Flexible Spending Accounts

- For 2025, the maximum contribution limit for a Health Care FSA is \$3,300.
- For 2025, the maximum contribution limit for a Dependent Care FSA is \$5,000.
- If you had a Health Care FSA in 2024, you can roll over up to \$640 of any remaining balance into 2025.
- WageWorks will continue to administer this benefit.

## Health Savings Account (HDHP Plan only)

If you elect the HDHP plan option, you will also be eligible to elect a Health Savings Account (HSA) through Optum Bank. Benefits of an HSA include:

- The money you deposit is tax-free.
- An HSA can be used to pay for IRS-qualified medical expenses, including dental and vision care.
- Your account rolls over year after year - it is not a "use it or lose it" benefit election.

Beginning in 2025, Loyola will fund an HSA account for family coverage (Employee + Spouse and/or Dependent) with \$500 annually. The contribution will be funded throughout the year. The Employee only HSA Loyola contribution will remain \$250.

### Online Enrollment through LORA Self-Service

All benefits-eligible employees will enroll in benefits through LORA Self-Service.

See page 9 of your guide for more information on how to enroll.

### 2025 OPEN ENROLLMENT INFORMATIONAL MEETINGS (all meetings are Zoom)

| Date       | Time              |
|------------|-------------------|
| October 29 | 1:00pm - 2:00pm   |
| October 30 | 10:00am - 11:00am |
| November 6 | 10:00am - 11:00am |
| November 7 | 11:30am - 12:30pm |

*\*Zoom link will be included in the open enrollment communication email.*

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# 2025 Benefits Overview

Your benefits under the Loyola Benefits Partnership fall into three primary categories:

**Health and Welfare Benefits** This is a passive enrollment process, meaning that all benefits-eligible participants must log in to LORA Self-Service to confirm or change your elections, or if no changes are made your 2024 benefits elections will roll over for 2025. The open enrollment period is the opportunity to annually examine benefits and make appropriate decisions about the benefits that best suit you and your family's needs. If you wish to participate in a Flexible Spending Account, you must also re-elect for 2025.

**Additional Benefits** Loyola is proud to support you and your dependents with a variety of additional benefits that save you money and provide valuable services. See pages 45 and 46.

**Retirement Plan** Loyola's retirement plan provides you with a source of retirement income. An Annual Enrollment election is not required for this benefit. See more on pages 47-52.

## Health Care Reform Compliance

### Contraception and Preventive Coverage

Medical plans cover preventive medical services at no-cost sharing to the member. In addition, coverage for breast pumps, additional screenings and vaccinations, and clinical trials will be covered at no cost to the member. Due to the Catholic Church's stance on contraception coverage, effective in 2015, the Loyola medical plans do not cover contraception. However, MedImpact will provide this coverage at no cost to the member outside the Loyola Medical Plans by calling 1-855-476-7903. All female members will have access to these benefits by simply presenting a separate MedImpact Card to the pharmacy or provider at the time of service. See page 12 for details.

### Actuarial Plan Value

All group plans are required to have an actuarial plan value. When reviewing Loyola's plans the Plan Value is shown by each plan and is expressed as a percentage. The University wanted to provide a true low cost option for employees and differentiate the plans to give employees the ability to select the plan and cost that best works for them. All 2025 plans were valued within 8% of each other.

### Plan Value Number

The new Plan Value number you see by each plan is derived using a calculation from the Department of Health and Human Services. It is a calculation based on a weighted formula that is mandated by Health Care Reform and equates to plan levels in the marketplace exchanges used to compare plans to each other. Bronze level plans must be +/- 2% of a 60% plan value. Silver plans must be +/- 2% of a 70% plan value. Gold plans +/- 2% of an 80% plan value and Platinum plans +/- 2% of a 90% plan value.

## Do Your Part to Minimize Future Premium Increases

We all want to keep health care costs down. The good news is that if we work together, we can do just that. Here are some tips for what you can do to help:

- Be cost conscious (for example, use the cost estimator on the UHC website to determine the designated providers who want to provide you with quality care at a reduced cost).
- Take the time to become more aware of your health care options and what they cost (notice the Tier description next to provider's name).
- Review your enrollment materials, including the Summary of Benefits and Coverage (SBC) for each of the medical plan options, so you can select the plans that best fit your and your family's needs.
- Remember that being a responsible health care consumer goes beyond making smart enrollment elections – it's about how you live your life every day.
- Take care of yourself by eating right, exercising and seeing your doctor on a regular basis.
- Enroll in Real Appeal, a free, 52-week online weight loss program, customized to what works for you. Lose an average of 10 lbs after 4 sessions.

# LOYOLA BENEFITS SUMMARY

## BENEFIT PROGRAM

## DESCRIPTION

### Health & Welfare Benefits

|  |  |
|--|--|
| <b>Medical Insurance</b>   | <ul style="list-style-type: none"> <li>• Choice of three PPO plans with national provider network and one high deductible health plan (HDHP) with health savings account (HSA)</li> <li>• Highest benefits paid when using Ochsner and in-network providers</li> <li>• Prescription drug benefit included</li> <li>• All deductibles, coinsurance and copayments apply to the Annual Max. Out-of-pocket amounts</li> <li>• Vision exam through UnitedHealthcare (every 24 months)</li> </ul> |
| <b>Health Savings Account (HSA)<br/>(with HDHP only)</b>         | <ul style="list-style-type: none"> <li>• An HSA is a pre-tax savings account that accompanies a high deductible health plan. HSA funds may be used to pay for IRS qualified expenses including deductibles, copays, coinsurance, prescription drugs, as well as dental and vision care. See page 16 for details.</li> <li>• For a complete list of qualified expenses visit <a href="http://www.irs.gov/pub/irs-pdf/p502.pdf">www.irs.gov/pub/irs-pdf/p502.pdf</a>.</li> </ul>               |
| <b>Flexible Spending Account</b>                                 | <ul style="list-style-type: none"> <li>• Optional deposits to reimburse yourself tax-free for eligible medical and dependent care expenses</li> </ul>  |
| <b>Dental Insurance</b>  | <ul style="list-style-type: none"> <li>• Choice of three dental plan options</li> <li>• Two DPPO (DPPO and DPPO MAC) plan options offer a choice of providers and pay a percentage of covered charges after deductible</li> <li>• DHMO plan option provides low-cost coverage for most common services within the DHMO network</li> </ul>  |
| <b>Vision</b>  | <ul style="list-style-type: none"> <li>• Optional coverage for vision exam, lenses, frames or contacts every 12 months, with discounts for other services</li> <li>• Lower out-of-pocket expenses and convenient claim filing when you use UNUM network providers</li> </ul>   |
| <b>Employee Assistance Program (EAP)</b>                         | <ul style="list-style-type: none"> <li>• Financial, legal, family, work assistance, etc.</li> </ul>  |
| <b>Term Life Insurance</b>                                       | <ul style="list-style-type: none"> <li>• University-paid basic term life insurance of one times your annual salary</li> <li>• Basic term life insurance of up to \$5,000 is available for your dependents</li> <li>• Voluntary term life insurance is available for you, your spouse and dependent children</li> </ul>   |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b> | <ul style="list-style-type: none"> <li>• University paid AD&amp;D in an amount equal to one times your annual salary</li> <li>• Voluntary AD&amp;D is available for you, your spouse and dependent children</li> </ul>   |
| <b>Long Term Disability</b>                                      | <ul style="list-style-type: none"> <li>• Fully paid by Loyola</li> <li>• 60% of salary up to a maximum benefit of \$10,000/month</li> <li>• Benefits payable after 90 days of disability if claim is approved</li> <li>• Lincoln pays 5% of your monthly earnings up to \$500 to your retirement plan, if eligible</li> </ul>  |
| <b>Worksite Benefits</b>   | <ul style="list-style-type: none"> <li>• Voluntary Accident, Critical Illness, and Hospital Indemnity coverage options pay a cash benefit directly to you to help cover out-of-pocket expenses related to a major illness diagnosis, covered accident, or hospital stay. See pages 37-40 for details and rates.</li> </ul>   |

## Retirement Plans

### Retirement Plan

- Auto enrollment for new hires at 3.5% of gross earnings
- Option to make contributions on a pre-tax or Roth basis
- Loyola will contribute 2% of your gross earnings after one year of service and 1,000 or more hours worked for faculty and staff
- Immediate vesting when you participate in the plan

## Other Benefits

### Tuition Remission

- Faculty and staff tuition waiver

### Paid Time Off (Staff)

- 16 paid holidays per year, paid vacation (according to your length of service), parental leave, jury duty, funeral leave and sick leave (see Human Resources website for more details)

### Services and Facilities

- Child care partnerships, sports complex, and campus parking
- Wireless provider discounts, Enterprise Car Rental discount, Audubon Nature Institute discount, New Orleans Hotel discounts, discounted dining plan



# Who is Eligible to Participate

*Benefit eligible (30 hours or more) faculty and staff may participate in the benefits described in this guide. In addition to covering yourself, you may cover eligible dependents under the medical, dental, vision, dependent term life insurance, optional AD&D plans and Flexible Spending Accounts. Proof of legal relationship will be required at coverage enrollment for spouse and/or eligible dependent child(ren).*

## Eligible dependents for medical, dental and vision coverage may include:

- Your legal spouse.
- Your dependent children up to age 26.
- Unmarried dependent children of any age, if mentally or physically disabled and unable to support themselves, provided the disability began while covered by the plan before reaching age 26.

## Eligible dependents for dependent life insurance and family AD&D coverage may include:

- Your legal spouse.
- Unmarried dependent children under age 19 who reside with you for more than half of the year and who do not provide more than one-half of their own support.
- Unmarried dependent children under age 26, if they are full-time students who depend on you for primary financial support.
- Unmarried dependent children of any age, if mentally or physically disabled and unable to support themselves, provided the disability began while covered by the plan before reaching the limiting age.

## Dependent children are defined as

- Your natural children.
- Legally adopted children (from the date of placement with you for adoption).
- Stepchildren who live with you.
- Except for dependent life insurance and family AD&D insurance, any other children, such as a grandchild, for whom you or your spouse have legal custody.

## Limitations

- For dental, dependent life insurance and family AD&D coverage, the plan does not cover a dependent who is in the military or lives outside the United States or Canada.
- The maximum term life insurance coverage for active employees age 70 and over is \$25,000.
- Under voluntary spouse life insurance, coverage for a spouse ends when the employee attains at age 70. Employee benefits reduce at age 70 to a maximum of \$50,000.
- Voluntary AD&D Employee and/or Family insurance coverage ends when the employee reaches age 99.
- If you and your spouse both work for the University, you may each be covered as an employee or one of you may be covered as the other's dependent. However, you may not be covered as both an employee and as a dependent for the same benefit. In addition, no one (such as your child) may be covered as the dependent of more than one employee.

*For the dependent care Flexible Spending Account, special eligibility rules apply. See page 27 for details.*

*See page 5 for definitions regarding employee types and other definition related to eligibility.*





# Eligibility Definitions

|   |  |
|---|--|
| <b>Administrative Period</b>                          | An optional period of time that applies following the close of a measurement period to enable employers to make available coverage as necessary in advance of the next stability period.   |
| <b>Break in Service/<br/>Leave of Absence</b>         | Whether or not a variable hour employee who terminates employment and is rehired at a later date is treated as a “new” or “continuing” employee for purposes of determining full-time employee status generally depends on whether the break in service is longer or shorter than 26 weeks. For “continuing” employees, the measurement and stability period that would have applied prior to employment termination continues to apply when the employee is rehired (as if the employee did not have a break in service). Additional Resource: GBS’ Employer Shared Responsibility Toolkit available at <a href="http://gbshealthcarereform.com">gbshealthcarereform.com</a> .  |
| <b>Employee Types</b>                                 | <p>For purposes of the employer play/pay shared responsibility provision classify ALL employees (including any temporary, casual, or occasional workers) into one of these categories:</p> <ul style="list-style-type: none"> <li>• Ongoing employee (including full-time, part-time, variable hour, seasonal), or</li> <li>• New variable hour employee, or</li> <li>• New seasonal hour employee</li> </ul> <p>Note: Pay special attention to staffing agency and PEO workers. They may be employees under the common law rule.</p>  |
| <b>Fiscal (Non-Calendar)<br/>Year Transition Rule</b> | The proposed play/pay guidance provides transition relief for non-calendar year plans to delay the assessment of play/penalties until the first day of the first plan year that starts on/after January 1, 2014 providing certain requirements are met.  |
| <b>Standard Stability Period</b>                      | The period of time that follows the close of a standard measurement period. This is the period during which an employee determined to be “full-time” during the preceding measurement period is entitled to health coverage. If an employee is determined to be NOT full-time, the employee need not be offered health coverage. Duration: The stability period must be at least 6 consecutive calendar months but no less than the standard measurement period.   |
| <b>Standard<br/>Measurement Period</b>                | <p>The look-back period that is used to determine whether a variable hour employee is working a full-time schedule. The standard measurement period, chosen by the employer, that applies to ongoing employees. The period must be applied to a uniform and consistent basis for all employees in the “same category.” Categories include:</p> <ul style="list-style-type: none"> <li>• Collectively bargained employees and non-collectively bargained employees;</li> <li>• Each group of collectively bargained employees covered by a separate collective bargaining agreement;</li> <li>• Salaried and hourly employees; and</li> <li>• Employees located in different states</li> </ul>  |
| <b>Variable Hour and<br/>Seasonal Employees</b>       | An employee is a “variable hour employee” if, based on the facts and circumstances at the employee’s start date, it cannot be determined that the employee is reasonably expected to work on average at least 30 hours per week. A new employee who is expected to work initially at least 30 hours per week may be a variable hour employee if, based on the facts and circumstances at the start date, the period of employment at more than 30 hours per week is reasonably expected to be of limited duration and it cannot be determined that the employee is reasonably expected to work on average of at least 30 hours per week over the initial measurement period. For example, a variable hour employee would include a retail worker hired at more than 30 hours per week for the holiday season who is reasonably expected to continue working after the holiday season but is not reasonably expected to work at least 30 hours per week for the portion of the initial measurement period remaining after the holiday season. When using the measurement/stability period safe harbor, if an employee averages 130 or more hours per month during the measurement period, count that employee as a full-time employee for the forthcoming stability period. |

## WHEN YOU CAN CHANGE YOUR ELECTIONS DURING THE PLAN YEAR (CHANGES MUST BE MADE WITHIN 30 DAYS AFTER THE EVENT)

| Qualifying Event   | Medical, Dental, Vision and Health Care FSA (HCFSA)  | Life* Insurance and AD&D                    | Dependent Care FSA (DCFSA)**  |
|--|--|---|---|
| <b>Annual Enrollment period</b>  | <ul style="list-style-type: none"> <li>You may add or drop coverage for yourself and/or your dependents.</li> <li>You may change your medical, dental or vision option.</li> <li>You must enroll for the HCFSA if you want to participate in the coming year</li> </ul>  | You may increase or decrease your coverage. | You must enroll for the DCFSA if you want to participate in the coming year.  |
| <b>Marriage, birth or adoption</b>   | <ul style="list-style-type: none"> <li>See HIPAA Special Enrollment Rights for medical coverage.</li> <li>You may drop medical, dental or vision coverage if you are enrolled for coverage under your spouse's plan.</li> <li>You may enroll or add your new dependent to your existing medical, dental or vision coverage.</li> <li>You may increase your HCFSA election</li> </ul> | You may increase or decrease your coverage. | You may increase or decrease your DCFSA election if the event affects your dependent care expenses and the change is consistent with the event. |
| <b>Death of dependent or divorce, legal separation or annulment</b>  | <ul style="list-style-type: none"> <li>You must drop medical, dental and/or vision coverage for the affected dependent.</li> <li>You may decrease your HCFSA election.</li> </ul>  | You may increase or decrease your coverage. | You may increase or decrease your DCFSA election if the event affects your dependent care expenses and the change is consistent with the event. |
| <b>Change in the employment status of employee, spouse or dependent (for example, change in work hours, change between salaried and hourly, and leaves of absence)</b> | <ul style="list-style-type: none"> <li>You may add or drop medical, dental or vision coverage.</li> <li>You may change your HCFSA election.</li> <li>The event must affect eligibility for coverage under this or another employer's plan, and the election change must be consistent with the event.</li> </ul>   | You may increase or decrease your coverage. | You may increase or decrease your DCFSA election if the event affects your dependent care expenses and the change is consistent with the event. |

*\*Evidence of good health is required to increase your life insurance or dependent life insurance coverage after you or your dependents are first eligible to enroll.*

*\*\*You may also change your dependent care spending account deposits if you experience a change in the cost of dependent care (other than an increase in cost of care provided by a relative) or a change in dependent care providers.*

**CONTINUED – WHEN YOU CAN CHANGE YOUR ELECTIONS DURING THE PLAN YEAR  
(CHANGES MUST BE MADE WITHIN 30 DAYS AFTER THE EVENT)**

| <b>Qualifying Event</b>   | <b>Medical, Dental, Vision and Health Care FSA (HCFSA)</b>  | <b>Life* Insurance and AD&amp;D</b>   | <b>Dependent Care FSA (DCFSA)**</b>  |
|---|---|---|--|
| <b>Dependent loses benefit eligibility (for example, reaches limiting age)</b>                                  | <ul style="list-style-type: none"> <li>You must drop the affected dependent’s medical, dental or vision coverage.</li> <li>You may increase your HCFSA election if the dependent remains eligible under HCFSA.</li> <li>You may decrease your HCFSA election if the dependent no longer qualifies under HCFSA.</li> </ul>                             | You should contact the Benefits Department at <a href="mailto:benefits@loyno.edu">benefits@loyno.edu</a> for details. | You may decrease your DCFSA election if your dependent ceases to be a qualifying individual for the DCFSA.     |
| <b>Loss of other employer-sponsored medical coverage by employee, spouse or dependent</b>                       | <ul style="list-style-type: none"> <li>See HIPAA Special Enrollment Rights.</li> </ul>  | N/A   | N/A  |
| <b>Employee or dependent becomes eligible or loses eligibility for Medicare or Medicaid</b>                     | <ul style="list-style-type: none"> <li>See HIPAA Special Enrollment Rights.</li> <li>You may drop medical coverage upon enrollment for Medicare or Medicaid.</li> <li>You may enroll for medical coverage upon loss of Medicare eligibility.</li> </ul>   | N/A   | N/A  |
| <b>Court issues order regarding medical coverage of child (Qualified medical Child Support Order, or QMCSO)</b> | <ul style="list-style-type: none"> <li>You may enroll yourself and/or enroll the child in medical, dental or vision and increase your HCFSA election if required to provide coverage.</li> <li>You may drop coverage or reduce your HCFSA election if another individual is ordered to provide coverage and coverage is actually provided.</li> </ul> | N/A   | N/A  |
| <b>Enrollment period for coverage under any employer’s plan occurs while your elections are in effect</b>       | <ul style="list-style-type: none"> <li>You may drop medical, dental or vision coverage if you become covered under the other employer’s plan.</li> <li>You may add medical, dental or vision coverage if coverage under the other employer’s plan is terminated.</li> <li>You may not change your HCFSA election.</li> </ul>                          | You may make election changes that correspond with coverage elections made under the other employer’s plan.           | You may decrease your DCFSA election if your spouse elects coverage under a DCFSA offered by his/her employer. |

\*Evidence of good health is required to increase your life insurance or dependent life insurance coverage after you or your dependents are first eligible to enroll.

\*\*You may also change your dependent care spending account deposits if you experience a change in the cost of dependent care (other than an increase in cost of care provided by a relative) or a change in dependent care providers.

# Enrolling in Your Health & Welfare Benefits

*Your health and welfare benefits provide a comprehensive array of insurance protection. The Annual Enrollment process allows you to reconsider your benefit choices. This helps ensure the plans are providing the coverage you need – no more and no less. This section describes your benefit options one by one, starting with the Annual Enrollment process.*

## Annual Enrollment for Health & Welfare Benefit

Each Fall you have the opportunity to review and make changes to your current elections for all Health & Welfare benefits covered in this section. All benefits-eligible employees are able to enroll in benefits online using LORA: Self-Service. Here's how the enrollment process works:



Annual Enrollment is **October 28 - November 8, 2024**. You are provided with information about all of the benefits available for the following calendar year, including changes to the plans.



Review the materials carefully to learn about your benefit choices.



You must log in to LORA: Self-Service to complete the open enrollment process if you wish to elect, change, or waive coverage. **See the following page for instructions on how to enroll online.**

## IMPORTANT REMINDERS

- If you wish to participate in a Health Care or Dependent Care Flexible Spending Account (FSA), you must **re-elect** for 2025.
- If you are enrolled in the HDHP and currently have a Health Savings Account (HSA), you must **re-elect** for 2025.
- Please be sure to update your personal information and beneficiary information in LORA Self Service.
- Medical plan participants, please be sure to complete the Spousal Surcharge Affidavit if you are enrolling or continuing employee plus spouse or family coverage.

Consider your choices carefully when completing the enrollment process. The benefits that you choose will take effect January 1, 2025, and will remain in effect for the entire year. However, if you experience a qualifying change in family status, such as the addition or loss of a dependent, the plan does allow you to change your elections. For more information, refer to your summary plan descriptions or ***When You Can Change Your Elections*** beginning on page 6.

## IMPORTANT TERMS TO KNOW

### **COPAY**

The member's share of the charge that must be paid directly to the provider at the time of treatment.

### **DEDUCTIBLE**

The individual dollar amount of covered services the member must pay before the plan begins reimbursement.

### **COINSURANCE**

Percentage of eligible charges the plan and member will pay in accordance with the plan benefit.

# How to enroll online

OPEN FOR ENROLLMENT ON OCTOBER 28, 2024

With LORA Self-Service, you have access to a paperless online enrollment that's easy and convenient!

[For detailed instructions on how to enroll, see the LORA Self Service Benefits Enrollment Guide](#)

**LOG IN AND GO TO:**



**Employee**

Here you can view your tax form consents, earnings statements, banking information, timecards and leave balances.



**Benefits**

Here you can enroll in benefits.

Once you have made your final decisions about your benefits for 2025, log in to the system to make your elections. You must complete the open enrollment process if you wish to elect, change, or waive coverage.

*Please make sure that you log in to make your elections before November 8, 2024.*

*Need help?*

*Contact the Loyola Benefits Department at 504-864-7757, or [benefits@loyno.edu](mailto:benefits@loyno.edu).*

## If You Are a New Employee

You are eligible to participate in the Health & Welfare benefit plans on the first day of the calendar month on or after your hire date. You will be provided with enrollment materials and the necessary forms. You must complete your enrollment within 30 days from your hire date. Your choices to elect or decline coverage will be binding through the remainder of the calendar year (unless you have a qualifying change in family status). You will not be able to make changes until the next regular fall enrollment period unless you experience a qualifying event.

For more details on when you can change your coverage elections, see *When You Can Change Your Elections* beginning on page 6.

If you only elect University-paid basic term life insurance of one times your annual salary benefit when you are first eligible and later wish to elect additional coverage, evidence of good health will be required during the Annual Enrollment period. Increases in coverage also require evidence of good health.

If you are not actively at work on the date your coverage would normally begin, your coverage (other than medical) will not be effective until you return to work.

## Medical Insurance

Loyola offers the choice between three Preferred Provider Network (PPO) plans, and a high deductible health plan (HDHP), all of which use a network of providers from UnitedHealthcare in the Choice Plus Network ([www.myuhc.com](http://www.myuhc.com)). The HDHP is also accompanied by a health savings account (HSA). The benefits and costs associated with each plan vary, giving you the opportunity to choose the option that best fits your needs.

Loyola pays a portion of the cost for your health insurance coverage. You contribute the balance of the premium cost each month. Your contribution is deducted from your paycheck before taxes are calculated, which lowers your taxable income.

The nationwide PPO plans give you the option to receive care from network and non-network providers. However, you will receive a higher level of benefits for eligible services when you use an Ochsner provider (Tier 1) or a provider within the UnitedHealthcare PPO provider network (Tier 2).

When you or your dependent receives care from within the network, the plan pays a portion of most covered expenses after you pay your portion such as a deductible, coinsurance or copayment. For non-network care, the plan pays a percentage of the covered expense after you meet an annual deductible.

UnitedHealthcare now offers two In-Network Laboratory Testing organizations: **LabCorp** and **Quest Diagnostics**. Be sure to verify with your physician and the laboratory that tests are completed in-network to limit your out-of-pocket cost.



## Comparing Your Options\*

You may choose from the following options: **HDHP**, **PPO Core**, **PPO Basic**, **PPO Plus** or **Waiver of Benefits** (no coverage). Eligible dependents include your spouse and your dependent children up to age 26.

**The High Deductible Health Plan (HDHP)** option offers the lowest monthly premium, but with the highest level of out-of-pocket expense. You assume all out-of-pocket expenses until the plan's deductible has been met. The HDHP also includes an optional Health Savings Account (HSA) that enables you to save and use pre-tax dollars toward meeting this higher deductible. An in-network deductible and coinsurance is part of this option. See pages 16-17 for additional information.

**The "PPO Core"** option offers the lowest monthly premium of the PPO plan options, but with a higher out-of-pocket expense when you receive care. This option keeps monthly premiums more affordable, and you only pay more when you use the plan. An in-network deductible and coinsurance is part of this option.

**The "PPO Basic"** option offers a higher monthly premium than the "PPO Core" option, but with a lower level of out-of-pocket expense. An in-network deductible and coinsurance is part of this option.

**The "PPO Plus"** option provides the lowest deductible and a lower level of out-of-pocket expense than the "PPO Basic" or "PPO Core" option, in exchange for a higher monthly premium. The "PPO Plus" option may make sense for individuals and families that need frequent health care. This plan has an in-network deductible and coinsurance.

\*Prescription drug coverage is included in your medical plan regardless of which medical option you choose.

\*Plan summary charts for all four medical plan options are included on pages 13-17. In addition, a Summary of Benefits and Coverage (SBC), developed by UnitedHealthcare, provides additional information.

## Additional Medical Plan Provisions

Pre-certification is required for inpatient hospital stays and certain outpatient care. Other limitations may apply.

- Specific rules apply for pre-certification of mental health and substance abuse care, as described below.
- Please refer to your summary plan description for details, or call UnitedHealthcare at **855-293-8546**, Monday-Friday, 8 a.m.-8 p.m.

### Standard Behavioral Care for inpatient mental health and substance abuse services.

- All inpatient mental health and substance abuse services must be precertified through United Behavioral Health, (UBH) a sister company of UnitedHealthcare. UBH's telephone number is **1-888-265-2771** and is also shown on your UnitedHealthcare ID card. Members can also access UBH via their web portal at **www.liveandworkwell.com**.
- This service offers participants seamless integrated medical/behavioral health administrative services, including claims, customer service and care advocacy.
- Access to the industry's largest behavioral health national network that includes more than 700 certified professionals within Orleans, Jefferson, and Plaquemines Parishes. Access is 24 hours a day, seven days a week for crisis coverage.

### Copays for Primary Care and Specialists

Each PPO medical plan options has different copayments for primary care physician (PCP and specialist office visits.

- A primary care physician is defined as a family practitioner, general practitioner, OB/GYN, internist or pediatrician who has signed an agreement with UnitedHealthcare.
- When you utilize the services of a PCP, or receive care from a rehabilitation therapist, such as a physical therapist, you will pay the lower PCP copayment.
- If you receive services from any other provider, the copayment for a specialist will apply.

### Notice of Availability of HIPAA Privacy Notice

You have a right to the information included in this Notice, available in your Human Resource Department. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions about this notice or would like a copy for your records, contact Loyola University New Orleans, Human Resources Benefits Department, 6363 St. Charles Avenue, Campus Box 16, New Orleans, LA 70118, (504) 864-7757.

## 2025 MONTHLY COST: PPO MEDICAL INSURANCE OPTIONS

| Coverage Level           | Core          |                        | Basic         |                        | Plus          |                        |
|--------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
|                          | Total Premium | Your Share of the Cost | Total Premium | Your Share of the Cost | Total Premium | Your Share of the Cost |
| Employee Only            | \$835.04      | \$127.03               | \$874.24      | \$184.99               | \$1,017.64    | \$392.08               |
| Employee Plus Spouse     | \$1,806.94    | \$266.39               | \$1,891.75    | \$380.49               | \$2,202.04    | \$864.33               |
| Employee Plus Child(ren) | \$1,604.78    | \$237.40               | \$1,680.10    | \$339.82               | \$1,955.69    | \$766.11               |
| Family Coverage          | \$2,477.98    | \$362.60               | \$2,594.30    | \$515.48               | \$3,019.82    | \$1,190.39             |
| Plan Value               | 82.2%         |                        | 86.9%         |                        | 94.6%         |                        |

## PPO Prescription Drug Coverage

Your prescription drug coverage is included with your medical plan and is provided through MedImpact. It is designed to encourage the use of generic and preferred brand-name drugs in an effort to control growing prescription drug expenses. Other types of brand-name drugs are covered by the plan, but at higher copayments. For further information, see the chart below.

Mail order prescriptions are a convenient alternative for those who take regular maintenance medications. The PPO plan options allow a 90-day fill of tier 1, 2, and 3 drugs by mail order or through a retail pharmacy at 2.5 times the copay for a 30-day fill.

Do you take a compound drug? All compound medications will require a prior authorization.

The preferred drug list, also known as a formulary, may be viewed through a link on the Human Resources website. This list consists of carefully selected drugs that are considered safe and cost effective. The list may change from time to time, so you should check with MedImpact before you have your prescription filled.

Specialty medications are included in your coverage on a 4th tier, and may be dispensed through a retail pharmacy in a 30-day supply. Your specialty medications may be available through Payer Matrix alternative funding for eligible specialty drugs. Payer Matrix will reach out to those that qualify.

MedImpact Customer Care Team members are available at 1-855-476-7903.

### PPO PRESCRIPTION DRUG PLAN (Does not apply to HDHP)


| Options  | Core           | Basic         | Plus          |
|--|----------------|---------------|---------------|
| From a Participating Retail Pharmacy (30-day supply)               |                |               |               |
| • Tier 1: Generic (and certain brand-name)                         | \$15 copay     | \$7 copay     | \$7 copay     |
| • Tier 2: Brand-name drugs (and certain generic)                   | \$35 copay     | \$30 copay    | \$30 copay    |
| • Tier 3: Generic or brand-name drugs with therapeutic alternative | \$75 copay     | \$50 copay    | \$50 copay    |
| • Tier 4: Specialty Drugs  | \$150 copay    | \$150 copay   | \$150 copay   |
| Mail Order   |                |               |               |
| • Tier 1: Generic (and certain brand-name)                         | \$37.50 copay  | \$17.50 copay | \$17.50 copay |
| • Tier 2: Brand-name drugs (and certain generic)                   | \$87.50 copay  | \$75 copay    | \$75 copay    |
| • Tier 3: Generic or brand-name drugs with therapeutic alternative | \$187.50 copay | \$125 copay   | \$125 copay   |
| • Tier 4: Specialty Drugs  | N/A            | N/A           | N/A           |

\* Please note out-of-network prescriptions are not covered under the plan.

If you have Medicare or will become eligible for Medicare within the next 12 months, Medicare Part D will give you more choices in your prescription drug coverage. Please review the Medicare Part D Notice of Creditable Coverage section on pages 53-54 for important information.

**Contraception Drug Benefit:** All female members will have access to these benefits by contacting MedImpact to enroll in their plan that is not affiliated with Loyola University's medical insurance. A separate ID Card will be issued by MedImpact to present to the pharmacy or provider at the time of service.

Contact MedImpact at 1-855-476-7903. Covered hormonal contraceptive medications must be obtained through home delivery from MedImpact (subject to your right to receive two courtesy fills at participating retail pharmacies).





# LOYOLA PPO MEDICAL INSURANCE OPTIONS

| Options  | Core                                 |                                      | Basic                                |                                      | Plus   |                                      |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|
|  | In-Network (Tier 2)                  | Out-of-Network                       | In-Network (Tier 2)                  | Out-of-Network                       | In-Network (Tier 2)                            | Out-of-Network                       |
| <b>Calendar Year Deductible</b>  | \$1,500 Individual<br>\$4,500 Family | \$2,000 Individual<br>\$6,000 Family | \$1,500 Individual<br>\$4,500 Family | \$1,500 Individual<br>\$4,500 Family | \$500 Individual<br>\$1,000 Family             | \$1,000 Individual<br>\$3,000 Family |
| <b>In-network services that require you to first meet your calendar year deductible before the plan starts paying coinsurance.</b> |                                      |                                      |                                      |                                      |  |                                      |
| <b>Inpatient Hospital (includes maternity)</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | \$200 copay per day, for the first 3 days only | 70% after deductible                 |
| <b>Outpatient Surgery (and physicians fee)</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | 100% after deductible                          | 70% after deductible                 |
| <b>MRI/PET (major diagnostic) prior authorization required</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | 100% after deductible                          | 70% after deductible                 |
| <b>Ambulance</b>   | 80% after deductible                 | 80% after deductible                 | 80% after deductible                 | 80% after deductible                 | 100% after deductible                          | 100% after deductible                |
| <b>Inpatient Mental Health</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | \$200 copay per day, for the first 3 days only | 70% after deductible                 |
| <b>Inpatient Substance Abuse</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | \$200 copay per day, for the first 3 days only | 70% after deductible                 |
| <b>Skilled Nursing Facility (60 days per year)</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | \$200 copay per day, for the first 3 days only | 70% after deductible                 |
| <b>Home Health Care (60 visits per year)</b>   | 80% after deductible                 | 60% after deductible                 | 80% after deductible                 | 70% after deductible                 | 100% after deductible                          | 70% after deductible                 |
| <b>In-network services that require a flat copayment at the time of service.</b>   |                                      |                                      |                                      |                                      |  |                                      |
| <b>Urgent Care</b>   | \$55 copay per visit                 | 60% after deductible                 | \$40 copay per visit                 | 70% after deductible                 | \$35 copay per visit                           | 70% after deductible                 |
| <b>Emergency Room Care (copayment waived if admitted)</b>  | \$150 copay per visit                | \$150 copay per visit                | \$150 copay per visit                | \$150 copay per visit                | \$150 copay per visit                          | \$150 copay per visit                |
| <b>Outpatient Mental Health</b>  | 100% after \$40 copay                | 60% after deductible                 | 100% after \$25 copay                | 70% after deductible                 | 100% after \$20 copay                          | 70% after deductible                 |
| <b>Office Visit Mental Health</b>  | \$40 copay per visit                 | 60% after deductible                 | \$25 copay per visit                 | 70% after deductible                 | \$20 copay per visit                           | 70% after deductible                 |

## LOYOLA PPO MEDICAL INSURANCE OPTIONS CONTINUED

| Options  | Core   |  | Basic  |  | Plus   |   |
|--|--|--|--|--|--|---|
|  | In-Network (Tier 2)                                | Out-of-Network                             | In-Network (Tier 2)                                | Out-of-Network                             | In-Network (Tier 2)                                | Out-of-Network                            |
| <b>In-network services that require a flat copayment at the time of service.</b> |  |  |  |  |  |   |
| Office Visits  | \$40 primary care copay per visit; \$55 specialist | 60% after deductible                       | \$25 primary care copay per visit; \$40 specialist | 70% after deductible                       | \$20 primary care copay per visit; \$35 specialist | 70% after deductible                      |
| Vision (exam every 24 months)  | \$40 copay per visit                               | 60% after deductible                       | \$25 copay per visit                               | 70% after deductible                       | \$20 copay per visit                               | 70% after deductible                      |
| Maternity (prenatal visits)  | \$55 copay per pregnancy                           | 60% after deductible                       | \$40 copay per pregnancy                           | 70% after deductible                       | \$35 copay per pregnancy                           | 70% after deductible                      |
| Outpatient Substance Abuse   | 100% after \$40 copay                              | 60% after deductible                       | 100% after \$25 copay                              | 70% after deductible                       | 100% after \$20 copay                              | 70% after deductible                      |
| Office Visit Substance Abuse   | \$40 copay per visit                               | 60% after deductible                       | \$25 copay per visit                               | 70% after deductible                       | \$20 copay per visit                               | 70% after deductible                      |
| Physical/Occupational Therapy  | \$40 copay per visit                               | 60% after deductible                       | \$25 copay per visit                               | 70% after deductible                       | \$20 copay per visit                               | 70% after deductible                      |
| Speech Therapy   | \$40 copay per visit                               | 60% after deductible                       | \$25 copay per visit                               | 70% after deductible                       | \$20 copay per visit                               | 70% after deductible                      |
| X-Ray and Lab (regular diagnostic)   | 100% covered                                       | 60% after deductible                       | 100% covered                                       | 70% after deductible                       | 100% covered                                       | 70% after deductible                      |
| Preventive care screening/immunization   | no charge  | not covered                                | no charge  | not covered                                | no charge  | not covered                               |
| <b>Out-of-Pocket Limit*</b>  | \$4,750 per person (\$9,500 family limit)          | \$9,500 per person (\$19,000 family limit) | \$4,500 per person (\$9,000 family limit)          | \$7,500 per person (\$15,000 family limit) | \$1,250 per person (\$2,500 family limit)          | \$2,500 per person (\$5,000 family limit) |

\*Amounts that count toward your out-of-pocket limit include: your share of copayments, deductibles and coinsurance.

You can find additional information about the medical plans by referring to the Summary of Benefits and Coverage (SBC) documents prepared by UnitedHealthcare found on the HR website.

### 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). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, your deductible and coinsurance apply as according to your employer-sponsored medical insurance plan. If you would like more information on WHCRA benefits, call your plan administrator in the Human Resources office at 504-864-7757.

# Ochsner Health Network Benefits

United Healthcare and Ochsner Health Network are working together to provide a patient-centered health plan designed to help promote better health and lower costs. Your current benefits under UHC's ChoicePlus Network are Tier 2. Providers and facilities within both Tier 1 and Tier 2 are in-network, but you will receive enhanced benefits on covered services when you choose to use an Ochsner provider in Tier 1.

## LOYOLA OCHSNER HEALTH NETWORK (TIER 1) BENEFITS

| Options   | Core  | Basic   | Plus  |
|---|---|---|---|
| Calendar Year Deductible  | <b>\$1,250 Individual</b><br><b>\$3,750 Family</b>        | <b>\$1,000 Individual</b><br><b>\$3,000 Family</b>        | <b>\$350 Individual</b><br><b>\$700 Family</b>            |
| In-network services that require you to first meet your calendar year deductible before the plan starts paying coinsurance. |   |   |   |
| Inpatient Hospital (includes maternity)   | 85% after deductible                                      | 95% after deductible                                      | <b>\$150 copay per day, for the first 3 days only</b>     |
| Outpatient Surgery (and Physicians fee)   | 85% after deductible                                      | 95% after deductible                                      | 100% after deductible                                     |
| MRI/PET (major diagnostic) prior authorization required   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | 100% after Tier 2 deductible                              |
| Ambulance   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | 100% after Tier 2 deductible                              |
| Inpatient Mental Health   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | \$200 copay per day, for the first 3 days only            |
| Inpatient Substance Abuse   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | \$200 copay per day, for the first 3 days only            |
| Skilled Nursing Facility (60 days per year)   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | 100% after Tier 2 deductible                              |
| Home Health Care (60 visits per year)   | 80% after Tier 2 deductible                               | 80% after Tier 2 deductible                               | 100% after Tier 2 deductible                              |
| Urgent Care   | \$55 copay per visit                                      | \$40 copay per visit                                      | \$35 copay per visit                                      |
| Emergency Room (copayment waived if admitted)   | \$150 copay per visit                                     | \$150 copay per visit                                     | \$150 copay per visit                                     |
| Outpatient Mental Health  | 100% after \$40 copay                                     | 100% after \$25 copay                                     | 100% after \$20 copay                                     |
| Office Visit Mental Health  | \$40 copay per visit                                      | \$25 copay per visit                                      | \$20 copay per visit                                      |
| Office Visit  | <b>\$30 primary care copay per visit; \$45 specialist</b> | <b>\$20 primary care copay per visit; \$30 specialist</b> | <b>\$15 primary care copay per visit; \$25 specialist</b> |
| Vision (exam every 24 months)   | \$30 copay per visit                                      | \$25 copay per visit                                      | \$20 copay per visit                                      |
| Maternity (prenatal visits)   | \$55 copay per pregnancy                                  | \$40 copay per pregnancy                                  | \$35 copay per pregnancy                                  |
| Outpatient Substance Abuse  | 100% after \$40 copay                                     | 100% after \$25 copay                                     | 100% after \$20 copay                                     |
| Office Visit Substance Abuse  | \$40 copay per visit                                      | \$25 copay per visit                                      | \$20 copay per visit                                      |
| Physical/Occupational Therapy   | \$40 copay per visit                                      | \$25 copay per visit                                      | \$20 copay per visit                                      |
| Speech Therapy  | \$40 copay per visit                                      | \$25 copay per visit                                      | \$20 copay per visit                                      |
| X-ray and Lab (regular diagnostic)  | 100% covered  | 100% covered  | 100% after Tier 2 deductible                              |
| Preventive Care Screening/Immunization  | no charge   | no charge   | no charge   |
| Out-of-Pocket Limit   | \$4,750 per person (\$9,500 family limit)                 | \$4,500 per person (\$9,000 family limit)                 | \$1,250 per person (\$2,500 family limit)                 |

\*enhanced benefits on covered services in the Ochsner Health Network (Tier 1) are highlighted and in **bold**

## High Deductible Health Plan (HDHP)

The HDHP offers the same in-network coverage as your traditional PPO options, but at a higher out-of-pocket cost. Your annual deductible must be met before the plan benefits begin to pay for services, with the exception of in-network preventive care services which are covered at 100%.

Once you have satisfied your deductible, you will continue to pay a portion of the cost for your services until you reach your annual out-of-pocket maximum. Once your out-of-pocket maximum has been met, the plan pays 100% for the remainder of the year.

### LOYOLA HDHP MEDICAL INSURANCE

| Options   | In-Network                            | Out-of-Network                         |
|---|---------------------------------------|--|
| Calendar Year Deductible  | \$3,300 Individual<br>\$9,600 Family  | \$5,000 Individual<br>\$15,000 Family  |
| In-network services that require you to first meet your calendar year deductible before the plan starts paying coinsurance. |                                       |  |
| Inpatient Hospital (includes maternity)   | 80% after deductible                  | 60% after deductible                   |
| Outpatient Surgery (and Physicians fee)   | 80% after deductible                  | 60% after deductible                   |
| MRI/PET (major diagnostic)<br>prior authorization required  | 80% after deductible                  | 60% after deductible                   |
| Ambulance   | 80% after deductible                  | 80% after deductible                   |
| Inpatient Mental Health   | 80% after deductible                  | 60% after deductible                   |
| Inpatient Substance Abuse   | 80% after deductible                  | 60% after deductible                   |
| Skilled Nursing Facility (60 days per year)   | 80% after deductible                  | 60% after deductible                   |
| Home Health Care (60 visits per year)   | 80% after deductible                  | 60% after deductible                   |
| Urgent Care   | 80% after deductible                  | 60% after deductible                   |
| Emergency Room  | 80% after deductible                  | 80% after deductible                   |
| Outpatient Mental Health  | 80% after deductible                  | 60% after deductible                   |
| Office Visit Mental Health  | 80% after deductible                  | 60% after deductible                   |
| Office Visits   | 80% after deductible                  | 60% after deductible                   |
| Vision (exam every 24 months)   | 80% after deductible                  | 60% after deductible                   |
| Maternity (prenatal visits)   | 80% after deductible                  | 60% after deductible                   |
| Outpatient Substance Abuse  | 80% after deductible                  | 60% after deductible                   |
| Office Visit Substance Abuse  | 80% after deductible                  | 60% after deductible                   |
| Physical/Occupational Therapy   | 80% after deductible                  | 60% after deductible                   |
| Speech Therapy  | 80% after deductible                  | 60% after deductible                   |
| X-ray and Lab (regular diagnostic)  | 100% after deductible                 | 60% after deductible                   |
| Preventive Care Screening/Immunization  | no charge                             | not covered                            |
| Out-of-Pocket Limit   | \$5,000 Individual<br>\$10,000 Family | \$12,000 Individual<br>\$24,000 Family |

## High Deductible Health Plan (HDHP) Continued

| 2025 MONTHLY COST:<br>HDHP MEDICAL INSURANCE |               |                        |
|--|---------------|------------------------|
| Coverage Level                               | Total Premium | Your Share of the Cost |
| Employee Only                                | \$757.36      | \$81.41                |
| Employee Plus Spouse                         | \$1,638.85    | \$199.40               |
| Employee Plus Child(ren)                     | \$1,455.49    | \$176.74               |
| Family Coverage                              | \$2,247.47    | \$274.63               |

### HDHP Prescription Drug Coverage

Prescription drug coverage is included in your High Deductible Health Plan (HDHP) and is provided through MedImpact. It is designed to encourage the use of generic and preferred brand-name drugs in an effort to control growing prescription drug expenses.

Other types of brand-name drugs are covered by the plan, but at higher costs, because they are not eligible for discounts.

Specialty medications are included in your coverage on a 4th tier, and may be dispensed through a retail pharmacy in a 30-day supply. Your specialty medications may be available through Payer Matrix alternative funding for eligible specialty drugs. Payer Matrix will reach out to those that qualify.

Mail order prescriptions are a convenient alternative for those who take regular maintenance medications. The High Deductible Health Plan (HDHP) allows a 90-day fill of tier 1, 2, and 3 drugs by mail order or through a retail pharmacy.

Prescription drug benefits are administered by MedImpact. The prescription drug plan uses a list of preferred brand-name drugs. This list consists of carefully selected drugs that are considered safe and cost effective. The list may change, so please confirm with MedImpact before you have your prescription filled.

The preferred drug list (formulary) may be viewed through a link on the Benefits Human Resources website <http://finance.loyno.edu/human-resources/benefits-forms-links>.

MedImpact Customer Care Team members are available at 1-855-476-7903.

| HDHP PRESCRIPTION DRUG PLAN                                      |                                  |
|--|----------------------------------|
| Options  | In-Network                       |
| <b>From a Participating Retail Pharmacy (30-day supply)</b>      |                                  |
| Tier 1: Generic (and certain brand-name)                         | 80% coinsurance after deductible |
| Tier 2: Brand-name drugs (and certain generic)                   |                                  |
| Tier 3: Generic or brand-name drugs with therapeutic alternative |                                  |
| Tier 4: Specialty drugs  |                                  |
| <b>Mail Order</b>  |                                  |
| Tier 1: Generic (and certain brand-name)                         | 80% coinsurance after deductible |
| Tier 2: Brand-name drugs (and certain generic)                   |                                  |
| Tier 3: Generic or brand-name drugs with therapeutic alternative |                                  |
| Tier 4: Specialty drugs  | N/A                              |

*\* Please note out-of-network prescriptions are not covered under the plan.*

## Health Savings Account (HSA)

Should you elect the HDHP for 2025, you will also be eligible to elect a Health Savings Account (HSA) through Optum Bank.

An HSA allows you to set aside pre-tax money to use toward your out-of-pocket medical expenses, such as your deductible.

### Enrolling in an HSA provides two major advantages to employees:

1. You pay no Federal income or Social Security taxes on your contributions to the HSA, and
2. Any unused portion left at the end of the year will roll over to the next year and your new contributions for the following year will be added to that amount.

Loyola will fund your HSA annually in the amount of \$250 for Employee Only coverage, or \$500 for family coverage (Employee + Spouse and/or Dependent). This contribution will be funded throughout the year.

Loyola will cover the monthly HSA maintenance fee for participants who elect the HDHP for year 2025.

Funds can be used to pay for IRS-qualified expenses including deductibles, copays, coinsurance, prescriptions drugs, and dental and vision care. You control how and when your funds are used.

### Contribution Limits

The IRS limits how much you can contribute. For 2025, the maximum amount you may contribute to your HSA is:

- \$4,300 for individual
- \$8,550 for family
- If you are age 55 or older, you may also contribute an additional \$1,000 "catch up" contribution into your HSA.
- After age 65, your HSA funds can be withdrawn for retirement purposes.

### Examples of IRS-qualified medical expenses:

Visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf) for a complete list of qualified expenses

- Acupuncture
- Alcoholism treatment
- Ambulance services
- Annual physical examination
- Artificial limb or prosthesis
- Birth control pills (by prescription)
- Chiropractor
- Childbirth/delivery
- Convalescent home (for medical treatment only)
- Crutches
- Doctor's fees
- Dental treatment (including x-rays, braces, dentures, fillings, oral surgery)
- Dermatologist
- Diagnostic services Disabled dependent care
- Drug addiction therapy
- Fertility enhancement Including in-vitro
- Guide dog (or other service animal)
- Gynecologist
- Hearing aids and batteries
- Hospital bills
- Insurance premiums (COBRA premiums)
- Laboratory fees
- Lodging (away from home for outpatient care)
- Nursing Home
- Nursing Services
- Obstetrician
- Osteopath
- Oxygen
- Pregnancy test kit
- Podiatrist
- Prescription drugs & medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)
- Prenatal care & postnatal treatments
- Psychiatrist
- Psychologist
- Smoking cessation programs
- Special education tutoring
- Surgery
- Telephone or TV equipment to assist the hearing or vision impaired
- Therapy or counseling Medical transportation expenses
- Transplants
- Vaccines
- Vasectomy
- Vision care (including eyeglasses, contact lenses, lasik surgery)
- Weight loss programs (for a specific disease diagnosed by a physician - such as obesity, hypertension, or heart disease)
- Wheelchairs
- X-rays

\*Pro-rated based on hire date for new hires.

## Deciding Which Medical Plan is Right For You

### THE HDHP PLAN/HSA MIGHT BE RIGHT FOR YOU IF...

- ✓ you are healthy, not likely to have huge medical expenses associated with major illnesses, and interested in using an HSA as a way to save money
- ✓ you can afford to pay for your health care needs up front until your deductible has been met - with assistance from the HSA (office visits, certain prescriptions, labwork, procedures, etc.)
- ✓ you have been diagnosed with a common ailment such as asthma, diabetes, high cholesterol, etc and require maintenance medicines covered by the plan
- ✓ a lower per-paycheck premium is appealing

### A PPO PLAN MIGHT BE RIGHT FOR YOU IF...

- ✓ you prefer to pay higher per-paycheck premiums to obtain a lower deductible and fewer out of pocket expenses
- ✓ you or your family members visit a doctor frequently
- ✓ you are pregnant, planning to become pregnant, or have small children
- ✓ you have a chronic condition, take several prescription medications (that are not free or discounted), or even just one expensive drug
- ✓ you are 65 or older, and enrolled in Medicare

## Spousal Surcharge

You may be subject to a spousal surcharge in addition to your medical premium. If you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll, in addition to your monthly premium you will also be charged a **\$350** monthly surcharge.

If your spouse is not eligible for coverage through their employer, the spousal surcharge is waived.

You will be required to complete a spousal surcharge affidavit if you have a spouse enrolled in any of the Loyola University of New Orleans Healthcare Plans. You will also be required to verify that your spouse is not eligible to enroll in his/her own plan, is eligible but not allowed to participate for a particular reason, or is not employed.



# Dental Plan

Loyola offers three dental options through CIGNA Dental. CIGNA dental coverage is 100% paid by the employee. Your monthly premium is paid with before-tax dollars deducted from your pay, which lowers your taxable income.

You may choose from the following options:

- CIGNA Dental Care DPPO
- CIGNA Dental Care DHMO
- No Coverage

Eligible dependents include your spouse and dependent children up to age 26.



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CIGNA dental ID cards may be accessed through [mycigna.com](http://mycigna.com) or on the myCigna mobile app.

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## What's the Difference Between the Plans?

The main difference between the DPPO and the DHMO is the way the network of dentists is structured. Both have qualified dentists in your area, but the DPPO allows you to choose from a larger network or a dentist outside the network.

## How Does the DHMO Work?

The CIGNA DHMO offers low-cost coverage for most common dental procedures. There is no annual deductible to pay, so your benefits begin with the very first service.

This option requires that all services be provided through the DHMO network, coordinated by your primary care dentist.

To enroll in the DHMO, you must select a primary care dentist from the DHMO provider directory found on CIGNA's website. You may designate a separate primary care dentist for each covered family member. You can change your primary care dentist/assigned dentist at any time by contacting the CIGNA DHMO at **1-800-244-6224** or [www.cigna.com](http://www.cigna.com).

Before electing this option, please be sure to consult the DHMO provider directory to find out if your current dentist participates in the DHMO network. Under this option, you will not have the choice to seek care outside the network. If your dentist is not listed, you may call the CIGNA DHMO at **1-800-244-6224** and ask them to contact your dentist about joining the DHMO network.

## How Does the DPPO Work?

If you enroll in a DPPO plan, you have the option to select either the **CIGNA High Plan Option** or the **CIGNA Medium Plan Option**. You are not required to use dentists participating in the DPPO network - in fact, you will still receive the same level of coverage whether your dentist is a DPPO member or not. However, you can enjoy certain advantages when you choose a dentist who participates in the DPPO network.

### When you use a network provider:

- You do not have to file claims.
- You can save money. DPPO network dentists agree to hold their charges to a negotiated rate, so you save money on the deductible and a percentage of your dentist's charges.

### When you do not use a network provider:

- The **CIGNA High Plan Option** will only reimburse you based on the reasonable and customary charge in our area. If your dentist charges more than the reasonable and customary charge, you pay the difference, in addition to your deductible and a percentage of the covered amount. The level of reasonable and customary charges for this plan will be based on the 90th percentile for charges in our region. This means that 90% of the charges made by dentists in the New Orleans area are the same or less - only 10% of the charges are higher.
- The **CIGNA Medium Plan Option** will only reimburse you based on a maximum allowable charge schedule. The level of maximum allowable charges for this plan will be based on the most common coinsurance coverage and contracted fees CIGNA would pay a network dentist in the New Orleans area.
- When you do not use a network provider, the **CIGNA High Plan Option** will result in less out-of-pocket expenses (due to less balance billing) in comparison to the **CIGNA Medium Plan Option**.



## LOYOLA DENTAL INSURANCE PLANS

|  | DPPO – High Option   | DPPO MAC – Middle Option   | DHMO – Low Option  |
|--|--|--|--|
| <b>Calendar Year Deductible</b>  | \$50 per person<br>(\$150 family maximum)  | \$100 per person<br>(\$300 family maximum)   | None   |
| <b>Preventive Care</b><br>- Exams, cleanings, X-rays   | 100% no deductible   | 100% no deductible   | Scheduled charge* applies; then the plan pays 100%. See HR website.  |
| <b>Basic Restorative Care</b><br>- Fillings<br>- Extractions<br>- Root Canal<br>- Periodontics (gum disease treatment)<br>- Oral Surgery | 80% after deductible   | 70% after deductible   | Scheduled charge (varies by service)* applies; then the plan pays 100%. See HR website.  |
| <b>Major Restorative Care</b><br>- Crowns<br>- Inlays, Onlays<br>- Bridgework<br>- Dentures<br>- Implants                                | 50% after deductible   | 40% after deductible   | Scheduled charge (varies by service)* applies; then the plan pays 100%. See HR website.  |
| <b>Orthodontia</b><br>- Braces   | Dependents under age 21 only; 50% after deductible, up to \$1,000 orthodontia lifetime maximum benefit | Dependents under age 21 only; 50% after deductible, up to \$1,000 orthodontia lifetime maximum benefit | Adults or eligible dependent children; Scheduled charge (varies by service)* applies; then the plan pays 100%. See HR website. |
| <b>Annual Maximum Benefit</b>  | \$1,250 per person for preventive, basic and major care  | \$1,000 per person for preventive, basic and major care  | None. See HR website.  |

\*Limitations and exclusions may apply. Your Summary Plan Description and charge schedule can be found on the Human Resources website.

### The DPPO Wellness Roll Over (only applies to the High DPPO Plan)

- If you had a preventive exam in 2024 as a participant in the High DPPO plan option, you earned a \$250 rollover benefit to your next year's annual maximum.
- You may accrue up to a \$1,750 annual maximum through this Wellness Plus rollover benefit.
- This benefit only applies to the DPPO - High Option Plan.

## 2025 MONTHLY COST: DENTAL INSURANCE OPTIONS

| Coverage Level           | DPPO – High Option |                        | DPPO MAC – Middle Option |                        | DHMO – Low Option |                        |
|--------------------------|--------------------|------------------------|--------------------------|------------------------|-------------------|------------------------|
|                          | Total Premium      | Your Share of the Cost | Total Premium            | Your Share of the Cost | Total Premium     | Your Share of the Cost |
| Employee Only            | \$41.10            | \$41.10                | \$27.54                  | \$27.54                | \$18.34           | \$18.34                |
| Employee Plus Spouse     | \$83.03            | \$83.03                | \$55.63                  | \$55.63                | \$31.08           | \$31.08                |
| Employee Plus Child(ren) | \$102.77           | \$102.77               | \$68.86                  | \$68.86                | \$36.86           | \$36.86                |
| Family Coverage          | \$138.24           | \$138.24               | \$92.62                  | \$92.62                | \$54.63           | \$54.63                |

# UNUM Vision

Loyola University and UNUM Vision offer you and your dependents an affordable eye care plan. You pay the full cost of this optional vision coverage for yourself and your dependents. Your cost is paid with before-tax dollars deducted from your pay, which lowers your taxable income. You may use network or non-network providers; however, using network providers offers you greater benefits.

The UNUM Vision Plan provides benefits for eye exams, eyeglass lenses and frames, or contact lenses.

## Using UNUM Network Providers

UNUM's extensive national network of providers means that it will be easy for you to find a network doctor in the New Orleans area. While you do have the option of receiving care from a non-network doctor, using network providers offers many advantages:

- Most services are covered at 100% after you make the appropriate copayment (up to the plan limits noted in the chart on page 21).
- If you enroll in vision coverage, you will receive an ID card along with a welcome kit in the mail, although you are not required to use the ID card. You can go online to [www.unumvisioncare.com](http://www.unumvisioncare.com) to get information about the plan and providers.
- There are no claim forms to file. The participating UNUM doctor will file your claim. You only need to make the appropriate copayment at the time of your visit.
- UNUM doctors provide top-quality care and offer a wide selection of frames to choose from, all in one location.

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The UNUM Vision network has over 50 providers within a 25 mile radius of the University – including both independent and national retail-affiliated locations – making it easy for you to find a network doctor in the New Orleans area. Visit [www.unumvisioncare.com](http://www.unumvisioncare.com) for more information.

## Using a UNUM doctor is a simple, two-step process:

1. Find a vision doctor at [www.unumvisioncare.com](http://www.unumvisioncare.com) or call 1-888-729-5433 ext. 2013.
2. Make an appointment and tell the doctor's office you are a UNUM member.

Your doctor and UNUM will handle the rest.

## Using Non-Network Providers

You may obtain vision services from any licensed vision provider. However, this will affect the claims procedure and your out-of-pocket costs.

- When you use non-UNUM providers, you must pay the provider's entire bill and then submit a claim for reimbursement.
- Your reimbursement for covered expenses will be limited to the amount shown in the chart on the next page. The difference in cost will be your responsibility.

You may wish to call UNUM at 1-888-729-5433 ext. 2013 before visiting a non-network provider. They can help you determine your benefit and find out if a UNUM provider is available in your area.

## 2025 MONTHLY COST: VISION COVERAGE

| Coverage Level           | Your Monthly Cost |
|--------------------------|-------------------|
| Employee Only            | \$9.27            |
| Employee Plus Spouse     | \$16.69           |
| Employee Plus Child(ren) | \$17.61           |
| Family Coverage          | \$27.80           |

## UNUM vs. UHC Medical Eye Exam Benefit

Keep in mind that if you enroll in a UHC medical option (Core, Basic, Plus, or HDHP), you can receive a vision exam once every 24 months. This vision exam is available for an office visit copayment / coinsurance depending on the medical plan you elect. Please refer to pages 13-17 for details. This vision exam benefit is completely separate from the Loyola vision plan provided through UNUM Vision.

The vision exam benefit through UNUM Vision is more extensive, with an exam provided every 12 months for a \$10 copayment. However, you will have additional monthly contributions for vision plan coverage deducted from your pay. If you are likely to need lenses, frames, contacts and other services, you may find that the UNUM Vision option will save you money.

| LOYOLA VISION INSURANCE PLAN   |  |  |
|--|--|--|
| Vision Care Services   | In-Network   | Out-of-Network   |
| Copays:<br>Exam (one per 12 months)<br>Materials   | \$10<br>\$25   | up to \$35<br>see below  |
| Standard Plastic Lenses (one per 12 months):<br>- Single Vision<br>- Bifocal<br>- Trifocal<br>- Lenticular<br>- Progressive  | 100% after \$25 copayment<br>100% after \$25 copayment<br>100% after \$25 copayment<br>100% after \$25 copayment<br>\$70 allowance | up to \$25<br>up to \$40<br>up to \$50<br>up to \$50<br>up to \$40 |
| Standard scratch resistant coating, standard anti-reflective, standard polycarbonate, UV coating, and transition specialty lenses  | covered  | not covered  |
| Frames (one per 12 months):<br>Members choose from any frame available at provider locations   | \$130 retail allowance - covers a wide selection of frames. (\$94 retail frame at Costco**, WalMart & Sam's Club)                  | up to \$50   |
| Contact Lenses <sup>1</sup> (one per 12 months):<br>- Elective<br>- Medically Necessary<br>- Standard Contact Lens Fitting Exam Fee <sup>2</sup><br>- Specialty Contact Lens Fitting Exam Fee <sup>3</sup> | \$0 copay<br>up to \$130 allowance<br>100% after \$25 copay<br>up to \$25 copay<br>not covered                                     | up to \$100<br>up to \$210<br>not covered<br>not covered           |

\*\*Special payment and reimbursement terms apply for materials purchases at Costco.

<sup>1</sup>Contact lenses are in lieu of eyeglass and frames.

<sup>2</sup>The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only.

<sup>3</sup>The specialty contact lens fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit or multi-focal lenses.

# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) provide an opportunity to save money by allowing you to pay for eligible medical and/or dependent care expenses with before-tax dollars. When you participate in a FSA, you authorize Loyola to deduct a specific amount from your paycheck before taxes are calculated, which lowers your taxable income. There are two types of FSAs: Health Care and Dependent Care. You may choose to enroll in one, both or neither account. **If you wish to participate in an FSA for 2025, you must enroll online.**

You should carefully consider your contribution levels. The IRS has what is known as the “use it or lose it” rule where any funds that have not been spent by the end of the calendar year are forfeited. However, you can now carry over up to \$640 of any remaining balance in your healthcare FSA into the next year.

Healthcare FSA and Dependent Care FSA worksheets are provided to help you determine how much to contribute.

## Use a Benefits Card for your Health Care FSA

WageWorks offers a benefits card that can be used like a debit card to pay for most eligible health care expenses. It’s fast, easy and secure. You do not have to wait to be reimbursed. You can use your card at most medical providers (including doctors’ offices, dental providers, vision care providers and hospitals) - wherever VISA® is accepted. **Just be sure to keep your receipts!**

Your benefits card does not require a PIN. Even though it says “debit” on your card, be sure to elect “credit” when using your card since there is no PIN number. If you have multiple copayments, just swipe the card separately for each copayment. **You must pay for all ineligible items separately.**

Under the CARES Act, over-the-counter medicines are now reimbursable under the Health Care FSA without a prescription. This even includes feminine products, pain relievers, and sunscreens with SPF 15 protection or above.

Also, over-the-counter items such as crutches, bandages and blood sugar test kits are still eligible under these plans. Please contact WageWorks with any questions about how claims for over-the-counter medications and products will be processed in 2025. Using the benefits card is optional. If you prefer, you may submit your claims by paper, following the instructions below:

In order to file a claim online, visit [www.wageworks.com](http://www.wageworks.com) to register and submit electronically. You may also submit a paper claim via mail, fax, mobile app. See below.

**Note: The benefits card cannot be used for dependent care expenses.**

## How to Submit Paper Claims

When you incur an eligible expense for which you do not use your benefits card, submit a claim form and proof of your expense to WageWorks, the FSA administrator, and they will reimburse you for your expense.

Claim forms are available on the WageWorks website. Submit the form along with proof of your expense to WageWorks by fax, mail, or upload through the website or mobile app.

**Fax:** 877-353-9236  
**Mail:** Claims Administrator  
P.O. Box 14052  
Lexington, KY 40512  
**Website:** [www.wageworks.com](http://www.wageworks.com)

If you have additional questions about the WageWorks benefit card, please contact your WageWorks customer service representative at 1-877-924-3967.

## Mobile App

You can download the WageWorks mobile app to your smartphone or tablet from Google Play or the App Store. You can submit receipts and claim forms directly from the app. Visit <https://www.wageworks.com/employees/support-center/how-to-videos/> for a short tutorial.

# Health Care FSA

Even with good health insurance, nearly everyone has some level of out-of-pocket medical expenses. The Health Care FSA allows you to set aside **\$120 to \$3,300** per employee (subject to IRS changes) even if with same employer for expenses that are not paid by any medical, dental or vision plans. The expenses can be incurred by you or any eligible dependent (even if not enrolled in Loyola coverage).

## Expenses eligible for reimbursement include:

- Deductibles and copayments under your and your spouse's medical plan(s), dental plan(s), and/or vision plan(s), provided you are not reimbursed for these through coordination of benefits with another group health plan.
- Vision care expenses such as Lasik surgery.
- Most health care expenses not covered by a medical, dental or vision plan, such as amounts that exceed plan limits or maximums.
- Certain over-the-counter medicines with a prescription from a physician.

In general, the list of eligible expenses under the Health Care FSA are the same as those shown in IRS publication 502, available from your local IRS office or the IRS website at [www.irs.gov](http://www.irs.gov).

You can use the Health Care FSA worksheet to help you estimate eligible expenses for 2025 and to determine how much to contribute to your account. The minimum amount you can contribute to this account is \$120.

Expenses that are reimbursed through your Health Care FSA cannot be claimed as a deduction on your income tax return.

For more up-to-date information about health expenses that are eligible for reimbursement from your FSA, you may call WageWorks' customer service number at **1-877-924-3967**.

## Health Care FSA Choices

During each Annual Enrollment period, you may choose:

- Annual contribution of **\$120 to \$3,300**
- No contribution

Your contributions are deducted from your paycheck before taxes are calculated. You are then reimbursed for your expenses with tax-free money.

## Carryover

An employee enrolled in a Health Care FSA can roll over up to \$660 of the remaining balance in his/her Health Care FSA at the end of the 2025 plan year. The carryover may be used to pay or reimburse medical expenses under the Health Care FSA incurred during the entire plan year to which it is carried over.

## Enrollment Reminder

Your participation in the Health Care FSA does not carry over from one year to the next. Therefore, if you wish to participate in the Health Care FSA in 2025, you must complete an enrollment form.



## IMPORTANT:

If you do not provide documentation within the required time frame, WageWorks will deem the expense ineligible and require you to repay your account and your card may be deactivated.

# Health Care FSA Worksheet

Use this worksheet to help you determine your Health Care FSA election amount. You may want to review receipts from last year for health care expenses you paid out of your own pocket. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA. Remember, eligible expenses include those for you, your spouse and your dependents. The Health Care FSA total may not exceed **\$3,300**.

## Deductibles

Medical, dental, vision \$ \_\_\_\_\_

## Copayments/Coinsurance

The amount not paid by your or your spouse's health plan coverage \$ \_\_\_\_\_

## Amounts paid Over Plan Limits

Over reasonable and customary allowance \$ \_\_\_\_\_

Over other medical, dental and vision plan limits \$ \_\_\_\_\_

**SUBTOTAL A** \$ \_\_\_\_\_

## Expenses Not Covered by Insurance Plan

Prescription drugs \$ \_\_\_\_\_

Vision care \$ \_\_\_\_\_

Dental/orthodontic care \$ \_\_\_\_\_

Treatments/therapies \$ \_\_\_\_\_

Fees/services \$ \_\_\_\_\_

Medical equipment \$ \_\_\_\_\_

Assistance for the disabled \$ \_\_\_\_\_

Other eligible expenses \$ \_\_\_\_\_

**SUBTOTAL B** \$ \_\_\_\_\_

## Out-of-Pocket Health Care Expenses

This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any other factors that will affect your out-of-pocket health care costs during the upcoming plan year, and adjust the amount if necessary.

**ADD SUBTOTALS  
A + B** \$ \_\_\_\_\_

# Dependent Care FSA (DCFSA)

The Dependent Care FSA provides an opportunity to save money by allowing you to contribute up to \$5,000 (\$2,500 if you and your spouse file separate tax returns) for dependent day care expenses.

## During each Annual Enrollment period, you may choose:

- Annual contribution of \$120 to \$5,000 if you are single or married and filing joint tax returns
- Annual contribution of \$120 to \$2,500 if you are married and filing separate tax returns
- No contribution

Your contributions are deducted before taxes are calculated. You are then reimbursed for your expenses with tax-free money.

## Eligible Expenses

Eligible expenses include those for dependent care in order for you or your spouse to work or attend school full time. Expenses eligible for reimbursement include:

- Day care (in your home or a licensed center), nursery school or preschool, and after-school care of a child under age 13 whom you claim as a dependent on your federal income tax return. Persons caring for your child in your home must report the income on their tax returns.
- Day care for a disabled dependent adult who spends at least eight hours a day in your home.

**Please note:** This account is not for your dependents' health care expenses. (Use the Health Care FSA for these.) For a list of eligible dependent care expenses, refer to IRS publication 503, available from your local IRS office or the IRS website at [www.irs.gov](http://www.irs.gov).

You can use the Dependent Care FSA worksheet to help you determine how much to contribute to your account in 2025. The minimum amount you can contribute to this account is \$120.

## Enrollment Reminder

Your participation in the Dependent Care FSA does not carry over from one year to the next. Therefore, if you wish to participate in the Dependent Care FSA in 2025, you must complete an enrollment form.



## Additional Information About the DCFSA

- Money allocated to your account(s) that is unused will not carry over at the end of the plan year. You should allocate money only for those expenses you feel certain you will have during the plan year.
- Your submission for reimbursement of the previous plan year's expenses must be postmarked no later than 90 days after the end of that plan year.
- You cannot transfer money between FSAs.
- You cannot cancel or change your contribution until the next Annual Enrollment period, unless you experience a qualified change in family status as described on pages 6-7.
- Expenses that are reimbursed through your Dependent Care FSA cannot be used to calculate the child care tax credit on your income tax return (consult with your tax advisor to determine whether the FSA or the tax credit provides you with more tax savings - generally, the FSA may be a better deal for you if your total household income is more than \$40,000).
- Reimbursement under the Dependent Care FSA cannot exceed the amount you have deposited as of the date your claim is processed. Health Care FSA claims will be paid as long as they do not exceed the amount of your annual election.
- You can download the WageWorks mobile app to your smartphone or tablet from Google Play or the App Store. You can submit receipts and claim forms directly from the app. Visit <https://www.wageworks.com/employees/support-center/how-to-videos> for a short tutorial.

# Dependent Care FSA Worksheet

Use this worksheet to help you determine your Dependent Care FSA election amount. The Dependent Care FSA allows you to use before-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances it may also be used to help pay for the care of elderly parents or a disabled spouse or dependent.

Note that the Dependent Care FSA is intended to cover costs of care and does not cover any medical or health care costs for your dependents. The Dependent Care FSA total may not exceed \$5,000 (\$2,500 in case of separate tax return by a married individual).

## Child Care Expenses

|                       |          |
|-----------------------|----------|
| Day care center       | \$ _____ |
| In-home care          | \$ _____ |
| Nursery and preschool | \$ _____ |
| After-school care     | \$ _____ |
| Au pair services      | \$ _____ |
| Summer day camps      | \$ _____ |

## Elder Care Expenses

|                 |          |
|-----------------|----------|
| Day care center | \$ _____ |
| In-home care    | \$ _____ |

## Out-of-Pocket Dependent Care Expenses

This gives you an estimated amount that you should elect to place into your Dependent Care FSA. Remember, you'll avoid Social Security and Medicare taxes on the money you set aside.

**TOTAL** \$ \_\_\_\_\_





# Life Insurance

## Basic Term Life Insurance for You

To help your loved ones financially in the event of your death, the Loyola Benefits Partnership program provides a University-paid basic term life insurance benefit of one times your annual salary (up to a maximum of \$250,000).

The IRS will impose imputed income tax on the value of life insurance coverage in excess of \$50,000.

If you are not actively at work on the date your coverage would normally begin or changes in coverage would occur, your coverage or changes in coverage will not be effective until you return to work. See your summary plan description for other limitations that may apply.

You may choose to purchase basic term life insurance coverage for your dependents. Voluntary life insurance options are available under the voluntary life insurance plan. See pages 31-32 for more information.

If you do not make an election, you will be enrolled only in the basic University paid life at one times your salary. Benefits will reduce to \$25,000 at age 70 and terminate at retirement.



## Basic Term Life Insurance for Your Dependents

Basic term life is also available and you may choose:

- Dependent term life insurance coverage of \$5,000 for most eligible dependents
- No dependent term life insurance

You and Loyola share the cost of this coverage. You pay an after-tax monthly rate of \$0.85 regardless of the number of dependents you have. Loyola pays the balance of \$1.73 per month.

The IRS will impose imputed income tax on the value of the dependent basic term life insurance coverage.

## Basic Term Life for Dependents

If you are enrolled in basic dependent term life insurance, the plan pays you a flat dollar amount in the event of the death of a spouse or a child. You and Loyola share the cost of this coverage. Under the Loyola Benefits Partnership program, your dependent coverage amounts are as follows:

- Spouse: \$5,000
- Child (age 1 day to 6 months): \$1,500
- Child (6 months to age 19, or age 26 if a full-time student): \$5,000

You pay your share of the cost for dependent life insurance coverage with after-tax dollars.

If you wish to enroll in dependent basic life coverage, and were previously eligible and waived coverage, you will be required to submit evidence of insurability (EOI).

Eligible dependents include your spouse and unmarried dependent children under age 19 (under age 26 if a full-time student).

When you reach age 70, you are no longer eligible to cover your spouse under your policy. Your spouse's coverage will end on the date you turn 70.

# Basic Accidental Death and Dismemberment (AD&D)

Loyola University pays the full cost of AD&D coverage for you in the same amount as your basic term life insurance coverage.

The plan pays a percentage of your coverage amount for specific injuries or losses, as described in the table below. These benefits, other than for the loss of life, are paid directly to you (not your beneficiary).

The loss must occur within one year of a covered accident and be a direct result of an injury caused solely by the accident. Other limitations and exclusions may apply.

The loss must occur within one year of a covered accident and be a direct result of an injury caused solely by the accident. Other limitations and exclusions may apply.

| COVERED LOSS                                       |                                    |
|--|------------------------------------|
| Covered Loss                                       | Percentage of Your Coverage Amount |
| Life   | 100%                               |
| A hand   | 50%                                |
| A foot   | 50%                                |
| Sight of an eye                                    | 50%                                |
| Any combination of a hand, foot or sight of an eye | 100%                               |



The summary plan description provides full details of the plan.

You also may choose voluntary AD&D coverage for yourself and/or your dependents under the voluntary AD&D plan, as described on page 33.

## Basic AD&D

In the event of your death due to a covered accident, your beneficiary(ies) will receive a matching AD&D benefit equal to your basic term life insurance benefit.

Loyola pays the full cost of this coverage, which pays benefits for accidental death and certain serious injuries.



# Voluntary Term Life Insurance for You, Your Spouse, and Your Child

## Voluntary Term Life Insurance for You

In addition to the University-paid basic term life, you may choose from the following options:

- \$10,000 increments, subject to a maximum of 5x your basic annual earnings rounded to the next higher \$10,000 (up to \$500,000)
- No voluntary coverage for yourself

If you elect voluntary term life insurance coverage for yourself, you may add voluntary spouse and/or child coverage. You pay the cost of voluntary term life insurance for yourself using post-tax dollars.

The maximum amount of voluntary term life insurance coverage you may purchase for yourself is \$500,000. The guaranteed issue amount for you is \$250,000 if you enroll when you are first eligible.

If you are not actively at work on the date your coverage would normally begin or increase, your coverage will not be effective until you return to work.

Voluntary term life insurance for you will reduce to a maximum of \$50,000 when you reach age 70.



## Voluntary Term Life Insurance for Your Spouse

You may choose from the following options for your spouse:

- 50% of your voluntary term life insurance amount (up to \$250,000) rounded to the next multiple of \$5,000 (if not already a multiple of \$5,000) provided you elect voluntary term life insurance coverage for yourself
- No voluntary term life insurance spouse coverage

The maximum amount of spouse voluntary term life is \$250,000. The guarantee issue amount is \$20,000.

You pay the full cost of this voluntary coverage, which is in addition to amounts chosen under the basic term life and basic dependent term life insurance plans. The cost of spouse coverage, by law, is paid with after-tax deductions from your pay.

When you reach age 70, you are no longer eligible to cover your spouse under your policy. Your spouse's coverage will term on the date you turn 70.

## Voluntary Term Life Insurance for Your Child

You may choose Voluntary Term Life coverage of \$10,000 for your child provided you elect voluntary term life insurance coverage for yourself. You pay the full cost of this voluntary coverage. The cost of this coverage is, by law, paid with after tax deductions from your pay. The cost of this coverage is \$2.00.

Dependent coverage is for eligible dependents 6 months to age 19 (to age 25 if a full-time student).

Voluntary Term Life benefits for yourself and any dependents terminate upon retirement.

The summary plan description provides full details of the plan.

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## Evidence of Good Health

If you do not elect voluntary life insurance coverage when you or your dependents are first eligible, you will be required to furnish evidence of you and your dependent's good health in order to enroll during the Annual Enrollment period.

## Calculating Your Cost

Voluntary term life insurance coverage is based on your pay and your age, so the cost for coverage varies by person. The cost for coverage is stated as a monthly rate per \$1,000 of coverage. The rates that apply are unchanged for 2025 and are shown in the table below.

| MONTHLY RATE PER \$1,000 OF COVERAGE |         |          |                 |
|--------------------------------------|---------|----------|-----------------|
| Your Age                             | For You | Your Age | For Your Spouse |
| <25                                  | \$0.07  | <25      | \$0.06          |
| 25-29                                | \$0.07  | 25-29    | \$0.06          |
| 30-34                                | \$0.09  | 30-34    | \$0.05          |
| 35-39                                | \$0.12  | 35-39    | \$0.06          |
| 40-44                                | \$0.14  | 40-44    | \$0.08          |
| 45-49                                | \$0.22  | 45-49    | \$0.09          |
| 50-54                                | \$0.37  | 50-54    | \$0.12          |
| 55-59                                | \$0.69  | 55-59    | \$0.17          |
| 60-64                                | \$0.86  | 60-64    | \$0.30          |
| 65-69                                | \$1.62  | 65-69    | \$0.48          |
| 70-99                                | \$2.62  | 70-99    | n/a             |

To calculate your cost for voluntary life coverage for 2025, follow these steps:

**Coverage election amount of \$100,000 at age 40:**

### Step 1

Find the number of \$1,000 units by dividing by 1,000 = 100

### Step 2

Multiply the number of units by the rate (100 x \$0.14) = \$14.00 monthly cost

To change or add coverage for 2025, you must complete the required forms. If you do not complete the forms, you will continue with your current coverage option or waiver of coverage.

## Evidence of Good Health

You will be required to furnish evidence of insurability of your good health if:

- Your optional coverage amount is more than \$250,000.
- You do not enroll for coverage when you are first eligible.
- You elect to enroll or increase your coverage during the Annual Enrollment period.

You will be required to furnish evidence of insurability of your spouse's good health if:

- You elect a voluntary coverage amount higher than \$20,000 for your spouse.
- You do not enroll your spouse for coverage when he or she is first eligible.
- Your spouse was, on the date that coverage would otherwise begin, confined in a hospital or confined at home under the care of a doctor.

## Are Your Beneficiaries Up to Date

It's important for the Human Resources Department to have your current beneficiaries on file. In the event of your death, your chosen beneficiaries may be entitled to benefits under the following programs:

- Term life insurance
- AD&D
- Retirement Plan



# Voluntary AD&D

With the voluntary AD&D plan, you can choose to supplement your basic Loyola provided AD&D coverage, and purchase coverage for your eligible family members.

The choices for voluntary AD&D coverage for yourself are based on multiples of your annual salary, rounded up to the next \$1,000 (if not already a multiple of \$1,000). You may choose voluntary AD&D in amounts from one times your annual salary to 10 times your annual salary, up to a maximum of \$500,000. You pay the full cost of voluntary AD&D coverage with before-tax dollars, which lowers your taxable income.

The voluntary AD&D plan pays your beneficiary(ies) 100% of your coverage amount in the event of your death due to a covered accident. All or a portion of your coverage amount is paid to you for certain other covered losses.

If you select voluntary AD&D coverage for yourself, you may also purchase voluntary AD&D coverage for your dependents. Spouse and child amounts are a percentage of your benefit. There are several options from which to choose:

- **Family Coverage:** Spouse and child(ren) - Spouse benefit is 50% of your voluntary AD&D coverage amount; Child benefit is 10% (per child).
- **Spouse Only:** Spouse benefit is 60% of your voluntary AD&D coverage amount.
- **Child(ren) Only:** Benefit for each child is 15% of your voluntary AD&D coverage amount.

The voluntary AD&D plan also includes several additional features designed to protect your family's security, including a child care benefit and an education benefit for your surviving dependents.

Voluntary AD&D insurance coverage ends when the employee reaches age 99.

The summary plan description provides full details of the plan.

## Voluntary AD&D

You may choose any one of these coverage options for yourself:

- 1x annual salary
- 2x annual salary
- 3x annual salary
- 4x annual salary
- 5x annual salary
- 6x annual salary
- 7x annual salary
- 8x annual salary
- 9x annual salary
- 10x annual salary
- No coverage

Eligible dependents include your spouse and unmarried dependent children under age 19 (under age 25 if a full-time student).

## Calculating Your Cost

Voluntary AD&D coverage is based on your annual salary, so the cost for coverage varies by person. The cost for coverage is stated as a monthly rate per \$1,000 of coverage. The rates are not changing for 2025. The rate for coverage for yourself only is \$0.019 a month for each \$1,000 of coverage. If you elect family coverage, the rate is \$0.03 for each \$1,000 of coverage.

**To calculate your cost for family optional AD&D for 2025, follow these steps:**

**Annual salary of \$24,400 with election of eight times your annual salary family option AD&D benefit:**

**Step 1** Multiply your annual salary by the option you have selected  $\$24,400 \times 8 = \$195,200$

**Step 2** Round up to the next \$1,000 (if not already a multiple of \$1,000) = \$196,000

**Step 3** Find the number of \$1,000 units by dividing by 1,000 = 196

**Step 4** Multiply the number of units by the rate (196 x \$0.03 family coverage) = \$5.88 monthly cost

## OPTIONS FOR YOU

| Benefit                               | How It Works  | Who Pays the Cost                 | Example of Benefit if You Earned \$50,000 Base Salary   |
|---------------------------------------|---|-----------------------------------|---|
| <b>Basic Term Life Insurance*</b>     | University-paid benefit of one times your annual salary   | Loyola provides at no cost to you | \$50,000  |
| <b>Basic AD&amp;D*</b>                | Matches your basic term life insurance amount   | Loyola provides at no cost to you | \$50,000  |
| <b>Voluntary Term Life Insurance*</b> | Option to further increase your life insurance benefit by electing additional coverage in \$10,000 increments up to \$500,000 (maximum benefit) | You, using after-tax dollars      | Additional coverage depending on the amount you elect and approval of coverage  |
| <b>Voluntary AD&amp;D*</b>            | Option to increase your basic AD&D coverage from one to 10 times your benefit base salary (up to \$500,000 maximum benefit)                     | You, using after-tax dollars      | Additional \$50,000 to \$500,000 for accidental death, depending on the option you choose (or a percentage of this amount for covered losses) |

## OPTIONS FOR YOUR SPOUSE AND CHILD(REN)

|   |  |  |   |
|---|--|--|---|
| <b>Basic Term Life Insurance for Dependents</b>                   | \$5,000 benefit each for your spouse and for your child(ren) age 6 months or older   | You and Loyola, using after-tax dollars for your share | <ul style="list-style-type: none"> <li>- \$5,000 spouse</li> <li>- \$5,000 child(ren) 6 months to age 19, or age 26 if a full time student</li> <li>- \$1,500 age birth to 6 months</li> </ul>  |
| <b>Voluntary Term Life Insurance for Your Spouse and Children</b> | Option to add a spouse term life insurance benefit equal to 50% of your own voluntary term life insurance benefit (you must enroll in voluntary term life insurance for yourself); voluntary term life insurance for your spouse ends on the date you turn age 70  | You, using after-tax dollars                           | <ul style="list-style-type: none"> <li>- Additional coverage depending on the amount you elect and approval of coverage</li> <li>- \$10,000 child(ren) 6 months to age 19, or age 25 if a full time student</li> <li>- \$250 age birth to 6 months</li> </ul> |
| <b>Voluntary AD&amp;D for Your Family</b>                         | Option to add AD&D coverage for your spouse and child(ren) equal to a percentage of your own optional AD&D benefit (you must enroll in optional AD&D for yourself): <ul style="list-style-type: none"> <li>- 50% spouse and 10% per child</li> <li>- 60% spouse only</li> <li>- 15% child(ren) only</li> </ul> | You, using after-tax dollars                           | AD&D coverage up to: <ul style="list-style-type: none"> <li>- \$250,000 spouse and \$50,000 per child</li> <li>- \$300,000 spouse only</li> <li>- \$75,000 child(ren) only</li> </ul>   |

\*Employee Basic Life and AD&D benefits reduce at age 70 to a maximum of \$25,000 and \$50,000 for employee Voluntary Life and AD&D, respectively.

# Long Term Disability (LTD)

Long term disability (LTD) coverage, provided by Loyola at no cost to you, can provide you and your family with a measure of financial security if you are no longer able to bring home your regular Loyola paycheck due to disability.

Your coverage works with other sources of disability income (such as Social Security and Workers' Compensation) to pay you a percentage of your eligible compensation if you become disabled and are unable to work for more than 90 days. In general, the plan pays a monthly benefit of 60% of your base salary (up to \$200,000), up to a maximum benefit of \$10,000 per month.

Employees on leave of absence without pay are not eligible for long term disability coverage.

If you are eligible for Loyola's mandatory retirement plan and you become disabled, you will receive a pension benefit from Loyola for the period of time that you are on long term disability. The pension benefit will be equal to 5% of your monthly pre-disability earnings up to \$500 and will not reduce the amount of the disability benefit paid.

## Choosing the Tax Treatment of Your Coverage

Since LTD coverage is provided automatically, you do not need to make any decisions about the type of coverage you want. However, you do have a decision to make about the tax treatment of the premium payments that Loyola pays on your behalf. Your choice will affect how your LTD benefits will be taxed, should you become disabled and begin receiving LTD payments.

- **Non-taxable premiums:** With this option, you will not pay taxes on the value of premiums Loyola pays on your behalf. However, if you later receive benefit payments from the LTD plan, your benefits will be taxable income to you. This may result in a substantial decrease in your net LTD benefits.
- **Taxable premiums:** This option allows you to pay taxes up front on the value of the premiums Loyola pays on your behalf. Then, if you later receive benefit payments from the LTD plan, your benefits will be tax free.

### Long Term Disability (LTD)

You are automatically enrolled for LTD insurance, and Loyola pays the full cost of this coverage. You choose how these benefits will be taxed:

- "Non-taxable" premium treatment (no current taxes on value of premiums; future benefits taxed)
- "Taxable" premium treatment (pay current taxes on value of premiums; future benefits will be tax-free)



## Example:

To help you understand how your choice of post-tax or pre-tax premiums really affects you, consider the examples of two fictitious Loyola staff members, John and Mary. They each earn \$30,000 a year in base salary and are covered under the LTD plan for one year before becoming disabled and drawing LTD benefits. Their choices now will have an impact on the benefits they receive when disabled. While everyone's tax rate varies based on their personal situation, let's assume Mary and John are both single and have the same rate of taxes, including federal income, Medicare and Social Security taxes.

- John chooses pre-tax premiums in 2025. This means Loyola pays the full cost of John's coverage and his current tax liability is zero. John becomes disabled on February 1, 2025 and receives an LTD benefit of \$18,000 a year. Because he had chosen pre-tax premiums, his disability income becomes taxable. His tax liability will amount to about \$4,086. So his net LTD benefit is reduced to \$13,914 a year.
- Mary chooses post-tax premiums in 2025. This means Loyola adds the cost of her LTD premiums to her paycheck and then subtracts them back out after her taxes are calculated. Loyola is still paying the premiums, but Mary is paying current taxes of \$22.64 a year on the value of the premiums. Mary becomes disabled on February 1, 2025 and receives LTD income of \$18,000 for that year. Because she had chosen taxable premiums, her LTD benefit is tax-free - saving her over \$4,000 in taxes.

Our example only reflects the impact of one year of both premium payments and benefits received. The impact would be cumulative based on actual years of premium payments and benefits received, if any.

|  | JOHN                 | MARY                 |
|--|----------------------|----------------------|
|  | Pre-Tax Premium      | Post-Tax Premium     |
| Current Taxes (before disability)                  | Premiums Not Taxable | \$22.64              |
| Annual Taxes Paid on LTD Income (after disability) | \$4,086              | Benefits Not Taxable |
| Total Tax Liability                                | \$4,086              | \$22.64              |
| Net Annual Disability Income*                      | \$13,914             | \$18,000             |

*\*Benefit represents 60% of former salary. Example is simplified for purposes of illustrating tax treatment. Actual LTD benefits will be offset by Social Security disability and other income benefits for which you may be eligible. See your summary plan description for details.*



Since LTD coverage is provided automatically, you do not need to make any decisions about the type of coverage you want. However, you do have a decision to make about the tax treatment of the premium payments that Loyola pays on your behalf.





# Voluntary Critical Illness

The Lincoln Critical Illness Plan provides a cash benefit when an insured person is diagnosed with a major covered illness such as internal cancer, heart attack, or stroke. The benefit is paid directly to you as a lump-sum to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. The Critical Illness Plan is also HSA compatible.

- ✓ Pays in addition to medical insurance benefits
- ✓ Portable
- ✓ Pays multiple cash benefits when an insured individual has more than one condition
- ✓ No lifetime maximum benefit amounts (except skin cancer)

| Voluntary Critical Illness Highlights                 |       |
|---|-------|
| Maximum Benefit Amount<br>(Contingent Upon Diagnosis) |       |
| Invasive Cancer                                       | 100%  |
| Non-Invasive Cancer                                   | 25%   |
| Skin Cancer (paid once per lifetime)                  | \$250 |
| Heart Attack  | 100%  |
| Arterial/Vascular Disease                             | 25%   |
| Stroke  | 100%  |
| Kidney Failure (End-Stage Renal)                      | 100%  |
| Benign Brain Tumor                                    | 50%   |
| Major Organ Failure                                   | 100%  |
| Severe Burn   | 100%  |
| Loss of speech, sight, hearing                        | \$250 |
| Permanent Paralysis                                   | 100%  |

| Voluntary Critical Illness Highlights                       |   |
|---|---|
| Lump Sum Benefit Amount                                     | Choice of \$5,000, \$10,000, \$15,000, \$20,000, or \$30,000  |
| Spouse Coverage   | Choice of \$5,000, \$10,000, \$15,000, \$20,000, or \$30,000, not to exceed 100% of the employee benefit amount |
| Child(ren) Coverage   | 50% of the employee's benefit amount  |
| Guarantee Issue   | Yes   |
| Portable  | Yes   |
| Wellness Benefit<br>(1 test per 12-month assessment period) | Level \$50 each year  |

# Voluntary Critical Illness

| EMPLOYEE NON-TOBACCO MONTHLY PREMIUMS |         |          |          |          |          |
|---------------------------------------|---------|----------|----------|----------|----------|
| Age                                   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
| Under 24                              | \$2.23  | \$4.46   | \$6.69   | \$8.92   | \$13.38  |
| 25-29                                 | \$2.92  | \$5.83   | \$8.75   | \$11.66  | \$17.49  |
| 30-34                                 | \$3.36  | \$6.72   | \$10.08  | \$13.44  | \$20.16  |
| 35-39                                 | \$4.34  | \$8.67   | \$13.01  | \$17.34  | \$26.01  |
| 40-44                                 | \$5.21  | \$10.42  | \$15.63  | \$20.84  | \$31.26  |
| 45-49                                 | \$6.19  | \$12.38  | \$18.57  | \$24.76  | \$37.14  |
| 50-54                                 | \$9.52  | \$19.03  | \$28.55  | \$38.06  | \$57.09  |
| 55-59                                 | \$9.27  | \$18.54  | \$27.81  | \$37.08  | \$55.62  |
| 60-64                                 | \$19.06 | \$38.12  | \$57.18  | \$76.24  | \$114.36 |
| 65-69                                 | \$33.70 | \$67.40  | \$101.10 | \$134.80 | \$202.20 |
| 70+                                   | \$33.70 | \$67.40  | \$101.10 | \$134.80 | \$202.20 |

| SPOUSE NON-TOBACCO MONTHLY PREMIUMS |         |          |          |          |          |
|-------------------------------------|---------|----------|----------|----------|----------|
| Age                                 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
| Under 24                            | \$2.23  | \$4.46   | \$6.69   | \$8.92   | \$13.38  |
| 25-29                               | \$2.92  | \$5.83   | \$8.75   | \$11.66  | \$17.49  |
| 30-34                               | \$3.36  | \$6.72   | \$10.08  | \$13.44  | \$20.16  |
| 35-39                               | \$4.34  | \$8.67   | \$13.01  | \$17.34  | \$26.01  |
| 40-44                               | \$5.21  | \$10.42  | \$15.63  | \$20.84  | \$31.26  |
| 45-49                               | \$6.19  | \$12.38  | \$18.57  | \$24.76  | \$37.14  |
| 50-54                               | \$9.52  | \$19.03  | \$28.55  | \$38.06  | \$57.09  |
| 55-59                               | \$9.27  | \$18.54  | \$27.81  | \$37.08  | \$55.62  |
| 60-64                               | \$19.06 | \$38.12  | \$57.18  | \$76.24  | \$114.36 |
| 65-69                               | \$33.70 | \$67.40  | \$101.10 | \$134.80 | \$202.20 |
| 70+                                 | \$33.70 | \$67.40  | \$101.10 | \$134.80 | \$202.20 |

| EMPLOYEE TOBACCO MONTHLY PREMIUMS |         |          |          |          |          |
|-----------------------------------|---------|----------|----------|----------|----------|
| Age                               | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
| Under 24                          | \$2.96  | \$5.92   | \$8.88   | \$11.84  | \$17.76  |
| 25-29                             | \$3.91  | \$7.81   | \$11.72  | \$15.62  | \$23.43  |
| 30-34                             | \$4.86  | \$9.72   | \$14.58  | \$19.44  | \$29.16  |
| 35-39                             | \$6.55  | \$13.10  | \$19.65  | \$26.20  | \$39.30  |
| 40-44                             | \$7.87  | \$15.74  | \$23.61  | \$31.48  | \$47.22  |
| 45-49                             | \$9.39  | \$18.77  | \$28.16  | \$37.54  | \$56.31  |
| 50-54                             | \$14.76 | \$29.51  | \$44.27  | \$59.02  | \$88.53  |
| 55-59                             | \$14.92 | \$29.83  | \$44.75  | \$59.66  | \$89.49  |
| 60-64                             | \$29.82 | \$59.63  | \$89.45  | \$119.26 | \$178.89 |
| 65-69                             | \$51.47 | \$102.93 | \$154.40 | \$205.86 | \$308.79 |
| 70+                               | \$51.47 | \$102.93 | \$154.40 | \$205.86 | \$308.79 |

| SPOUSE TOBACCO MONTHLY PREMIUMS |         |          |          |          |          |
|---------------------------------|---------|----------|----------|----------|----------|
| Age                             | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
| Under 24                        | \$2.96  | \$5.92   | \$8.88   | \$11.84  | \$17.76  |
| 25-29                           | \$3.91  | \$7.81   | \$11.72  | \$15.62  | \$23.43  |
| 30-34                           | \$4.86  | \$9.72   | \$14.58  | \$19.44  | \$29.16  |
| 35-39                           | \$6.55  | \$13.10  | \$19.65  | \$26.20  | \$39.30  |
| 40-44                           | \$7.87  | \$15.74  | \$23.61  | \$31.48  | \$47.22  |
| 45-49                           | \$9.39  | \$18.77  | \$28.16  | \$37.54  | \$56.31  |
| 50-54                           | \$14.76 | \$29.51  | \$44.27  | \$59.02  | \$88.53  |
| 55-59                           | \$14.92 | \$29.83  | \$44.75  | \$59.66  | \$89.49  |
| 60-64                           | \$29.82 | \$59.63  | \$89.45  | \$119.26 | \$178.89 |
| 65-69                           | \$51.47 | \$102.93 | \$154.40 | \$205.86 | \$308.79 |
| 70+                             | \$51.47 | \$102.93 | \$154.40 | \$205.86 | \$308.79 |

# Voluntary Accident

Lincoln Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. At times unfortunate accidents can occur as a result of a simple mishap.

The Accident plan is designed to pay a cash benefit directly to the policyholder to help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident. Once every 12 months, complete a preventive health screening to earn a \$50 wellness benefit, payable per covered member.

## Key Features to Consider:

- ✓ Guarantee Issue
- ✓ No medical questions or proof of good health required to receive coverage
- ✓ Pays direct to policyholder to assist with out-of-pocket expenses
- ✓ Pays in addition to medical insurance benefits
- ✓ Sports injury coverage for Children under age 18 (see policy limitations)
- ✓ Portable

| Commonly Utilized Benefits |  |                                   |
|----------------------------|--|-----------------------------------|
| Benefit                    | Basic Description  | Amount                            |
| Emergency Room             | Emergency Treatment within 72 hours of the accident                          | \$200                             |
| Initial Care Visit         | Physician office or Urgent Care within 60 days of the accident               | \$200                             |
| X-ray                      | At initial visit within 60 days of the accident                              | \$50                              |
| Ambulance                  | Ground or Air transportation via ambulance within 90 days of the accident    | \$400 Ground<br>\$1,200 Air       |
| Hospital Confinement       | Payable when confined for a covered accident within 180 days of the accident | \$300/day<br>(max 365 days)       |
| Fracture                   | Based on a schedule  | Up to \$4,000                     |
| Dislocation                | Based on a schedule  | Up to \$3,000                     |
| Medical Mobility Devices   | Cane / Crutches / Walker / Walking Boot within 365 days of the accident      | \$150 per device, up to 3 devices |
| Wellness                   | Health Screening Test (1 test per 12-month assessment period)                | \$50/insured, per year            |

| MONTHLY LINCOLN ACCIDENT INSURANCE |         |
|------------------------------------|---------|
| Coverage Level                     | Premium |
| Employee Only                      | \$10.92 |
| Employee And Spouse                | \$18.99 |
| Employee And Child(ren)            | \$25.10 |
| Family                             | \$33.17 |

# Voluntary Hospital Indemnity

The Lincoln Hospital Indemnity Plan is designed to pay a cash benefit directly to you to help pay for some of the costs - medical and non-medical - associated with a covered hospital stay due to a sickness or accidental injury. This plan can complement your medical coverage by helping to ease the financial impact of hospitalization.

- ✓ No medical questions or proof of good health required to receive coverage
- ✓ No reduction at any age
- ✓ Coverage is available for all family members
- ✓ Pays in addition to medical insurance benefits
- ✓ Pays direct to policyholder to assist with out-of-pocket expenses
- ✓ Increased ICU or NICU benefits for newborn child(ren)
- ✓ Portable

| HOSPITALIZATION BENEFITS  |                |
|---|----------------|
| Basic Description   | Benefit Amount |
| <b>Hospital Admission (initial day admitted)</b><br>One day per calendar year for sickness or injury  | \$1,000        |
| <b>Hospital Intensive Care Admission (initial day admitted)</b><br>One day per calendar year for sickness or injury   | \$2,000        |
| <b>Hospital Confinement (per day)</b><br>Up to 30 days per calendar year for sickness or injury<br>Benefit begins on day 2 of confinement                               | \$150          |
| <b>Hospital Intensive Care Confinement (per day or partial day)</b><br>Up to 30 days per calendar year for sickness or injury<br>Benefit begins on day 2 of confinement | \$300          |
| <b>Newborn Care (per day)</b><br>Up to 2 days per calendar year for routine post-natal care   | \$100          |

| MONTHLY LINCOLN HOSPITAL INDEMNITY INSURANCE |         |
|--|---------|
| Coverage Level                               | Premium |
| Employee Only                                | \$20.23 |
| Employee And Spouse                          | \$36.95 |
| Employee And Child(ren)                      | \$30.20 |
| Family                                       | \$46.93 |

# Employee Assistance Program (EAP)

Loyola recognizes that problems in your personal life can affect your life on the job - and vice versa. That's why a confidential Employee Assistance Program is available at no charge to help you and your family deal with problems caused by stress or changes in life. An EAP skilled behavioral professional can suggest solutions to your problems or refer you to other sources for help.

Some of the types of problems the EAP can help you with are:

- Relationships
- Parenting
- Alcohol or drug abuse (by yourself or family member)
- Stress
- Grief
- Child and elder care
- Legal and financial

## EAP Core Benefits through UHC

Through UHC's EAP Core Program, employees enrolled in a Loyola Medical Plan through UnitedHealthcare will be provided confidential support for those everyday challenges or even for more serious problems. There are unlimited telephonic visits and up to 3 in-person visits covered at no cost to the medical plan member. Talkspace is an available provider that offers options for online/virtual therapy and texting.

If additional in-person visits are required upon completion of the 3 free visits, your medical plan benefits will cover the cost of these after the appropriate copayment has been paid.

EAP Core can be reached at **1-888-887-4114**. You may also access EAP Core at [www.liveandworkwell.com](http://www.liveandworkwell.com), using login code: **uhc**.

For employees that do not participate in Loyola's medical insurance through UHC, you may access Employee Assistance Program benefits through Aetna/Horizon Health at **1-800-955-6422** or [www.resourcesforliving.com](http://www.resourcesforliving.com). Username: Loyola. Password: eap.



# HIPAA Special Enrollment Rights

The Health Insurance Portability and Accountability Act (HIPAA) specifies that you also may change your medical benefit election or enroll for coverage between Annual Enrollment periods in four specific situations. **These rights only apply to medical benefits.**

## You Acquire a New Dependent

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll yourself and your new dependent (and your spouse, in the case of birth or adoption of a child) in your current medical plan option, or you may change your election and enroll yourself and your new dependent in any other available plan option.

To exercise this special enrollment right, you must enroll yourself and/or your dependents within 30 days after the date you gain the new dependent. Otherwise, you generally will not be permitted to enroll the dependent until the next Annual Enrollment period.

## You or a Dependent Loses Other Coverage (Excluding Medicaid/CHIP)

If you waived enrollment for yourself or for an eligible dependent because other health coverage (including COBRA coverage) was in effect, you may enroll yourself and your eligible dependents in any medical plan option if you or your dependents lose eligibility for that other coverage, if the COBRA coverage is exhausted or if employer contributions for that coverage are terminated.

For this purpose, "loss of coverage" includes, but is not limited to:

- A loss of coverage that results when an individual no longer resides, lives or works in a provider service area and there is no other benefit package available to the individual.
- A plan no longer offers any benefits to the class of individuals of which that individual is a part.

Loss of eligibility for other coverage does not include a loss due to the failure to pay premiums on a timely basis or termination of coverage for cause, such as fraud.

To exercise this special enrollment right, you must enroll yourself and/or your dependents no more than 30 days after the date the other coverage ends (or employer contributions terminate) and provide proof of the loss of other coverage.

## You or a Dependent Loses Medicaid/CHIP Coverage

If you or an eligible dependent are enrolled for coverage under Medicaid or a state children's health insurance program (CHIP) and that coverage ends because you or your dependent are no longer eligible for that coverage, you may enroll yourself and your eligible dependent in any medical plan option, provided you do so no more than 60 days after the date the Medicaid or CHIP coverage ends. To enroll, you will need to complete the enrollment form and provide proof of the loss of Medicaid/CHIP coverage.

## You or a Dependent Becomes Eligible for Medicaid/CHIP Premium Assistance

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](http://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](http://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](http://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 July 31, 2023. You should contact your State for further information on eligibility.

|   |  |
|---|--|
| <p><b>ALABAMA-Medicaid</b><br/>           Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br/>           Phone: 1-855-692-5447</p>   | <p><b>KANSAS-Medicaid</b><br/>           Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/>           Phone: 1-800-792-4884<br/>           HIPP Phone: 1-800-967-4660</p>   |
| <p><b>ALASKA-Medicaid</b><br/>           The AK Health Insurance Premium Payment Program Website:<br/> <a href="http://myakhipp.com/">http://myakhipp.com/</a><br/>           Phone: 1-866-251-4861<br/>           Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br/>           Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>   | <p><b>KENTUCKY-Medicaid</b><br/>           Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/>           Phone: 1-855-459-6328<br/>           Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/>           KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/>           Phone: 1-877-524-4718<br/>           Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> |
| <p><b>ARKANSAS-Medicaid</b><br/>           Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/>           Phone: 1-855-MyARHIPP (855-692-7447)</p>   | <p><b>LOUISIANA-Medicaid</b><br/>           Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/>           Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |
| <p><b>CALIFORNIA-Medicaid</b><br/>           Website: Health Insurance Premium Payment (HIPP) Program<br/> <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br/>           Phone: 916-445-8322<br/>           Fax: 916-440-5676<br/>           Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>   | <p><b>MAINE-Medicaid</b><br/>           Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711<br/>           Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 1-800-977-6740<br/>           TTY: Maine relay 711</p>   |
| <p><b>COLORADO-Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b><br/>           Health First Colorado Website:<br/> <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br/>           Health First Colorado Member Contact Center:<br/>           1-800-221-3943/State Relay 711<br/>           CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br/>           CHP+ Customer Service: 1-800-359-1991/State Relay 711<br/>           Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br/>           HIBI Customer Service: 1-855-692-6442</p> | <p><b>MASSACHUSETTS-Medicaid and CHIP</b><br/>           Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>           Phone: 1-800-862-4840<br/>           TTY: (617) 886-8102<br/>           Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>   |
| <p><b>FLORIDA-Medicaid</b><br/>           Website:<br/> <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br/>           Phone: 1-877-357-3268</p>  | <p><b>MINNESOTA-Medicaid</b><br/>           Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/>           Phone: 1-800-657-3739</p>  |
| <p><b>GEORGIA-Medicaid</b><br/>           GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/>           Phone: 678-564-1162, Press 1<br/>           GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/>           Phone: (678) 564-1162, Press 2</p>  | <p><b>MISSOURI-Medicaid</b><br/>           Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>   |
| <p><b>INDIANA-Medicaid</b><br/>           Healthy Indiana Plan for low-income adults 19-64<br/>           Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/>           Phone: 1-877-438-4479<br/>           All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/>           Phone 1-800-457-4584</p>  | <p><b>MONTANA-Medicaid</b><br/>           Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 1-800-694-3084<br/>           Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>   |
| <p><b>IOWA-Medicaid and CHIP (Hawki)</b><br/>           Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/>           Medicaid Phone: 1-800-338-8366<br/>           Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/>           Hawki Phone: 1-800-257-8563<br/>           HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/>           HIPP Phone: 1-888-346-9562</p>   | <p><b>NEBRASKA-Medicaid</b><br/>           Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>           Phone: 1-855-632-7633<br/>           Lincoln: 402-473-7000<br/>           Omaha: 402-595-1178</p>   |
|   | <p><b>NEVADA-Medicaid</b><br/>           Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br/>           Medicaid Phone: 1-800-992-0900</p>   |
|   | <p><b>NEW HAMPSHIRE-Medicaid</b><br/>           Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br/>           Phone: 603-271-5218<br/>           Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>   |

**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/](https://www.health.ny.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831

**NORTH CAROLINA-Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
 Phone: 919-855-4100

**NORTH DAKOTA-Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
 Phone: 1-844-854-4825

**OKLAHOMA-Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
 Phone: 1-888-365-3742

**OREGON-Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
 Phone: 1-800-699-9075

**PENNSYLVANIA-Medicaid**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
 Phone: 1-800-692-7462  
 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)  
 CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND-Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

**SOUTH CAROLINA-Medicaid**

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

**SOUTH DAKOTA-Medicaid**

Website: <http://dss.sd.gov>  
 Phone: 1-888-828-0059

**TEXAS-Medicaid**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
 Phone: 1-800-440-0493

**UTAH-Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>  
 CHIP Website: <http://health.utah.gov/chip>  
 Phone: 1-877-543-7669

**VERMONT-Medicaid**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
 Phone: 1-800-250-8427

**VIRGINIA-Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
 Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON-Medicaid**

Website: <https://www.hca.wa.gov/>  
 Phone: 1-800-562-3022

**WEST VIRGINIA-Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
 Medicaid Phone: 304-558-1700  
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN-Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
 Phone: 1-800-362-3002

**WYOMING-Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4,  
 Ext. 61565

OMB Control Number 1210-0137 (expires 01/31/2026)



# Exploring Additional Loyola Benefits

## Tuition Remission

One of the most valuable benefits that an educational institution can provide is access to educational opportunities which Loyola offers to its benefit-eligible faculty, staff and their eligible dependents. Please review the tuition remission policy at <https://operations.loyno.edu/human-resources/human-resources-manual-tuition-remission> for additional details.

A Tuition Waiver Request Form must be completed each semester in which enrollment is requested. This form should be submitted via Single Sign On (SSO) before classes begin, but no later than the last day of late enrollment as listed on the Academic Calendar.

Please note that the value of graduate tuition remission for employees in excess of \$5,250 per calendar year is considered taxable income to you under IRS guidelines. Dependent graduate remission is fully taxable. (Refer to policy for details.)

If your employment is terminated while you or your dependent(s) are currently enrolled, the tuition remission benefit will cease. If the termination date falls after the "last day to withdraw" as posted on the academic calendar, the tuition will be waived until the end of that semester/session. If the termination date falls before or on the "last day to withdraw" as posted on the academic calendar, the tuition will be billed to you for that semester/session. If you or your dependent(s) choose to withdraw, the full tuition will be waived.

## FACHEX-TEP

Dependent children are also eligible to participate in the FACHEX/TEP Program. This program provides an opportunity for a dependent child to apply for an award to attend another university that participates in the program. The number of FACHEX/TEP spaces is limited at each institution and can be very competitive. See the HR website for details.

## Holy Name of Jesus School Partnership with Loyola University

Full-time and part-time faculty and staff may utilize this benefit with Holy Name of Jesus School. Use the link below for more information:

[Holy Name of Jesus Tuition Rates for Faculty and Staff](#)

## Ursuline Academy Partnership with Loyola University

Loyola University has partnered with Ursuline Academy to provide our faculty, staff, and students with more child care and K-12 education opportunities within our larger community in New Orleans. Use the link below to explore the options available with this new partnership:

[Ursuline Discount and Information](#)

One of the most valuable benefits that an educational institution can provide is access to educational opportunities which Loyola offers to its benefit-eligible faculty, staff and their eligible dependents.



# Exploring Additional Loyola Benefits cont'd

## Sports Complex

Staying fit is one important way that you can contribute to your own health security and personal well-being. Loyola helps make it easy to create a regular exercise program by offering free memberships to our on-campus facilities for you, and discounted memberships for your family. Please contact the Sports Complex for details.

## Campus Parking: Pre-Tax Benefit

Pre-tax payroll deduction is available for on campus parking. Using this method to pay for parking expenses will save you money in taxes. Please visit the Parking Permits webpage for more information on Employee parking rates and links to purchase a parking permit.

## Faculty/Staff Dining Plan

Loyola and Sodexo have created a Dining Plan for faculty and staff, available through either payroll deduction or cash/check payments in the Bursar's Office. Participation in the Dining Plan can help make your life simpler!

A magnetic stripe on the back of your ID card works with the Sodexo computer system to identify you as a Dining Plan member. Enrollment is available on SSO by searching for the Meal Plan button.

## Audubon Institute Discount Membership

Audubon Institute has partnered with Loyola to offer you a 10% discount on membership to the Audubon Institute that includes the Zoo, Aquarium and Insectarium. As an Audubon Institute member, you may receive other discounts to the IMAX Theater, Cool Zoo, gift shop, etc.

You can find the Audubon discount membership application on the Human Resources website under Benefits.

## Wireless Cellular Service

AT&T, T-Mobile, and Verizon offer varying discounts to faculty and staff at Loyola. Inquire in store or online for details.

## Enterprise Rental Car

Enterprise Rental Car has extended a corporate discount rate to all Loyola faculty and staff for car rentals.

You can access their website at <http://www.enterprise.com>. Your discount will be included in the calculated rate.

If you have any questions pertaining to your reservation, please contact Enterprise at 1-800-VIP-ERAC.

# Loyola Retirement Benefits

## Loyola's Retirement Plan

You and Loyola are partners in funding your retirement plan benefits. You are eligible to contribute, on a pre-tax and/or Roth basis, immediately upon hire. If you take no action, you will be automatically enrolled in the Plan with pre-tax deductions equal to 3.5% of pay, effective the first of the month following 30 days of employment. This is a voluntary contribution that can be changed at any time by increasing or decreasing your contribution rate through an online salary deferral agreement on [www.TIAA.org](http://www.TIAA.org).

You may contribute up to the annual IRS limit and, if you will be 50 or older, you are eligible to make catch up contributions up to the annual IRS limit. The maximum contribution limit and "Age 50+ Catch-up" amounts are determined annually by the IRS.

## Employer Contribution

Effective the first of the month after meeting the eligibility requirement of 1 year of service and 1,000 hours worked, Loyola will contribute 2% of your gross earnings. You are vested in Loyola's contributions immediately upon participation. If you were employed by another institution of higher education in the 12-month period immediately prior to being employed at Loyola, and you completed the required forms, your prior service with that institution will apply to the eligibility service requirement to receive Loyola's contributions prospectively.

## Frequently Asked Questions

### 1. What amount is the Institution contributing to my Plan account?

Loyola will contribute 2% of your gross earnings after you have worked 1 year of service and 1,000 hours worked.

### 2. How will my Plan account be invested?

TIAA has been selected by Loyola University New Orleans as the record-keeper and custodian of your Plan contributions. The Plan offers numerous funds from which you may choose to invest. If you do not make an investment election, all contributions will be invested in the default investment option for the Loyola University Retirement Plan, which is the age-based Target Date Fund that corresponds to your estimated date of retirement. The American Funds Target Date Funds provide a ready-made diversified portfolio using American Funds' mutual funds as underlying investments that include both equity and fixed-income instruments. The allocation strategy for the underlying portfolio becomes more conservative the closer you get to your target retirement age of 65.

Please refer to the Qualified Default Investment Alternative (QDIA) notices provided on the [www.TIAA.org/loyno](http://www.TIAA.org/loyno) website or by calling 1-800-842-2776 to speak with a TIAA representative.

A list of the Plan's available funds and a copy of the prospectus or information statement for each fund may be obtained from TIAA at 1-800-842-2776 or at [www.TIAA.org/loyno](http://www.TIAA.org/loyno). You can change how your Plan account is invested by visiting [www.tiaa.org/loyno](http://www.tiaa.org/loyno). To learn more about the Plan's rules and benefits, review the Plan's SPD located on the HR website. Also, you can contact the Plan Administrator using the contact information at the end of this notice.

### 3. How can I change the investment of the contributions that are being made on my behalf by the Institution to another investment alternative available under the Plan?

You have the right to change the investment of your accounts at any time. If you elect to change the investment of your account from one of the Target Date Funds, there are no fees or expenses

imposed in connection with that transfer. Certain restrictions may apply if multiple transfers are made from any one account during a 60-day period. See the fund's prospectus at [www.TIAA.org/loyno](http://www.TIAA.org/loyno) for more details on restrictions on frequent transfers.

#### **4. When will my Plan account be vested and available to me?**

To be fully vested in Plan contributions means that the contributions (together with any investment gain or loss) will always belong to you, and you will not forfeit them if you leave Loyola. You are always fully vested in both your own and Loyola's contributions to the Plan.

Although you are vested in your Plan account, there are restrictions on when you may withdraw your funds. Withdrawals or distributions are allowed after your employment has ended either through separation, retirement or disability. While you are still employed, distributions are restricted to employees attaining age 59.5 years old. Partial withdrawals are allowed in the event of a financial hardship, as defined by the IRS. Generally, distributions may incur a 10% tax penalty if made prior to age 59.5. Your beneficiary may receive any amount remaining in your account after your death.

#### **5. What is the difference between pre-tax and after-tax (Roth) contributions?**

Pre-tax contributions are deducted from your paycheck before federal and state income taxes are deducted. Pre-tax contributions grow tax-deferred, meaning that you will eventually pay ordinary income tax on your distributions.

Roth contributions are deducted from your paycheck after you have paid taxes on them. The "benefit" of Roth contributions is that, if you have waited until you are 59.5 or older and at least 5 years after your first Roth contribution, they are distributed tax-free.

#### **6. Who should I call if I have any questions?**

If you have any questions about the Plan's investment options, how the Plan works or your rights and obligations under the Plan, or if you would like a copy of the Plan's SPD or other Plan documents, please contact:

**Loyola University Benefits Department**  
**6363 St. Charles Avenue, Box 16**  
**New Orleans, LA 70118**  
**Phone: 504-864-7757**  
**Email: [benefits@loyno.edu](mailto:benefits@loyno.edu)**

If you have additional questions or would like a one-on-one investment counseling session, please contact TIAA at 1-800-842-2252, or visit [www.tiaa.org/loyno](http://www.tiaa.org/loyno).



# Loyola's Retiree Welfare Benefits

## Retiree Medical Coverage

Active, benefit-eligible faculty and staff members age 50 or older with 5 or more years of continuous, benefit-eligible service may choose to continue group medical coverage through the Loyola University medical plans, provided coverage was in effect immediately prior to retirement. Retirees pay 100% of the premium for retiree medical insurance.

When you or your spouse becomes eligible for Medicare, the Loyola group medical plan benefits will be coordinated with Medicare. Medicare will be the primary payer whether or not you or your spouse have enrolled in Medicare.

Medicare prescription drug coverage, called Medicare Part D, is available to everyone who is eligible for Medicare or will become eligible during 2025.

You do not need to enroll in Medicare Part D at this time because your prescription drug benefits under the Loyola plan are greater than the Part D benefits. Please review the Medicare Part D Notice of Creditable Coverage on pages 51-52 for important information.

If an active or retired employee dies while covered under the plan, and he or she has a surviving spouse covered under the plan who is 50 years or older, the surviving spouse can elect continued coverage for himself or herself and any dependent children - provided they are covered under the plan at the time of the employee's death. Continued coverage for dependent children is not available unless there is continued coverage for a surviving spouse.

### 2025 MONTHLY COST: PRE-65 RETIREE MEDICAL

PRE-65 RETIREE PLANS HAVE ACCESS TO UNITEDHEALTHCARE CHOICE PLUS NATIONAL NETWORK

| Coverage Level                         | PPO Core   | PPO Basic  | PPO Plus   |
|--|------------|------------|------------|
| Retiree Under Age 65                   | \$1,021.17 | \$1,203.43 | \$1,393.01 |
| Retiree Plus Spouse, Both Under Age 65 | \$2,251.16 | \$2,652.95 | \$3,070.79 |
| Retiree Under Age 65 Plus Children     | \$1,995.34 | \$2,351.43 | \$2,721.83 |
| Retiree Plus Family, Two Under 65      | \$3,100.42 | \$3,653.77 | \$4,229.25 |

### 2025 MONTHLY COST: POST-65 RETIREE MEDICAL

POST-65 RETIREE PLANS HAVE ACCESS TO HUMANA MEDICARE ADVANTAGE

| Coverage Level                        | MAPD Plan |
|---------------------------------------|-----------|
| Retiree on Medicare                   | \$257.46  |
| Retiree Plus Spouse, Both on Medicare | \$514.92  |

# Loyola's Retiree Welfare Benefits

## Retiree Term Life Insurance

Active, benefit-eligible faculty and staff members age 50 or older with 5 or more years of continuous, benefit-eligible service may choose to continue group term life insurance through the Loyola University group life insurance plan. The maximum amount of retiree life insurance that may be continued is \$25,000. Retirees pay 100% of the premium for retiree term life insurance.

If you continue term life insurance for yourself upon retirement, you also may purchase \$5,000 in term life insurance for your spouse, provided spouse term life insurance coverage was in effect upon retirement. You pay the full cost of this coverage.

For further information, please contact a Benefits Representative in the Human Resources Department at 504-864-7757, or at [benefits@loyno.edu](mailto:benefits@loyno.edu).

The cost for term life insurance coverage is stated as a monthly rate per \$1,000 of coverage. For 2025, the rate for retiree basic term life insurance is \$3.125 per month for each \$1,000 of coverage and a flat rate of \$2.58 for \$5,000 of spouse coverage.

All Retiree & Spouse Retiree life coverage terminates upon the retiree turning age 99. Additionally, spouse retiree coverage ends upon their turning age 99 if it is prior to the retiree's 99th birthday.

## To calculate your monthly cost for retiree term life insurance for 2025, follow these steps:

### Maximum Retiree Coverage - \$25,000

**Step 1** Find the number of \$1,000 units by dividing by 1,000 = 25

**Step 2** Multiply the number of units by the rate  
(25 x \$3.125) = \$78.13 monthly cost

When you retire and you or your spouse become eligible for Medicare, the Loyola group medical plan benefits will be coordinated with Medicare. Medicare will be the primary payer whether or not you or your spouse have enrolled in Medicare.



# Medicare Part D Notice of Creditable Coverage

## Certificate of Creditable Coverage

Important Notice from Loyola University New Orleans About Your 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 New Orleans (Loyola) 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 has determined that the prescription drug coverage offered by Loyola through UnitedHealthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is 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.**

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

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.



# Medicare Part D Notice of Creditable Coverage cont'd

If you do decide to join a Medicare drug plan and drop your current Loyola UnitedHealthcare coverage, which includes prescription drug coverage, be aware that you and your dependents cannot get this coverage back unless you are still an active employee and you enroll during Annual Enrollment or because you've experienced a qualifying change in status event. Please contact a Benefits Representative in the Human Resources Office at 504-864-7757 for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your current coverage with Loyola 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 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 below for further information or call Loyola's Benefits Office at 504-864-7757.

Date: 10/15/2024

Name of Entity/Sender: Loyola University Benefits Office

Address: 6363 St. Charles Ave, Box 16  
New Orleans, LA 70118

Phone: 504-864-7757

**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 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](http://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 website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

### Remember

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).





# Your Benefits and Termination of Employment

Generally, your health and welfare benefits end when your employment terminates. However, you may have the option to continue certain benefits in specific situations. For example, you may be eligible to continue your medical coverage as a retiree or through a federal law known as COBRA. You also may be eligible to continue your dental, vision and health care Flexible Spending Account benefits through COBRA. Or, you may be able to convert your life insurance to an individual policy through the insurance company. Continuation of coverage generally requires that you apply for, complete and return any necessary forms for this purpose on a timely basis, usually within 30 days of your termination date. See the chart below for general information. For complete information on the eligibility requirements and enrollment procedures to continue each benefit, refer to the applicable summary plan description, which can be found on the Human Resources website. If you need further information, please contact a Benefits Representative in the Human Resources Office at **504-864-7757**.

## CONTINUATION OF COVERAGE OPTIONS WHEN YOUR EMPLOYMENT ENDS

| Benefit  | When Your Coverage Ends  | When Your Dependent Coverage Ends  | Continuation of Coverage Options   |
|--|--|--|--|
| <b>Medical, Dental, Health Care Flexible Spending Account, and HSA</b> | Last day of the month in which: <ul style="list-style-type: none"> <li>• Employment ends</li> <li>• You die</li> <li>• You are no longer eligible for coverage</li> <li>• The plan ends</li> </ul>                               | <ul style="list-style-type: none"> <li>• When your coverage ends</li> <li>• The last day of the month in which the dependent is no longer eligible for coverage due to age, employment, divorce, separation, marriage, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Uniformed Services Employment and Reemployment Rights Act (USERRA)</li> <li>• COBRA (for the Health Care Flexible Spending and Health Care Saving Accounts, you may continue coverage for the remainder of the plan year by making timely after-tax payments to the plan. Contact the Human Resources Department for more information)</li> <li>• Conversion for the DHMO only</li> <li>• Election of Retiree coverage (medical only)</li> <li>• Surviving Spouse coverage for your spouse and dependents upon your death (medical only)</li> </ul> |
| <b>Vision</b>  | <ul style="list-style-type: none"> <li>• The day your employment ends</li> <li>• The day you die</li> <li>• The day you are no longer eligible for coverage</li> <li>• The day the plan ends</li> </ul>                          | <ul style="list-style-type: none"> <li>• When your coverage ends</li> <li>• The last day of the month in which the dependent is no longer eligible for coverage due to age, employment, divorce, separation, marriage, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Uniformed Services Employment and Reemployment Rights Act (USERRA)</li> <li>• COBRA (for the Health Care Flexible Spending and Health Care Saving Accounts, you may continue coverage for the remainder of the plan year by making timely after-tax payments to the plan. Contact the Human Resources Department for more information)</li> </ul>   |
| <b>Life, AD&amp;D, Dependent Life</b>                                  | <ul style="list-style-type: none"> <li>• The day your employment ends and you are not disabled</li> <li>• The day you die</li> <li>• The day you are no longer eligible for coverage</li> <li>• The day the plan ends</li> </ul> | <ul style="list-style-type: none"> <li>• When your coverage ends</li> <li>• The last day of the month in which the dependent is no longer eligible for coverage due to age, employment, divorce, separation, marriage, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Election of Retiree coverage (life insurance only)</li> <li>• Conversion (life insurance, dependent life insurance only)</li> </ul>   |
| <b>Long Term Disability</b>  | <ul style="list-style-type: none"> <li>• The day your employment ends and you are not disabled</li> <li>• The day you die</li> <li>• The day you are no longer eligible for coverage</li> <li>• The day the plan ends</li> </ul> | N/A  | Conversion   |
| <b>Dependent Care Flexible Spending Account</b>                        | Last day of the month in which: <ul style="list-style-type: none"> <li>• Employment ends</li> <li>• You die</li> <li>• You are no longer eligible for coverage</li> <li>• The plan ends</li> </ul>                               | <ul style="list-style-type: none"> <li>• When your coverage ends</li> <li>• The last day of the month in which the dependent is no longer eligible for coverage due to age, employment, divorce, separation, marriage, etc.</li> </ul> | You may continue coverage for the remainder of the plan year by making timely after-tax payments to the plan. Contact the Human Resources Department for more information.   |
| <b>Worksite</b>  | <ul style="list-style-type: none"> <li>• The day your employment ends</li> <li>• The day you die</li> <li>• The day you are no longer eligible for coverage</li> <li>• The day the plan ends</li> </ul>                          | <ul style="list-style-type: none"> <li>• When your coverage ends</li> <li>• The last day of the month in which the dependent is no longer eligible for coverage due to age, employment, divorce, separation, marriage, etc.</li> </ul> | These benefits are portable. You may continue coverage by contacting Aflac directly to convert your benefit to a personal plan, and make direct, after-tax payments to Aflac.  |

# Carrier Contacts

| WHO TO CONTACT                    |                         |            |                           |   |
|-----------------------------------|-------------------------|------------|---------------------------|---|
| Benefits                          | Carrier                 | Group #    | Phone                     | Website/Email   |
| Medical                           | UnitedHealthcare        | 903297     | 855-293-8546              | www.myuhc.com   |
| Health Care Savings Account (HSA) | Optum Bank              |            | 877-620-6194              | www.optumbank.com                                     |
| Behavioral Health                 | UnitedHealthcare        | 903297     | 888-265-2771              | www.liveandworkwell.com                               |
| Dental                            | Cigna                   | 3215404    | 800-244-6224              | www.mycigna.com                                       |
| Vision                            | UNUM                    | LOY0115    | 888-729-5433<br>Ext. 2013 | www.unumvisioncare.com                                |
| Life and AD&D                     | Lincoln Financial Group | LOYOUNIVST | 800-423-2765              | www.lfg.com   |
| Voluntary Life and AD&D           | Lincoln Financial Group | LOYOUNIVST | 800-423-2765              | www.lfg.com   |
| Long Term Disability              | Lincoln Financial Group | LOYOUNIVST | 800-423-2765              | www.lfg.com   |
| Accident                          | Lincoln Financial Group |            | 800-423-2765              | www.lfg.com   |
| Critical Illness                  | Lincoln Financial Group |            | 800-423-2765              | www.lfg.com   |
| Hospital Indemnity                | Lincoln Financial Group |            | 800-423-2765              | www.lfg.com   |
| Flexible Spending Account         | WageWorks               | 40292      | 877-924-3967              | www.wageworks.com                                     |
| UHC EAP Core                      | UnitedHealthcare        | 903297     | 888-887-4114              | www.liveandworkwell.com<br>login code: uhc            |
| EAP (non-UHC)                     | Aetna Horizon           | 104711     | 800-955-6422              | www.resourcesforliving.com<br>Login: Loyola   PW: eap |
| COBRA (Retirees pre-65)           | WageWorks               | N/A        | 866-747-0039              | www.wageworks.com                                     |

## About This Guide

This guide provides highlights of your Loyola Benefits Partnership package of benefits. This means:

- This booklet is not a complete, detailed description; more detailed information is provided in your Summary Plan Descriptions (SPDs). SPDs may be viewed on the Human Resources website (<http://finance.loyno.edu/human-resources/>), or you may obtain copies by contacting the Human Resources Department.
- The summaries provided here are based on detailed plan documents, including insurance contracts, that govern the plans. If there is any discrepancy between the information in this booklet and the official plan documents, the plan documents will be followed.
- The information regarding changes to the medical plans should be considered a Summary of Material Modification (SMM) to the plan.
- This booklet is not a guarantee of benefits or a contract of employment.
- Loyola University New Orleans reserves the right, in its sole discretion, to amend or end the benefit plans at any time.







