



## Faculty and Staff Benefits | 2012



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2012

## **Section 1: Your Loyola University Chicago Benefits**

- Eligibility
- Coverage Levels
- Electing Benefits and Changing Your Coverage Level
- How to Enroll
- Paying for Benefits
- When Coverage Begins
- When Coverage Ends

# Section 1: Your Loyola University Chicago Benefits

Loyola provides a wide array of benefits that can help you enjoy increased well-being, deal with unexpected illness or accident, build and protect your financial security, advance your career, balance your personal and professional life, and meet everyday needs. These benefits are affordable, comprehensive, and competitive.

The table below summarizes the benefits available to benefits-eligible faculty and staff and their dependents. These benefits are described in greater details in Sections 2, 3, and 4 of this booklet. Additional information is available from the benefit plans’ administrators or providers, by phone or on their websites; see “Benefit Contact Information” located in the last section of the book.

Benefits at a Glance		
Core Benefits	Elective Benefits	Work-Life Benefits
To help you manage your health and protect you from the unexpected	To supplement your core benefits package	For your personal development and special needs
<ul style="list-style-type: none"> <li>▪ Health Care, Wellness and Prescription Drug Benefits</li> <li>▪ Dental Care</li> <li>▪ University-Paid Basic Life Insurance for You</li> <li>▪ University-Paid Short Term Disability Benefits</li> <li>▪ University-Paid Long Term Disability Benefits</li> <li>▪ 403(b) Defined Contribution Retirement Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vision Care</li> <li>▪ Health Care Flexible Spending Account</li> <li>▪ Dependent Day Care Flexible Spending Account</li> <li>▪ Supplemental Life and Accident Insurance for You</li> <li>▪ Supplemental Life and Accident Insurance for Your Dependents</li> <li>▪ Long Term Care Insurance</li> <li>▪ Group Legal Plan</li> <li>▪ Transit Benefit</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tuition Benefits</li> <li>▪ Adoption Assistance</li> <li>▪ Employees’ Federal Credit Union</li> <li>▪ University Scheduled Holidays</li> <li>▪ Paid Time Off</li> <li>▪ Sick and Personal Family/Friendly Days</li> <li>▪ Retiree Medical</li> <li>▪ Weight Watchers® Program</li> <li>▪ Loyola University Employees Retirement Plan (LUERP)</li> <li>▪ AAA Membership and Travel Services</li> </ul>

## Eligibility

The following individuals are eligible for coverage under the University benefits program.

### Benefits-Eligible Faculty and Staff

You can elect coverage if you are:

- A Full-Time University Lakeside Campus Faculty member, classified as 1.00 Full-Time Equivalent (FTE).
- A Full-Time Health Science Division Faculty member, classified as 1.00 FTE.
- A Full-Time Health Science Division Staff member, classified as 0.80 FTE.
- A Full-Time University Lakeside Campus Staff employee scheduled to work in *one* position classified as .80 FTE or greater.
- A Part-Time University Lakeside Campus staff employee in a position identified as .53 FTE or greater, or if you are scheduled to work at least 20 hours per week.
- A Part-Time Health Science Division Staff employee scheduled to work in a position classified as .50 FTE or greater.

## Eligible Dependents

You can elect coverage under Loyola's health, dental, and vision plans and the Hyatt Legal Plan for your spouse, a Legally Domiciled Adult (LDA), and dependent/adult children as described below.

### Spouse

You may enroll your spouse if he or she is a person to whom you are legally married according to the laws of the state in which you reside.

### Legally Domiciled Adult (LDA)

You may enroll your LDA if your LDA meets the following criteria:

- Is not legally married (does not have a spouse);
- Has lived in the same primary residence as you for the past six months and intends to continue living there;
- Shares a close personal relationship with you (e.g., not a casual roommate or tenant);
- Is jointly responsible with you for basic living expenses;
- Is 18 years of age or older;
- Is not related by blood to you such that the relationship would bar marriage;
- Is not receiving benefits from any other employer (however, an LDA who is receiving health care but not dental care benefits from his or her employer is eligible for Loyola dental, but not health care benefits); *or*
- Is a parent, adult sibling, or adult child who is neither receiving benefits from an employer nor eligible for any group coverage, living in the same primary residence as you, and claimed as your federal tax dependent.

You may enroll either a spouse or one LDA. If you choose to enroll a Legally Domiciled Adult, you must meet all of the eligibility requirements and complete a Certification of Eligibility Form, available from Human Resources.

#### **Tax Implication for Covering LDA**

The value of the cost for covering a non-dependent LDA is taxable (or "imputed") income. Human Resources will add the value of the benefit to your bi-weekly or monthly pay, and you will be taxed on that amount. We recommend you consult with your attorney or tax professional about the specifics of your particular situation.

### Dependent and Adult Children

- You may enroll your children if they are:
  - Your children under the age of 26 regardless of student or marital status (coverage will end on the last day of the month in which the child reaches age 26).
  - Your disabled children who depend on you for support and maintenance because of mental or physical handicap, regardless of age, if they were covered prior to reaching age 26.

#### **Enrolling Dependents**

You must enroll your eligible dependents during the enrollment period. You cannot add them later unless you have a qualifying event (see page 7).

- Children in your custody under an interim court order, prior to finalization of adoption. Children placed in your home for foster care are not eligible.
- The dependent children of the covered LDA if they are your dependents by natural birth, adoption, or guardianship.
- Other children for whom you have legal guardianship and who depend on you for over half of their support; you must provide proof of guardianship and financial support or a Qualified Medical Child Support Order.

**What is a QMSCO?**  
 A Qualified Medical Child Support Order (QMSCO) is a court order that extends health care coverage to the children of a faculty or staff who is divorced, separated, or never married.

**Dependent Eligibility Verification Requirements**

The University has a responsibility to faculty and staff to ensure you get the most value from our benefits. This means we regularly review and maintain benefit plan features and administrative functions to keep benefits affordable for all faculty/staff and the University.

We are also responsible for ensuring that benefits comply with plan rules and federal and state regulations. Failing to comply with plan rules and regulations can create problems for the faculty and staff enrolled in the benefit plans.

To ensure that the medical, dental, and vision plans are complying with eligibility rules, all faculty and staff are required to verify the eligibility of the dependents they enroll in the health, dental, and vision plans when enrolling as a newly hired faculty and staff or during Benefits Open Enrollment.

<b>Documentation Requirements for Eligibility Verification</b>	
<b>If You Enroll...</b>	<b>You Will Need to Provide Copies (not Originals) of...</b>
<b>Your Spouse</b>	<ul style="list-style-type: none"> <li>• Your last jointly filed federal tax return (without personal financial information revealed) or</li> <li>• Marriage certificate and proof of joint ownership (mortgage or lease) or</li> <li>• Civil union certificate</li> </ul>
<b>Legally Domiciled Adult (LDA)</b>	Loyola University Chicago Certification Form and proof of joint ownership (mortgage or lease) within last six months
<b>Biological Child</b>	Birth certificate
<b>Adopted Child</b>	<ul style="list-style-type: none"> <li>• Adoption placement agreement and petition for adoption or</li> <li>• Adoption certificate</li> </ul>
<b>Legal Ward</b>	Government issued birth certificate and court-ordered document of legal custody
<b>Disabled Legal Ward</b>	Government issued birth certificate and court-ordered document of legal custody and your last federal tax return
<b>Dependents Because of a Qualified Medical Child Support Order</b>	Qualified Medical Child Support Order (must be for the employee)

See the *Documentation Requirements for Eligibility Verification* table above for the **copies** of documents you need to provide; do **not** send original documents.

## Coverage Levels

For health, dental, and vision benefits, you have six choices of coverage levels:

- Employee only;
- Employee plus Spouse;
- Employee plus Child(ren);
- Family (you, your spouse, and your eligible child or children);
- Employee plus Legally Domiciled Adult (LDA); and
- Employee plus LDA/Child(ren) (you, one LDA, and any eligible dependent child or children).

## Electing Benefits and Changing Your Elections

**If you are newly hired faculty or staff**, you have 31 days after your date of hire to elect your benefits (see below for enrollment instructions). During this initial enrollment period, you elect your benefits and coverage level. If you fail to enroll in benefits before the deadline, you may enroll in benefits during the next Benefits Open Enrollment Period or following a qualifying event as explained on page 7.

### Benefits Open Enrollment Period

The Benefits Open Enrollment Period, held each fall, is your opportunity to choose your benefits for the following calendar year. If you do not make a change to your coverage level or benefits during this period, your elections for the current year will automatically continue for the next calendar year (with the exception of Flexible Spending Accounts, which require annual re-enrollment to participate).

## How to Enroll

New-hire online enrollment should be accessed from your Loyola workstation or any campus computer with Internet access. Otherwise, if not using a Loyola computer, you will need a Virtual Private Network (VPN) account. Please call the Technology Support Center at **(773) 508-7190** if you would like to establish a VPN. Please follow the steps below to enroll; call Human Resources at **(312) 915-6175** if you have questions or enrollment problems.

- **Step 1.** On or after your employment start date with Loyola University Chicago, go to [www.luc.edu](http://www.luc.edu) using Internet Explorer. Click on “Human Resources” under “Resources.”
- **Step 2.** Click on “Employee Self-Service” under “Tools.”
- **Step 3.** Enter your Loyola username and password and click “Login.” If you do not know your Loyola username and password, please contact Technical Services at **Ext. 44444**.
- **Step 4.** In the left pane, click “Employee Self-Service.”
- **Step 5.** Click on “Dependents.” You must add your dependent information before you start the new-hire benefits enrollment process. If you do not have dependents, skip to Step 6. You are required to enter all of your dependents even if they are not enrolled in your selected benefits.
- **Step 6.** As mentioned during the New-Hire Orientation, Loyola pays for a life insurance policy on your behalf equal to 1-1/2 times your annual salary. You are automatically enrolled in the benefit, but you must provide beneficiary information. Click the “Home” tab in the left pane, then click “Benefits” and “Beneficiary.” Add your beneficiary information.
- **Step 7.** If you would like to enroll in Flexible Spending Accounts or Transit, click the “Home” tab in the left pane, then click “Benefit Express—Flexible Spending” under “My Shortcuts.” Follow the login instructions on the Benefit Express website. Close the windows after making your Flexible Spending and/or Transit elections. You will return to the Lawson Employee Self-Service Screen.

- **Step 8.** Click the “Benefits” tab, then “New Hire Enrollment.” Read the welcome message, and click “Continue.”
- **Step 9.** You will be prompted throughout the application process to make your benefit elections.
- **Step 10.** You will need to confirm the benefits enrollment summary page before finishing. Once you confirm your elections, you will not be able to make any election changes online. If you are having difficulty enrolling online, call Human Resources at **(312) 915-6175**. When you have completed your enrollment, you may print your benefit elections.
- **Step 11.** To enroll in the Long-Term Care plan, you must complete the application form on CNA’s website at [www.ltcbenefits.com](http://www.ltcbenefits.com) (password: Loyola). Completed applications should be mailed directly to the address on the form.
- **Step 12.** To enroll in the retirement plan, call the Retirement Center at **(773) 508-2770**.

### Changing Your Elections – Qualifying Events

Your elections will be in effect for the entire plan year (January 1 through December 31), unless you have a qualifying event and request a change in benefit elections. Qualifying events include:

- Change in legal marital status (marriage, divorce, death of spouse, legal separation);
- Change in LDA eligibility criteria;
- Change in number of eligible dependents (birth, placement for adoption, guardianship, or death);
- Employment status change for you, your spouse, or your dependent (termination or commencement of employment, full-time or part-time);
- Taking an unpaid leave of absence;
- Dependent satisfies or ceases to satisfy eligibility requirement (attainment of age limit, marriage); and
- Change in cost or coverage due to spouse or dependent’s open enrollment.

### Paying for Benefits

The cost of coverage depends on your elections and your employment status. Contributions you make toward health, dental, vision, and flexible spending accounts are automatically withheld on a pre-tax basis from your pay. These pre-tax contributions reduce your regular gross salary before Social Security (FICA), federal, and (in most cases) state taxes are deducted from your pay. If you prefer to arrange after-tax deductions, please contact the Human Resources Department at **(312) 915-6175**.

### When Coverage Begins

In general, your benefits become effective on the first day of employment if your date of hire is on the first day of the month. Otherwise, your benefits become effective on the first day of the month following your date of hire. Additional waiting periods or exceptions are covered under each benefit description. Health insurance coverage of newborns begins at birth if you notify Human Resources **within the infant’s first 31 days after the birth date**.

### When Coverage Ends

Your coverage under the benefit plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

## **Section 2: Core Benefits**

- Health Care Benefits
- Dental Care Benefits
- University-Paid Basic Life Insurance Benefits
- University-Paid Short Term Disability Benefits
- University-Paid Long Term Disability Benefits
- Retirement Savings

## Section 2: Core Benefits

### Health Care Benefits

#### Loyola Advantage PPO Plan

Loyola University Chicago provides health care coverage through the Loyola Advantage PPO Plan. The plan is a Preferred Provider Organization (PPO), a network of doctors, hospitals and other health care providers who agree to provide services at discounted rates. Blue Cross Blue Shield of Illinois (BCBSIL) manages the PPO and is the claims administrator.

Here is how the Loyola Advantage PPO plan works (see the “Terms to Know” box for a definition of terms):

- The plan does not require you to sign up with a particular hospital or physician when you enroll. Each time you need care, you can visit any doctor or hospital you choose, but you receive a higher level of benefits if you choose a home hospital or BCBSIL network provider. To find out if a particular hospital or physician is a part of the PPO network, call Blue Cross Blue Shield Member Services at (866) 266-3674, or go to <http://bcbsil.com/providers/index.htm>.
- You pay 100 percent of your health care costs until you meet the annual deductible.
- After you meet the annual deductible, the plan then pays a percentage of the cost and you pay the remainder—your coinsurance. You pay a smaller percentage if you use a home hospital or a PPO network provider. A co-pay applies for emergency room visits and hospital admissions.
- Once you reach the annual out-of-pocket maximum, the plan pays 100 percent of covered expenses for the remainder of the calendar year.
- Separate deductibles, coinsurance, and out-of-pocket maximums apply to prescription drug expenses.
- See the Health Plan Summary table on pages 9-10 for additional details.

#### Terms to Know

**Annual Deductible** —The amount you have to pay each year before the plan starts paying a portion of expenses. Most covered expenses count toward the annual deductible. Copayments, coinsurance for services that have benefits maximums (such as the \$2,500 lifetime maximum benefit for TMJ disorder), and prescription drugs (which have a separate deductible) do not count toward health plan deductibles. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate to satisfy the annual family deductible.

**Annual Out-of-Pocket Maximum**—Total amount you pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Expenses paid to satisfy the annual deductible do not count toward the annual out-of-pocket maximum. After you meet the annual deductible, most covered expenses count toward the out-of-pocket maximum, except copayments, coinsurance for services that have benefits maximums (such as the \$2,500 lifetime maximum benefit for TMJ disorder), and prescription drugs (which have a separate out-of-pocket maximum).

**Coinsurance** —A percentage of a claim you pay after you meet the annual deductible.

**Co-payment (co-pay)** — A fixed dollar amount you pay for emergency room visits and hospital admissions.

**Home Hospital**—Loyola University Health System or Gottlieb Hospital.

**PPO (Preferred Provider Organization)**—A network of doctors, hospitals, and other health care givers. The Loyola Advantage PPO Plan uses the Blue Cross Blue Shield of Illinois network.

## Health Plan Summary

### How the Loyola Advantage PPO Plan Works

The Loyola Advantage PPO Plan has a significant advantage over other medical plans because we offer affordable health care through our home hospitals. The following table highlights key benefits of the plan (effective January 1, 2012).

Loyola Advantage PPO Plan at a Glance			
Medical Services	Home Hospital (Loyola University Health System and Gottlieb Hospital)	In Network (PPO)	Out of Network (Non-PPO) <sup>1</sup>
<b>Annual Deductible</b> (Expenses paid to satisfy the deductible do not count toward the annual out-of-pocket maximum)	Single Coverage is \$400 Other Coverage Levels each have an \$800 maximum*		Single Coverage is \$1,000 Other Coverage Levels each have a \$2,000 maximum*
<b>Annual Out-of-Pocket Maximum</b>	Single Coverage is \$2,000 Other Coverage Levels each have a \$4,000 maximum*		Single Coverage is \$6,000 Other Coverage Levels each have a \$12,000 maximum*
<b>Lifetime Maximum Benefit</b>	Unlimited		
<b>Wellness Visit</b> Children and Adults	100% No deductible		50% No deductible
<b>Physician's Office Visit</b>	90% after deductible	80% after deductible	50% after deductible
<b>Hospital</b>	90% after \$100 copay (per admission) no deductible	80% after \$250 copay (per-admission) and deductible	50% after \$500 copay (per-admission) and deductible
<b>Skilled Nursing Facility, Coordinated Home Care, and Hospice</b>	90% after \$100 copay (per admission) no deductible	80% after \$250 copay (per-admission) and deductible	50% After \$500 copay (per-admission) and deductible
<b>Emergency Room<sup>2</sup></b>	100% after \$150 copay (per visit) Copay waived if patient is admitted to hospital		
<b>Outpatient Hospital Surgery</b>	90% after deductible	80% after deductible	50% after deductible
<b>Outpatient Physician Surgical Services and Diagnostic Testing</b>	90% after deductible	80% after deductible	50% after deductible
<b>Outpatient Hospital Services (radiation, chemotherapy, cardiac rehab, dialysis) and Diagnostic Testing</b>	90% after deductible	80% after deductible	50% after deductible
<b>Private Duty Nursing</b>	90% after deductible, up to 45 visits/year annual maximum		

<sup>1</sup>An individual family member's eligible expenses can satisfy the family deductible and out-of-pocket maximum; or all family members' eligible medical expenses are combined to satisfy the family deductible and out-of-pocket maximum. Copays and prescription drug expenses do not count toward either the deductible or out-of-pocket maximum (see Terms to Know, page 8).

## Loyola Advantage PPO Plan at a Glance (continued)

	<b>Home Hospital</b> <small>(Loyola University Health System and Gottlieb Hospital)</small>	<b>In Network (PPO)</b>	<b>Out of Network (Non-PPO)<sup>1</sup></b>
<b>Ambulance</b>	90% after deductible		
<b>Therapies</b> (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)	90% after deductible <sup>3</sup>	80% after deductible	50% after deductible
<b>Inpatient Mental Health and Substance Use Disorder Treatment</b>	90% after \$100 copay (per admission) no deductible	80% after \$250 copay (per-admission) and deductible	50% after \$500 copay (per-admission) and deductible
<b>Outpatient Mental Health and Substance Use Disorder Treatment</b>	90% after deductible <sup>3</sup>	80% after deductible	50% after deductible
<b>Durable Medical Equipment</b>	90% after deductible <sup>3</sup>	80% after deductible	50% after deductible
<b>Vision Care Services Routine Eye Exams</b>	100% No deductible <sup>5</sup>		50% No deductible
<b>Eye Diseases</b>	90% after deductible	80% after deductible	50% after deductible
<b>Infertility Services<sup>4</sup></b>	90% after deductible <sup>3</sup>	80% after deductible	50% after deductible
<b>Temporomandibular Joint Syndrome (TMJ)</b>	90% after deductible <sup>3</sup>	80% after deductible	50% after deductible
	\$2,500 lifetime maximum		

1. Out-of-network (non-PPO) benefits are limited to the reasonable and customary (R&C) charge. You pay the out-of-network deductible and coinsurance plus any charges in excess of R&C amounts. Amounts over R&C do not apply toward the out-of-pocket maximum.
2. Hospital Emergency Medical/Accident Care: Initial treatment of accident injuries or sudden and unexpected medical conditions with severe life-threatening symptoms in hospital emergency room. If you are admitted to hospital, contact BCBSIL within two business days, or benefits are reduced.
3. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in- or out-of-network coverage level.
4. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.
5. Benefit for Routine Eye Exams; you must see only a Blue Cross Blue Shield PPO Provider shown on the bcbsil.com website, listed under "Specialty Type," then click on "Optometrist" or "Ophthalmologist."

## **Wellness Benefits for General Preventive Care**

Wellness means assuming responsibility for maintaining good health and incorporating good healthy habits and lifestyle choices to enhance your wellbeing and improve the quality of your life. Some examples of routine services are physical examinations, mammograms, and immunizations. All covered family members may receive routine wellness services; the annual deductible is waived.

### **General Preventive Care Services Covered at 100%**

Below are common preventive care services that the Loyola Advantage PPO Plan covers at 100%. When you see your doctor for a preventive care visit, be sure to specify that your visit is for preventive care or wellness, as covered under the plan. If your doctor discusses other preventive care or wellness services not listed below, be sure to ask if the service is covered under preventive care with your doctor or BCBSIL.

<ul style="list-style-type: none"><li>▪ Immunizations</li><li>▪ Routine Bone Density Test</li><li>▪ Routine Breast Exam</li><li>▪ Routine Colonoscopy</li><li>▪ Routine Colorectal Cancer Screening-Lab</li></ul>	<ul style="list-style-type: none"><li>▪ Routine Digital Rectal Exam</li><li>▪ Routine Gynecological Exam</li><li>▪ Routine Lab Procedures</li><li>▪ Routine Mammogram</li><li>▪ Routine Pap Smear</li></ul>	<ul style="list-style-type: none"><li>▪ Routine Physical Exam</li><li>▪ Routine Prostate Test</li><li>▪ Smoking Cessation</li><li>▪ Well Baby Care</li><li>▪ Health Education/Counseling Services</li></ul>
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For more information about wellness and preventive care, see the U.S. Preventive Services Task Force recommendations at <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>.

## **Prescription Drug Program**

The prescription drug program includes a retail pharmacy benefit. It covers prescriptions for short-term use filled at retail outlets (Walgreens, CVS, etc.) and a mail-order pharmacy for use in filling ongoing prescriptions (up to 90 days).

Before you can use program benefits, you first pay out-of-pocket until you satisfy the annual deductible. After satisfying the annual deductible, you pay a coinsurance percentage of the cost of your prescription drugs, up to an annual out-of-pocket maximum. The percentage varies depending on whether your prescription calls for a brand-name drug or a generic equivalent. After your share of the cost reaches the annual out-of-pocket maximum, the program pays the remaining cost of your prescriptions for the rest of the calendar year.

When you use generic drugs, you save money because the cost is lower. Generic drugs have the same active ingredients as their brand-name equivalents.

Please see the table on the following page for coverage details.

Prescription Drug Program		
	Retail Pharmacy (up to 30-day supply)	Mail Service Program (90-day supply)
<b>Generic Drugs</b>		
Annual deductible	No deductible	No deductible
Coinsurance	15% but no greater than \$200 per script	5% but no greater than \$400 per script
Annual out-of-pocket maximum	\$3,000 per person up to \$6,000 per family	\$3,000 per person up to \$6,000 per family
<b>Brand Name Drugs</b>		
Annual deductible	\$100 single/\$200 family	No deductible
Coinsurance	30% but no greater than \$200 per script	15% but no greater than \$400 per script
Annual out-of-pocket maximum	\$3,000 per person up to \$6,000 per family	\$3,000 per person up to \$6,000 per family

### Mail Order Pharmacy Saves You Money on Maintenance Drugs

When you use the mail service program for maintenance drugs (prescribed for ongoing conditions such as diabetes, asthma, hypertension and so on), you pay no deductible for a 90-day supply. Mail order forms are available online for your convenience at [http://www.bcbsil.com/member/rx\\_drugs.html](http://www.bcbsil.com/member/rx_drugs.html). Please note: You may **not** place a mail order through a retail pharmacy.

### Prescription Drug Step Therapy

The Loyola Advantage PPO Plan’s prescription drug program includes a “step therapy” provision for medications used in treating certain health conditions. In the step therapy program the medical provider prescribes safe, cost-effective, therapeutically appropriate medications (typically generic drugs) before prescribing other, more costly brand-name prescriptions. The list of prescribed drugs that participate in step therapy changes from time to time as new medications become available. For example, medications used for treating hypertension, pain, insomnia, rheumatoid arthritis/psoriasis, epilepsy, and osteoporosis are currently on the step therapy list. When your doctor prescribes a medication, you can ask Blue Cross Blue Shield if the prescription is part of the step therapy program.

### Prior Authorization Program

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through Blue Cross and Blue Shield of Illinois. If you are already taking or are prescribed a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider portal at [www.bcbsil.com](http://www.bcbsil.com). Your doctor may also call (800) 285-9426 to ask questions or to get a form.

### **How the Prior Authorization Program Works**

If the prior authorization request is approved, you will pay the appropriate amount based on your prescription drug benefit when you fill your prescription. If the prior authorization request is **not** approved, the medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. Or, you can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

### **Why Only Certain Drugs Are Included in the Program**

The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Growth hormones are one example. These drugs are meant to treat growth hormone deficiency and other medical conditions. However, growth hormones are sometimes misused by body builders to increase muscle mass and by other people for anti-aging effects.

### **What You Should Do if You Take a Drug That Is Part of the Program**

- *If you are already taking a medication that is included in the prior authorization program when the program becomes part of your prescription drug benefit, your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.*
- *If your doctor writes you a new prescription for a medication included in the program, he or she will need to submit a prior authorization request before the drug can be covered under your benefit plan.*

### **Medications Included in the Prior Authorization Program**

Examples of drug categories that may be included in the prior authorization program include:

- Androgens/anabolic steroids
- Antibiotics (e.g., doxycycline/minocycline)
- Antifungal agents
- Atrial fibrillation
- Erectile dysfunction
- Narcolepsy
- Oral fentanyl
- Specialty medications

Additional categories may be added and the program may change from time to time.

To see a sample list of drugs in these categories, go to [www.bcbsil.com](http://www.bcbsil.com). If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the Pharmacy Program number on the back of your ID card. Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs—for everyone.

## **Specialty Pharmacy Program—Triessent**

To assist members who require specialty medications, Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for a specialty pharmacy program called Triessent®\*. Specialty medications are generally prescribed to treat chronic, complex medical conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty medications are typically given by injection or infusion, but may be taken by mouth. These drugs often require careful adherence to treatment plans and have special handling or storage requirements and may not be stocked by retail pharmacies.

### **Support in Managing Your Condition**

Through Triessent, you can have your covered specialty medication delivered directly to you or to your doctor's office. When you choose to obtain your covered specialty medication through Triessent, you receive services designed to help in managing your therapy—at no additional charge—including:

- Coordination of coverage between you, your doctor and BCBSIL.
- Convenient delivery of medication to you or your physician's office.
- Educational materials about your particular condition and information about managing potential medication side effects.
- Syringes, Sharps Recovery System™ containers and other supplies with every shipment for self-injectable medications.
- 24/7/365 customer service phone access.

### **Ordering Through Triessent**

Coverage for specialty medications is usually provided through your prescription drug benefit. To begin using Triessent, call **(888) 216-6710**. If you currently use a specialty medication, you can have your existing prescription transferred to Triessent. If you have a new prescription for a specialty medication, Triessent can provide you further information about submitting the prescription or having your doctor do so.

Please note that some members may not have coverage for specialty medications. In addition, the list of specialty medications may include drugs that are not covered under your benefit because of specific exclusions. Call the number on the back of your member ID card if you have questions.

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\*Triessent is a registered trademark of Prime Therapeutics LLC. Triessent is a specialty pharmacy program offered by Prime Therapeutics LLC, a pharmacy benefit management company, which also maintains its own mail order pharmacy. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and mail order pharmacy services and to administer this specialty pharmacy program. The Triessent program uses one or more contracting specialty pharmacies to fill prescriptions and provide certain program services. Blue Cross and Blue Shield of Illinois, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

### **Receiving Specialty Medications**

Since many specialty medications have unique shipping or handling requirements, all shipments are arranged with you through Triessent. Medications are shipped in plain, secure, tamper-resistant packaging.

Prior to your scheduled refill date, you may be contacted to:

- Confirm your medication, dosage and the delivery location.
- Review any prescription changes your doctor may have ordered.
- Discuss any side effects you may be experiencing

If you need assistance, you can reach Triessent at **(888) 216-6710**.

**Call Triessent at (888) 216-6710 to order. Have your member ID card and the following information ready:**

- Name, address, phone number;
- Name of medication;
- For existing prescriptions, your current pharmacy's name and phone number, and the prescription number;
- Physician's name and phone/fax numbers.

### **Hospital Benefits**

Inpatient and outpatient hospital care, in duly licensed facilities, as well as care received in certain specialized facilities such as a licensed ambulatory surgical center, are covered under your plan. For a list of hospitals in the PPO network, see the Blue Cross Blue Shield website: <http://bcbsil.com/providers/index.htm>.

### **Per Admission Inpatient Hospital Co-Pay**

There is a per admission co-pay for every inpatient confinement, including at home hospitals (Loyola University Health System and Gottlieb Hospital). Before you receive health care from a hospital, Skilled Nursing Facility, or Coordinated Home Care outside of the Loyola University Health System (LUHS) or Gottlieb Hospital, you must contact the Blue Cross Medical Services Advisory program (MSA).

The Medical Services Advisory (MSA) program is a group of doctors and nurses who help you maximize your plan benefits. Their job is to make sure you get the full value for your health care dollars. They will work with you and your private physician to help you understand your treatment options and decide the most effective treatment plan. These services are free to you.

- **Hospital admissions**—You must call the MSA **before** being admitted to qualify for maximum benefits.
- **Emergency admissions**—If you or your family member is admitted to the hospital through an emergency room visit, you must contact the MSA *within two business days*.
- **Pregnancy**—Contact the MSA before completion of the first trimester of pregnancy. If you or your spouse's maternity stay lasts more than two days for a normal delivery or four days for a cesarean section, be sure to contact the MSA again. You must also contact the MSA if the newborn's discharge date is extended beyond the mother's.

***If you do not call the MSA, a non-certification deductible of \$100 per occurrence is applied in addition to the per-admission deductible.*** For more information about the MSA program, you may call the MSA telephone number on the reverse side of your Blue Cross identification card: **(800) 635-1928**.

## **Emergency Room Care**

Your plan covers emergency medical care for the initial treatment of a sudden and unexpected medical condition which has such severe life-threatening symptoms that the absence of immediate emergency medical attention could result in serious or permanent medical consequences. It also covers emergency accident care and related diagnostic services when initiated within 72 hours of the accidental injury. All emergency room visits (including at a home hospital) are subject to a \$150 per-visit co-pay.

**A medical emergency** is a situation so serious that it demands immediate medical attention and could put a person's life in danger or cause serious harm. Examples of serious, life-threatening medical emergencies are:

- Severe chest pain or pressure;
- Uncontrollable bleeding;
- Loss of consciousness or confusion;
- Difficulty breathing; and
- Severe or multiple injuries, including obvious fractures.

**A non-medical emergency** is a situation that usually does not require immediate emergency room medical care. Examples include:

- Colds, strep throat, and flu;
- Earaches;
- Sprains;
- Headaches; and
- Cuts not requiring stitches.

Emergency room and urgent care center charges are covered at emergency room level if they meet the definition of a medical emergency under the plan (see previous page). If they do not meet the definition of a medical emergency under the plan, they are covered at outpatient hospital services level based on the service provider (home hospital, in-network, or out-of-network).

## **Medical Benefits When You Travel Abroad**

If you are enrolled in the Loyola Advantage PPO Plan and you need medical assistance when traveling outside the U.S., you have access to a range of medical assistance and claim support services. BlueCard Worldwide<sup>®</sup> provides Blue Cross and Blue Shield members with access to a network of traditional inpatient, outpatient, and professional health care providers around the world.

### **Find a Doctor or Hospital Worldwide:**

- BlueCard Doctor and Hospital Finder: (BlueCard Worldwide website)  
<https://international.mondialusa.com/bcbsa/index.asp?page=login>
- BlueCard Worldwide Service Center
  - **Inside** the U.S.: **(800) 810-BLUE** (2583)
  - **Outside** the U.S. (call collect): **(804) 673-1177**

### **When You Need Health Care Outside The U.S.**

1. Always carry your Blue Cross and Blue Shield identification card.
2. Check with BCBSIL before leaving the U.S. because your health care benefits may be different outside the U.S.
3. If you need emergency medical care, go to the nearest hospital. Call the BlueCard Worldwide Service Center at **(800) 810-BLUE** (2583) or call collect at 1.804.673.1177 if you're admitted.
4. If you need non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center. The Service Center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a doctor. It is important that you call the BlueCard Worldwide Service Center in order to obtain cash-less access for inpatient care except for your usual out-of-pocket expenses (e.g., deductible, coinsurance). The Service Center is staffed with multilingual representatives and is available 24 hours a day, seven days a week.
5. Call BCBSIL for pre-certification or prior authorization, if necessary. Refer to the phone number on the back of your ID card.

### **Dental Care Benefits**

You may choose from two dental plan options: **Delta Dental** (a dental PPO plan) and **Guardian/First Commonwealth** (a managed-care dental plan).

#### **Delta Dental PPO**

Through the Delta Dental PPO Plan, you choose the dentist of your choice. To access the PPO Provider list call **(800) 323-1743** or go to Delta Dental of Illinois' website at [www.deltadentalil.com](http://www.deltadentalil.com) to select a dental provider. There are different levels of coverage based on the PPO network. See the table on the following page for details.

Delta Dental PPO Plan			
Features	Delta Dental PPO (In-network)	Delta Premier	Out-of-Network
		You receive highest level of benefits when using network providers.	Benefit level is lower than PPO Plan. You are not responsible for charges exceeding "Usual and Customary."
<b>Annual Deductible</b> For family coverage, two individuals members must both meet deductible before plan begins to pay percentage of costs.	\$50	\$75	\$75
<b>Preventative &amp; Diagnostic Services</b> Bi-annual oral examination including full mouth and bitewing x-rays, teeth cleaning, and, for patients under age 19, topical fluoride application.	100%; no deductible	90%; no deductible	90%; no deductible
<b>Basic Services</b> Extractions, dental surgery, space maintainers, sealants treatment of gum disease, general anesthesia required in relation to dental surgery, endodontic, and periodontal treatment.	80% after deductible	50% after deductible	50% after deductible
<b>Major Services</b> Crowns, fixed bridge restorations, implants, removable partial or complete dentures, and repairs to existing dentures.	60% after deductible	50% after deductible	50% after deductible
<b>Annual Maximum Benefit Per Person</b>	\$1,800	\$1,500	\$1,500
<b>Orthodontic Lifetime Benefit for Children up to age 19</b>	50% coverage up to a lifetime maximum of \$1,000 per individual		

### ***Pre-Determining Your Dental Cost***

If your dentist recommends a course of treatment that will cost more than \$200, he or she should submit a treatment plan to Delta Dental before treatment begins. This treatment plan must include:

- A report describing the planned treatment;
- Copies of necessary x-rays, photographs, and models; and
- An estimate of the charges for the treatment.

Delta Dental will review the information taking into consideration alternative courses of treatment and will notify you and your dentist of the benefits which will be provided for your treatment.

### **Delta Dental's Health Enhanced Benefits Program**

The enhanced benefits listed below are covered only for individuals with diabetes, pregnant women, and persons with periodontal disease or a history of periodontal surgery.

<b>Delta Dental's Health Enhanced Benefits Program</b>				
<b>Delta Dental Eligible Members</b>	<b>Treatment</b>	<b>Coverage Level</b>	<b>Frequency per Benefit Year</b>	<b>Applies to Annual Maximum</b>
<b>Individuals with Diabetes</b>	Prophylaxis and periodontal maintenance cleaning	Same % as the group-contracted benefit level	4 x total	Yes
	-Or- Periodontal maintenance cleaning	Same % as the group-contracted benefit level	4 x total	Yes
<b>Pregnant Women</b>	Prophylaxis	Same % as the group-contracted benefit level	4 x total	Yes
<b>Persons with Periodontal Disease or a History of Periodontal Surgery (At-Risk Persons)</b>	Prophylaxis and Periodontal maintenance cleaning	Same % as the group-contracted benefit level	4 x total	Yes
	-Or- Periodontal maintenance cleaning	Same % as the group-contracted benefit level	4 x total	Yes
	Fluoride varnish (no age limits)	Same % as the group-contracted benefit level	2 x total (following periodontal surgery)	Yes

For more information, visit Delta Dental of Illinois' website at [www.deltadentalil.com](http://www.deltadentalil.com), or phone Delta's customer service number at **(800) 323-1743**.

### **Guardian/First Commonwealth (DHMO)**

Similar to a medical HMO plan, Guardian/First Commonwealth is a dental managed care plan (DHMO) with its own network of dentists. Under this plan it is not necessary for you and your family to use the same dentist, but each dentist must be a member of the Guardian/First Commonwealth network. At the time of enrollment, you must decide which dental providers you and your family will use. If you decide to change your dentist you must first call Guardian/First Commonwealth at **(866) 494-4542**. The change process takes approximately 20 days. An up-to-date list of the names and locations of participating dental providers may be found at [www.guardianlife.com](http://www.guardianlife.com). **Note:** There are no out-of-network benefits with this plan.

<b>Guardian/First Commonwealth (DHMO) Plan</b>	
<b>Features</b>	<b>Coverage What the Plan Pays</b>
<b>Annual Deductible</b>	None
<b>Preventive &amp; Diagnostic</b> Bi-annual oral examination including full mouth and bitewing x-rays, teeth cleaning and, for patients under age 19, topical fluoride application.	100%
<b>Basic Services</b> Extractions, dental surgery, space maintainers, fillings, treatment of gum disease, general anesthesia required in relation to dental surgery, endodontic and periodontal treatment.	85%
<b>Major Services</b> Crowns, fixed bridge restorations, removable partial or complete dentures, and repairs to existing dentures. Select Cosmetic Services are covered at 50%.	65%
<b>Annual Maximum Benefit Per Person</b>	None
<b>Orthodontic Lifetime Benefit for Children and Adults</b>	\$1,000 savings off prevailing orthodontia fee

## University-Paid Basic Life Insurance Benefits

You are eligible for University-paid Basic Life Insurance if you are Loyola University Chicago faculty (1.00 and higher) or staff (.53 and higher). If you are eligible, the University automatically provides you with Basic Term Life Insurance equal to one-and-one-half (1½) times your annual salary up to \$500,000. The University pays the entire cost of this coverage and your life insurance policies are administered through Reliance Standard Insurance.

If your Basic Life Insurance benefit exceeds \$50,000, the premium that the University pays for coverage over \$50,000 is considered imputed income, as mandated by the IRS. Imputed income is subject to federal income and Social Security (FICA) taxes. The taxable amount is included in your W-2 and is calculated using an IRS age-based table. If you wish to limit your life insurance coverage to a \$50,000 maximum, you will not be subject to the excess tax. To do this, you must complete a waiver form obtained from the Human Resources office.

However, please understand that if you elect to limit your life insurance to \$50,000 and later wish to reinstate your coverage amount to the original 1½ times your salary, or increase any other life insurance coverage, you will need to complete an Evidence of Insurability form, which may include a physician's certification of good health. Contact the Human Resources office if you have questions.

Beneficiaries for your Basic Life must be the same for Supplemental Life and Accidental Death and Dismemberment. For more information, please contact the Human Resources office.

## University-Paid Short Term Disability Benefits

The University automatically provides Short Term Disability (STD) coverage to all benefits-eligible full-time faculty and full-time staff. STD benefits provide salary replacement during a medical leave due to a medical condition that prevents you from performing your regular work responsibilities for more than three workdays. This benefit is provided at no cost to benefits-eligible faculty and staff. For details, see the HR STD policy at <http://www.luc.edu/hr/policies.shtml>

**For benefits-eligible full-time faculty and University administrators** who have completed six months of employment, 100 percent of the STD benefit amount is paid for up to the first 14 weeks of any illness or disability that prevents them from working. Then the STD benefit is paid at 80 percent for another 12 weeks.

**For full-time benefits-eligible exempt staff members** who have completed six months of employment, 100 percent of the STD benefit amount is paid for up to a 10-week maximum of an eligible illness or disability that prevents them from working, which includes a 10-day elimination (waiting) period before benefit payments begin.

**For full-time benefits-eligible non-exempt and professional-hourly staff members** who have completed six months of employment, 100 percent of the STD benefit amount is paid for up a 10-week maximum of an eligible illness or disability that prevents them from working, which includes a 10-day elimination (waiting) period before benefit payments begin.

## University-Paid Long Term Disability Benefits

You are eligible for University-paid Long Term Disability (LTD) benefits if you are a University faculty (1.00 and higher) or staff (.80 and higher). If you are eligible, the University automatically provides you with paid Long Term Disability (LTD) coverage. LTD benefits provide salary replacement during an extended leave due to an eligible medical condition that prevents you from performing your regular work duties and responsibilities.

When approved by the LTD insurance carrier, Reliance Standard, the LTD Plan will pay 66-2/3 percent of your pre-disability University earnings (your eligible monthly/contracted salary), less other disability income benefits, up to a maximum benefit of \$12,500 per month.

**For benefits-eligible University administrators**, benefits begin after 182 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

**For benefits-eligible exempt staff**, benefits begin after 90 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

**For benefits-eligible non-exempt and professional-hourly staff**, benefits begin after 90 consecutive calendar days of any illness or disability which prevents them from working. Length of benefit payments varies.

Short-Term and Long-Term Disability insurance terminates on your last day worked. You may contact the Human Resources Office for more details on the Long Term Disability Plan. Refer to the following table, which summarizes STD and LTD benefits.

## Additional Benefits Available through LTD

**HMSA Phone Support with Follow Up** is a comprehensive resource that offers consultation, information, and personalized community referrals on a range of topics such as elder and childcare resources, information on healthy lifestyle choices, personal financial management and more. You may speak confidentially with a Life Assistance consultant by calling their toll-free number at **(800) 767-5320**. This service is available 24 hours a day, seven days a week, and 365 days a year. You may also find their website helpful because it provides hundreds of resources on an array of work and life issues. To access the services available on the web visit: [www.my-life-resource.com](http://www.my-life-resource.com) (**employee username:** hmsa; **employee password:** myresource).

Disability Benefits				
Short Term Disability (STD)		Plan Provisions	Long Term Disability (LTD)*	
All University Full-Time Benefits-Eligible Faculty, Staff and University Administrators who have completed 6 months of employment	All Other University Full-Time Benefits-Eligible Staff Employees who have completed 6 months of employment	<b>Eligibility</b>	All University Full-Time Benefits-Eligible Faculty and University Administrators upon Date of Hire	All Other University Full-Time Benefits-Eligible Staff Employees upon Date of Hire
Your absence from work lasting more than 3 consecutive working days due to your own illness or non-work related injury.		<b>Definition of Disability</b>	The inability to perform the regular duties of your job. Partial return to work is also allowed once your LTD benefits have begun.  After 2 years from the onset of your disabling condition, disability will be determined based on your inability to engage in any work for which you have practical training, education, or experience.	
Benefits are payable from the 1 <sup>st</sup> day of absence (when the absence lasts more than 3 working days).	Benefits are payable after 10 working days of absence.	<b>Elimination Period</b> <i>How long you must be disabled (unable to work) before benefits are paid.</i>	Benefits are payable after 180 calendar days of disability beginning with the onset of the illness or injury causing disability.	Benefits are payable after 90 calendar days of disability beginning with the onset of the illness or injury causing disability.
Benefits are payable for up to 26 weeks for any one period of disability.	Benefits are payable for up to 10 weeks for any one period of disability.	<b>Benefit Duration</b> <i>How long you may receive benefits for any one period of disability.</i>	Benefits are payable up to age 65 when disability begins before age 60; if disability begins at or after age 60, benefits are payable for a period of time of no less than 1 year but no longer than 5 years, based upon your age at the onset of disability.	

Disability Benefits (continued)				
Short Term Disability (STD)		Plan Provisions	Long Term Disability (LTD)*	
All University Full-Time Benefits-Eligible Faculty and University Administrators who have completed 6 months of employment	All Other University Full-Time Benefits-Eligible Staff Employees who have completed 6 months of employment	<b>Eligibility</b>	All University Full-Time Benefits-Eligible Faculty and University Administrators upon Date of Hire	All Other University Full-Time Benefits-Eligible Staff Employees upon Date of Hire
100% of pre-disability earnings for the first 14 weeks, 80% thereafter.	100% of pre-disability earnings.	<b>Benefit Amount</b> <i>STD benefits will be paid on the dates of your biweekly or monthly payroll cycle; LTD benefits will be paid monthly.</i>	66 2/3% of monthly earnings, to a maximum of \$12,500.	
If you begin a period of disability, return to work for less than 10 working days and are again unable to work due to the same illness or non-work related injury, your entire absence will be treated as a single period of disability.		<b>Period of Disability</b> <i>How mixed periods of inability/ability to work will be treated for purposes of having to satisfy new Elimination Periods and meeting the maximum Benefit Duration period.</i>	If you begin a period of disability, then <i>return to work in a partial capacity</i> , your Elimination Period may be interrupted.	

\*The LTD benefits are provided through an ERISA Plan. The benefits and definitions cited here are for illustration. In the event of conflicting information, the actual terms of the LTD plan, as evidenced by the Plan document, shall govern. The University further reserves the right to terminate or modify the terms of its benefit programs at any time.

## Retirement Savings

### Defined Contribution Retirement Plan (DCRP)

The University offers you an easy way to save for retirement through the Loyola University Chicago Defined Contribution Retirement Plan (DCRP), a 403(b) plan. You can begin to contribute to a 403(b) Retirement Savings Plan at LUC if you are a .53 FTE or higher. You can contribute to your account with before-tax earnings directly deposited from your paycheck to your Retirement Savings Plan Account. After 60 days of employment, you are eligible for the University contribution of 5 percent of your salary, deposited into a Defined Contribution 403(b) Plan. You are also eligible for an additional University contribution through the match plan. The University will match your contribution up to a maximum of 5 percent of your salary. You are immediately vested in the University's contributions.

Loyola University's Defined Contribution 403(b) Retirement Plan is an excellent starting point for you to build a source of income for your retirement through this plan. You can contribute to your account with before-tax earnings directly deposited from your paychecks to your account. The new 2012 limit is \$17,000 (up from \$16,500 in 2011). If you are age 50 or older, you may be eligible to make "catch-up" contributions of \$5,500. Contact the LUC Retirement Center at (773) 508-2770 if you have questions.

### **Changing Your Retirement Savings Contributions**

You may want to assess your DCRP contributions and investments. To change the amount you are contributing or how your account is invested, call the LUC Retirement Center at (773) 508-2770 at any time (administered by Teachers Insurance & Annuity Association - TIAA). Loyola's Retirement Center is available to you Monday through Friday 7:00 a.m. to 9:00 p.m., and Saturdays from 8:00 a.m. to 5:00 p.m. CT.

### **Automatic Enrollment**

The retirement program has an automatic enrollment feature. You have the choice to direct Loyola's contribution to one of three service providers:

- VALIC
- Fidelity Investments
- TIAA-CREF

Once you are enrolled in the Plan, the University will send its contribution to Teachers Insurance and Annuity Association (TIAA-CREF), if you do not call the Loyola Retirement Center to choose a different service provider. If you do not select your investment funds, TIAA-CREF will invest your funds in a default life-cycle fund account. The default account may not reflect your choice of vendor and rate of savings.

New hires can enroll in and contribute to the retirement plan immediately. Employer contributions are effective the pay period in which you attain 60 calendar days of employment in an eligible position. For example, if you are employed in an eligible position on June 1, you are eligible for retirement contributions beginning the first pay period in August. All participants are immediately 100% vested in all the Employer's contributions.

If you are currently making voluntary supplemental retirement contributions by payroll deduction of at least 3%, but less than 5% to your retirement plan, you will be placed into the Auto-Save program to increase your annual contributions by 1% each year until your contributions reach 5%. The automatic contributions will be 1% of your eligible pay each pay period and will increase by 1% each year on July 1. The maximum match is 5%. However, you can increase or decrease your contribution amount, or even choose not to contribute to the retirement plan.

Remember, The Loyola Retirement Center is staffed by TIAA consultants, who are available to assist you with setting up and maintaining your retirement account. You may transfer funds between vendors or reallocate funds at any time simply by telephoning the Loyola Retirement Center. You have the opportunity to meet with a retirement counselor on a one-on-one basis at any time by calling to make an appointment.; follow the instructions on the following page.

Visit the *Benefits web site*: <http://www.luc.edu/hr/index.shtml>. Under **Faculty and Staff Benefits**, click on “Benefit Vendor Contact,” then scroll down the page and click on VALIC, TIAA-CREF, or Fidelity. Click on “One-on-One Counseling Schedule,” then locate the (800) telephone number to schedule an appointment.

### **403(b) Defined Contribution Retirement Plan – 2012 IRS Limits for Benefit Plans**

Each plan year the U.S. government-IRS adjusts limits for pension plans and other benefit programs to reflect price and wage inflation and changes in the law.

<b>403(b) Defined Contribution Retirement Plan Annual Contribution Limits</b>	
<b>Retirement Plans</b>	<b>2012</b>
Basic Limit—maximum annual compensation that can be used for calculating percentage of contributions to your account	\$250,000
Maximum amount you can contribute to your account	\$17,000
Dollar limit for catch-up contributions for participants age 50 and older	\$5,500

## **Section 3: Elective Benefits**

- Vision Care Benefits
- Flexible Spending Accounts (FSA)
- Supplemental Life Insurance for You
- Spousal Life Insurance
- Child Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Long Term Care Insurance
- Group Legal Plan
- Transit Benefit Program

## Section 3: Elective Benefits

### Vision Care Benefits

You may choose from two vision plan options: VSP<sup>®</sup> (Vision Service Plan) and AlwaysVision. Both offer eye care services through a network of service providers and access to national eye care chains. Providers in the AlwaysVision network also include Loyola University Health System Ophthalmologists. If you elect medical coverage through the Loyola Advantage PPO Plan, you are eligible for a basic vision exam and discounts on hardware through a Davis Vision provider (see page 29).

If you enroll in either the VSP or the AlwaysVision plans, and if your optometrist or ophthalmologist is a Davis Vision provider or if you use a Davis Vision provider for products and services, present your BCBSIL ID card to compare discounts on frames, lenses and contact lenses and determine which plan offers the better value. Davis Vision discounts are available only at Davis Vision providers.

### Vision Service Plan (VSP)

With this plan, you may use any provider, but you will receive a higher level of benefits if you choose a VSP network provider, and you won't have to file claims. If you choose an out-of-network provider, you pay the provider and file a claim with VSP for reimbursement. VSP also offers discounts on PRK, LASIK and Custom LASIK surgeries through many of the nation's finest laser surgery facilities and doctors. Additional plan features include the following:

- You can receive 20% savings on additional pairs of prescription glasses and sunglasses purchased from any VSP doctor within 12 months of your last eye exam.
- You'll also save up to 30% on lens extras such as scratch resistant and anti-reflective coatings and progressives.
- If your eye doctor visit includes contact lens exam, the plan also pays 15 percent of the contact lens exam (separate from eye exam co-pay).
- Current soft contact lens wearers may qualify for a special contact lens program that includes an evaluation and an initial supply of replacement lenses. Ask your VSP doctor or visit [www.vsp.com](http://www.vsp.com).

To learn more or to find a VSP network doctor, call VSP Member Services at **(800) 877-7195** or go to [www.vsp.com](http://www.vsp.com).

### AlwaysVision

The AlwaysVision plan provides comprehensive eye care benefits from participating providers, including Loyola Medicine Ophthalmologists. You may also use out-of-network vendors, but in-network providers offer a higher level of benefits. Plan features include:

- A comprehensive vision exam.
- High quality eyeglasses or contact lenses at preferred prices. Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered in full, and plan allowances for specialty lenses are listed on the next page. If the cost is greater than the plan's benefits, you are responsible for the difference. See page 29 for information on finding an Always Vision provider.

## Plan Comparison

The table below shows how each option pays for various expenses.

Comparison of Vision Care Plan Options					
	VSP		AlwaysVision		
	In-Network	Out-of-Network	Loyola Providers	In-Network	Out-of-Network
<b>Exam</b>	Frequency: Once per calendar year		Frequency: Once per 12-month period		
	Plan pays 100% after \$10 co-pay <sup>1</sup>	Plan pays up to \$45	Plan pays 100% after \$20 co-pay	Plan pays 100% after \$10 co-pay	Plan pays up to \$45
<b>Lenses</b>	Frequency: Once per calendar year <sup>3</sup>		Frequency: Once per 12-month period		
▪ <b>Single vision bifocals</b>	Plan pays 100% after \$15 co-pay <sup>2</sup>	Up to \$35	Plan pays 100%		Up to \$35
▪ <b>Lined bifocal</b>		Up to \$58	Plan pays 100%		Up to \$58
▪ <b>Lined trifocal</b>		Up to \$75	Plan pays 100%		Up to \$75
▪ <b>Lenticular</b>		Up to \$95	Plan pays up to \$80		Up to \$50
▪ <b>Polycarbonates for covered child</b>		Not covered	Not covered		Not covered
▪ <b>Progressive</b>		Not covered at 100%; ask provider	Ask provider		
▪ <b>Other</b>	Lens options that can enhance the appearance, durability and function of your glasses, are available to you at VSP's preferred member pricing for an additional cost.		Not covered		
<b>Frames</b>	Frequency: Once every 24 months		Frequency: Once every 24 months		
	Plan pays up to \$150 after \$15 co-pay, and 20% off cost over the \$150 limit	Plan pays up to \$50	Up to \$150 retail allowance	Up to \$150 retail allowance (\$94 at Walmart and Sam's Club)	Plan pays up to \$50
<b>Contacts</b>	Frequency: Once per calendar year		Frequency: Once per 12-month period		
	Plan pays up to \$150 after \$15 co-pay <sup>2</sup> . The \$150 allowance for contact lenses through in-network providers applies to the cost of your contact lens exam and contact lenses.		<b>Elective:</b> Up to \$150 retail <b>Medically necessary:</b> Up to \$210 retail		Plan pays up to \$125 retail

<sup>1</sup>If your vision exam includes a contact lens exam, the plan also pays 15 percent of the contact lens exam (separate from eye exam co-pay).

<sup>2</sup>Co-pay covers both eyeglass lenses and frames and contact lenses.

<sup>3</sup> You may choose prescription glasses or contacts. If you choose contacts, you will not be eligible to receive glasses (lenses and frames) in the same service period.

### **Finding an AlwaysVision Provider**

Members may access providers in the nationwide PPO network of 22,000 providers in over 18,000 locations. Call **(888) 729-5433, Ext. 2013**, for a list of participating providers; or visit [www.AlwaysVision.com](http://www.AlwaysVision.com).

Provider options include:

- Loyola's Department of Ophthalmology for Well Eye Exams and Contact Lenses; call Loyola Medical Center Central Scheduling at **(708) 216-8563** to make an appointment.
- Independent optometrists.
- Regional and national retail chains (Pearle Vision<sup>®</sup>, Target<sup>®</sup>, Sears<sup>®</sup>, JC Penney<sup>™</sup>, and EyeMasters<sup>®</sup>).

You may choose different providers for the vision exam and materials purchases. Out-of-network benefits are available, but you will receive the best value in-network. Most providers (excluding Walmart) offer discounts on items purchased after using the insurance benefits.

### **Davis Vision (through the Loyola Advantage PPO Plan)\***

Loyola Advantage PPO plan participants can receive **discounted** hardware/lenses at Davis Vision providers; fees may vary by BCBSIL providers. For a list of providers:

- Go to [www.bcbsil.com/provider/index.html](http://www.bcbsil.com/provider/index.html).
- Click on "Provider Finder<sup>®</sup>."
- Under "More Searches" Click on "Find a Vision Provider."
- Click on "Find Vision Provider for "Non-HMO Members."

The routine vision exam is covered at 100% through the medical plan at BCBSIL PPO providers. For more information on Davis Vision's discounts on hardware, call Davis Vision at **(877) 393-8844**.

### **Laser Vision Correction**

Discounts on laser vision correction services are available through the TLC/TruVision network. To schedule an appointment, call TLC/TruVision directly at **(866) 484-2020**.

### **Mail Order Contact Lenses**

The Lens 1 2 3<sup>®</sup> Mail Order Contact Lens Replacement Program is a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, call **(800) LENS-123** [(800) 536-7123], or visit the Lens 1 2 3 website at [www.lens123.com](http://www.lens123.com).

**Remember:** If you enroll in either the VSP or the AlwaysVision plans, and if your optometrist or ophthalmologist is a Davis Vision provider or if you use a Davis Vision provider for products and services, present your BCBSIL ID card to compare discounts on frames, lenses and contact lenses and to determine which plan offers the better value. Davis Vision discounts are available only at Davis Vision providers.

*\*The suggested 15% exam discount will be applied to the provider's usual and customary price for services. The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., on behalf of TLC/TruVision, are those of independent contractors. BlueExtras is a discount program available to BCBSIL members. This is **not** insurance. Call the customer service number on the back of your ID card for specific benefit information under your health plan. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.*

## Flexible Spending Accounts (FSA)

### Eligibility

If you are a full-time University benefits-eligible faculty or staff (1.00 for faculty and at least .80 FTE for staff), you are eligible to enroll in one or both flexible spending accounts.

### How Flexible Spending Accounts Work

The University recognizes the need to provide a program that helps you pay for expenses not covered by your health plan and expenses related to dependent care. Flexible Spending Accounts (FSAs) for health care and/or dependent day care expenses, used properly, can help save you money on these expenses. By participating in either or both of these flex accounts you use *tax-free dollars* deducted from your paychecks to pay for certain out-of-pocket expenses. The dollars you save are from the following payroll taxes:

- Federal income tax;
- State income tax (in most cases); and
- Social Security (FICA) tax.

The table offers an example of how you can save money with a Health Care FSA.

<b>Example Savings* with a Health Care FSA</b>		
<b>Savings result in this example: \$1,013</b>	<b>Without FSA</b>	<b>With FSA</b>
Annual taxable income	\$35,000	\$35,000
Contributions to the FSA	\$0	—\$3,500
Taxable income after deductions to your FSA	\$35,000	\$31,500
Federal and state income taxes plus Social Security withholding	—\$8,672	—\$7,659
After-tax income	\$26,328	\$23,841
After-tax dollars spent on health care expenses	\$3,500	\$0
Take-home pay	\$22,828	\$23,841
<b>Increased take-home Pay</b>	<b>\$0</b>	<b>\$1,013</b>

\*Actual savings will vary based on your individual tax situation.

Benefit Express administers the FSA plan for Loyola University. Once you are enrolled, it is easy to access information and download forms through their website at [www.loyolaexpress.com](http://www.loyolaexpress.com). Claim forms may be faxed to Benefit Express at (253) 793-3766. For additional information call (877) 837-5017. The mailing address is:

Benefit Express  
Loyola FSA  
P.O. Box 189  
Arlington Heights, IL 60006

## Enrollment

If you are a benefits-eligible new hire, you may participate in either or both the Health Care and Dependent Day Care Flexible Spending Accounts. You must enroll within your first 31 days of employment. If you do not enroll at this time, the next opportunities to enroll are during the annual Benefits Open Enrollment period, generally held during the fall, or if you experience a qualifying event such as marriage (see page 32).

Each year during the Benefits Open Enrollment period, you decide if you want to participate in one or both of the Flexible Spending Accounts for the following year. If you decide to enroll in the program, you also will have to decide how much to contribute to each account. You cannot stop, start, or change this decision during the calendar year unless you experience a qualifying event, as defined by the IRS and the Plan. **Yearly enrollment is an IRS regulation.**

## FSA Debit Card — Benefit Express “My Card”

The Benefit Express “My Card” is a debit card that can simplify the process of paying for eligible health care FSA expenses. You can use the card at qualifying merchant locations, pharmacies, and doctors’ offices that accept MasterCard. It is your responsibility to ensure that your FSA MasterCard is used only for qualified health care expenses, and for checking your account balances to make sure you have sufficient funds available. When you activate your card, it is loaded with the amount you have elected to contribute to your benefit program. As you use the card to pay for items eligible for reimbursement, corresponding deductions will be made from the card balance.

Special arrangements with merchants such as Walgreens and Walmart allow you to make eligible purchases that are automatically approved. In most cases, this means that you will not be required to submit receipts for substantiation, although we always recommend that you keep your receipts in case a situation arises in which a transaction is questioned. In other transactions outside of Walgreens and Walmart, you will be asked to provide copies of documentation. We recommend that you keep all receipts for the entire plan year in the event that supporting documentation is requested.

### Reimbursement of Over-the-Counter Purchases

Purchases of over-the-counter (OTC) medications can no longer be reimbursed through the Health Care FSA. However, you can be reimbursed for many OTC medications if you obtain and submit a doctor’s prescription with your claim. You may continue to use your Health Care FSA to purchases OTC health care supplies such as contact lens solution and bandages without a doctor’s prescription.

The FSA Debit Card allows you to pay for eligible expenses at the point of service. Additional benefits include:

- Immediate access to your FSA account; you avoid paying with cash or check.
- Immediate payment of the expense; you avoid waiting for the reimbursement check.

The ease of use at the point of sale reduces the burden of having to pay money out-of-pocket, and eliminating the wait for a reimbursement has proven to be extremely convenient for plan participants. Also, please remember that there is a replacement fee of \$10 for all lost FSA debit cards.

## Reimbursement Process

If you are not using MyCard for some or all expenses, you may submit requests for reimbursement to Benefit Express, along with the required documentation of expenses incurred, after the date you became an eligible participant in the plan. You may choose to receive your reimbursement check through the U.S. mail directed to your home, or you may sign up for automatic Direct Deposit to your savings or checking account. The request for Direct Deposit can be accessed through Benefit Express by visiting the Website at [www.loyolaexpress.com](http://www.loyolaexpress.com).

You are required to use the FSA Reimbursement Request Form for submitting all eligible expenses to Benefit Express. Benefit Express forms can be printed from their website along with directions for completion of the form. When submitting it, please furnish documentation of expenses incurred either through an itemized statement from the provider, your explanation of benefits form, or ask your doctor, dentist, or pharmacist to complete and sign in the section titled Provider's Signature on the form. The form allows you to list several expenses at once. There is a minimum of \$20 in expenses before the reimbursement will be processed. Remember to sign the form and attach your supporting documentation. The easiest way to submit the form for reimbursement is by fax at **(253) 793-3766**. Whether the form is faxed or mailed, you should always keep a copy of all information submitted for your records.

## How Much to Contribute

There are maximum allowable contributions that limit the salary dollars you may set aside. The Health Care FSA yearly maximum election is \$5,000; the Dependent Day Care yearly maximum election is \$5,000 (yearly minimum election is \$240). In addition, under the guidelines of this program, the IRS Code specifies that:

- Any money not used for allowable expenses within the calendar year is forfeited and will not be refunded.
- Requests for reimbursement of dollars expended *within the benefit calendar year* must be submitted to Benefit Express along with the required documentation, *prior to March 31* of the following year.
- Expenses reimbursed through these accounts cannot be claimed as deductions or credits when you file your income tax returns.

To avoid forfeiture of your yearly elections, consider carefully the dollar amount to set aside. Review your out-of-pocket expenses for the previous two or three years. Identify how this might change in the current year and elect amounts that will cover realistic expenses. Because this program offers tax savings under IRS Section 125, your unused pre-tax salary reductions cannot be returned to you or rolled-over into future plans' years. IRS regulations require that all funds be used or forfeited in the plan year the salary reduction was made.

## Changing Your Flexible Spending Account(s)

You may elect to enter, exit, or change your FSA election **only** if you experience one of the following:

- Change in legal marital status (marriage, divorce, death of a spouse);
- Change in number of tax dependents (birth of a child);
- Employment status change for you, your spouse or dependent;
- Dependent satisfies, or ceases to satisfy, eligibility requirements;
- Residence change by you, your spouse or dependent; or
- Change in cost of covered Day Care.

### Enroll Every Year

If you are participating in a health care or dependent day care flexible spending account, you must enroll every year. Your current election does **not** automatically carry over from one year to the next.

A change in benefit elections because of a qualifying event can only be made if it is consistent with the change in family or employment status and if the Human Resources Department is notified within 31 days of the change.

**The IRS requires** anyone contributing to a Dependent Day Care Flexible Spending Account to complete Form 2441. The form can be found on the Benefits website.

**Remember....**

- Reducing your taxable income may affect your future Social Security Benefits.
- The IRS will not allow you to take the Dependent Care Tax Credit for expenses reimbursed through your FSA account.
- Depending on your personal situation, the Dependent Care Tax Credit may be more advantageous than the pre-tax Flexible Spending Account. Consult your tax advisor.

## **Dependent Day Care Account**

### ***Eligible Expenses and Limitations***

The Dependent Day Care Account is designed to pay for the care of children or adults who qualify so that you can work. Eligible expenses include:

- In-home care;
- Care at another's home;
- Nursery or preschool tuition;
- After-school care;
- Dependent care centers; and
- Summer day camp as long as that cost compares reasonably with other alternatives.

You will need to provide detailed information about your dependent day care provider including: name, address, and Social Security Number or Tax Identification Number. Without this information you cannot be reimbursed.

Your Dependent Day Care Account has a few important limitations:

- Care for your dependent (who must reside in your home for at least 8 hours a day) must be necessary in order for you and your spouse (if married) to work.
- Eligible dependents are defined as children under age 13, or a spouse or legal dependent of any age who is physically or mentally incapable of self-care.
- Dependent care, such as private baby-sitting, may not be provided by someone who can be claimed as your dependent for tax purposes, such as an older son or daughter.
- If dependent care services are provided at a day care center, the center must comply with applicable state and local laws and licensing requirements.

## Health Care Flexible Spending Account

### ***Eligible Expenses and Limitations***

Many different health care expenses are eligible for reimbursement from your Health Care Flexible Spending Account. Eligible health care expenses are expenses incurred by you and your dependents for “medical care” as defined by IRS code.

Generally, this means an item or service for which you could have claimed a medical care expense deduction on an itemized federal income tax return, for which you have not otherwise been reimbursed or could be reimbursed from insurance or some other source.

You, your spouse, or an eligible dependent must incur these expenses. Only those expenses incurred while you are a participant in the Flexible Spending Accounts plan are eligible for reimbursement. For example, you may claim reimbursement for the following expenses:

- Health care deductibles,
- Co-pays,
- Expenses not covered by other plans,
- Routine physical or dental examinations,
- Infertility treatments,
- Braces and other orthodontia,
- Birth control items,
- Vision expenses, and
- Hearing care expenses.

Please review the table on the following page, which shows some of the common eligible and ineligible expenses.

## Health Care FSA – Eligible Expenses

The list below shows examples of *eligible* expenses.

For a complete listing consult Benefit Express.

<p><b>Health Care</b></p> <ul style="list-style-type: none"> <li>▪ Abdominal support</li> <li>▪ Acupuncture</li> <li>▪ Ambulance hire</li> <li>▪ Air conditioner for allergy relief (if prescribed by doctor; cannot be central a/c)</li> <li>▪ Anesthesia</li> <li>▪ Artificial limbs/prosthesis</li> <li>▪ Alcoholism treatment</li> <li>▪ Back support</li> <li>▪ Birth control pills</li> <li>▪ Braces</li> <li>▪ Braille books/magazines</li> <li>▪ Chiropractic services</li> <li>▪ Co-pays for insurance</li> <li>▪ Crutches</li> <li>▪ Deductibles</li> <li>▪ Dermatological fees</li> </ul>	<ul style="list-style-type: none"> <li>▪ Diathermy</li> <li>▪ Doctor office visits</li> <li>▪ Fertilization services</li> <li>▪ Gynecological exams</li> <li>▪ Hospital bills</li> <li>▪ Immunizations</li> <li>▪ Insulin</li> <li>▪ Lab exams</li> <li>▪ Medical clinic visits</li> <li>▪ Naprapathy</li> <li>▪ Neurologist fees</li> <li>▪ Nurse fees</li> <li>▪ Obstetrician fees</li> <li>▪ Orthopedic shoes</li> <li>▪ Osteopath</li> <li>▪ Over-the-counter drugs*</li> <li>▪ Oxygen</li> <li>▪ Pediatrician fees</li> <li>▪ Physical therapy</li> <li>▪ Physician fees</li> <li>▪ Podiatrist fees</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prescription drugs</li> <li>▪ Psychiatric care</li> <li>▪ Psychological fees</li> <li>▪ Psychotherapist fees</li> <li>▪ Sex therapy</li> <li>▪ Special diets</li> <li>▪ Surgeon fees</li> <li>▪ Therapeutic care (for drug and alcohol abuse)</li> <li>▪ Transplants</li> <li>▪ Wheelchair</li> </ul> <p><b>Dental Expenses</b></p> <ul style="list-style-type: none"> <li>▪ Bridges</li> <li>▪ Co-pay for insurance</li> <li>▪ Crowns</li> <li>▪ Dentures</li> <li>▪ Exams and X-rays</li> <li>▪ Fillings</li> <li>▪ Insurance deductible</li> <li>▪ Orthodontia</li> </ul>	<p><b>Hearing Expenses</b></p> <ul style="list-style-type: none"> <li>▪ Exams</li> <li>▪ Hearing devices and aids</li> <li>▪ Special communication</li> <li>▪ Equipment for the deaf</li> </ul> <p><b>Vision Care</b></p> <ul style="list-style-type: none"> <li>▪ Contact lenses</li> <li>▪ Exams</li> <li>▪ Frames</li> <li>▪ Laser eye surgery</li> <li>▪ Lenses</li> <li>▪ Oculist services</li> <li>▪ Optician services</li> <li>▪ Optometrist services</li> </ul>
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\*Over-the-counter drugs are eligible **only** when prescribed by a doctor.

## Limitations

The list below shows examples of *ineligible* expenses. For a complete listing consult Benefit Express.

<ul style="list-style-type: none"> <li>▪ Bottled water</li> <li>▪ Cosmetics, toiletries, toothpaste, etc.</li> <li>▪ Cosmetic surgery</li> <li>▪ Custodial care in an institution</li> <li>▪ Funeral and burial expenses</li> <li>▪ Health club fees</li> <li>▪ Household and domestic help</li> <li>▪ Marriage or family counseling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maternity clothes, diaper services, etc.</li> <li>▪ Membership fees or costs associated with weight loss or smoking cessation programs if not prescribed by a doctor</li> <li>▪ Nursing for newborns</li> </ul>	<ul style="list-style-type: none"> <li>▪ Operation expenses from illegal procedures</li> <li>▪ Premiums for benefits</li> <li>▪ Special schools</li> <li>▪ Uniforms</li> <li>▪ Vacations or travel taken for general health purpose</li> <li>▪ Vitamins taken for general health purposes</li> </ul>
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## Supplemental Life Insurance

If you are benefits-eligible (University Staff FTE .53 or higher; HSD Staff .50 FTE or higher) and interested in additional term life insurance coverage for yourself, you may purchase Supplemental Life Insurance. This coverage may be purchased in amounts equal to 1, 2, 3, 4, or 5 times your annual salary, up to a maximum of \$500,000. The cost for this coverage is based on your age. The premium you pay for this coverage automatically changes when your salary or age changes. Please realize that the amount of coverage you select may be subject to Evidence of Insurability rules. In compliance with the Age Discrimination in Employment Act (ADEA-B), Basic and Supplemental Life Insurance coverage will be reduced when the employee reaches age 65. The amounts of coverage decrease as follows:

Life Insurance Benefits Reductions at Ages 65-85	
Age	Insurance Benefit Is Reduced by:
65	35%
70	55%
75	70%
80	80%
85	85%

### ***Spousal Life Insurance***

If you are benefits-eligible, you may purchase life insurance coverage for your spouse in \$5,000 increments up to \$50,000; thereafter, \$10,000 increments up to a maximum of \$100,000. However, the maximum coverage for your spouse without Evidence of Insurability (EOI) is \$25,000, only for a new hire. A Legally Domiciled Adult (LDA) is **not** eligible to enroll in Spousal Life insurance.

### ***Child Life Insurance***

If you are benefits-eligible, you may also purchase a flat \$5,000 plan that covers your dependent children from age six months until age 26. You may cover newborns and newly adopted children if you enroll them within 31 days after their arrival. The coverage amount for newborns through age six months is \$1,000.

### ***If You and Your Spouse Are Both Eligible***

If both you and your spouse are faculty and staff eligible for coverage, you both cannot enroll and cover each other. Only one of you can purchase coverage for the other, or you can both enroll for separate employee-only coverage. Only one of you can enroll your eligible dependent children.

<b>Calculating the Cost of Your Supplemental Life Insurance Coverage</b> Follow these steps	
<b>Step 1 – Employee Supplemental Life</b>	\$ _____ Your Yearly Salary
	× _____ 1, 2, 3, 4, or 5 (salary multiples)
	= \$ _____ Amount of Coverage you want
<b>Step 2</b>	Round the Amount of Coverage to the next higher \$10,000 increment (e.g., \$214,300 becomes \$220,000)
<b>Step 3</b>	\$ _____ Your Coverage Amount ÷ 1,000 = Employee <i>Units</i> _____
<b>Step 4</b>	Employee <i>Units</i> × \$ Employee Cost */Per Unit = \$ _____
<b>Step 5 – Spousal Life*</b>	Spouse Coverage \$ Cost = \$ _____ (+)
<b>Step 6 – Child Life*</b>	\$5,000 Children @ \$0.36 Cost = \$ _____ (+)
<b>Total Monthly Cost:</b>	= \$ _____

\*Refer to the University's 2012 Monthly Rate Sheet (page 60) for cost.

### ***Evidence of Insurability***

Evidence of Insurability is the process by which an insurance carrier determines if you or your spouse are insurable at or above a certain dollar amount by requiring proof of good health. Evidence of Insurability will be required for any combination of your Basic and Supplemental Life Insurance exceeding \$600,000.

However, if you are newly hired, you may elect Supplemental Life Insurance coverage up to two times your annual salary without Evidence of Insurability, if you enroll within the first 31 days of employment. Human Resources can provide you with an Evidence of Insurability form with instructions for you to complete and submit to Reliance Standard.

Evidence of Insurability		
When Evidence of Insurability Is Required	Applies	Does Not Apply
Basic Life Insurance (1.5 times your annual salary)		✓
If combination of Basic and Supplemental is greater than 600,000	✓	
If Spousal Dependent Life is greater than \$25,000	✓	
Any change to Supplemental Life or Spouse Life if not elected within the first 31 days of employment	✓	

### Beneficiary

Life insurance benefits are paid to the beneficiary on file when a life insurance claim is processed. You are automatically the beneficiary of any Supplemental Life Insurance you elect for your spouse and children. Your beneficiary designation form allows you to specify both a primary and secondary beneficiary for your own insurance coverage. You may change your beneficiary at any time during the calendar year. Below is some suggested wording for identifying your beneficiary.

How to Designate Your Beneficiary for Life Insurance Benefits	
Type of Beneficiary	Wording to Be Used
To your estate	Estate
One beneficiary	Mary J. Smith, wife
Two beneficiaries (equal shares)	James Jones, brother, and Mary Scott, friend, in equal shares or the survivor, if any.
Two beneficiaries (unequal shares)	John J. Wills, father, as to two-thirds and Mark I. Wills, brother, as to one-third or the survivor, if any.
One primary and one contingent	Jane Doe, wife, if living; otherwise Tom Doe, son.

### Continuation of Life Insurance

Life insurance ends on your last day worked. Dependent life insurance coverage terminates either when your coverage ends or when the individual ceases to be your eligible dependent. For life insurance purposes, a dependent child, who is eligible for life insurance benefits, is covered up to age 26. You may have *portability* options to continue your life insurance, provided you are not sick or injured. Portability permits a portion of your existing (group) coverage to be continued through the carrier after your University employment ends and the University contacts Reliance Standard within 31 days of your last day worked.

Alternatively, you have the option to *convert* your group life insurance to an individual (permanent) whole life policy with the carrier, Reliance Standard. You must act within 31 days of your termination date to continue coverage under either option.

## Accidental Death & Dismemberment (AD&D) Insurance

This plan provides protection for all benefits-eligible faculty and staff if you, your spouse, or your dependent children (up to age 26) die or are dismembered as a result of an accident. The plan provides full coverage 24 hours a day, 365 days a year. You may purchase one of four coverage amounts for you and/or your family:

- \$50,000
- \$100,000
- \$200,000
- \$300,000

If you choose coverage for yourself, your beneficiary will receive 100 percent of this coverage if you should die in an accident. If you are dismembered in an accident, you will receive a percentage of your benefit amount. If you choose coverage for your family, the chart below shows your family's death benefit amounts. Your spouse is eligible until age 70. A Legally Domiciled Adult (LDA) is **not** eligible.

Accidental Death and Dismemberment Insurance (AD&D)	
If you cover your ...	The death benefit amount paid would be ...
Spouse only	50% of your benefit for spouse up to a maximum of \$150,000
Child(ren) only	20% of your benefit up to a maximum of \$30,000 per child
Spouse and Child(ren)	40% of your benefit for your spouse up to a maximum of \$150,000 and 10% of your benefit per child

### Additional Benefits through AD&D

**On-Call International, Inc.** is a 24-hour network of emergency medical and legal resources offering valuable protection for you and your family when you travel more than 100 miles from home. With just one call, covered employees and their families have access to qualified multilingual professionals trained to manage any medical emergency. These services can be accessed by phoning the toll-free number within the U.S.: **(800) 456-3893**. If you are traveling outside the U.S., you may call collect at **(603) 328-1966**.

### Elective Termination of Life and AD&D Insurance

You have the option to terminate your life insurance election(s), such as Employee Supplemental Life, Dependent Spouse Life, Child Life, and AD&D, typically during the annual Benefits Open Enrollment period. If you choose to *re-elect* your life insurance, this can be done only during a Benefits Open Enrollment period or if you experience a qualifying event. Loyola's life insurance carrier will request that you complete its Evidence of Insurability form. Your life insurance (term life) ends on the last day worked (refer to *Continuation of Life Insurance* referenced on page 38).

## Long Term Care Insurance

If you are benefits-eligible (FTE .53 or higher), you are eligible to enroll in this plan. If you are eligible, your spouse, parents, grandparents, parents-in-law, and grandparents-in-law are also eligible to participate in Loyola's Long Term Care insurance at group rates. If you choose to enroll your parents or grandparents or those of your spouse, you mail the enrollment form directly to CNA.

Long Term Care is a voluntary option provided to you through CNA. Long-term care is the type of help you may need when you are not able to perform some Activities of Daily Living (ADLs) by yourself due to an illness, disability, or severe cognitive impairment (such as Alzheimer's) or similar irreversible dementia.

Activities of daily living are bathing, dressing, toileting, mobility, continence, and eating. You might receive care at home, in a nursing home, or in an assisted living facility, or from community-based health care that allows you to stay in your own home. Your group health plan will pay little, if anything, toward long term care.

### Cost of Coverage

Premium rates are based on a choice of four fixed daily benefits and your age at the time of enrollment. When you select one of the "basic daily benefit" option levels of \$100, \$150, \$200, or \$250, this is the amount of daily benefits you may receive. For nursing home care, you will be reimbursed the daily benefit you select for each day you are confined to a nursing facility after you have satisfied the waiting period (60 Service Days). Your lifetime maximum benefit amount for any covered service (nursing facility care, community-based care) is based on the plan selected. After your application is approved by CNA, you will be advised of your monthly premium.

### The Long Term Care Plan is a "Portable Plan"

You may continue your coverage under this plan at the **same premium rate** even after you retire or leave the University. You are advised to contact CNA's Customer Service at **(800) 528-4582** one month prior to leaving employment or retirement to set up direct billing to your home.

### How to Enroll

To enroll in CNA's Group Long-Term Care insurance plan, you must go to the CNA website, where you can find your premium and review your rate(s). You can download the proper forms to complete and mail to CNA; the mailing address is located on the forms. *You will **not** be able to enroll online.* Please follow these basic steps:

**Step 1:** Log on to [www.ltcbenefits.com](http://www.ltcbenefits.com).

**Step 2:** Enter your Password: Loyola.

**Step 3:** Click on "Enroll Now."

**Step 4:** Click on "Find My Premium" to review your rate.

**Step 5:** Download and print the proper form.

**Step 6:** Mail the form to CNA (the mailing address is located at the bottom of the "Applying is Easy" form).

Long-Term Care Insurance Options				
Features and Benefits	Option #1	Option #2	Option #3	Option #4
<b>Nursing Home Benefit</b> CNA will pay up to 100% of the benefit that you select for each day that you are confined in a long-term care facility.	\$100	\$150	\$200	\$250
<b>Community-Based Care Benefit</b> CNA will pay up to 75% of your community based care benefit for each day you receive care in your home, an assisted living facility, an adult day care center, or an adult foster care center.	\$75	\$112.50	\$150	\$187.50
<b>Lifetime Maximum Amount (5-Year Plan)</b> Is a pool of money the insured can use for all eligible expenses. The lifetime maximum amount will automatically increase when your daily benefit for nursing home increases.	\$182,500	\$273,750	\$365,000	\$456,250

With all four options, the following provisions apply:

- **Waiting Period (Once per Lifetime).** For any combination of nursing home care and community based care, the waiting period is 60 Service Days.
- **Home Medical Technology.** Covers a variety of assistive devices and pays up to \$1,000 per year.
- **Caregiver Training Benefit.** CNA will pay up to three times the community-based care benefit that you select for training of an informal caregiver in your home.
- **Hospice Benefits.** CNA will pay benefits for terminally ill claimants. The payment will equal either the nursing home benefit or the community-based care benefit you select depending on where the care is received.
- **Return of Premium at Death.** Refunds premiums paid if the insured person dies before age 75. If death occurs prior to age 65, 75% of premiums are refunded, less benefits received. After age 65, the amount refunded is reduced by 10% each year.
- **Temporary Bed Holding Benefit.** If you are required to leave a long-term care facility for a short period of time, CNA will continue to pay the facility to hold your bed up to 21 days per year.
- **Inflation Protection Feature.** You will periodically be given opportunities to increase your benefit amount and lifetime maximum on a guarantee issue basis.
- **Worldwide Coverage.** Provided coverage for those living outside the United States.

To request a Long Term Care kit, call CNA at **(800) 528-4582**.

## Group Legal Plan

If you are benefits-eligible (FTE .53 or higher), you can enroll in The Hyatt Group Legal Services Plan. The Plan provides you, your spouse, and eligible dependents access to a network of attorneys who can provide a wide range of professional legal services including:

- Wills and Codicils
- Living Wills
- Powers of Attorney
- Living Trusts
- Court Appearances
- Civil Litigation Defense
- Consumer Protection
- Restoration of Driver's License (except DUI)
- Juvenile Court Defense
- Mortgages
- Deeds
- Notes
- Demand Letters
- Affidavits
- Review of Personal Legal Documents
- Pre-Marital Agreement
- Uncontested Adoption or Guardianship
- Name Change
- Debt Collection Defense
- Re-Payment Schedule
- Negotiation with Creditors
- Personal Bankruptcy
- Pre-Bankruptcy Planning
- Sale, Purchase or Refinancing of Your Primary Residence
- Tenant Problems (when you are the tenant)
- Eviction Defense

The Hyatt Legal Plan allows access to a nationwide network of participating attorneys. Plan Attorneys have met stringent selection criteria and have an average of more than 16 years of legal experience.

Plan Attorney assistance includes:

- Consultation on the telephone;
- In-person consultation;
- Document preparation; and
- Representation in many frequently necessary legal matters.

You have the flexibility to use a non-Plan Attorney and be reimbursed for the covered services according to a set fee schedule. If you use a non-Plan Attorney, you will be responsible for paying the difference between the plan payment and the out-of-network attorney's charge for the service. *There are limitations to this plan. Covered legal services do not include representation in litigation matters.*

Legal advice is just a phone call away. When you face a situation that you think has legal implications, simply pick up the phone. A knowledgeable Client Service Representative will be available to assist you in locating a Plan Attorney near your home or workplace. Plan Attorneys are generally available to meet with you on weekdays, evenings, and Saturdays.

Certain areas are not covered by the plan and there is no obligation to provide legal service benefits in any matter deemed frivolous, harassing, or in contravention of the rules of ethical conduct by governing attorneys. More information and a listing of available attorneys can be found on the Hyatt Legal website at: [www.legalplans.com](http://www.legalplans.com), then click on "Thinking About Enrolling?" and enter the following password: 4020226, and click "Covered Services." You may also phone at **(800) 821-6400** 8:00 a.m. – 8:00 p.m., Eastern time, Monday through Friday.

This benefit is portable. If you leave the University, you need to contact Hyatt Legal Services/MetLife one month in advance. Hyatt will give you details on plan continuation.

## Transit Benefit Program

Eligibility for participation in the transit program requires an FTE .80 or higher. You may elect any amount in combination of the following resources not to exceed the \$125.00 federal pre-tax limit for 2012 for the pre-tax allowance.

### Chicago Card Plus, I-GO Card, Chicago Card, and the CTA Transit Card

Make pre-tax contributions to your card for purposes of travel on Chicago Transit Authority buses and subways. There is a one-time \$5 cost for the purchase of the *Chicago Card Plus* and the *Chicago Card*. Each month, the amount you have deducted through payroll for CTA will be automatically added to your Chicago Card Plus, Chicago Card, and CTA Card. Your initial card will be mailed to your home.

**Chicago Card Plus (Reloadable).** Allows for unlimited travel on the CTA for 30 days from the first day of use. The cards are reloaded automatically and have a four-year expiration date. You may choose different monthly dollar amounts of \$30, \$45, \$60, \$80, and \$86. The Chicago Card Plus also offers a 30-day pass for \$86 and has a cycle that begins on a 30-day usage and ends 30 days later regardless of what day you begin using the card. The reloadable card will be delivered to your home address.

**I-GO Card.** Use it to access I-GO's fleet of fuel-efficient vehicles. I-GO is a non-profit car-sharing organization committed to providing affordable transportation options for people who live in the Chicago area. After paying Loyola's discounted annual enrollment fee of \$25, you pay only when you use an I-GO car, which can be reserved by phone or online. I-GO maintains about 200 vehicles in more than 30 Chicago neighborhoods and at two Loyola locations:

- Lake Shore Campus—1215 W. Albion Avenue
- Water Tower Campus—111 E. Chestnut Street

**To apply for a Chicago Card Plus/I-GO card, please call Nancy Mueller at Benefit Express at (847) 637-1594.**

**Chicago Card (Monthly-Reloadable).** The Chicago Card Monthly holds a month of unlimited CTA transit use for \$86 per month, regardless of the number of days in the month. The pass cycle starts on the first day of the month (not the first day of use like the Chicago Card Plus 30-day pass). If you are currently using Chicago Card Plus and elect Chicago Card Monthly, you will receive a new card. The reloadable card will be sent to your home.

**CTA Transit Card (Non-Reloadable).** Pay per use; you cannot add more money to the card. The CTA Transit Card has a 13-month expiration date. Available in dollar amounts of: \$30, \$35, \$50, and \$70; or an \$86 30-day card (cycle begins on the first day of use). These cards are picked up each month from your campus Human Resources office or mailed to your home.

**RTA Transit Check.** In this option, you receive an RTA transit check before the first of the month. Use the check for Metra, CTA, and other qualifying mass transit systems. Transit checks are available in any amount up to \$125.00 and can be picked up from your campus Human Resources office. RTA vouchers will be available for pick-up before the first of the month from the Human Resources Office at WTC or LSC. Deductions for your voucher will be withdrawn from your check the month prior to use. The vouchers may be used to purchase Metra, South Shore Railroad fares, or CTA or Pace transit cards from any authorized agent.

## How the Program Works

Enroll in the Transit Benefit Program via the Internet at: [www.LoyolaExpress.com](http://www.LoyolaExpress.com). Using the Internet to enroll is easy and safe. Our secure website is set up to automatically take you through easy enrollment steps with instructions on line. After you log on, the website will prompt you to enter **your LOYOLA USERNAME and your LOYOLA PASSWORD**. You may phone *Benefit Express* – Customer Service at **(877) 837-5017** if you have questions or enrollment problems.

- **You may log on at any time to view or change your elections.** To *change your election(s) online*, the cut-off date is the 15<sup>th</sup> of each month. Your new change will be effective with the following full month's payroll deduction(s) taken for the subsequent month's transit fare media.
- Changes made by October 15 would affect November payroll deductions used to purchase December transit media.
- Note that currency will not be returned if the ticket fare is less than the voucher amount and vending machines will not return change.
- You may check your account balance on your Chicago Card Plus, suspend your participation in the program, or report a lost card by calling **(888) YOUR CTA** or by visiting their website [www.chicago-card.com](http://www.chicago-card.com).
- A minimum of three consecutive months is required before withdrawal. If you choose to withdraw from the program, please use the form on the Benefit Express website.
- The Chicago Card Plus portion of the Chicago Card Plus/I-GO card is a benefit that is deducted from your paycheck on a before-tax basis. However, I-GO membership fees and per-usage charges are not eligible for a pre-tax paycheck deduction, and are charged to a personal credit card you will be required to provide.

### Transit Questions?

Please call Benefit Express at **(877) 837-5017**. Customer Service Representatives are available to assist you Monday through Friday between the hours of 7:30 a.m. and 6:00 p.m.

## Section 4: Work/Life Benefits

- Tuition Benefits
- Adoption Assistance Program
- Employees' Federal Credit Union
- Weight Watchers® Program
- University Scheduled Holidays
- Sick and Personal Time (Staff Positions Only)
- Retiree Medical
- Loyola University Employees' Retirement Plan (LUERP)
- AAA Membership and Travel Services

## Section 4: Work/Life Benefits

### Tuition Benefits

Requirements	Benefits for Full-Time Faculty and Staff	Benefits for Spouse/LDA and Dependent Children <sup>1</sup>
<p><b>Full-Time Benefits Eligible Employees Only (FTE .80 or higher)</b></p> <p><b>Service:</b> All employees hired on or after August 1, 2005, are eligible at the start of the first complete academic term that begins after completing one year of continuous full-time employment.</p> <p><b>Admissions &amp; Academic Eligibility:</b> Admission into any academic program is never guaranteed and competition may be intense for a limited number of available openings.</p> <p><b>Deadlines &amp; Forms:</b> Strict compliance with all academic, financial and financial aid, and Human Resource policies and requirements is required. Failure to comply with stated deadlines and requirements will result in forfeiture of the tuition benefit for current or future terms.</p>	<p><b>Undergraduate Programs: (Not Taxed)<sup>2</sup></b> The Benefit pays 100% of tuition for eligible employees taking most undergraduate or eligible certificate courses. At no time will the tuition benefit apply to more than three courses per semester (9 semester hours) or two courses per quarter (8 quarter hours).</p> <p><b>Graduate &amp; Professional Programs: (Taxed)<sup>3</sup></b> The Benefit pays 100% of tuition for most graduate and professional programs (except law and medicine). At no time will the graduate tuition benefit apply to more than two courses per semester (8 semester hours) or two per quarter (8 quarter hours). These are specialized courses of study and involve a special time commitment from the faculty and staff member in the advancement of their career and reflect a significant investment by the University in the faculty or staff member.</p>	<p><b>Undergraduate Programs:</b> The Benefit pays 100% of undergraduate tuition after the co-pay (including Rome Center &amp; FACHEX tuition) for the spouse/LDA and dependent children of full time benefits eligible employees.</p> <p>The benefit covers tuition only and does not include student activity or instructional fees, room and board, or other expenses.</p> <p><b>Co-Pays:</b> If dependent child or spouse/LDA is enrolled in 12 or more credit hours (full-time), the student contributes a co-pay towards tuition.* If dependent child or spouse/LDA is enrolled in 11 or fewer credit hours (part-time), the student contributes a co-pay towards tuition.*</p> <p>* The co-pays are shown on the HR policy website and may increase each July 1.</p>

<sup>1</sup>Loyola University's definition of dependent child and spouse/LDA follows the guidelines established by the Internal Revenue Service, with a maximum age of 24 for the dependent child. For a "non-dependent" tuition is taxable income under the IRS guidelines.

<sup>2</sup>Undergraduate Tuition Benefits are not subject to income tax.

<sup>3</sup>Graduate Tuition Benefit is subject to federal and state income tax and social security; additional payroll tax will be withheld each academic term.

## Dependent Eligibility

Your dependents are eligible for tuition benefits if they meet the following definitions.

- **“Dependent child” or “dependent children”:** Includes your biological, adopted children, and stepchildren under age 24. In order for the benefit to be tax free, you must be married to the parent of the stepchild.
- **Relationship:** The taxpayer’s child or stepchild (whether by blood or adoption).
- **Residence:** Has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents, temporary absences, and for children who were born or died during the year.

## Taxability of Graduate Tuition

Your *Graduate* Tuition Benefit is subject to federal and state income tax and social security (FICA) taxes. The University will withhold additional payroll tax each academic term.

The IRS may still allow you to deduct “qualified educational expenses” on your individual annual tax return. The IRS regulations and their explanation on tax treatment of educational expenses can be found at the IRS website: <http://www.irs.gov/pub/irs-pdf/p970.pdf>. The University cannot provide tax advice so you should consult a tax advisor for possible deductibility of any *Graduate* tuition benefits.

Visit [www.LUC.edu/hr/policy\\_tuition.shtml](http://www.LUC.edu/hr/policy_tuition.shtml) for detailed information on the tuition benefit and its restrictions and requirements.

## Adoption Assistance Program

Supporting families, Loyola’s adoption assistance benefit is provided to you at no cost. This program will reimburse you at 90 percent for covered expenses up to a maximum of \$5,000 (or \$6,000 if the child has special needs). All regular full (FTE .80 and higher) and part-time employees (FTE .53 and higher) are eligible for this benefit. Expenses will be paid only for the adoption of children under the age of 18 or who are physically or mentally incapable of caring for themselves. Children may be related or non-related to the employee.

Covered expenses (which must be reasonable and necessary) include agency fees, legal fees, court costs, maternity costs for the child, temporary foster care, placement fees, transportation costs, and counseling fees.

Benefits are not payable for the adoption of stepchildren or for pre-natal or maternity costs of the birth mother of the adoptive child. Benefits are payable at the time the child is placed in the home, pending legal adoption. Benefits will not be paid on a retroactive basis. Only expenses occurring after the original start date of the program will be considered.

The adoption assistance benefit is not subject to federal or Illinois state tax withholding, but is subject to FICA withholding tax.

## Employees' Federal Credit Union

Membership is open to all faculty and staff of Loyola University Chicago, Loyola University Medical Center, and Madden Mental Health Center, and their immediate family. A savings account may be opened with a minimum balance of \$25. You may authorize payroll deduction for direct deposit into your Credit Union account(s). Membership forms may be obtained in the campus HR office or by contacting the Credit Union at **(708) 216-4500**. Services include:

- |                          |                    |                        |
|--------------------------|--------------------|------------------------|
| ▪ Direct Payroll Deposit | ▪ Loan options:    | ▪ Discount tickets:    |
| ▪ Savings Account        | — Signature        | — Local movie theaters |
| ▪ Free Checking          | — New/used car     | — Great America        |
| ▪ ATM Debit Card         | — Boat             | — Summer Salary Plan   |
| ▪ CD                     | — Motorcycle       | — Visa Credit Card     |
| ▪ IRA                    | — Home Improvement |                        |
| ▪ Special Savings Clubs  | — Computer         |                        |

## Weight Watchers® Program

Effective January 2012, if you are a full-time benefits-eligible faculty or staff member, you can receive reimbursement of *up to \$200 per calendar year* towards the cost of your Weight Watchers membership. Here's how the program works:

- Join Weight Watchers. You can choose any payment option, but you must attend weekly sessions (online and at-home programs are **not** eligible).
- Download a Weight Watchers form from <http://luc.edu/hr/pdfs/WeightWatchers.pdf>. Use the sheet to track your attendance. (Weight Watchers forms are subject to change at any time; please check the website regularly for any updates or changes.)
- Attend meetings for a four-month “series”: January through April; May through August; or September through December.
- You can receive reimbursement at the end of each four-month series by submitting your completed form (signed by your Weight Watchers representative) to Human Resources.
- You must attend 80% of 13 consecutive weekly sessions each quarter to be eligible for reimbursement. **The maximum reimbursement per year is \$200, regardless of the combination of sessions you complete.**
- Have your Weight Watchers leader sign and validate the reimbursement form. Your form must be received in Human Resources within 31 days of the end of the series (April 30, August 31, or December 31) in order to receive reimbursement. Late forms without proper receipts or documentation will not be processed.
- The reimbursement cost of a Weight Watchers type program is a Taxable Fringe Benefit that is considered taxable income by the Internal Revenue Service. Your reimbursement will be received via check; however, the amount reimbursed will be included as taxable income in your paycheck.

## University Scheduled Holidays

For the University's paid holiday calendar (for FTE .80 or higher), please go to:  
[http://www.LUC.edu/hr/holiday\\_calendar.shtml](http://www.LUC.edu/hr/holiday_calendar.shtml).

## Sick and Personal Time (Staff Positions Only)

### Vacation

Typically, the University's holiday calendar includes **12 paid holidays** (FTE .80 or higher). See Campus specific holiday schedules:

- Lakeside Campuses at [http://www.LUC.edu/hr/holiday\\_calendar.shtml](http://www.LUC.edu/hr/holiday_calendar.shtml).
- Medical Center Campus (Health Sciences Division – HSD) at <http://portal.luhs.org>; click on “Employee Resources” on the left of the page, and then click on “Holidays & Paydays.”

### Sick Leave

In general, staff earn up to 10 days per year of paid sick time. The amount of leave and/or short-term disability benefits vary according to your classification. Sick Leave banks are limited to 30 days. If you have more than 30 sick days as of December 31, 2008, you will continue to have those days until you use them. You will not be able to accrue more sick days until your bank goes below 30 days. Details are at [www.LUC.edu/hr/policy\\_sickleave.shtml](http://www.LUC.edu/hr/policy_sickleave.shtml).

### Personal/Family Friendly Days

Each benefits-eligible, full-time staff employee (working 12 months) will receive four (4) Personal/Family Friendly days each year to be used for personal business. Newly hired staff employees are eligible after 90 days of employment and the amount of Personal/Family Friendly days may be prorated based on date of hire. Part-time staff, scheduled to work 20 or more hours per week will receive two (2) days. To encourage you to use these days during the calendar year, they do not carry over from one year to the next. Personal/Family Friendly Days will not be paid out at termination or retirement.

### Funeral Leave

Respecting a staff member's grief, the University allows three (3) consecutive paid days off to a staff member (after 30 days of employment) experiencing a death in the immediate family, or one (1) day if the death is in the extended family.

### Jury Duty

The University supports the judicial system by paying full salary to those employees (after 30 days of employment) who serve on jury duty when the staff has informed his/her department of the call to serve. The Bailiff's receipt should be returned to the supervisor.

## Retiree Medical Benefits

If you are retiring, you are eligible to participate in the University's Retiree Medical Plan if you are at least sixty (60) years old and have a minimum of ten (10) years of continuous full-time University service, immediately prior to retirement. The University offers both a Retiree Health Account and a Retiree Medical Plan.

The University contributes to your Retiree Health Account while you are working full-time between the ages of fifty and sixty-five for the University. The Retiree Health Account funds can be used to pay for eligible retiree health care expenses or to pay the premiums for a medical plan after you retire. Upon retirement, you must choose between two funding options: Option B1 and Option B2 in order to gain access to your benefits.

Option 1: If you choose this option, you will access the account as an annuity—a certain amount of money each year for the rest of your life (and/or your spouse's life)—to offset a portion of monthly premiums for coverage under the University's health plan only. You pay the difference between the annuity amount and the total premium cost, only to be used to offset premiums due for Loyola's Retiree Medical plan. [Note: No unused dollars are tracked.]

You choose from two types of annuities: a *standard annuity* or an *escalator annuity*. A standard annuity gives you access to the same amount each year. An escalator annuity initially provides a lower amount than the standard annuity, but the amount will increase each year to counter a portion of health care inflation.

Option B2: If you choose this option, you have access to the entire account balance immediately to be reimbursed for eligible health care expenses that are not covered by any other medical plan. In other words, you may draw down the balance over time to pay for the following: monthly premiums for the University's health plan; monthly premiums for another plan, including premiums for a spouse's health plan; coverage under Medicare and/or Medigap policies; co-payments; prescription drug expenses; and more. When the account is depleted, you are responsible for paying 100% of your future health care costs.

Whichever decision you make will be an irrevocable decision.

If you are planning to retire, please contact Human Resources at least three (3) months prior to your retirement date.

For more information, go to the Human Resources section of the University's website, [http://www.luc.edu/hr/retireemedicalbenefits\\_retireehealthaccount.shtml](http://www.luc.edu/hr/retireemedicalbenefits_retireehealthaccount.shtml).

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## Loyola University Employees' Retirement Plan (LUERP)

For staff employees hired on or before March 1, 2003, you may have been a participant with frozen defined retirement benefits under the Loyola University Employees' Retirement Plan (LUERP). Please contact Donna Piha, Manager LUERP at (312) 915-7925 for information, or view details at [www.luc.edu/hr/luerp.shtml](http://www.luc.edu/hr/luerp.shtml).

## AAA Membership and Travel Services

Loyola University Chicago employees are eligible for group savings on AAA Membership, Home & Auto Insurance. To join AAA or get a free insurance comparison quote, call **(888) 203-2606**. Please use group code #500AUNV006 for auto quotes, and group code UNV006 for home quotes and AAA membership.

### AAA Membership

- Discounted dues for you and your Associate Members (spouse and children).
- Show Your Card & Save<sup>®</sup> nationwide discounts that can save you up to 20% on eyeglasses, apparel, entertainment, restaurants, auto repair and more.
- 24-hour roadside assistance.
- Free TripTik<sup>®</sup> routings, Tourbook<sup>®</sup> guides and maps.

AAA Membership			
	Basic	Plus RV	Premier RV
<b>Primary Member</b>	\$48.45	\$78.45	\$108.45
<b>Associate Member</b>	\$21.25	\$38.25	\$58.25

### Auto and Home Insurance

- Savings on a wide selection of coverages to meet your needs and budget.
- Convenient, automatic premium deductions for easy budgeting.
- Group-rated auto insurance with additional discounts for safety and security device usage, and for multi-vehicle coverage.
- Group rated home insurance with additional discounts for security device usage, new homes and homeowners age 50 and up.
- Multi AAA product discount.

### AAA Travel

- Exclusive member-only savings, upgrades, shipboard credits and specials amenities on thousands of vacation packages when you make your reservations through AAA travel.
- Full-service travel arrangements for tours, cruises and more.
- International Driving Permits and passport photos.
- Professional planning and advice from AAA Travel Consultants.

# Section 5: Important Legal Information

## **Section 5: Important Legal Information**

### **Grandfathered Plans under the Affordable Care Act**

The University has accepted non-grandfathered status under the Protection and Affordable Care Act (the Affordable Care Act) for the Loyola Advantage PPO Plan. As a non-grandfathered plan, the Loyola Advantage PPO Plan extends all consumer protections of the Affordable Care Act to faculty and staff enrolled in the Plan.

### **Pre-Existing Conditions**

The University's Group Medical plan does not have a provision that excludes pre-existing medical conditions.

### **Newborn's and Mother's Protection Act**

The Newborn's and Mother's Protection Act affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. The minimum stay for mothers and newborn children is 48 hours following a normal delivery and 96 hours following a cesarean section. Providers are not required to obtain authorization from the Plans or Claims Administrator for prescribing this length of stay.

### **Women's Health and Cancer Act**

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). The Act requires the University's Plans to cover the following services in connection with coverage for a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed;
- Prostheses and physical complications for all stages of mastectomy, including lymph edemas.

The Loyola Advantage PPO Medical Plan complies with these requirements. Medical services will be provided subject to the same deductible and coinsurance that apply to other medical and surgical benefits provided under the plan.

### **Mental Health Parity and Addiction Equality Act**

This act requires group health plans to apply the same treatment and financial limits to mental health and substance abuse disorder benefits as they do to medical and surgical benefits. This means that your plan's frequency of visits, number of visits and days of coverage, as well as deductibles, co-pays, coinsurance and out-of-pocket limits, will be identical for all conditions, whether they are physical or mental.

### **Coverage under a State Plan**

If you want to enroll or cancel coverage in the health care plans because you or a dependent lost coverage under Medicaid or a State Children's Health Insurance Program (CHIP), or because you or a dependent becomes eligible for premium assistance from a State toward the cost of health plan coverage under Medicaid or CHIP, you must contact Human Resources within 60 days of the event to enroll.

## **Patient Protection**

You do not need prior authorization from the Loyola Advantage PPO Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology contact Human Resources 312-915-6175, [LUC.edu/hr](http://LUC.edu/hr).

## **Notice Lifetime Limit No Longer Applies and Enrollment Opportunity**

The lifetime limit on the dollar value of benefits under the Loyola Advantage PPO Health Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Human Resources 312-915-6175, [LUC.edu/hr](http://LUC.edu/hr).

## **Medicaid and the Children's Health Insurance Program (CHIP)**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office or dial 877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. For more information on special enrollment rights, you can contact either:

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

*Or*

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, Ext. 61565

## Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Policy

The plan is required to protect the confidentiality of your protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules issued by the US Department of Health and Human Services. PHI includes all individually identifiable health information transmitted or maintained by the plan that relates to your past, present, or future health treatment, or payment for healthcare services.

You may find a complete description of your rights under HIPAA in the plan's Privacy Notice that describes the plan's privacy policies and procedures and outlines your rights under the privacy rules and regulations. All HIPAA related documentation and release forms can be found on Loyola's Human Resources website, <http://www.LUC.edu/hr/privacy.shtml>.

The Plan has designated Thomas M. Kelly, Vice President, Human Resources, as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach this contact person at:  
820 North Michigan, 8<sup>th</sup> floor  
Chicago, IL 60611

## COBRA Notice

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

The group health benefits to which this notice applies are provided under the following plan(s):

- The Loyola University Chicago Health Insurance Plan;
- The Loyola University Chicago Dental Insurance Plan;
- The Loyola University Chicago Health Care Flexible Spending Account Plan;
- Vision Service Plan; and
- AlwaysVision.

Each of these plans is referred to in this notice as the "Plan," so you should read this notice as if it applied separately to each Plan. The word "participant" refers to any employee or former employee of Loyola who is or was covered under health benefits provided by the Plan.

Under the Plan, participants can elect coverage under the following health benefits:

- Health Care Benefits through the Loyola Advantage PPO Plan
- Vision Benefits through the Vision Service and AlwaysVision Plans
- Dental Benefits through the Traditional Dental Plan (Delta Dental) and the Managed Care Dental Plan (First Commonwealth DHMO)
- Health Care Flexible Spending Account Plan

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:**

Loyola University Chicago  
Human Resources – 8<sup>th</sup> Floor  
820 North Michigan Avenue  
Chicago, IL 60611  
Phone (312) 915-6175  
Fax (312) 915-7612  
Email HR-WTC@LUC.edu

The University has contracted with Benefit Express (“the COBRA Administrator”) to perform many of the administrative tasks required by federal law. This Initial Notice of COBRA Rights indicates when you should contact the COBRA Administrator, rather than Loyola, for information or assistance. In the event you are directed to contact the COBRA Administrator, address all inquiries to:

Benefit Express  
COBRA-Loyola University Chicago  
P.O. Box 189  
Arlington Heights, IL 60006  
Phone (847) 637-1516  
Fax (253) 793-3766

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact Benefits Express to provide the necessary documentation to apply for disability extension of your COBRA coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Cost of Coverage**

Under the Plan, qualified beneficiaries who elect COBRA coverage must pay for that coverage. In most cases, the amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly-situated plan participant or beneficiary who is not receiving COBRA coverage.

## **Failure to Pay Required Premiums**

Your COBRA coverage will terminate automatically if the premium for your continuation coverage is not paid by the due date and any applicable grace period for paying the premium has expired without the past due premium being paid. Termination of COBRA coverage will be effective at the end of the last month for which the full premium was paid before expiration of the grace period for that payment.

## **Plan Termination**

Your COBRA coverage will terminate automatically on the first date Loyola ceases to provide any group health coverage to any employee.

## **Plan Contact Information**

If you have any questions, contact Human Resources (312) 915-6175 or Benefits Express Phone (847) 637-1516.

## **Important Information**

This document is not a contract of employment. It serves as a resource to the benefits enrollment process and does not replace your policies or certificates. It provides a brief description of the University benefits and should answer your general questions about your benefits. Every effort has been made to provide an accurate summary of the plans, but the document does not describe all the provisions of the Plans. Only the Plans can give any person a right to benefits. If there is any conflict or discrepancy between the descriptions in this document and the Plan documents and/or insurance company contracts, the documents or contracts will decide your rights and benefits under the Plans. You are not vested under the Plans, Loyola University Chicago reserves the right to amend, modify, or terminate the provisions of the benefit plan(s) at any time.

Benefits described in this booklet are effective as of January 1, 2012.

Revised 12/31/11

## 2012 Monthly Rate Sheet for Full-Time Faculty & Staff

Medical Plan				
Coverage Level	BCBS PPO Annual Salary of \$36,000 or Higher		BCBS PPO Annual Salary Under \$36,000	
	Full-Time	Part-Time	Full-Time	Part-Time
Single	\$115.00	\$566.41	\$95.00	\$566.41
Single + Spouse	\$350.00	\$1,139.69	\$320.00	\$1,139.69
Single + Child(ren)	\$320.00	\$1,093.70	\$290.00	\$1,093.70
Family	\$445.00	\$1,692.14	\$415.00	\$1,692.14
Single + LDA	\$350.00	\$1,139.69	\$320.00	\$1,139.69
Single + LDA + Child(ren)	\$445.00	\$1,692.14	\$415.00	\$1,692.14

Dental Plan				
Coverage Level	Delta		Guardian/First Commonwealth	
	Full-Time	Part-Time	Full-Time	Part-Time
Single	\$13.00	\$33.00	\$6.40	\$16.80
Single + Spouse	\$27.04	\$64.00	\$12.23	\$30.45
Single + Child(ren)	\$31.22	\$72.00	\$14.80	\$33.60
Family	\$44.24	\$101.00	\$20.18	\$49.35
Single + LDA	\$27.04	\$64.00	\$12.23	\$30.46
Single + LDA + Child(ren)	\$44.24	\$101.00	\$20.18	\$49.36

Vision Plan				
Coverage Level	VSP		AwaysVision	
	Full-Time	Part-Time	Full-Time	Part-Time
Single	\$8.81	\$8.81	\$8.34	\$8.34
Single + Spouse	\$13.39	\$13.39	\$13.24	\$13.24
Single + Child(ren)	\$14.28	\$14.28	\$13.52	\$13.52
Family	\$23.03	\$23.03	\$21.80	\$21.80
Single + LDA	\$13.99	\$13.99	\$13.24	\$13.24
Single + LDA + Child(ren)	\$23.03	\$23.03	\$21.80	\$21.80

Hyatt Legal Plan	
Full-Time	Part-Time
\$15.00	\$15.00

## 2012 Monthly Rate Sheet for Full-Time Faculty & Staff

Supplemental Life Insurance									
Supplemental Life Insurance for You				Spousal Life Insurance					
Age	Rate per \$1,000	Age	Rate per \$1,000	Coverage	Rate	Coverage	Rate	Coverage	Rate
< 30	\$0.06	55-59	\$0.62	\$5,000	\$2.64	\$35,000	\$18.46	\$80,000	\$37.54
30-34	\$0.08	60-64	\$0.88	\$10,000	\$5.64	\$40,000	\$20.38	\$90,000	\$44.32
35-39	\$0.10	65-69	\$1.38	\$15,000	\$8.86	\$45,000	\$21.94	\$100,000	\$52.30
40-44	\$0.12	70-74	\$2.06	\$20,000	\$11.68	\$50,000	\$22.86	<b>Child Life Insurance</b>	
45-49	\$0.20	75-79	\$2.06	\$25,000	\$14.12	\$60,000	\$26.96		
50-54	\$0.34	80<	\$3.42	\$30,000	\$16.44	\$70,000	\$31.82	\$5,000	\$0.36

## Benefit Contacts

Plan Type	Provider or Administrator	Phone #	Website
General Benefit Questions	Human Resources	(312) 915-6175	<a href="http://www.LUC.edu/hr">www.LUC.edu/hr</a>
Health Care	BC/BS PPO PPO	(866) 266-3674 Provider Finders	<a href="http://www.bcbsil.com">www.bcbsil.com</a> <a href="http://bcbsil.com/providers/index.htm">http://bcbsil.com/providers/index.htm</a>
Dental Care	Delta Dental PPO	(800) 323-1743	<a href="http://www.deltadentalil.com">www.deltadentalil.com</a>
	Guardian/First Commonwealth - DHMO	(866) 494-4542	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Vision Care	Vision Service Plan Always Vision	(800) 877-7195 (888) 729-5433 Ext. 2013	<a href="http://www.vsp.com">www.vsp.com</a> <a href="http://www.alwaysvision.com">www.alwaysvision.com</a>
Life Insurance	Reliance Standard	(800) 351-7500	<a href="http://www.rsl.com">www.rsl.com</a>
Flexible Spending Accounts	Benefit Express	(877) 837-5017	<a href="http://www.loyolaexpress.com">www.loyolaexpress.com</a>
Long-Term Disability Insurance	Reliance Standard	(877) 202-0055	<a href="http://www.matrixefiling.com">www.matrixefiling.com</a>
Transit Plan	Benefit Express	1-888-Your CTA, or (877) 837-5017	<a href="http://www.chicago-card.com">www.chicago-card.com</a> <a href="http://www.loyolaexpress.com">www.loyolaexpress.com</a>
COBRA (Continuation of Insurance Coverage)	Benefit Express	(877) 837-5017	<a href="http://www.LUC.edu/hr">www.LUC.edu/hr</a>
403(b) Retirement	Benefit Express	(877) 837-5017	<a href="http://www.loyolaexpress.com">www.loyolaexpress.com</a>
	Loyola Retirement Center	(773) 508-2770	Not Applicable
	TIAA-CREF	(800) 842-2252	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>
	VALIC Retirement Customer Service	(800) 448-2542	<a href="http://www.VALIC.com">www.VALIC.com</a>
	Fidelity Investments	(800) 642-7131	<a href="http://www.fidelity.com">www.fidelity.com</a>
Tuition Reimbursement	Human Resources	(312) 915-6175	<a href="http://www.LUC.edu/hr">www.LUC.edu/hr</a>
Group Legal Plan	Hyatt Legal Services	(800) 821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Long Term Care	CNA Insurance	(800) 528-4582	<a href="http://www.ltcbenefits.com">www.ltcbenefits.com</a>