2019 Benefits Booklet

It’s time to make some very important decisions about your benefits for 2019. Please read this Benefits Booklet brochure carefully. Benefit changes take effect on January 1, 2019.
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The information contained in this overview gives a general description of the Loyola University Chicago Benefits Program. It does not give you all of the details of the program’s plans. If you need more information, please refer to your employee handbook or the summary plan description booklets. In all cases, the official plan documents, policies, and certificates of insurance must remain the final authority.
Health Care Reform

On January 1, 2014, a key component of the health care reform law went into effect: Everyone in the U.S. (with a few exceptions) is required to have health insurance.

Loyola will continue to offer health insurance for eligible faculty and staff. This coverage meets all of the health reform law requirements to satisfy your “individual mandate” under the reform law. We hope to keep offering these benefits as a valuable part of your total compensation. You also have other options to purchase health insurance, but because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market.

If you are not currently eligible for benefits today, there are many options for finding and enrolling in the right coverage.

Options to Purchase Health Insurance:

- Public health insurance marketplaces/exchanges—You can shop for coverage in an online public health insurance marketplace/exchange and compare available policies based on price, benefits, and quality. Each state is required to have an online public marketplace available for health insurance coverage (if a state does not establish one, the federal government operates an exchange for the state’s residents). If you are part of the eligible class for benefits and Loyola offers you coverage that satisfies all requirements under the health reform law, you – and your dependents – will not qualify for federal financial assistance (premium tax credits) for any coverage you purchase on the public exchange. If you do not meet the eligibility requirements for Loyola’s benefit plan, you may be eligible for these credits.

- Private marketplaces/exchanges—A variety of private exchanges will serve as marketplaces where you can compare health plans and buy coverage. For example, an insurance company might create a “private” exchange that serves some of the same functions as a public exchange, but cannot offer federal financial assistance to individuals purchasing coverage. In addition, some health insurance companies are opening retail stores where you can shop for a policy, check on claims, and get one-on-one health education coaching.

- Health insurers and brokers—Health insurance companies will sell plans directly to you through their own websites and call centers. In addition, even though you will be able to shop for yourself through the exchanges, you can enlist the assistance of an insurance agent or broker.

For more information, please visit http://www.luc.edu/hr/health/ and select “Health Care Reform.”
Overview of Your 2019 Loyola University Chicago Benefits


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Overview of Your 2019 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 benefit-eligible faculty and staff, and their dependents. These benefits are described in greater detail in this booklet. Additional information is available from the benefit plans’ administrators or providers by phone or on their websites; please see “Important Contact Information” located on the last page of this booklet.

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Eligibility and Coverage Levels

Benefit-Eligible Faculty and Staff

The following individuals are eligible for coverage under the University benefits program. You can elect coverage if you are a:

- Full-Time University Faculty or Staff member, classified as .80 full time equivalent or higher;
- Part-Time University Staff member, in a position classified as .53 full time equivalent or higher based on 1,950 annual hours, or .50 full time equivalent or higher based on 2,080 annual hours.

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. All dependents must have complete legal name, date of birth, and Social Security Number on file.

Spouse

You may enroll your legal spouse.

Legally Domiciled Adult (LDA)

A Legally Domiciled Adult is a U.S. citizen, over 18 years old, who has for at least six months lived in the same principal residence as you, and remains a member of your household throughout the coverage period; and who either:

(A)
- Has an on-going, exclusive and committed relationship with you similar to marriage (not a casual roommate or tenant);
- Is jointly responsible with you for basic living expenses;
- Is neither legally married to anyone else nor legally related to you by blood in any way that would prohibit marriage;
- Is neither receiving benefits from an employer, nor eligible for any group coverage, or

(B)
- Is your blood adult relative (a parent, adult sibling, or adult child) who meets the definition of your tax dependent as defined by Section 152 of the Internal Revenue Code during the coverage period; or
- Is neither receiving benefits from an employer nor eligible for any group coverage.

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 listed on the LDA Certification of Eligibility form. Please be sure to submit your form and required supporting documentation back to Human Resources after completion.

Tax Implication from Covering a 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 that 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 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).

For purposes of life insurance, the dependent child must be unmarried.

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, may also be enrolled.
Verifying Dependent Eligibility

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 or staff, or during Benefits Open Enrollment.

### Documentation Required for Eligibility Verification

When you enroll a new dependent for coverage under the medical, dental, or vision plans as a new hire or during open enrollment, you must verify that they are eligible by submitting the required documentation, as shown below. For all family members enrolled in your benefit plans, you must provide full legal name, date of birth, and Social Security Numbers.

| If you enroll...                  | You will need to provide copies (not originals) of...
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<tr>
<td>Legally Domiciled Adult (LDA)</td>
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<tr>
<td>Biological Child</td>
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<tr>
<td>Adopted Child</td>
<td>• Adoption placement agreement and petition for adoption, or&lt;br&gt;• Adoption certificate</td>
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<tr>
<td>Legal Ward</td>
<td>• Government-issued birth certificate&lt;br&gt;• Court-ordered document of legal custody</td>
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<tr>
<td>Disabled Legal Ward</td>
<td>• Government-issued birth certificate&lt;br&gt;• Court-ordered document of legal custody&lt;br&gt;• Most current Federal tax return</td>
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<tr>
<td>Dependents because of a Qualified Medical Child Support Order</td>
<td>• Qualified Medical Child Support Order (must be for the employee)</td>
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*In certain states, a marriage license is recognized under the DOMA Act. Please contact 312-915-6175 for more information.

### Coverage Levels

For health, dental, and vision benefits, you have five coverage levels:

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

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**What Is a QMCSO?**

A Qualified Medical Child Support Order (QMCSO) is a court order that extends health care coverage to the child(ren) of a faculty or staff member who is divorced, separated, or never married.
Making and Changing Your Benefit Elections

If you are newly hired faculty or staff, you have 31 days from 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 life event.

Open Enrollment: November 1 – 21, 2018

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). In addition, if you do not complete the biometric screening, including the Health Power Assessment, and the spousal/LDA (if applicable) and tobacco certifications, a higher medical premium will apply.

Enrolling Dependents

You must enroll your eligible dependents during the enrollment period. You cannot add them later unless you have a qualifying life event.

Enrolling Online

Benefits Enrollment is a paperless process that is done online through Employee Self-Service. To access Employee Self-Service, you must be connected to Loyola’s network, either on campus or via Loyola Secure Access (LSA). For questions about LSA, please contact the ITS Help Desk at helpdesk@luc.edu or by phone at 773-508-4487. For your reference, Employee Self-Service is compatible with Firefox and Google Chrome internet browsers.

Be prepared in advance. Before you access the system, have your dependent information (including documentation to verify eligibility with date of birth, full legal name, and Social Security Numbers for all members) and beneficiary information available.

<table>
<thead>
<tr>
<th>Enrollment Instructions</th>
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<tr>
<td>Follow these simple online enrollment steps:</td>
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</table>

**Step 1**
Open your browser and visit [https://lawson.luc.edu](https://lawson.luc.edu).
(Employee Self-Service is compatible with Firefox and Google Chrome internet browsers.)

**Step 2**
Use your Loyola User ID and password to log in.
Select Bookmarks > Employee Self-Service > Benefits > New Hire Enrollment.

**Step 3**
If you are adding dependents to any plans, be sure you have the proper documentation to verify eligibility. You will be required to upload supporting documents via Employee Self-Service as you complete your benefit elections.

**Step 4**
When completing the Life Insurance section, the beneficiary information you provide for your Basic Life insurance plan will apply to any Supplemental Life and AD&D that you select. To add beneficiary information, select Bookmarks > Employee Self-Service > Benefits > Beneficiary.

**Step 5**
Print your benefits elections — this is your confirmation statement. So be sure to keep your confirmation statement for your records.

**Step 6**
To apply for Long-Term Care Insurance, contact LifeSecure at 855-568-6236 or visit [www.luc.edu/hr/benefits](http://www.luc.edu/hr/benefits).

**Step 7**
To enroll in and increase your 403(b) Defined Contribution Retirement Plan contributions, contact Transamerica at 773-508-2770 or visit [https://luc.trsretire.com](https://luc.trsretire.com).

**Step 8**
If you have difficulty enrolling in your benefits, please contact Human Resources at Benefits@luc.edu.

**Step 9**
Review your first paystub in January (or the month in which your coverage begins) to ensure your 2019 premium deductions are correct.
Use Your Resources: Talk to Alex

Alex is an interactive “benefits counselor” that can help you find your best option for health insurance and other benefits.

Alex®, the official Loyola University Chicago benefits counselor, walks you through the process of electing your best benefits, and provides easy-to-understand explanations for any questions you might have along the way.

You will receive personalized, confidential benefits guidance, which you can access on any computer, tablet, or smartphone. Before you make your enrollment decisions, let Alex help you find the plans that make the most sense for you.

Prepare to make the best benefits decisions at www.myalex.com/loyola/2019

REMINDER: After you visit Alex, you can enroll online. Benefit enrollment only takes place via Employee Self-Service at https://lawson.luc.edu.

For your reference, Employee Self-Service is compatible with Firefox and Google Chrome internet browsers.
**When Coverage Begins and Ends**

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. If adding coverage due to a qualifying life event, the effective date is the date of the qualifying life event and may be added retroactively. If this occurs, additional premiums may be owed or refunded depending on coverage levels that are changed. 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.

**Qualifying Life Events**

Your elections will be in effect for the entire plan year (January 1 through December 31), unless you have a qualifying life event. You can request a change in benefit elections within the first 31 days of the event. If you experience a qualifying life event, please contact the Human Resources Department at benefits@luc.edu.

Qualifying life 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 or foster child placement, 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); 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, a health savings account, and/or 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 benefits@luc.edu.
Medical & Prescription Drug Coverage

The PPO 1, PPO 2, and PPO 3 Medical Plan Options
- Loyola Medical Plan Options
- How the PPO 1 and PPO 2 Plan Options Work
- Terms to Know
- How the PPO 3 HSA is Similar to PPO 1 and PPO 2
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Benefits Value Advisor (BVA) Member Rewards Program

2019 Wellness Program

MDLIVE – Telemedicine

Preventive Care – Wellness Benefits

Hospital Benefits
- Inpatient Copay – Medical Services Advisory (MSA) Program
- Emergency Room Care

Medical Care When Traveling Abroad

Choosing the Right Medical Plan

Prescription Drug Benefits
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- CVS Caremark Mail Order Pharmacy for Maintenance Drugs
- CVS Caremark – Digital Benefits
- Drug Step Therapy
- Contraceptives
The PPO 1, PPO 2, and PPO 3 Medical Plan Options
Loyola Medical Plan Options
Loyola University Chicago provides health care coverage through the Loyola PPO 1 Plan (formerly the Loyola University Advantage Plan), the PPO 2 Plan, and the PPO 3 HSA Plan.
- The plans are Preferred Provider Organizations (PPOs). A PPO is 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 plan network and is the claims administrator.

How the PPO 1 and PPO 2 Plan Options Work
Here is how the PPO 1 (formerly known as “Loyola Advantage Plan”) and PPO 2 plans work (see the “Terms to Know” below for definitions of terms):

- The plans do 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 www.bcbsil.com/providers.
- Most routine preventive care from in-network doctors is covered 100% at no cost to you. For most other services, you pay health care costs until you meet the annual deductible.
- After you meet the annual deductible, the plans then pay 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 copay applies for emergency room visits and hospital admissions under PPO 1 and PPO 2.
- Once you reach the annual out-of-pocket maximum, the plans pay 100% of covered expenses for the remainder of the calendar year.
- There are no pre-existing condition limitations on the PPO 1 or PPO 2 Plans.
- Separate deductibles, coinsurance, and out-of-pocket maximums apply to prescription drug expenses.
- See the Health Plan Summary tables on pages 14-19 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. Prescription drugs (which have a separate deductible) do not count toward health plan deductibles in PPO 1 or PPO 2. The deductible for the PPO 3 HSA combines both medical expenses and prescription drugs. All family members’ expenses that count toward a health plan deductible accumulate together in the aggregate to satisfy the annual family deductible; however, one person will not pay more than the individual deductible of the plan chosen.

**Annual Out-of-Pocket Maximum** – Total amount you pay, out of pocket, each calendar year before the plans pay 100 percent of covered expenses for the rest of the calendar year. Expenses paid to satisfy the annual deductible count toward the annual out-of-pocket maximum. In PPO 1 and PPO 2, most covered expenses count toward the out-of-pocket maximum, except prescription drugs (which have a separate out-of-pocket maximum). PPO 3 HSA has a combined deductible for medical and prescription drugs.

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

**Copayment (copay)** – 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 providers. Loyola’s network is Blue Cross Blue Shield of Illinois.
How the PPO 3 HSA is Similar to PPO 1 and PPO 2
All of Loyola’s plan options have certain similarities:

- Preventive exams and certain preventive prescriptions are covered at 100% at no cost to you.
- You pay out-of-pocket health care costs until you reach the deductible. Then, you only pay coinsurance. If you reach your out-of-pocket maximum, that amount is the most you would pay during the year.
- All plan options utilize the large national BCBS PPO Network; and coinsurance is 90% when you use Home Hospitals (80% in-network). Prescription drugs are managed by CVS Caremark.
- When you complete the Biometric Screening and Health Power Incentive, you receive a $50-per-month reduction in monthly health insurance premiums.
- All plan options includes virtual visits through MDLIVE, Benefits Value Advisor, Blue365 Deals and more.
- All plan options feature the opportunity to save money for health care costs on a pre-tax basis through at least one spending/savings account.
- No plan option has a pre-existing condition limitation.
- The family deductible is embedded: this means that no single individual on a plan with employee and a spouse/LDA and/or child(ren) will have to pay a deductible higher than the individual deductible amount.
- You can visit any doctor or hospital you choose, though you save more when you stay in-network.

How the PPO 3 HSA Differs from PPO 1 and PPO 2
The PPO 3 HSA plan option has many unique features for you to consider:

- You will pay considerably lower monthly premiums. See the “2019 Premiums” section at the back of this booklet for specific monthly premium rates and the “Choosing the Right Medical Plan Scenarios” beginning on page 26 for more information. Talk to ALEX at www.myalex.com/loyola/2019 to receive a personalized plan recommendation.
- PPO 3 HSA has a combined medical and prescription drug out-of-pocket maximum whereas PPO 1 and PPO 2 out-of-pocket maximums are separate.
- Some preventive prescriptions require you to only pay coinsurance, even without meeting the deductible yet. The list of preventive drugs that qualify is available at www.caremark.com.
- The PPO 3 HSA is paired with a Health Savings Account (HSA) through BenefitWallet. This account comes with incentive money from Loyola in 2019. If you are a new hire in 2019 or switch to PPO 3 HSA in 2019 due to a life event, the following amount will be prorated:
  - $600 (Employee Only) or $1,200 (Employee + 1 or More)
- When you enroll in PPO 3 HSA, you will no longer be able to have a Health Care Flexible Spending Account (FSA) since you can’t contribute to an HSA and an FSA at the same time.
- However, you can contribute your own money to the HSA. The good news is that HSA limits are higher than that of a Health Care FSA so you can save even more of your money on a pre-tax basis. This money can be used on a pre-tax basis any time in 2019 for eligible medical, dental, and vision expenses for you and your eligible dependents. You can also choose to save this money for future medical expenses, or even invest it. Any investment earnings are not taxed, and the money (both your contributions and Loyola’s) stays in your account if unused (even if you change medical plans, retire, or leave Loyola).
- You may also contribute to a Limited Flexible Spending Account (LFSA) through BenefitExpress. You can contribute up to $2,700 on a pre-tax basis to use for eligible 2019 dental and vision expenses only.
- When you choose the PPO 3 HSA, Loyola pays for employee only Accident Insurance and a $10,000 Critical Illness Insurance benefit through Reliance Standard. You can choose to purchase a higher Critical Illness amount and/or either or both coverage for your dependents. This coverage is available for you to purchase on a voluntary basis if you choose PPO 1 or PPO 2.
- Coinsurance applies for emergency room visits under PPO 3 HSA until you meet the out-of-pocket maximum; however you also have accident insurance and critical illness insurance (as noted above) to give you peace of mind.
**Summary of Coverages – PPO 1 at a Glance**

Loyola now offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the PPO 1 and how it covers various types of health care services. For more detailed information, please visit our website at [www.luc.edu/hr](http://www.luc.edu/hr).

### PPO 1 (formerly “Loyola Advantage”)

<table>
<thead>
<tr>
<th></th>
<th>Home Hospital Benefits (Loyola University Health Systems and Gottlieb Hospital)</th>
<th>Network Benefits</th>
<th>Non-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td>$500</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>You + 1 or more</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Out of Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>You + 1 or more</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>Covered at 90% after deductible</td>
<td>Covered at 80% after deductible</td>
<td>Covered at 50% after deductible</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>Covered at 90% after deductible</td>
<td>Covered at 80% after deductible</td>
<td>Covered at 50% after deductible</td>
</tr>
<tr>
<td><strong>Wellness Visits</strong></td>
<td>Covered at 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Health Services</strong>*</td>
<td>$150 copay; waived if admitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital - Inpatient Stay</strong></td>
<td>Covered at 90% after $100 copay (per admission fee)</td>
<td>Covered at 80% after $250 copay (per admission fee) and deductible</td>
<td>Covered at 50% after $500 copay (per admission fee) and deductible</td>
</tr>
<tr>
<td><strong>Hospital - Outpatient Surgery</strong></td>
<td>Covered at 90% after deductible</td>
<td>Covered at 80% after deductible</td>
<td>Covered at 50% after deductible</td>
</tr>
</tbody>
</table>

* 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 a hospital, contact BCBSIL within two business days, or benefits are reduced. There are limits for certain conditions, treatments and services, such as a limit of 45 visits per year for Private Duty Nursing. See Summary Plan Description for additional restrictions and limitations.

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**Save Time and Money with a Benefits Value Advisor**

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## Summary of Coverages – PPO 1 at a Glance

<table>
<thead>
<tr>
<th></th>
<th>PPO 1 (Formerly “Loyola Advantage”)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Hospital Benefits</td>
</tr>
<tr>
<td></td>
<td>(Loyola University Health Systems and Gottlieb Hospital)</td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
</tr>
<tr>
<td>Therapies (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Inpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after $100 copay (per admission) no deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Vision Care Services Routine Eye Exams</td>
<td>100%, one annual visit No deductible&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Eye Diseases</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Infertility Services&lt;sup&gt;3&lt;/sup&gt;</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Temporomandibular Joint Syndrome (TMJ)</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in- or out-of-network coverage level.
3. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.
4. 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.”
Summary of Coverages – PPO 2 at a Glance

Loyola now offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the PPO 2 and how it covers various types of health care services. For more detailed information, please visit our website at www.luc.edu/hr.

<table>
<thead>
<tr>
<th></th>
<th>PPO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Hospital Benefits</td>
</tr>
<tr>
<td></td>
<td>(Loyola University Health</td>
</tr>
<tr>
<td></td>
<td>Systems and Gottlieb</td>
</tr>
<tr>
<td></td>
<td>Hospital)</td>
</tr>
<tr>
<td>You</td>
<td>$1,200</td>
</tr>
<tr>
<td>You + 1 or more</td>
<td>$2,400</td>
</tr>
<tr>
<td>Out of Pocket You</td>
<td>$4,000</td>
</tr>
<tr>
<td>Out of Pocket You + 1</td>
<td>$8,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90%</td>
</tr>
<tr>
<td>Office Visit</td>
<td>Covered at 90% after</td>
</tr>
<tr>
<td></td>
<td>deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>Covered at 90% after</td>
</tr>
<tr>
<td></td>
<td>deductible</td>
</tr>
<tr>
<td>Wellness Visits</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Emergency Health</td>
<td>$150 copay; waived if</td>
</tr>
<tr>
<td>Services*</td>
<td>admitted</td>
</tr>
<tr>
<td>Hospital - Inpatient</td>
<td>Covered at 90% after $100</td>
</tr>
<tr>
<td>Stay</td>
<td>copay (per admission fee)</td>
</tr>
<tr>
<td>Hospital - Outpatient</td>
<td>Covered at 90% after</td>
</tr>
<tr>
<td>Surgery</td>
<td>deductible</td>
</tr>
</tbody>
</table>

* 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 a hospital, contact BCBSIL within two business days, or benefits are reduced. There are limits for certain conditions, treatments and services, such as a limit of 45 visits per year for Private Duty Nursing. See Summary Plan Description for additional restrictions and limitations.

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### Summary of Coverages – PPO 2 at a Glance

<table>
<thead>
<tr>
<th></th>
<th>Home Hospital Benefits (Loyola University Health Systems and Gottlieb Hospital)</th>
<th>Network Benefits</th>
<th>Non-Network Benefits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapies (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)</td>
<td>90% after deductible²</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after $100 copay (per admission) no deductible</td>
<td>80% after $250 copay (per admission) and deductible</td>
<td>50% after $500 copay (per admission) and deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after deductible²</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>90% after deductible²</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Vision Care Services</td>
<td>100%, one annual visit No deductible⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Eye Exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Diseases</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Infertility Services³</td>
<td>90% after deductible²</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Syndrome (TMJ)</td>
<td>90% after deductible²</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

---

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. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in- or out-of-network coverage level.

3. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.

4. 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.”
Summary of Coverages – PPO 3 HSA at a Glance
Loyola now offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the PPO 3 and how it covers various types of health care services. For more detailed information, please visit our website at [www.luc.edu/hr](http://www.luc.edu/hr).

<table>
<thead>
<tr>
<th>Annual Deductible (Expenses paid to satisfy the deductible count toward the annual out-of-pocket maximum)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You</strong></td>
</tr>
<tr>
<td><strong>You + 1 or more</strong></td>
</tr>
<tr>
<td><strong>Home Hospital Benefits</strong> (Loyola University Health Systems and Gottlieb Hospital)</td>
</tr>
<tr>
<td><strong>Network Benefits</strong></td>
</tr>
<tr>
<td><strong>Non-Network Benefits</strong></td>
</tr>
<tr>
<td><strong>You</strong></td>
</tr>
<tr>
<td>$2,800</td>
</tr>
<tr>
<td><strong>You + 1 or more</strong></td>
</tr>
<tr>
<td>$5,600</td>
</tr>
<tr>
<td><strong>Out of Pocket</strong></td>
</tr>
<tr>
<td><strong>You</strong></td>
</tr>
<tr>
<td><strong>You + 1 or more</strong></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
</tr>
<tr>
<td>Covered at 90% after deductible</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
</tr>
<tr>
<td>Covered at 90% after deductible</td>
</tr>
<tr>
<td><strong>Wellness Visits</strong></td>
</tr>
<tr>
<td>Covered at 100%</td>
</tr>
<tr>
<td><strong>Emergency Health Services</strong>*</td>
</tr>
<tr>
<td>Covered at 80% after deductible</td>
</tr>
<tr>
<td><strong>Hospital - Inpatient Stay</strong></td>
</tr>
<tr>
<td>Covered at 90% after deductible</td>
</tr>
<tr>
<td><strong>Hospital - Outpatient Surgery</strong></td>
</tr>
<tr>
<td>Covered at 90% after deductible</td>
</tr>
</tbody>
</table>

*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 a hospital, contact BCBSIL within two business days, or benefits are reduced.

There are limits for certain conditions, treatments and services, such as a limit of 45 visits per year for Private Duty Nursing. See Summary Plan Description for additional restrictions and limitations.

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## Summary of Coverages – PPO 3 HSA at a Glance

<table>
<thead>
<tr>
<th></th>
<th>PPO 3 HSA</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Home Hospital Benefits</strong> (Loyola University Health Systems and Gottlieb Hospital)</td>
<td><strong>Network Benefits</strong></td>
<td><strong>Non-Network Benefits</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ambulance</td>
<td>90% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapies (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Vision Care Services Routine Eye Exams</td>
<td>100%, one annual visit No deductible&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>50% no deductible</td>
</tr>
<tr>
<td>Eye Diseases</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Infertility Services&lt;sup&gt;3&lt;/sup&gt;</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Syndrome (TMJ)</td>
<td>90% after deductible&lt;sup&gt;2&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

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. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in-or out-of-network coverage level.
3. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.
4. 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.”
Benefits Value Advisor (BVA) Member Rewards Program

Incentives to Being a Better Consumer
Faculty and staff members enrolled in a Loyola PPO medical plan option will have the BCBS Benefits Value Advisor (BVA) available. A Benefits Value Advisor is a specially-trained person who can help you and your covered family members get benefit information, cost estimates, and information on contracting in-network providers for a number of health care services such as:

- CAT or CT Scans
- MRIs
- Endoscopy Procedures
- Colonoscopy Procedures
- Maternity Delivery Services

- Back or Spinal Surgery
- Knee Surgery
- Shoulder Surgery
- Hip Replacement or Joint Replacement Surgery
- Bariatric Surgery

Using the number on the back of your card, or the link within your Blue Access for Members portal, these personal advisors can assist you with finding cost-effective in-network services and scheduling appointments. Loyola will also reward you with cash back incentives for utilizing these advisors and using lower cost services. A sample list of services and incentives are listed below.

<table>
<thead>
<tr>
<th>Short Description</th>
<th>Reward Amount (most cost-effective)</th>
<th>Reward Amount (2nd most cost-effective)</th>
<th>Reward Amount (3rd most cost-effective)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td>$50</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>MRI &amp; MRI Abdomen with Contrast – CT Scan</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>PET Scan</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Breast Biopsy with Imaging</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>$250</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Knee &amp; Knee Replacement</td>
<td>$500</td>
<td>$250</td>
<td>$0</td>
</tr>
<tr>
<td>Ultrasound Exam*</td>
<td>$50</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Nasal/Sinus: Corrective Surgery-Septoplasty/Endoscopy-Sinus Surgery/Submucous Resection Inferior Turbinate</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Hysterectomy/Hysteroscopy</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
<tr>
<td>Carpal Tunnel</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
</tr>
</tbody>
</table>

*Common Maternity Services
How Does Member Rewards Work?

- Your physician recommends a medical service or procedure.
- You interact with Member Rewards online or via a Benefits Value Advisor (BVA).
- You select the location of choice and complete the procedure.
- The claim is paid. Member Rewards verifies that the location qualifies for a reward, and Vitals mails you a cash reward check.

Call a Benefits Value Advisor to help you compare costs on your next procedure.¹

A Benefits Value Advisor can:

- Help compare costs at different providers near you²
- Help you schedule your appointment
- Help with pre-certification
- Tell you about online educational tools

Which provider will you choose? The same procedure performed in the same area by different providers can vary greatly in cost.

One call may result in big savings!

Call the number on the back of your member ID card before your next procedure.

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¹All information is current as of Cost County. Costs and examples may not apply to every member’s situation.
²Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider of your choosing.
³Member communications and information from Benefits Value Advisors are not designed to replace the advice of healthcare professionals. Members are encouraged to seek advice from their doctors to discuss their health circumstances. Because of the variation in the areas within which Vitals health care providers offer services, cost estimates may vary and are subject to change, even in the same location. You should ask for a breakdown of charges and understand the terms of payment before agreement to the service. Additional services may be available by the provider and your current benefit plan. Charges are subject to the limitations, exclusions, and terms of your plan.

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Save time and money with a Benefits Value Advisor

- Call a Benefits Value Advisor
- Find a doctor or other provider
- Estimate your costs
- Schedule an appointment
- Get the care you need

One call may result in big savings!

Call the number on the back of your member ID card before your next procedure.
2019 Wellness Program

The 2019 Wellness Program will feature financial, health, and wellness opportunities on campus, including educational programs, walks/runs, and Blue Cross Blue Shield rewards to assist employees in leading healthy lifestyles.

Wellness Incentives

In 2019, wellness activities will continue to give you the opportunity to earn quarterly wellness cash incentives. By completing wellness challenges, events, preventive doctor visits, and physical activities, you can earn cash rewards every quarter! You do not have to be enrolled in a Loyola medical plan to earn the $75 quarterly reward. Additional information on the 2019 Wellness Program will be posted on the Human Resources webpage at www.luc.edu/hr/wellness.

Smoking Cessation Resources

Loyola offers faculty and staff several advocacy programs and resources in order to support smoking cessation—leading to a healthier lifestyle. For more information, please visit the Human Resources website at http://www.luc.edu/hr/wellness/smokingcessationresources or see page 82 for more details.

Blue Access for Members

Blue Access is available to all faculty and staff participating in Loyola’s medical plans. Go to www.bcbsil.com/member to log in or register. On the website you will be able to request an ID card, get an estimate of your cost of treatment, and view your claims. You will also be able to view and sign up for fitness facilities which offer discounts to BCBS members. See page 81 for more details.

Special Beginnings Maternity Program

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery. The program is free, easy, and confidential. Once you enroll, an experienced Blue Cross Blue Shield staff member will contact you and:

- Ask you questions to determine what support you will need
- Send you information, including a book about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

You can enroll in or ask questions about the program by calling 888-421-7781 Monday to Friday from 8:00AM – 6:30PM CST. Learn how you can protect the health of you and your baby at www.bcbsil.com/specialbeginnings.

<table>
<thead>
<tr>
<th>2019 Quarterly Wellness Activity</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Challenge</td>
<td>Jesuit Go-Move Challenge (February 2019), Loyola Annual Walking Challenge (June/July 2019)</td>
</tr>
<tr>
<td>Wellness Event</td>
<td>Wellness Presentations, Lunch-n-Learns (TBA)</td>
</tr>
<tr>
<td>Community Events</td>
<td>5k event, blood drive, community service</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Dental exam, vision exam, flu vaccine</td>
</tr>
<tr>
<td>e-Learning</td>
<td>Online at <a href="http://www.myhmihealth.com">www.myhmihealth.com</a></td>
</tr>
<tr>
<td>Healthy Activities</td>
<td>Nutrition, exercise, drinking 6-8 glasses of water per day</td>
</tr>
</tbody>
</table>

To earn the $75 quarterly wellness rewards, faculty and staff can complete wellness activities from the above examples and earn 125 points each quarter. You do NOT have to be enrolled in a Loyola medical plan to participate in the wellness activities or to receive the $75 reward. For more detailed information, please visit the Human Resources webpage, or log in to www.myhmihealth.com to review your quarterly activities and points earned.
MDLIVE – Telemedicine

The MDLIVE benefit gives you access to physicians and allows you to request prescriptions during or after normal business hours – including nights, weekends, and holidays. You can also use MDLIVE for non-emergency medical issues and when you need medical care while traveling.

Why use MDLIVE?
The virtual visit will only cost you $44. It allows you to connect with a doctor in the comfort of your home or office without needing a pre-scheduled appointment. Most visits take around 10 to 15 minutes, and if needed, a doctor can write a prescription for you (some states have limitations) that you can pick up at your local pharmacy.

What is MDLIVE?
With MDLIVE, you can access a doctor from your home, office, or on the go. Board Certified doctors can visit with you either by phone or secure video* to help treat any non-emergency medical conditions. MDLIVE doctors can diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice.

Who are the doctors?
MDLIVE has the nation’s largest network of telehealth doctors. Their specialties include primary care, pediatrics, emergency medicine, and family medicine.

What is the cost for this service?
- Registration is free (For your convenience, sign up in advance of using the service)
- The cost of the virtual visit is $44 and is paid via credit card at time of call

What are the most common conditions MDLIVE treats?
MDLIVE’s doctors are trained to treat a wide range of conditions. Some of the most common are:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bites
- Joint Aches
- Nausea
- Rashes
- Sinus Infections
- Sore Throat
- UTI

How do I contact MDLIVE?
You can access MDLIVE a number of different ways:
- Log on to the website at www.MDLIVE.com/LUC
- Download the MDLIVE App from the App Store, Google Play or Windows Store
- Call 800-770-4622

*Video consultations are available seven days a week from 6:00AM - 8:00PM CST.
Preventive Care – Wellness Benefits

Wellness means assuming responsibility for maintaining good health and incorporating good healthy habits and lifestyle choices to enhance your well-being 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.

<table>
<thead>
<tr>
<th>General Preventive Care Services Covered at 100% In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below are common preventive care services that the Loyola PPO Plans cover at 100% when you receive these services from a participating provider. 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 at no additional cost.</td>
</tr>
<tr>
<td>• Physical Exam*</td>
</tr>
<tr>
<td>• Well Baby and Child Care</td>
</tr>
<tr>
<td>• Well Woman Visits</td>
</tr>
<tr>
<td>• Immunizations</td>
</tr>
<tr>
<td>• Bone Density Test*</td>
</tr>
<tr>
<td>• Breast Exam*</td>
</tr>
<tr>
<td>• Gynecological Exam*</td>
</tr>
<tr>
<td>• Screening for Gestational Diabetes</td>
</tr>
<tr>
<td>• Obesity Screening and Counseling</td>
</tr>
<tr>
<td>• Digital Rectal Exam*</td>
</tr>
<tr>
<td>• Colonoscopy*</td>
</tr>
<tr>
<td>• Colorectal Cancer Screening*</td>
</tr>
<tr>
<td>• Prostate Test*</td>
</tr>
<tr>
<td>• Lab Procedures*</td>
</tr>
<tr>
<td>• Mammogram*</td>
</tr>
<tr>
<td>• Pap Smear*</td>
</tr>
<tr>
<td>• Smoking Cessation</td>
</tr>
<tr>
<td>• Health Education/ Counseling Services</td>
</tr>
<tr>
<td>• Health Counseling for Sexually Transmitted Infections and HIV</td>
</tr>
<tr>
<td>• Breastfeeding Support Supplies and Counseling</td>
</tr>
<tr>
<td>• Testing for HPV and HIV</td>
</tr>
<tr>
<td>• Screening and Counseling for Domestic Violence</td>
</tr>
</tbody>
</table>

*Routine exams are covered as preventive care services; however, diagnostic exams will apply toward your annual deductible.

For more information about wellness and preventive care, see the U.S. Preventive Services Task Force recommendations at www.uspreventiveservicestaskforce.org. Additionally, for women’s preventive services, see the guidelines supported by the Health Resources and Services Administration (HRSA) at www.hrsa.gov/womens-guidelines.

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 at www.bcbsil.com/providers.

Inpatient Copay – Medical Services Advisory (MSA) Program – There is a per admission copay 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 and Blue Shield 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 extends beyond the mother’s discharge date.
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 copay under PPO 1 or PPO 2. This copay is waived if you are admitted to the hospital. If you enroll in PPO 3 HSA, this type of care is covered at 80% (after you meet the deductible).

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. 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 Care When Traveling Abroad
If you are enrolled in any Loyola 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. Blue Cross Blue Shield Global Core provides Blue Cross and Blue Shield members with access to a network of traditional inpatient, outpatient and professional health care providers around the world. Like your passport, always carry your Blue Cross Blue Shield of Illinois (BCBSIL) ID card with you when you travel or live abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors, hospitals, and other health services in nearly 200 countries and territories around the world.

How Blue Cross Blue Shield Global Core Works:
- Before you leave home, contact BCBSIL for coverage details. Your coverage outside the U.S. may be different.
- Download the Blue Cross Blue Shield Global Core mobile app.
- Always carry your BCBSIL ID card.
- In an emergency, go directly to the nearest hospital.
- The Blue Cross Blue Shield Global Core Service Center is available 24 hours a day, seven days a week toll-free at 800-810-BLUE (2583) or by calling collect to 804-673-1177.

Call the Service Center when:
- You need to locate a doctor or hospital or need medical services. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospital stay.
- You need inpatient care. After calling the Service Center, you should also call BCBSIL Customer Service for precertification or pre-approval. You can find the telephone number on the back of your ID card. This number is different than the Blue Cross Blue Shield Global Core Service Center number.
Choosing the Right Medical Plan (For Salaries < $40,000)

For 2019, Loyola will offer three medical plan options through Blue Cross Blue Shield. While you may be satisfied with your current coverage in PPO 1 or PPO 2, the new PPO 3 HSA plan option may be a better fit for you (and your spouse/LDA and/or child(ren)). The scenarios below estimate how much your total out-of-pocket costs may be on an annual basis, depending on how much medical care you expect in 2019, if your salary is less than $40,000.

To estimate your best plan option, talk to Alex at www.myalex.com/loyola/2019 to receive a personalized recommendation.

<table>
<thead>
<tr>
<th>PPO 1</th>
<th>You</th>
<th>Family (You + Spouse / LDA + Child(ren))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Low Utilizer</td>
<td>**Mid Utilizer</td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$1,354</td>
<td>$1,354</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$500</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$121</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$1,618</td>
<td>$2,849</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO 2</th>
<th>You</th>
<th>Family (You + Spouse / LDA + Child(ren))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Low Utilizer</td>
<td>**Mid Utilizer</td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$888</td>
<td>$888</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$1,200</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$51</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$1,152</td>
<td>$3,013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO 3</th>
<th>You</th>
<th>Family (You + Spouse / LDA + Child(ren))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Low Utilizer</td>
<td>**Mid Utilizer</td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>-$600</td>
<td>-$600</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$600</td>
<td>$600</td>
</tr>
<tr>
<td>Medical/Rx deductible</td>
<td>$670</td>
<td>$2,800</td>
</tr>
<tr>
<td>Medical/Rx coinsurance</td>
<td>$0</td>
<td>$594</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$670</td>
<td>$3,394</td>
</tr>
</tbody>
</table>

Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!

<table>
<thead>
<tr>
<th>Plan Comparison</th>
<th>PPO 1 to New PPO 3 HSA</th>
<th>PPO 2 to New PPO 3 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO 1 to New PPO 3 HSA</td>
<td>-58.6%</td>
<td>19.1%</td>
</tr>
<tr>
<td>PPO 2 to New PPO 3 HSA</td>
<td>-41.9%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

*Low Utilizer assumed to have 2 non-preventive doctor visits/year and 1 generic prescription/month for You only, or 4 doctor visits/year and 2 generic prescriptions/month for Family.

**Mid Utilizer assumed to have 2 non-preventive doctor visits/year, 1 outpatient occurrence and 2 prescriptions/month (1 generic, 1 preferred brand) for You only, or 4 doctor visits/year, 2 outpatient occurrences and 4 prescriptions/month (2 generic, 2 preferred brand) for Family.

***Very High Utilizer assumed to meet Medical and Rx out-of-pocket maximum.
Choosing the Right Medical Plan (For Salaries $40,000 - $120,000)

For 2019, Loyola will offer three medical plan options through Blue Cross Blue Shield. While you may be satisfied with your current coverage in PPO 1 or PPO 2, the new PPO 3 HSA plan option may be a better fit for you (and your spouse/LDA and/or child(ren)). The scenarios below estimate how much your total out-of-pocket costs may be on an annual basis, depending on how much medical care you expect in 2019, if your salary is between $40,000 and $120,000. To estimate your best plan option, talk to Alex at www.myalex.com/loyola/2019 to receive a personalized recommendation.

<table>
<thead>
<tr>
<th>PPO 1</th>
<th><strong>You</strong></th>
<th><strong>Family (You + Spouse / LDA + Child(ren))</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Low Utilizer</em></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$2,188</td>
<td>$2,188</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$500</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$121</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$2,452</td>
<td>$3,683</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO 2</th>
<th><strong>You</strong></th>
<th><strong>Family (You + Spouse / LDA + Child(ren))</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Low Utilizer</em></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$1,722</td>
<td>$1,722</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$1,200</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$51</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$1,986</td>
<td>$3,847</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO 3 HSA</th>
<th><strong>You</strong></th>
<th><strong>Family (You + Spouse / LDA + Child(ren))</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Low Utilizer</em></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>-$600</td>
<td>-$600</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$1,334</td>
<td>$1,334</td>
</tr>
<tr>
<td>Medical/Rx deductible</td>
<td>$670</td>
<td>$2,800</td>
</tr>
<tr>
<td>Medical/Rx coinsurance</td>
<td>$0</td>
<td>$594</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$1,404</td>
<td>$4,128</td>
</tr>
</tbody>
</table>

Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!

<table>
<thead>
<tr>
<th></th>
<th>PPO 1 to New PPO 3 HSA</th>
<th>PPO 2 to New PPO 3 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You</strong></td>
<td>-42.8%</td>
<td>-29.3%</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>-12.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Low Utilizer</strong></td>
<td>-30.0%</td>
<td>-34.3%</td>
</tr>
<tr>
<td><strong>Mid Utilizer</strong></td>
<td>-35.3%</td>
<td>-23.4%</td>
</tr>
<tr>
<td><strong>Very High Utilizer</strong></td>
<td>-1.5%</td>
<td>-0.4%</td>
</tr>
<tr>
<td></td>
<td>-29.2%</td>
<td>-31.3%</td>
</tr>
</tbody>
</table>

*Low Utilizer* assumed to have 2 non-preventive doctor visits/year and 1 generic prescription/month for You only, or 4 doctor visits/year and 2 generic prescriptions/month for Family.

**Mid Utilizer** assumed to have 2 non-preventive doctor visits/year, 1 outpatient occurrence and 2 prescriptions/month (1 generic, 1 preferred brand) for You only, or 4 doctor visits/year, 2 outpatient occurrences and 4 prescriptions/month (2 generic, 2 preferred brand) for Family.

***Very High Utilizer*** assumed to meet Medical and Rx out-of-pocket maximum.
Choosing the Right Medical Plan (For Salaries $120,000+)

For 2019, Loyola will offer three medical plan options through Blue Cross Blue Shield. While you may be satisfied with your current coverage in PPO 1 or PPO 2, the new PPO 3 HSA plan option may be a better fit for you (and your spouse/LDA and/or child(ren)). The scenarios below estimate how much your total out-of-pocket costs may be on an annual basis, depending on how much medical care you expect in 2019, if your salary is more than $120,000. To estimate your best plan option, talk to Alex at www.myalex.com/loyola/2019 to receive a personalized recommendation.

<table>
<thead>
<tr>
<th></th>
<th>You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum $3,000 out of pocket Medical and $3,000 out of pocket Rx.</th>
<th>Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum $6,000 out of pocket Medical and $6,000 out of pocket Rx.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Low Utilizer</strong></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$2,389</td>
<td>$2,389</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$500</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$121</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$2,653</td>
<td>$3,884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum $4,000 out of pocket Medical and $3,000 out of pocket Rx.</th>
<th>Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum $8,000 out of pocket Medical and $6,000 out of pocket Rx.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Low Utilizer</strong></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$1,923</td>
<td>$1,923</td>
</tr>
<tr>
<td>Medical deductible</td>
<td>$210</td>
<td>$1,200</td>
</tr>
<tr>
<td>Medical copays/coinsurance</td>
<td>$0</td>
<td>$51</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Rx coinsurance</td>
<td>$54</td>
<td>$774</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$2,187</td>
<td>$4,048</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>You I pay annual premiums. I pay deductible and coinsurance up to a maximum $5,000 out of pocket.</th>
<th>Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance up to a maximum $10,000 out of pocket.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Low Utilizer</strong></td>
<td><strong>Mid Utilizer</strong></td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>-$600</td>
<td>-$600</td>
</tr>
<tr>
<td>Premiums (Assume Wellness)</td>
<td>$1,508</td>
<td>$1,508</td>
</tr>
<tr>
<td>Medical/Rx deductible</td>
<td>$670</td>
<td>$2,800</td>
</tr>
<tr>
<td>Medical/Rx coinsurance</td>
<td>$0</td>
<td>$594</td>
</tr>
<tr>
<td>Estimated Annual Cost</td>
<td>$1,578</td>
<td>$4,302</td>
</tr>
</tbody>
</table>

**Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!**

<table>
<thead>
<tr>
<th></th>
<th>PPO 1 to New PPO 3 HSA</th>
<th>PPO 2 to New PPO 3 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-40.5%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

*Low Utilizer* assumed to have 2 non-preventive doctor visits/year and 1 generic prescription/month for You only, or 4 doctor visits/year and 2 generic prescriptions/month for Family.

**Mid Utilizer** assumed to have 2 non-preventive doctor visits/year, 1 outpatient occurrence and 2 prescriptions/month (1 generic, 1 preferred brand) for You only, or 4 doctor visits/year, 2 outpatient occurrences and 4 prescriptions/month (2 generic, 2 preferred brand) for Family.

***Very High Utilizer*** assumed to meet Medical and Rx out-of-pocket maximum.
Prescription Drug Benefits

CVS Caremark Prescription Drug Program

- You will receive a new Pharmacy ID Card if you enroll in the new PPO 3 HSA medical plan option or are enrolling in a Loyola medical plan for the first time. (The coverage for prescriptions is the same if you remain in PPO 1 or PPO 2.) Please use your CVS Pharmacy ID Card to obtain your prescription. If you do not have your card, you can use the following information to obtain a prescription: **RX BIN#: 004336 – GROUP #: RX0804**

- PPO 3 comes with a Preventive Drug List. Generic Preventive Medications on this list are not subject to your deductible. You will only pay the applicable coinsurance for medications on the list. You can access your Preventive Drug List at [www.caremark.com](http://www.caremark.com).
- You use pharmacies including, but not limited to CVS, such as Walgreens, Target, Walmart, and more. For a complete list of participating pharmacies, go to [www.caremark.com](http://www.caremark.com).
- For maintenance prescriptions, you can have them delivered to your home through Mail Order.
- If you prefer to obtain your 90-day maintenance prescriptions through CVS retail pharmacies, you may do so with the same copay as mail order.
- For Specialty medications, you will be required to have these filled through the CVS Specialty pharmacy program. Specialty medication details can be found online at [www.cvsspecialty.com](http://www.cvsspecialty.com) or call 800-237-2767.
- Contact CVS Caremark by phone at **888-202-1654**.
- Sign Up for a User ID for easy online connections at [www.caremark.com](http://www.caremark.com).

**Special Note about Blood Glucose Test Strips:**

Beginning in January 2019, CVS Caremark coverage for blood glucose test strips will be changing from OneTouch to Accu-Chek. You will be able to order a new Accu-Chek meter and get a new prescription for Accu-Chek test strips. If you continue to use OneTouch test strips, you will pay 100 percent of the cost (unless medically necessary and your doctor requests prior authorization). If this change affects you, CVS Caremark will send you more information about this change.

**Special Note about Prescriptions for Contraceptives:**

As Loyola is a religious employer, prescriptions for contraceptives are excluded from all Loyola medical plan options. However, there is a program available whereby you can obtain certain contraceptive prescriptions at no cost to you, as part of the Affordable Care Act. Note: CVS Caremark can provide clients with a 30-day retail supply for contraceptives.

- In order to obtain these prescriptions, you will need to obtain and utilize a separate RX bin # and ID #, along with a SEPARATE ID card from CVS. The RX Bin # is RX3923.
- Contact **888-924-8738** to enroll in the Contraceptive Coverage and receive your separate ID card.
Summary of Coverages – PPO 1 and PPO 2 at a Glance

Prescription drug benefits are the same for those enrolled in PPO 1 or PPO 2. These plans have a *separate* deductible and out-of-pocket maximum for medical benefits and prescription drugs. Outpatient prescriptions (retail, mail order and specialty) are administered by CVS Pharmacy Management.

<table>
<thead>
<tr>
<th>Prescription Benefit: PPO 1 / PPO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Drugs</strong></td>
</tr>
<tr>
<td><em>Deductible does not apply to generic drugs</em></td>
</tr>
<tr>
<td>Generic Retail Pharmacy (up to 30 day supply)</td>
</tr>
<tr>
<td>Covered at 85%, you pay 15% to a maximum of $200 per script</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Brand &amp; Specialty Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Annual deductible applies</em></td>
</tr>
<tr>
<td>Preferred Brand &amp; Specialty Retail Pharmacy (up to 30 day supply)</td>
</tr>
<tr>
<td>$100 Employee $200 Employee + 1 or more</td>
</tr>
<tr>
<td>Covered at 70%, you pay 30% to a maximum of $200 per script</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Preferred Brand &amp; Specialty Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Preferred Brand &amp; Specialty Retail Pharmacy (up to 30 day supply)</td>
</tr>
<tr>
<td>$100 Employee $200 Employee + 1 or more</td>
</tr>
<tr>
<td>Covered at 55%, you pay 45% to a maximum of $400 per script</td>
</tr>
</tbody>
</table>

Annual Prescription out-of-pocket maximum includes Generic, Preferred Brand and Non Preferred Brands

$3,000 Employee /$6,000 Employee + 1 or more
### Summary of Coverages – PPO 3 HSA at a Glance

Prescription drug benefits work differently under the PPO 3 HSA. This plan has a *combined* deductible and out-of-pocket maximum for medical benefits and prescription drugs. Outpatient prescriptions (retail, mail order and specialty) are administered by CVS Pharmacy Management.

<table>
<thead>
<tr>
<th>Prescription Benefit: PPO 3 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Drugs</strong></td>
</tr>
</tbody>
</table>
| **Your annual medical and RX deductible is $2,800 for an individual or $5,600 for you + 1 or more.**  
**Until this deductible amount is met, you will pay 100%* for your prescriptions.** |
| **Generic Retail Pharmacy** (up to 30 day supply) | **Generic Mail Order** (90 day supply) |
| Once the deductible has been met, RX is covered at 80%, you pay 20% | Once the deductible has been met, RX is covered at 80%, you pay 20% |

<table>
<thead>
<tr>
<th><strong>Preferred Brand &amp; Specialty Drugs</strong></th>
</tr>
</thead>
</table>
| **Your annual medical and RX deductible is $2,800 for an individual or $5,600 for you + 1 or more.**  
**Until this deductible amount is met, you will pay 100% for your prescriptions.** |
| **Preferred Brand & Specialty Retail Pharmacy** (up to 30 day supply) | **Preferred Brand & Specialty Mail Order** (90 day supply) |
| Once the deductible has been met, RX is covered at 80%, you pay 20% | Once the deductible has been met, RX is covered at 80%, you pay 20% |

<table>
<thead>
<tr>
<th><strong>Non Preferred Brand &amp; Specialty Drugs</strong></th>
</tr>
</thead>
</table>
| **Your annual medical and RX deductible is $2,800 for an individual or $5,600 for you + 1 or more.**  
**Until this deductible amount is met, you will pay 100% for your prescriptions.** |
| **Non Preferred Brand & Specialty Retail Pharmacy** (up to 30 day supply) | **Non Preferred Brand & Specialty Mail Order** (90 day supply) |
| Once the deductible has been met, RX is covered at 80%, you pay 20% | Once the deductible has been met, RX is covered at 80%, you pay 20% |

*This plan comes with a Preventive Drug List. Generic medications on this list are not subject to your deductible. You will only pay the applicable coinsurance for medications on this list. You can access your Preventive Drug List at [www.caremark.com](http://www.caremark.com).*
Pharmacy 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 CVS Caremark. 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.caremark.com. Your doctor also may call 888-265-7790 for specialty scripts and 800-378-5697 for non-specialty scripts 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.

Medications Included in the Prior Authorization Program
Examples of drugs and drug categories that may be included in the prior authorization program include:

- Androgens/anabolic steroids
- Amphetamines
- Antibiotics (e.g., doxycycline/minocycline)
- Antifungal agents
- Erectile dysfunction
- Methylphenidate
- Narcolepsy
- Oral fentanyl
- PPI (Nexium, Dexilant)
- Specialty medications
- Tazorac

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.caremark.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 CVS Caremark 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 – CVS Specialty Services
To assist members who require specialty medications, CVS Specialty has arranged for a specialty pharmacy program through CVS Caremark. 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. At CVS Specialty, they will help you get the medication you need, when you need it, along with personalized support to make managing your condition a little easier. If you have additional questions, please contact CVS Specialty at 800-237-2767 or visit www.cvsspecialty.com/wps/portal/specialty.
CVS Caremark Mail Order Pharmacy for Maintenance Drugs

Get started with mail order easily:

- **Online** – visit [www.caremark.com/mailservice](http://www.caremark.com/mailservice)
- **By Phone** – call the number on your CVS Caremark member ID card for live help getting set up

**Be sure to have a prescription bottle in hand; all the information needed to get started is on the label.**

**Why Mail Order?** By utilizing the 90-day supply mail order feature, you can find savings on medications you take regularly, such as high blood pressure or diabetes medicine.

**Savings**—One 90-day supply typically costs less than three 30-day supplies, so you can be sure you are paying a lower price. In addition, CVS Caremark delivers by mail anywhere you choose with no cost for shipping.

**Convenience**—Mail delivery means no more monthly trips to the pharmacy, and with the automatic refills, you will not need to keep track of refill schedules. CVS Caremark will alert you 10 days before a refill in case you need to change the delivery date or location.

**Safety**—Every order is filled by a licensed pharmacist, then quality checked before shipping. The shipments are discreetly packaged, tamper-proof, weather-proof, and temperature-controlled. In addition, CVS Caremark will send status alerts by email, phone, or text.

**CVS Caremark – Digital Benefits**

Make sure to sign in for your prescription drug benefits and management. CVS Caremark digital tools make it easy to find ways to save money on your medications, and save time managing them for you and your family. So, be sure to register at [www.caremark.com](http://www.caremark.com) and download the CVS Caremark mobile app.

**Rx delivery by mail**

Start filling in convenient 90-day supplies with just a picture of your Rx label – mail order prescriptions typically cost less, so you may save money.

**Check drug costs and coverage**

View side-by-side comparisons of your medications to see where you can save.

**Find a network pharmacy**

Rx costs are lowest when you fill at a network pharmacy.

**Keep track of your Rx spending**

See how close you are to meeting your deductible and max out-of-pocket costs.

**Manage all your prescriptions in the same place**

Easily manage prescriptions you get from your local pharmacy, by mail, or through a specialty pharmacy in one place – the mobile app.

**Quick start new orders**

Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

**Quick and easy refills**

Scan your Rx label with your smartphone – or enroll in Text Refill Reminders.

**Customize notifications and reminders**

Choose how to receive information about your prescriptions – by text, email, or phone.
Dental & Vision Coverage

Dental Benefits
- Delta Dental PPO
- Guardian/First Commonwealth (DHMO)

Vision Benefits
- Overview
- Vision Service Plan (VSP)
- BCBS 365 EyeMed/Davis Discount (through the Loyola Medical PPO Plans)
Delta Dental PPO

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

<table>
<thead>
<tr>
<th>Features</th>
<th>Delta Dental PPO (In-network)</th>
<th>DeltaPremier</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible Per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$225</td>
<td>$225</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services</td>
<td>100% no deductible</td>
<td>90% no</td>
<td>90% no</td>
</tr>
<tr>
<td>Including sealants</td>
<td></td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80% no deductible</td>
<td>50% no</td>
<td>50% no</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>60% no deductible</td>
<td>50% no</td>
<td>50% no</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Annual Maximum Benefit Per Person</td>
<td>$1,800</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit for Children</td>
<td>50% coverage up to a lifetime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to Age 26</td>
<td>maximum of $1,500 per individual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-Determining Your Dental Costs

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. Be sure you are speaking openly with your provider about projected procedures and alternative cost savings options.
Delta Dental’s Health-Enhanced Benefits Program

<table>
<thead>
<tr>
<th>Delta Dental Eligible Members</th>
<th>Treatment</th>
<th>Coverage Level</th>
<th>Frequency per Benefit Year</th>
<th>Applies to Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with Diabetes, High Risk Cardiac Conditions, Kidney Failure, or Dialysis Conditions</td>
<td>Prophylaxis and periodontal maintenance cleaning -Or- Periodontal maintenance cleaning</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>Prophylaxis</td>
<td>Same % as the group-contracted benefit level</td>
<td>3 x total</td>
<td>Yes</td>
</tr>
<tr>
<td>Persons with Periodontal Disease, a History of Periodontal Surgery, Suppressed Immune System Conditions, or Cancer-Related Chemotherapy or Radiation</td>
<td>Prophylaxis and periodontal maintenance cleaning -Or- Periodontal maintenance cleaning -Or- Fluoride varnish (no age limits)</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total (following periodontal surgery)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For more information, visit Delta Dental of Illinois at [www.deltadentalil.com](http://www.deltadentalil.com) or call 800-323-1743.
Guardian/First Commonwealth (DHMO)
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. Participating dental providers may be found online at https://www.guardiananytime.com/fpapp/FPWeb/search.

Note: In-network providers are only located in the state of Illinois and Northwest Indiana, and the plan does not offer out-of-network benefits.

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

VSP® (Vision Service Plan) is the voluntary vision plan you are eligible to enroll in. The VSP plan offers eye care services through the VSP Signature network of service providers and access to national eye care chains. If you elect medical coverage through a Loyola PPO plan through Blue Cross Blue Shield, you are eligible for a basic vision exam and discounts on hardware through a Davis Vision or EyeMed provider.

With this plan, you may use any provider, but you will receive a higher level of benefits if you choose a VSP Signature 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. Plan features include the following:

<table>
<thead>
<tr>
<th>Vision Service Plan (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Services</td>
</tr>
<tr>
<td>Vision Exam</td>
</tr>
<tr>
<td>Lenses</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Bifocal</td>
</tr>
<tr>
<td>Trifocal</td>
</tr>
<tr>
<td>Lenticular</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
</tr>
<tr>
<td>Frames</td>
</tr>
<tr>
<td>Retail Providers ** (not a complete list)</td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Exam</td>
</tr>
<tr>
<td>Lenses</td>
</tr>
<tr>
<td>Frames</td>
</tr>
<tr>
<td>Contacts</td>
</tr>
</tbody>
</table>

**VSP added additional retail chain providers to give you additional service options and locations. Please visit [www.vsp.com](http://www.vsp.com) for specifics.

Finding a Vision Service Plan (VSP) provider:

For a list of participating providers please contact 800-877-7195 or visit [www.vsp.com](http://www.vsp.com).

_The name of the VSP Vision network is Signature!_
Additional VSP Plan Benefits:

- 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 a contact lens exam, there will be a copay of up to $60 of the contact lens exam (separate from eye exam copay).
- 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).
- VSP includes retail chain providers such as Costco and Visionworks to give you more service options and locations from which to choose.
- Maximize your benefits with an extra $20 to spend, on top of your allowance, on frames from a wide selection of featured frame brands such as Calvin Klein, Cole Haan, Flexon, Lacoste, Nike, and Nine West. Simply select a featured frame brand in any VSP doctor’s office and the $20 will automatically be applied to your purchase.
- Contact VSP by phone at [800-877-7195](tel:8008777195) or visit [www.vsp.com](http://www.vsp.com).

**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](tel:8664842020).

**Mail Order Contact Lenses**

Go to [www.vsp.com](http://www.vsp.com) to shop all contact lenses. Please make sure to check the special offers at vsp.com before you purchase your contacts to see if there are any additional discounts available.

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**BCBS 365 EyeMed/Davis Discount (through the Loyola Medical PPO Plans)**

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

- Go to [www.bcbsil.com/providers](http://www.bcbsil.com/providers).
- Select “Provider Finder.”
- Under “More Searches” select “Find a Vision Provider.”
- Select “Find Vision Provider for “Non-HMO Members.”

Routine vision exam is covered at 100% through the medical plan at BCBSIL PPO providers. For more information on additional Blue365 discounts, visit [www.blue365deals.com/BCBSIL](http://www.blue365deals.com/BCBSIL), or you can call [866-273-0813](tel:8662730813).

The relationships between Blue Cross Blue Shield, and EyeMed/Davis Vision providers 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.
Tax-Advantaged Accounts

Health Savings Account (HSA)
- How Health Savings Accounts (HSAs) Work
- HSA Frequently Asked Questions
- Getting Started
- Three Great Ways to Use Your HSA
- Examples of How Each Member Could Benefit from an HSA

Flexible Spending Accounts (FSAs)
- How Flexible Spending Accounts (FSAs) Work
- Enrollment
- How to Contribute
- FSA Debit Card – BenefitExpress
- Reimbursement Process
- Changing Your Flexible Spending Accounts

Dependent Day Care Flexible Spending Account
- Eligibility
- Limitations

Navigating the Pre-tax Options Compatibility Chart

Limited Flexible Spending Account (LFSA)

Health Reimbursement Account (HRA)

Qualified Health Care Eligible Expenses and Limitations

Compare Tax-Advantaged Accounts
Health Savings Accounts (HSAs)

How Health Savings Accounts (HSAs) Work

An HSA is a bank account that allows you to save and pay for your share of everyday qualified health care expenses tax free. You can pay for your expenses, those of your spouse, and any tax dependent (including LDAs) with your HSA – even if they are not covered by your health plan.

For the 2019 benefits year, Loyola is offering you the PPO 3 HSA. If you choose this plan option, a BenefitWallet Health Savings Account (HSA) will be available to you. You are strongly encouraged to elect to make your own contributions to the HSA.

The HSA comes with a wealth of triple tax-advantaged benefits:

- **Loyola will automatically deposit $600 (You only) or $1,200 (You + 1 or More) in your HSA in January 2019.** If you are a new hire in 2019 or switch to PPO 3 HSA in 2019 due to a life event, Loyola’s contribution will be prorated.
- The money in your HSA can be used anytime for qualified health care expenses – which can be especially helpful at the beginning of the year before your deductible is met.
- This money, and any additional money you choose to contribute to your HSA, is always tax free, and always yours. Unlike an FSA, HSA funds roll over year after year and you never lose it, even if you leave Loyola.
- Once the balance in your HSA reaches $1,000, you can invest your account. Any investment earnings are also tax free.
- You can use the money in your HSA for today’s health care expenses, or save it for unexpected future medical expenses. As long as you use the money for qualified expenses, this money can be withdrawn tax free.
- You can even save your HSA for retirement: once you reach age 65, the money in your HSA can be used for anything you wish – consider it an extra retirement nest egg.

If you enroll in PPO 3 HSA, you will receive a welcome letter with instructions on how to access and complete the set-up of your BenefitWallet HSA. At that time, you can create a User ID and password for BenefitWallet’s member portal, allowing you to easily and securely manage your account.

For a full overview and resources, please visit [www.mybenefitwalletsite.com/luc](http://www.mybenefitwalletsite.com/luc).

You can contribute up to the following amounts tax free in 2019:

- **$3,500 total** = $600 Loyola + up to $2,900 (you)
- **$7,000 total** = $1,200 Loyola + up to $5,800 (you + 1 or more)

*If you are 55 or older, you can contribute an additional $1,000 in catch-up contributions, too.*
HSA Frequently Asked Questions

**How do I qualify for an HSA?**
You must be enrolled in an HSA qualified health plan which is the PPO 3 HSA option. If addition, you cannot be covered by another health plan (including Medicare or Tricare) or be claimed as a dependent on another person’s tax return.

**How do I make deposits to my HSA?**
You can contribute to your account with payroll deductions, online by making deposits from your checking account, or by mailing a personal check.

**Do HSA funds expire?**
Your HSA funds never expire. Any funds you don’t spend roll over year after year and can be saved for retirement. Although there is an annual limit for contributions, there is no limit to the total amount saved in your account.

**Is there an annual contribution limit?**
For 2019, the total annual contribution limit is $3,500 if you cover just yourself, and $7,000 if you have coverage for yourself plus your spouse/LDA and/or your child(ren). *These limits include both your contributions and Loyola’s contributions.* If you are age 55 or older, you can contribute an additional $1,000 annually as a catch-up contribution.

**What expenses qualify for payment from an HSA?**
Funds in your HSA can be used to pay for any out-of-pocket expenses that you owe as part of your health plan – doctor’s visits, prescriptions, lab tests, and hospitalizations. Additionally, dental, vision, acupuncture, and chiropractic expenses can also be paid with your HSA. For a complete list of qualified expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

**What happens to my HSA when I turn 65?**
If you do not enroll in Medicare and remain in an HSA-qualified health plan, you can continue to contribute to your HSA as you did before age 65. If you choose to enroll in Medicare, you are no longer eligible to contribute to your HSA, but you can continue to use it for qualified expenses. Additional expenses qualify at age 65, including certain Medicare premiums. At age 65 you are also no longer subject to the HSA excise tax, allowing you to use your HSA for non-qualified expenses and just pay regular income tax – similar to how you can use funds from the Defined Contribution Retirement Plan (DCRP 403(b) plan) in retirement.

**Can I still enroll in a Flexible Spending Account (FSA) if I enroll in the PPO 3 HSA plan option?**
You can contribute to a Dependent Day Care FSA but you cannot contribute to a Health Care FSA. You can enroll in a Limited Flexible Spending Account (LFSA), which can only be used toward eligible dental and vision expenses. The maximum you can contribute in 2019 is $2,700.

**What happens if I change jobs or health plans?**
You own your HSA. If you change jobs or health plans, you continue to own your account. If you enroll in another HSA-qualified health plan, you can continue to contribute to your HSA. If you choose another type of health plan, you are still eligible to spend the funds in your HSA on qualified medical expenses — for you, your spouse, and your tax dependents.

**What are the fees for having this account?**
The monthly maintenance fee is employer-paid by Loyola as long as you are enrolled in PPO 3. This fee is $1.90 per employee per month if the monthly average balance is $3,000 or less. No fees apply if the monthly average balance is $3,000 or higher.
**Getting Started**

If you enroll in the PPO 3 HSA, BCBS will send your election to BenefitWallet and initiate your HSA. You will receive a welcome kit from BenefitWallet with instruction on completing your account set-up. Because this is your account, you must complete the set-up of the account before you can access funds in the account. Note: If you have more than one BenefitWallet account (such as from a previous employer), you will be able to access them with the same User ID and password.

Access the BenefitWallet member portal at [www.mybenefitwallet.com](http://www.mybenefitwallet.com). Complete your set-up and you will be mailed a Visa® HSA debit card.

Loyola will fund your HSA in early January, or the first day of the month in which you become HSA-eligible. You can also contribute via payroll deduction on a pre-tax basis.

- You can only access the funds that are currently in your account.
- Choose to spend it on today’s health care expenses or save for future expenses.
- Never pay taxes when using your HSA for qualified health care expenses.

**Three Great Ways to Use Your HSA**

1. **Spend up to 35% Less on Today’s Health Care Costs**
   Extend the buying power of your income today. Use your HSA to pay for health care expenses for you and your family. Your tax-free savings help you spend up to 35% less on everyday qualified expenses, such as medical, dental and vision care.

2. **Save for Your Health Care Safety Net**
   Perhaps you don’t have a lot of health expenses today, but you know your health plan has a big deductible. Unsure how you would pay for a large, unexpected health care expense? Give yourself peace of mind. Build a safety net that rolls over year after year with your HSA.

3. **Invest for Your Future and Retirement**
   Your HSA is the ideal tool to prepare for the $300,000 needed per couple for out-of-pocket medical expenses in retirement. Similar to a 401(k) for health care, you can invest $3,000 per year and watch it potentially grow to help cover your retirement medical expenses.
Examples of How Each Member Could Benefit from an HSA

In Your Early 20s: Meet Mike (salary < $40,000)

Mike has limited resources because he is paying off student loans. He’s young and healthy, so he doesn’t have many health-related expenses. He enrolls in the PPO 3 HSA plan option because the per pay period premiums are less than PPO 1 & PPO 2. He does not have any dependents so he chooses employee-only coverage. His annual premiums will be $600 because he participated in the biometric screening and Health Power Assessment. Loyola contributes $600 to his HSA in January just for signing up for the PPO 3 HSA plan. Mike will also have peace of mind with the Accident and Critical Illness insurance benefits that are also paid for by Loyola in the case of an unfortunate medical situation during the year. He submits his biometric screening results to Reliance Standard and receives $75 from the Accident Insurance benefit and another $50 from the Critical Illness benefit. He can put this money into his HSA to help save for the future.

Why should Mike save in an HSA right now?
- Mike can use his HSA funds for qualified health care expenses, such as office visits, prescriptions, dental care, or vision care.
- Once his HSA balance reaches $1,000, he can start investing with his HSA—yet can still access the funds any time.
- By starting now, Mike will build an important safety net for future health care expenses—or even retirement.

In Your Late 30s: Meet Emma and Max (salary $40,000 - $120,000)

Emma (Loyola staff employee) and her husband Max are a young family on a budget with a third child on the way. Emma knows she will have a lot of medical expenses with the new baby due in February. Since money is tight and the family has little disposable income, Emma can choose the new PPO 3 HSA plan with a $5,600 family deductible instead of her current PPO 2 plan. With all three benefit plans being embedded Emma cannot exceed the individual deductible and individual out of pocket expense and she is the only family member incurring expenses. Loyola contributes $1,200 to Emma’s HSA in January just for signing up for the PPO 3 HSA plan. She knows she will incur medical expenses so she can save money pre-tax into her HSA that she can use as they accumulate, or reimburse herself later. She can take the premium and maximum out-of-pocket differential and contribute that into her HSA. In the example below, we assume Emma is the only family member incurring deductible expenses. Emma and Max will save hundreds of dollars in taxes, paying up to 35% less since the money came out of Emma’s paycheck tax-free and will not be taxed when used for eligible health care expenses.

<table>
<thead>
<tr>
<th>Example: Savings with the PPO 3 HSA</th>
<th>PPO 2</th>
<th>PPO 3 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma’s Deductible</td>
<td>$1,200</td>
<td>$2,800</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$2,800</td>
<td>$2,200</td>
</tr>
<tr>
<td>Maximum Medical Out of Pocket for Emma</td>
<td>$4,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum Prescription Out of Pocket for Emma</td>
<td>$3,000</td>
<td>Included in Medical</td>
</tr>
<tr>
<td>Maximum Medical and RX Out of Pocket Maximum</td>
<td>$7,000</td>
<td>-</td>
</tr>
<tr>
<td>Loyola HSA Contribution</td>
<td>$0</td>
<td>($1,200)</td>
</tr>
<tr>
<td>Annual Premiums from Payroll Deductions</td>
<td>$7,025</td>
<td>$5,646</td>
</tr>
<tr>
<td>Estimated Annual Cost for Emma in 2019</td>
<td>$14,025</td>
<td>$9,446</td>
</tr>
<tr>
<td>Annual Difference between PPO 2 and PPO 3 HSA</td>
<td>$4,579</td>
<td></td>
</tr>
</tbody>
</table>
In Your Mid 50s: Meet Joe and Julie

The youngest child of Joe (Loyola faculty member) and his wife Julie has just completed college and moved out of their family home. Now empty nesters, they are committed to retiring in the next five to eight years. They have a good start on saving, but their biggest concern is the cost of health care in retirement. (According to HealthView Services’ 2016 Retirement Health Care Costs Data Report, the average couple needs $370,000 for medical expenses in retirement!)

Since Joe is age 55, he can contribute an extra $1,000 to the HSA each year on top of maxing out the HSA contributions with $1,200 from Loyola and $5,800 in payroll deductions (including the catch-up contribution). Joe and Julie have over $1,000 in their HSA, so they are eligible to invest that money in a variety of mutual funds available through BenefitWallet. Investment gains in HSAs are not taxed; this will preserve their savings for future expenses. Here is an example of how investing HSA funds can help build savings over time.

Assumes $3,000 contribution to investment account yearly, earning 8% annual return. All returns and principal remain invested each year.

BenefitWallet is not recommending any investment, nor can it assure you of a profit or protect you against any loss on any investment made under the BenefitWallet investment platform.

In Your Early 60s: Meet Andy and Alicia

Andy and Alicia are planning to retire in the next couple of years. They have each diligently saved in their 403(b) plans. Now, they would like to contribute up to the maximum in an HSA to help prepare for retirement – whether for medical expenses or for everyday bills.

How can an HSA help Andy and Alicia?

• They can spend their HSA funds on qualified medical expenses in retirement, including Medicare premiums (Parts A, B and D) – all tax free!
• After age 65, HSA funds can be used for any expense at all, just like a 403(b).
• No minimum required distributions gives flexibility to their withdrawal strategy during retirement.
• HSA funds transfer to the spouse upon an account holder’s death, with no tax implications. If you are not married, the account will become part of your estate.

However, regarding HSAs and Medicare, Andy and Alicia will want to pay attention to these notable points.

• Becoming eligible for Medicare does not impact their ability to make contributions or withdrawals from the HSA, assuming they remain HSA eligible.
• If Alicia enrolls in Medicare, Andy (the HSA account holder) can still contribute to the HSA as long as he is covered by an HSA-qualified health plan.
• Once they are both enrolled in Medicare, they can no longer contribute to the HSA, but they can use it to pay for qualified expenses.

Learn more about HSAs and Medicare on the HSA education site: www.mybenefitwalletsite.com/luc.
If you are a full-time University benefit-eligible faculty or staff (.80 or higher), you are eligible to enroll in flexible spending accounts. If you are enrolling in PPO 3 HSA, you will be eligible to enroll in a limited flexible spending account (dental and vision only) instead of a full health care flexible spending account. Dependent care flexible spending accounts are available regardless of health care plan option chosen, as long as you have at least one eligible dependent.

**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 one of more 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.

**Example: Savings with a Health Care FSA: Contributing $2,700 Annually**

<table>
<thead>
<tr>
<th>Savings Result in This Example: $810*</th>
<th>Without FSA</th>
<th>With FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$35,000</td>
<td>$35,000</td>
</tr>
<tr>
<td>Contributions to FSA</td>
<td>$0</td>
<td>$2,700</td>
</tr>
<tr>
<td>Taxable Income After Deductions to Your FSA</td>
<td>$35,000</td>
<td>$32,300</td>
</tr>
<tr>
<td>Estimated Taxes Combined Federal, State &amp; FICA (30%)</td>
<td>$10,500</td>
<td>$9,690</td>
</tr>
<tr>
<td>After-tax Income</td>
<td>$24,500</td>
<td>$22,610</td>
</tr>
<tr>
<td>Non-taxable Flex Reimbursement</td>
<td>$0</td>
<td>$2,700</td>
</tr>
<tr>
<td>Take-home Pay</td>
<td>$24,500</td>
<td>$25,310</td>
</tr>
<tr>
<td><strong>Increased Take-home Pay</strong></td>
<td><strong>$0</strong></td>
<td><strong>$810</strong></td>
</tr>
</tbody>
</table>

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

BenefitExpress administers the Flexible Spending Accounts for Loyola University Chicago. 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 BenefitExpress at 253-793-3766. For additional information, call 877-837-5017. The mailing address is:

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

**Enrollment**

If you are a benefit-eligible new hire, you may participate in either or both the Health Care (Limited, for PPO 3 only) and Dependent Day Care Flexible Spending Accounts. You must enroll through Employee Self-Service 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 or the birth of a child during the year.
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, and how much to contribute to each account. You cannot stop, start, or change this decision during the calendar year unless you experience certain qualifying events, as defined by the IRS and the Plan. Annual enrollment is an IRS regulation. You make your contribution elections through Employee Self-Service (ESS) during the enrollment process.

**How to Contribute**

Maximum allowable contributions limit the salary dollars you may set aside. The Health Care FSA and Limited FSA yearly maximum election in 2019 is $2,700 (increase from $2,650 in 2018); 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 the following:

Any money not used for allowable expenses within the 2018 calendar year will be forfeited and will not be refunded. Requests for reimbursement of dollars expended within the benefit calendar year must be submitted to BenefitExpress along with the required documentation, prior to March 31, 2019. Beginning in 2020, Loyola will allow 2019 Health Care and Limited FSA participants to carry over up to $500 of any amount remaining unused as of the end of the year (2019) to the following year (2020). Note: Expenses reimbursed through these accounts cannot be claimed as deductions or credits when you file your income tax returns.

If both spouses participate in their respective employer’s Dependent Care FSA plans, they may have a combined household pre-tax contribution of $5,000 for the taxable year but neither may contribute more than the $2,500 per person pre-tax limit (e.g., one cannot contribute $2,000 and the other contribute $3,000).

To avoid forfeiture of your yearly elections, carefully consider 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 plan years. IRS regulations require that all funds be used or forfeited in the plan year the salary reduction was made.

**FSA Debit Card – BenefitExpress**

The BenefitExpress debit card 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 are not eligible for reimbursement 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 purchase 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.

**Reimbursement Process**

If you are not using the debit card for some or all expenses, you may submit requests for reimbursement to BenefitExpress, 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 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 BenefitExpress by visiting www.loyolaexpress.com.

You are required to use the FSA Reimbursement Request Form for submitting all eligible expenses to BenefitExpress. BenefitExpress 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. A minimum of $25 in expenses is required 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.

**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.

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.

**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.

Employees who terminate during the calendar year have 90 days following their termination date to submit claims which were incurred prior to the termination date.

---

**Enroll Every Year**

*If you are participating in a Health Care, Limited, or Dependent Day Care Flexible Spending Account (FSA), you must enroll every year. Your current election does not automatically carry over from one year to the next.*
Dependent Day Care Flexible Spending Account

Eligibility
The Dependent Day Care Account is designed to pay for the care of eligible dependent children or adults while you (and your spouse, if married) are at work. Eligible dependents are defined as children under age 13, or a spouse or legal dependent of any age whom is physically or mentally incapable of self-care. Eligible expenses include:

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

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.

Limitations
Please note the following 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.
- Dependent care, such as private babysitting, 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.

Navigating the Pre-tax Options Compatibility Chart
The chart below shows which accounts you are eligible to contribute to, based on your medical plan coverage. See page 52 for more details on these accounts.

<table>
<thead>
<tr>
<th>Enrolled in PPO 3 HSA</th>
<th>Health Care Flexible Spending Account (FSA)</th>
<th>Health Savings Account (HSA)</th>
<th>Limited Health Care Flexible Spending Account (LFSA)</th>
<th>Dependent Care Flexible Spending Account (FSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="true" alt="Checkmark" /></td>
<td><img src="true" alt="Checkmark" /></td>
<td><img src="true" alt="Checkmark" /></td>
<td><img src="true" alt="Checkmark" /></td>
</tr>
<tr>
<td>Enrolled in PPO 1 or PPO 2</td>
<td><img src="true" alt="Checkmark" /></td>
<td></td>
<td></td>
<td><img src="true" alt="Checkmark" /></td>
</tr>
</tbody>
</table>

FSA Store – Use Your Extra Flexible Spending Account Funds by Year-End
If you have funds left in your Health Care Flexible Spending Account at the end of the year, you must use these or forfeit them. BenefitExpress partners with FSA Store online to offer exclusive discounts on more than 4,000 eligible health care items like bandages, sunscreen, heat wraps, insoles, and more! Plus, orders of $50 or more are eligible for free shipping. Visit [www.myfsaexpress.com/fsaextras](http://www.myfsaexpress.com/fsaextras) to get started. Use promo code BENEXPOE to get an additional $10 off your order.
Limited Flexible Spending Account

The Limited Flexible Spending Account (LFSA) is similar to a Health Care FSA, however the LFSA only reimburses for eligible dental and vision expenses. This account cannot be used for medical expenses, or dental and vision expenses incurred in a prior plan year.

You can contribute up to $2,700 for eligible dental and vision expenses in 2019. Similar to a Health Care FSA, funds must be used in the 2019 plan year while employed at Loyola; otherwise, the funds expire. Contributions can be elected through Employee Self-Service during Open Enrollment.

This account (available from BenefitExpress) will be available to you only if you will have a Health Savings Account (HSA) in 2019, if you enroll in PPO 3 HSA. Like the other FSAs, the funds are available for use at the beginning of the year and deducted from your paychecks throughout the year.

Health Reimbursement Account

The Health Reimbursement Account (HRA) is a special account available only to PPO 3 HSA participants who are not eligible for an HSA because they are enrolled in Medicare. The HRA is an account that allows participants to receive Loyola’s contributions of $600 (Employee Only) or $1,200 (Employee + 1 or More). Loyola will fund the account in January (new hires eligible for this account will receive a prorated amount). These funds can be used for eligible expenses in 2019, including health care, dental, and vision expenses.

Unlike the HSA, the funds will be available only during the plan year 2019, and any remaining balance will expire at the end of the year, or sooner if you retire or leave Loyola. The HRA is administered by BenefitWallet; you will receive communications from BenefitWallet regarding your account. A debit card will also be provided.

No contributions can be made to an HRA, however, employees eligible for this account may contribute to a Health Care Flexible Spending Account (FSA) through BenefitExpress. Eligible expenses are listed below, as well as on the next page.

Qualified Health Care Eligible Expenses and Limitations

Many different health care expenses are eligible for reimbursement from your Health Care Flexible Spending Account, Health Savings Account, and/or Limited 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 Account are eligible for reimbursement. For example, you may claim reimbursement for the following expenses:

- Health care deductible expenses
- Copays
- Expenses not covered by plans
- Routine physical or dental examinations
- Infertility treatments
- Braces and other orthodontia
- Prescription or maintenance drugs
- Vision expenses
- Hearing care expenses

Please review the table on the next page listing common eligible and ineligible expenses.
### Health Care FSA/HSA/HRA - Eligible Expenses

The list below shows examples of eligible expenses. For a complete listing, consult IRS Publication 502.

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Diathermy</th>
<th>Prescription drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal support</td>
<td>Doctor office visits</td>
<td>Psychiatric care</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Fertilization services</td>
<td>Psychological fees</td>
</tr>
<tr>
<td>Ambulance hire</td>
<td>Gynecological exams</td>
<td>Psychotherapist fees</td>
</tr>
<tr>
<td>Air conditioner for allergy relief (if prescribed by doctor; cannot be central A/C)</td>
<td>Hospital bills</td>
<td>Sex therapy</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Immunizations</td>
<td>Special diets</td>
</tr>
<tr>
<td>Artificial limbs/prosthesis</td>
<td>Lab exams</td>
<td>Surgeon fees</td>
</tr>
<tr>
<td>Alcoholism treatment</td>
<td>Medical clinic visits</td>
<td>Therapeutic care</td>
</tr>
<tr>
<td>Back support</td>
<td>Nephropathy</td>
<td>(for drug and alcohol abuse)</td>
</tr>
<tr>
<td>Birth control pills</td>
<td>Neurological fees</td>
<td>Transplants</td>
</tr>
<tr>
<td>Braces</td>
<td>Nurse fees</td>
<td>Wheelchair</td>
</tr>
<tr>
<td>Braille books/magazines</td>
<td>Obstetrician fees</td>
<td></td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>Orthopedic shoes</td>
<td></td>
</tr>
<tr>
<td>Copays for insurance</td>
<td>Osteopath</td>
<td></td>
</tr>
<tr>
<td>Crutches</td>
<td>Over-the-counter drugs*</td>
<td></td>
</tr>
<tr>
<td>Dermatological fees</td>
<td>Oxygen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pediatrician fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatrist fees</td>
<td></td>
</tr>
</tbody>
</table>

*Over the counter drugs are eligible only when prescribed by a doctor.

### Health Care FSA/HSA/HRA - Limitations

The list below shows examples of ineligible expenses. For a complete listing, consult IRS Publication 502.

<table>
<thead>
<tr>
<th>Bottled water</th>
<th>Maternity clothes, diaper services, etc.</th>
<th>Operation expenses from illegal procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetics, toiletries, toothpaste, etc.</td>
<td>Membership fees or costs associated with weight loss or smoking cessation programs if not prescribed by a doctor</td>
<td>Premiums for benefits</td>
</tr>
<tr>
<td>Cosmetic surgery</td>
<td></td>
<td>Special schools</td>
</tr>
<tr>
<td>Custodial care in an institution</td>
<td></td>
<td>Uniforms</td>
</tr>
<tr>
<td>Funeral and burial expenses</td>
<td></td>
<td>Vacations or travel taken for general health purposes</td>
</tr>
<tr>
<td>Health club fees</td>
<td></td>
<td>Vitamins taken for general health purposes</td>
</tr>
<tr>
<td>Household and domestic help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage or family counseling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Compare Tax-advantaged Accounts

Loyola offers a variety of accounts to help you save money on health care and dependent expenses throughout the year.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Health Care Flexible Spending Account (FSA)</th>
<th>Health Savings Account (HSA)*</th>
<th>Limited Health Care Flexible Spending Account (LFSA)**</th>
<th>Health Reimbursement Account (HRA)***</th>
<th>Dependent Care Flexible Spending Account (FSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employees who do not have an HSA</td>
<td>Full-time or part-time employees who are enrolled in the PPO 3 HSA plan, who are not enrolled in Medicare</td>
<td>Full-time or part-time employees who are enrolled in the PPO 3 HSA plan and have an HSA</td>
<td>Full-time or part-time employees who are enrolled in the PPO 3 HSA plan and are also enrolled in Medicare/ ineligible for an HSA</td>
<td>Full-time employees (regardless of medical plan coverage)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>Eligible health care expenses (including dental, vision and prescription drug expenses)</th>
<th>Eligible health care expenses (including dental, vision and prescription drug expenses)</th>
<th>Eligible dental and vision expenses</th>
<th>Eligible health care expenses (including dental, vision and prescription drug expenses)</th>
<th>Eligible child and adult day care expenses while you are at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loyola Contributions</td>
<td>No</td>
<td>$600 (You) $1,200 (You + 1 or More)</td>
<td>No</td>
<td>$600 (You) $1,200 (You + 1 or More)</td>
<td>No</td>
</tr>
<tr>
<td>Total Maximum Annual Contributions (including Loyola incentives)</td>
<td>$2,700 in 2019 (increase from $2,650 in 2018)</td>
<td>$3,500 (You) $7,000 (You + 1 or More)</td>
<td>$2,700 in 2019 (increase from $2,650 in 2018)</td>
<td>No employee contributions can be made to this account; contributions can be made to a Health Care FSA instead</td>
<td>$5,000</td>
</tr>
<tr>
<td>Catch-up Contributions (for age 55 +)</td>
<td>No</td>
<td>Yes (up to $1,000)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Investing Options</td>
<td>None</td>
<td>Yes (for balances of $1,000+)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Year-End Remaining Balance</td>
<td>Funds expire on December 31; claims must be submitted by the following March 31</td>
<td>Balance rolls over each year</td>
<td>Funds expire on December 31; claims must be submitted by the following March 31</td>
<td>Funds expire on December 31; claims must be submitted by the following March 31</td>
<td>Funds expire on December 31; claims must be submitted by the following March 31</td>
</tr>
<tr>
<td>If You Terminate Employment</td>
<td>Funds are forfeited</td>
<td>Funds are yours but subject to $1.90 monthly fee</td>
<td>Funds are forfeited</td>
<td>Funds are forfeited</td>
<td>Funds are forfeited</td>
</tr>
<tr>
<td>Account Administrator</td>
<td>BenefitExpress</td>
<td>BenefitWallet</td>
<td>BenefitExpress</td>
<td>BenefitWallet</td>
<td>BenefitExpress</td>
</tr>
</tbody>
</table>

*If eligible, Loyola will initiate the set-up of your Health Savings Account (HSA) for you and deposit your HSA contributions in January 2019. You will receive a welcome letter with instructions on how to access and complete the setup of your HSA. This money is yours to spend on health care expenses in 2019 or can be saved or invested for the future. This money is always yours to keep, even if you leave Loyola.

**If you enroll in PPO 3 HSA, you will have the option to contribute to a Limited Flexible Spending Account (LFSA) that can be used for eligible dental and vision expenses only throughout the plan year.

***If you are not eligible to contribute to a Health Savings Account (HSA) because you are enrolled in Medicare, Loyola will open a Health Reimbursement Account (HRA) for you in January 2019 and deposit contributions at the beginning of the year. This money is yours to spend on health care expenses only throughout the 2019 plan year.
Retirement Savings Plans

Defined Contribution Retirement Plan (DCRP)
- Automatic Enrollment
- Automatic Increase and Automatic Save
- Investment Elections
- 403(b) Defined Contribution Retirement Plan – 2018 and 2019 IRS Limits for Benefit Plans

Loyola University Employees’ Retirement Plan (LUERP)
**Defined Contribution 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. The DCRP is an excellent starting point for you to build a source of income for your retirement. You may contribute a percentage of your pay to your account with before-tax earnings up to the IRS limits. **The 2018 IRS limit is $18,500. This limit increases to $19,000 in 2019.** If you are age 50 or older, you may contribute an additional $6,000 as “catch-up.”

All eligible LUC faculty and staff may enroll in and make elective contributions to the plan beginning with their date of hire. To be eligible for the employer contributions, you must be a .53 FTE or greater based on 1,950 annual hours, or .50 FTE or greater based on 2,080 annual hours in a non-temporary position.

**For eligible faculty and staff hired before September 1, 2018:**

After **60 days** of employment, benefit-eligible faculty and staff receive University contributions of 5% of their salary each pay period to the DCRP. Faculty and staff may also receive additional matching contributions each pay period from the University. The University will match your contribution up to a maximum of 5% of your salary. You are immediately 100% vested in the University’s contributions.

**For eligible faculty and staff hired on or after September 1, 2018:**

- After **one year** of employment, benefit-eligible faculty and staff receive University contributions of 5% of their salary each pay period to the DCRP. Faculty and staff may also receive additional matching contributions from the University each pay period, up to a maximum of 5% of your salary.
- You will be 50% vested in the University’s contributions between your first and second anniversary of employment with Loyola.
- You will be 100% vested in the University’s contributions at the completion of your second anniversary.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>University Contributions</th>
<th>Percent Vested in University Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>New hire</td>
<td>Not eligible</td>
<td>Not vested</td>
</tr>
<tr>
<td>As of first anniversary</td>
<td>5% University contributions + up to 5% University matching contributions begin</td>
<td>50%</td>
</tr>
<tr>
<td>As of second anniversary</td>
<td>University contributions continue</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Automatic Enrollment**

The DCRP has an automatic enrollment feature. After 60 days of employment the University will automatically enroll employees in the DCRP at 1% of salary. You may elect to opt out of this feature or increase your contribution by contacting Transamerica at **773-508-2770** or visiting [https://luc.trsretire.com](https://luc.trsretire.com).

**Optimize Your Retirement Saving Strategy with Managed Advice**

*Managed Advice can make planning for retirement easier by helping you to answer important questions, like how much you need to save for retirement, which investments to choose, how much risk to take, and when to retire. To speak with a Managed Advice retirement counselor, call **844-622-2133**.*

**Automatic Increase and Automatic-Save Program**

Faculty and staff who are contributing at least 1%, but less than 5% to your retirement plan, will be placed into the automatic-increase program to increase your annual contributions by 1% each year until your contributions reach 5%. You may also sign up for the automatic-save program. The automatic contributions will be 1% of your eligible pay each pay period and will increase by 1% each year in January. You may stop the automatic-increase and/or automatic-save by calling the Loyola Retirement Center by December 1.
Investment Elections
The DCRP offers a variety of investment options for faculty and staff members to select. There are 15 options in the Transamerica panel as well as four TIAA-CREF funds.

If you do not make an investment election prior to your automatic enrollment in the plan, you will be assigned to a “default” investment option: Vanguard Target Date Funds. These funds are age-specific based on the date you will become age 65.

In order to change your investment elections at any time, please contact Transamerica at 773-508-2770 or visit https://luc.trsretire.com.

To invest a portion of your contributions as an annuity through TIAA-CREF, sign in at https://luc.trsretire.com, select the Manage tab, then select “Contributions.” Then follow the on-screen instructions to decide how much of your contributions should be invested at TIAA-CREF (and Transamerica). Finally, sign in to your TIAA-CREF account at www.tiaa-cref.org to choose and manage your TIAA-CREF annuities.

403(b) Defined Contribution Retirement Plan – 2018 and 2019 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.

<table>
<thead>
<tr>
<th>Retirement Plans</th>
<th>Annual Limit</th>
</tr>
</thead>
</table>
| Basic limit - maximum annual compensation that can be used for calculating percentage of contributions to your account | $275,000 in 2018  
$280,000 in 2019 |
| Maximum amount you can contribute to your account  
(Does not include University matching contributions) | $18,500 in 2018  
$19,000 in 2019 |
| Dollar limit for catch-up contributions for participants age 50 and older       | $6,000  
($24,500 total in 2018)  
($25,000 total in 2019) |

Remember...
The Loyola Retirement Center is staffed by Transamerica consultants, who are available to assist you with setting up and maintaining your retirement account. You may transfer or reallocate investment contributions at any time simply by calling the Loyola Retirement Center. You can meet with a retirement counselor on a one-on-one basis at any time by calling to make an appointment. You can call Transamerica at 773-508-2770 or visit their website at https://luc.trsretire.com.

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). Questions? Please contact LUERP@luc.edu or view details online at www.luc.edu/hr/luerp.shtml.
Life/STD/LTD/AD&D

Life Insurance
- University-Paid Benefits
- Supplemental Life Insurance
- Employee
- Spouse
- Child(ren)
- If You and Your Spouse Both Work at Loyola
- Calculating the Cost of Your Supplemental Life Insurance Coverage
- Evidence of Insurability for Supplemental Life for Employee and Spouse

Accidental Death & Dismemberment (AD&D)

Designating a Beneficiary – for All Life Insurance

Elective Termination of Life and AD&D Insurance

Continuation of Life Insurance

Short-Term Disability
- University-Paid Benefits

Long-Term Disability
- University-Paid Benefits

Overview of Disability Benefits
University-Paid Benefits
You are eligible for University-Paid Basic Life Insurance if you are a Loyola University Chicago faculty (.80 FTE or higher) or staff (.50/.53 FTE or higher) member. 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. Basic and Supplemental Life Insurance coverage will be reduced when the insured reaches age 65.

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 notify the Human Resources office in writing.

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 & Dismemberment. For more information, please contact the Human Resources office.

Supplemental Life Insurance
Employee
First-time enrolling faculty and staff can elect Supplemental Life insurance in an amount up to 5 times their annual earnings rounded to the next higher $10,000, up to a maximum of $500,000, for themselves. Any faculty and staff member electing coverage when initially eligible will be subject to Evidence of Insurability for amounts above $250,000.

Eligible faculty and staff may elect Supplemental Life coverage for their qualified dependents, provided you are also insured in the Supplemental Life coverage.

Faculty and staff who wish to make any changes to their coverage during open enrollment will be required to submit an Evidence of Insurability (EOI) form, which can be found online at www.luc.edu/hr.

As an active employee, your Basic and Supplemental Life Insurance coverage will be reduced when you reach age 65, per the below chart. You can protect your entire life insurance benefit by choosing to convert any lost insurance benefit to an individual policy. You will want to contact Reliance Standard within 31 days of your 65th birthday to complete the necessary paperwork.

Automatic Reduction of Basic & Supplemental Life

<table>
<thead>
<tr>
<th>Age</th>
<th>Insurance Benefit is Reduced by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>35%</td>
</tr>
<tr>
<td>70</td>
<td>55%</td>
</tr>
<tr>
<td>75</td>
<td>70%</td>
</tr>
<tr>
<td>80</td>
<td>80%</td>
</tr>
<tr>
<td>85</td>
<td>85%</td>
</tr>
</tbody>
</table>

Spouse
If you are benefit-eligible, you may purchase life insurance coverage for your spouse if you elect employee supplemental life insurance for yourself. The amounts for spouse supplemental life insurance start in $5,000 increments up to $50,000, and 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. Also, you may not purchase more life insurance on your spouse than you have purchased on yourself. A Legally Domiciled Adult (LDA) is not eligible to enroll in Spousal Life Insurance.

Child(ren)
Child Supplemental Life coverage is available as long as you have Supplemental Life coverage for yourself. A child from birth to age 6 months has a benefit of $1,000, and dependents 6 months and over have a $5,000 benefit.
If You and Your Spouse Both Work at Loyola
If both you and your spouse are faculty and/or staff working at Loyola University, and eligible for coverage, you both cannot enroll and cover each other. You can both enroll for separate employee-only coverage. Only one of you can enroll your eligible dependent children.

### Calculating the Cost of Your Supplemental Life Insurance Coverage

Follow these steps

| Step 1 - Employee Supplemental Life | \( \text{Your Yearly Salary} \times 1, 2, 3, 4, \text{ or } 5 \) (salary multiplier) = \( \text{Amount of Coverage you want} \) |
| Step 2 | Round the Amount of Coverage to the next higher \$10,000 increment (e.g., \$214,300 becomes \$220,000) = \( \text{ } \) |
| Step 3 | \( \text{Your Coverage Amount} \div 1,000 = \text{Employee Units} \) |
| Step 4 | \( \text{Employee Units} \times \text{Employee Cost*}\text{/Per Unit} = \$ \) |
| Step 5 - Spousal Life* | Spouse Coverage \( \text{Cost} = \$ \) (+) |
| Step 6 - Child Life* | \$5,000 Children @ \$0.36 Cost = \$ (+) |
| Total Monthly Cost: | = \$ |

*Refer to the University’s 2019 Monthly Premiums at the end of this booklet for costs.

### Evidence of Insurability for Supplemental Life for Employee and Spouse

Evidence of Insurability (EOI) is the process by which an insurance carrier determines if you or your spouse is insurable at or above a certain dollar amount by requiring proof of good health. If you are newly hired, you may elect Supplemental Life Insurance up to \$250,000 without an EOI if you enroll within the first 31 days of employment. Any new election or increase to coverage made after your new hire enrollment period will require EOI. Human Resources can provide you with instructions for you to complete the EOI and submit to the insurance carrier.

<table>
<thead>
<tr>
<th>Evidence of Insurability</th>
<th>Applies</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Insurance (1.5 times your annual salary)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>If your Supplemental Life exceeds $250,000*</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>If Spousal Dependent Life is greater than $25,000*</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Any change to Supplemental Life or Spouse Life if not elected within the first 31 days of employment</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

*Applies to new hires only.
Accidental Death & Dismemberment (AD&D) Insurance

Overview

This plan provides protection for all benefit-eligible faculty and staff if you, your enrolled spouse, or your enrolled dependent children (up to age 26 and unmarried) 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% 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 for coverage.

<table>
<thead>
<tr>
<th>If you cover your...</th>
<th>The death benefit amount paid would be...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only</td>
<td>50% of your benefit for spouse, up to a maximum of $150,000</td>
</tr>
<tr>
<td>Child(ren) only</td>
<td>20% of your benefit, up to a maximum of $30,000 per child</td>
</tr>
<tr>
<td>Spouse and Child(ren)</td>
<td>40% of your benefit for your spouse (up to a maximum of $150,000), and 10% of your benefit per child</td>
</tr>
</tbody>
</table>

Designating a Beneficiary – for All Life Insurance

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 may be completed through Employee Self-Service and 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 an example of suggested wording for identifying your beneficiary.

<table>
<thead>
<tr>
<th>How to Designate Your Beneficiary for Life Insurance Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Beneficiary</td>
</tr>
<tr>
<td>To your estate</td>
</tr>
<tr>
<td>One Beneficiary</td>
</tr>
<tr>
<td>Two Beneficiaries (equal shares)</td>
</tr>
<tr>
<td>Two Beneficiaries (unequal shares)</td>
</tr>
<tr>
<td>One primary and one contingent</td>
</tr>
</tbody>
</table>
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 anytime throughout the year if you experience a qualifying life event. Your life insurance (term life) ends on the last day worked (refer to Continuation of Life Insurance referenced below).

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, an unmarried 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 you contact the life insurance provider 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. You must act within 31 days of your termination date to continue coverage under either option.

Short-Term Disability
University-Paid Benefits
The University automatically provides Short-Term Disability (STD) coverage to all benefit-eligible full-time faculty and full-time staff.

- STD benefits provide salary replacement during a medical leave due to a medical condition (including pregnancy) that prevents you from performing your regular work responsibilities for more than three workdays.
- This benefit is provided at no cost to benefit-eligible faculty and staff.
- For details, see Loyola University’s STD policy at www.luc.edu/hr/policies.shtml.

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

For full-time benefit-eligible exempt staff members who have completed six months of employment, 100% 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, following a 10-working day elimination (waiting) period before benefit payments begin.

For full-time benefit-eligible non-exempt and professional-hourly staff members who have completed six months of employment, 100% 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, following a 10-working day elimination (waiting) period before benefit payments begin.
**Long-Term Disability**

**University-Paid Benefits**

You are eligible for University-paid Long-Term Disability (LTD) benefits if you are a University faculty or staff (.80 FTE or higher). If you are eligible, the University 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, the LTD Plan will pay 66 2/3% 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 (minimum $100).

For full-time benefit-eligible faculty and University administrators, benefits begin after 180 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

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

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

Short-Term and Long-Term Disability insurance terminate on your last day worked. You may contact the Human Resources Office for more details on the Short-Term Disability Plan and the Long-Term Disability Plan. Refer to the table on the next page that summarizes STD and LTD benefits.
<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Short-Term Disability (STD)</th>
<th>Long-Term Disability (LTD)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>All University Full-Time Benefit-Eligible Faculty and University Administrators who have completed 6 months of employment</td>
<td>All Other University Full-Time, Benefit-Eligible Staff Employees who have completed 6 months of employment</td>
</tr>
<tr>
<td><strong>Definition of Disability</strong></td>
<td>Your absence from work lasting more than 3 consecutive working days due to your own illness or non-work related injury</td>
<td>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. Partial return to work is also allowed once your LTD benefits have begun</td>
</tr>
<tr>
<td><strong>Elimination Period</strong></td>
<td>Benefits are payable from the 1st day of absence (when the absence lasts more than 3 working days)</td>
<td>Benefits are payable after 10 working days of absence</td>
</tr>
<tr>
<td><strong>Benefit Duration</strong></td>
<td>Benefits are payable for up to 26 weeks for any one period of disability</td>
<td>Benefits are payable for up to 10 weeks for any one period of disability</td>
</tr>
<tr>
<td><strong>Benefit Amount</strong></td>
<td>100% of pre-disability earnings for the first 14 weeks, 80% for next 12 weeks</td>
<td>100% of pre-disability earnings</td>
</tr>
<tr>
<td><strong>Period of Disability</strong></td>
<td>If you begin a period of disability, return to work for less than 30 calendar 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.</td>
<td>If you begin a period of disability, then return to work in a partial capacity, your Elimination Period may be interrupted</td>
</tr>
</tbody>
</table>

*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.*
Work-Life and Other Benefits

Accident Insurance and Critical Illness Insurance
- Accident Insurance
- Critical Illness Insurance

Tuition Benefits
- Dependent Eligibility
- Taxability of Graduate Tuition

Employee Assistance Program (EAP)
- EAP Is Voluntary, Confidential and Free
- Covers a Wide Range of Issues

Loyola Transit Benefit
- How the Program Works

Loyola Credit Union
Pet Insurance
Weight Watchers® Program
Identity Theft Restoration and Credit Monitoring
AAA Membership and Travel Services
24 Hour Travel Assistance

Paid Time Off
- University Holidays
- Vacation
- Sick Leave
- Personal/Family-Friendly Days
- Parental Leave
- Funeral Leave
- Jury Duty

Group Legal Plan
- Overview
- LifeStages Identity Management Services and Identity Theft Defense

Long-Term Care Insurance
- Overview
- How to Enroll
- Additional Program Information

Adoption Assistance
KinderCare Child Care Tuition Benefit
University Assisted Housing Program
Divvy Bike Discounts

Employee Discounts
- Loyola University Employee Discounts
- Blue365
- Well onTarget Fitness Program
- Equinox Fitness Partnership
- Guardian/First Commonwealth Dental Insurance

Smoking Cessation Resources
Faculty and Staff Benefits Booklet 2019

Accident and Critical Illness Insurance
Loyola University Chicago offers Accident and Critical Illness Insurance to all full-time benefit-eligible faculty and staff members. This coverage is voluntary, and offered through Reliance Standard. Accident and Critical Illness Insurance helps bridge the financial gap when the unexpected situations occur. These benefits do not require any medical underwriting (EOI) to enroll. Faculty and staff who choose the PPO 3 HSA plan for 2019 will automatically be enrolled in this coverage and may purchase voluntary coverage for their dependents. A brief summary of coverage below. For more detailed information, please visit our website at www.luc.edu/hr/voluntaryaccidentandcriticalillness.

Accident Insurance
Accident Insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions, to transportation and child care. Additionally, if you enroll in the Accident Insurance benefit and go in for a routine wellness exam, Reliance Standard will pay you $75. Below is a brief preview of just a few commonly covered accidents:

<table>
<thead>
<tr>
<th>General Treatment Benefits</th>
<th>Emergency Care Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Hospital Admission</td>
<td>$1,000</td>
</tr>
<tr>
<td>Initial ICU Hospital Admission</td>
<td>$1,500</td>
</tr>
<tr>
<td>Hospital Confinements Per Day</td>
<td>$250—365 day max</td>
</tr>
<tr>
<td>ICU Confinement Per Day</td>
<td>$500—30 day max</td>
</tr>
<tr>
<td>Ambulance Transportation</td>
<td>$150 Ground; $750 Air</td>
</tr>
<tr>
<td>ER Treatment</td>
<td>$200</td>
</tr>
<tr>
<td>Diagnostic Examination</td>
<td>$200</td>
</tr>
<tr>
<td>Initial Physician Office Visit</td>
<td>$75</td>
</tr>
</tbody>
</table>

Accident Insurance Exclusions
Benefits will not be paid for any loss caused by: sickness; suicide, war, air travel (except as a passenger on a commercial flight), assault/felony, acute or chronic intoxication, or voluntary consumption of illegal or controlled substance or prescribed narcotic or drug. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

Eligibility
**Employees:** Each active full-time benefit-eligible faculty/staff member.

**Dependent:** You must be insured in order for your dependent(s) to be covered. Dependents are as defined by IRS standards. Your spouse must be under age 70 to enroll. Your dependent child is eligible up to age 26, or 30 if an Illinois resident, served in the armed forces and honorably discharged.
- Age limit does not apply to handicapped children.
- A person may not have coverage as both an employee and dependent.

*For a list of limits and exclusions, please refer to the Certificate of Insurance.*
Critical Illness Insurance
Critical Illness insurance provides a fixed, lump sum benefit upon diagnosis of a critical illness. These can include heart attack, stroke, paralysis, and more. These benefits are paid directly to the insured and may be used for many reasons, from deductible and prescriptions, to transportation and child care. If you enroll in the Critical Illness benefit and go in for a routine wellness exam, Reliance Standard will pay you $50. Reliance Standard has included this wellness (health screening) incentive to help motivate you to get your annual health check each year.

Features
• Enhanced—100% of insurance amount for life threatening cancer, a heart attack, ruptured cerebral carotid or aortic aneurysm, stroke, blindness coma, kidney (renal) failure, paralysis, or severe brain damage
• Lifetime maximum benefit per category – 200% of insurance amount
• Subsequent occurrence benefit (different category of critical illness diagnosed 6 months or later) – 100% if enhanced, 25% if partial
• Recurrence benefit (same category of critical illness diagnosed 18 months or later) – 50% if enhanced; 12.5% if partial
• No first occurrence exclusion
• FMLA/MSLA continuation
• Portability to employee age 70
• Wellness (Health screening) benefit - $50

Eligibility
Employees: Each active full-time benefit-eligible faculty/staff member.

Dependent: You must be insured in order for your dependent(s) to be covered. Dependents are as defined by IRS standards. Your dependent child is eligible up to age 26, or 30 if an Illinois resident, served in the armed forces and honorably discharged.
• Age limit does not apply to handicapped children.
• A person may not have coverage as both an Employee and dependent.

<table>
<thead>
<tr>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee:</td>
</tr>
<tr>
<td>Choice of $10,000 or $20,000</td>
</tr>
<tr>
<td>Spouse/LDA:</td>
</tr>
<tr>
<td>Choice of $10,000 or $20,000</td>
</tr>
<tr>
<td>Dependent Child(ren):</td>
</tr>
<tr>
<td>25% of approved Employee amount up to a max of $5,000</td>
</tr>
<tr>
<td>Pre-Existing Conditions: 12/12</td>
</tr>
</tbody>
</table>
Wellness Benefit

Reliance Standard will pay you for one health screening test performed during a 12-month period for you and your dependents if applicable, provided the following requirements are met:

- Written proof satisfactory to Reliance Standard is provided that such a health screening test has been performed;
- You and your dependents were covered under the Policy at the time the test was performed; and
- One of the health screening tests listed below has not been performed at any time during the same 12-month period.

Voluntary Accident and Critical Illness provide a wellness benefit for those who are enrolled and receive a health screening. You will get reimbursed $50 on Critical Illness insurance and another $75 on Accident insurance for going for your annual physical each year.

Health screening tests covered under the policy are:

<table>
<thead>
<tr>
<th>Tests covered under the policy are:</th>
<th>Tests covered under the policy are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress test on bicycle or treadmill</td>
<td>CEA</td>
</tr>
<tr>
<td>Fasting blood glucose test</td>
<td>Chest X-ray</td>
</tr>
<tr>
<td>Blood test for triglycerides</td>
<td>Colonoscopy</td>
</tr>
<tr>
<td>Serum cholesterol test to determine level of HDL and LDL</td>
<td>Flexible sigmoidoscopy</td>
</tr>
<tr>
<td>Bone marrow testing</td>
<td>Hemoccult stool analysis</td>
</tr>
<tr>
<td>Breast ultrasound</td>
<td>Pap smear</td>
</tr>
<tr>
<td>Mammography</td>
<td>PSA (blood test for prostate cancer)</td>
</tr>
<tr>
<td>CA 15-3 (blood test for breast cancer)</td>
<td>Serum Protein Electrophoresis (blood test for myeloma)</td>
</tr>
<tr>
<td>CA 125 (blood test for ovarian cancer)</td>
<td></td>
</tr>
</tbody>
</table>

Reminder:

If you enroll in the PPO 3 HSA option, you will be automatically enrolled for Employee only Accident coverage and Employee only $10,000 Critical Illness benefit.
Tuition Benefits

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.

- More information on the tuition benefit is available at [www.luc.edu/hr/benefits_tuition.shtml](http://www.luc.edu/hr/benefits_tuition.shtml).

### Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Benefits for Full-Time Faculty and Staff</th>
<th>Benefits for Spouse/LDA and Dependent Children¹</th>
</tr>
</thead>
</table>
| **Full-Time Benefit-Eligible Employees Only (FTE .80 or higher)** | Undergraduate Programs: (Not Taxed)²  
Tuition Benefit pays 100% of tuition which only covers 3 courses or 9 semester hours per semester or 2 courses per quarter or 8 quarter hours. Employees are financially responsible for tuition, program deposits, and fees not covered by the Tuition Benefit Policy. | Undergraduate Programs:  
The Benefit pays 100% of undergraduate tuition after the 10 percent copay (including Rome Center & FACHEX tuition) for the spouse/LDA and dependent children of full-time benefit-eligible employees. The benefit covers tuition only and does not include student activity, copays or deposits, instructional fees, room and board, or other expenses. |
| **Service**:  
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. |  | Copays:  
Enrolled dependent child(ren) or spouse/LDA contribute a 10 percent copay toward tuition.* |
| **Admissions & Academic Eligibility**:  
Admission into any academic program is never guaranteed and competition may be intense for a limited number of available openings. |  |  |
| **Deadlines & Forms**:  
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. |  |  |

¹Loyola 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.

²Undergraduate Tuition Benefits are not subject to income tax.

³Graduate Tuition Benefit is subject to federal and state income tax and Social Security; additional payroll tax will be withheld each academic term.

### Taxability of Graduate Tuition

Federal law currently makes graduate Tuition Benefit provided in excess of $5,250 in a calendar year subject to federal and state income tax, as well as Social Security withholdings. Graduate Tuition Benefit received in excess of $5,250 in a calendar year is imputed as income and taxed based on current income tax tables and tax bracket. Additional tax withholdings for this taxable Tuition Benefit will be taken from paychecks during the course of the academic term for which Tuition Benefits apply. 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 at [www.irs.gov/publications/p970/ch06.html](http://www.irs.gov/publications/p970/ch06.html). The University cannot provide tax advice, so you should consult a tax advisor for possible deductibility of any Graduate Tuition Benefits. Please visit the Education Assistance webpage for detailed information about the Tuition Benefit and its restrictions and requirements.
Employee Assistance Program (EAP)
The University offers an Employee Assistance Program (EAP) to help solve issues and difficulties of daily life. This program is offered at no cost, through Perspectives, Ltd., and is available to all employees and their families. Perspectives is a professional EAP firm established in 1981.

EAP Is Voluntary, Confidential and Free
Most people call the EAP on their own before problems interfere with job performance. Occasionally, a referral to the EAP is made for poor job performance. In those instances, it remains your choice to use the EAP just as it is your responsibility to improve job performance.

Perspectives follows all state and federal confidentiality laws. No information is shared without your written permission except where required by law. No record of EAP participation will appear in your personnel file. When a job performance referral is made to the EAP, with your written consent, your supervisor may be told only whether you have followed through with your EAP appointment(s) and recommendation(s).

The assessment, referral, and short-term counseling services described herein are free to you and your family. If a referral includes ongoing counseling for mental health or substance abuse, Perspectives will help coordinate the referral with insurance where appropriate. With offices in and around the Chicagoland area, Perspectives offers a wide variety of assistance to faculty, staff, and their families including:

- individual counseling on a wide range of personal and work issues;
- supervisor and manager consultations;
- work-life services;
- workshops and seminars for departments; and
- wellness and educational materials and resources.

To schedule an individual appointment with one of Perspectives’ licensed professionals, call 800-456-6327. Perspectives schedules appointments between 8:00AM and 6:00PM weekdays and has 24-hours-a-day/7-days-a-week emergency services. Visit Perspectives online: http://www.perspectivesltd.com/login.aspx.
Username: LOY500 Password: perspectives

Covers a Wide Range of Issues:

<table>
<thead>
<tr>
<th>Family</th>
<th>Work-Related</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child issues</td>
<td>Career issues</td>
<td>Anger issues</td>
</tr>
<tr>
<td>Elder issues</td>
<td>Interpersonal</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Communication</td>
<td>Job “burnout”</td>
<td>Depression</td>
</tr>
<tr>
<td>Family conflict</td>
<td>Financial</td>
<td>Eating disorder</td>
</tr>
<tr>
<td>Serious illness</td>
<td>Credit problems</td>
<td>Grief/loss</td>
</tr>
<tr>
<td>Parenting</td>
<td>Legal</td>
<td>Life transition</td>
</tr>
<tr>
<td>Marital/Relationship</td>
<td>Child support</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Divorce</td>
<td></td>
</tr>
<tr>
<td>Dual career issues</td>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Resolving conflict</td>
<td>Mood swings</td>
<td></td>
</tr>
<tr>
<td>Separation/divorce</td>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Grief/loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life transition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal drug abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Loyola Transit Benefit**

The Transit Benefit Program is an employer-sponsored program that allows full-time faculty and staff members to pay for certain transportation expenses on a pre-tax basis.

The Benefits Debit Card (provided by BenefitExpress) is a MasterCard that will provide services for the following reimbursement accounts: Transit, FSA-Health Care, FSA-Limited, and FSA-Dependent Care.

**How the Program Works**

The Transit Benefit Program offers you the opportunity to set aside money from your paycheck on a pre-tax basis to use for eligible transit expenses. You can elect up to $265 per month (increase from $260 per month in 2018). Your transit election, by payroll deduction, is then added to your Benefits Debit card on a monthly basis. The Benefits Debit Card will allow you to purchase or fund your transit options for the Chicago Transit Authority (Ventra), Pace, or Metra. Please note IRS maximum limits are subject to change at any time.

**How to Enroll/Manage Your Account**

Enroll in the Transit Benefit Program online at [www.LoyolaExpress.com](http://www.LoyolaExpress.com). The secure website is set up to automatically take you through easy enrollment steps with instructions online. After you log on, the website will prompt you to enter your Loyola username and your Loyola password. You may phone BenefitExpress - 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 14th of each month. Your new change will be effective with the following full month’s payroll deduction(s) taken from the subsequent month’s transit fare media.
- A minimum of three consecutive months is required before withdrawal. If you choose to withdraw from the program, please use the form on the BenefitExpress website.

**Transit Questions?**

*Please call BenefitExpress at 877-837-5017. Customer Service Representatives are available to assist you Monday - Friday from 7:30AM - 6:00PM.*

**Loyola 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**

- Savings Account
- Free Checking
- ATM Debit Card
- CD
- IRA
- Special Savings Clubs

**Loan options**

- Signature
- New/Used Car
- Boat
- Motorcycle
- Home Improvement
- Computer

**Discounts**

- Local Movie Theaters
- Six Flags Great America
- Summer Salary Plan
- Visa Credit Card

The Loyola Credit Union is available online at [www.luefcu.org/](http://www.luefcu.org/).
Pet Insurance

Loyola will continue to offer comprehensive pet insurance options through Nationwide Pet Insurance in 2019. These comprehensive plans are designed to protect you financially when the unexpected occurs. Affordable coverage from Nationwide Pet Insurance allows you to focus on providing optimal healthcare for your pet.

You can be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations, and more. Extra features such as emergency boarding and lost pet advertising are also included. Both plans have a low $250 annual deductible and a generous $7,500 maximum annual benefit. If you elect Pet Insurance through Nationwide, you will be able to attain the group discount. You will also be billed directly from Nationwide. You can receive a 5% multiple pet discount by insuring two to three pets, or a 10% discount on each policy for four or more pets.

Nationwide Pet Insurance is a reimbursement program so all veterinary partners are included. You pay one set price, regardless of the pet’s age, however, the plan does not cover pre-existing conditions. For more details, contact Nationwide directly at 877-738-7874 or visit www.petinsurance.com/luc. To enroll your bird, rabbit, reptile or other exotic pet, call 888-899-4874. To make changes to your policy or inquire about your existing account, please call 888-341-0789.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents, including poisonings and allergic reactions</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Injuries, including cuts, sprains and broken bones</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Common illnesses, including ear infections, vomiting and diarrhea</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Serious/chronic illnesses, including cancer and diabetes</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Hereditary and congenital conditions</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Surgeries and hospitalization</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>X-rays, MRIs and CT scans</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Prescription medications and therapeutic diets</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Wellness exams</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Preventive dental cleaning</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Vaccinations</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Spay/neuter</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Flea and tick prevention</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Heartworm testing and prevention</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Easy enrollment

1. Select the species (dog or cat)
2. Provide your zip code
3. Pick between two plans

vet helpline

Free service available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional ($150 value). Only from Nationwide.

My Pet Protection plans are available exclusively through your employer. Get a quote today. PetsNationwide.com
Weight Watchers® Program
If you are a full-time benefit-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 under the Benefits Forms section from www.luc.edu/hr/forms. 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 three-month "series": January through March; April through June; July through September; or October through December.
- You can receive reimbursement at the end of each three-month series by submitting your completed form (signed by your Weight Watchers® representative) and a copy of proper receipts or documentations 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, July 31, October 31, and January 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.

Identity Theft Restoration and Credit Monitoring
If you are a full-time benefit-eligible faculty or staff member, you are protected by a full service ID Recovery Program that will perform the recovery process for you, should you or a family member fall victim to identity theft. This benefit is provided to you through Reliance Standard.

In the event of identity theft, you will be assigned a dedicated Privacy Advocate that will act on your behalf to restore your identity, including your credit, criminal, DMV, and medical history. If you suspect your personal information has been compromised and need assistance, call 855-246-7347.

In addition to the recovery program, you also have access to real-time card monitoring through WalletArmor, an interactive vault that protects your wallet’s contents, passwords, and important personal documents. After you enroll, you will receive an alert from InfoArmor if your personal information is ever compromised. The service works with businesses to identify and replace essential cards and documents, and also contacts authorities. WalletArmor stores and secures your valuable information for easy retrieval. Enroll anytime at www.reliancestandard.com/walletarmor.
AAA Membership and Travel Services
Loyola University Chicago employees are eligible for group savings on AAA Membership and Home & Auto Insurance. To join AAA or get a free insurance comparison quote, call 888-203-2606. Please use group code UNV006 for AAA membership and home quotes; use group code #500AUNV006 for auto quotes.

Membership
- 15% discount on dues for you and your associate members (spouse and children).
- Show Your Card & Save® nationwide discounts that can save you up to 20% on eyeglasses, apparel, entertainment, restaurants, auto repair, and more.
- 24-hour roadside assistance.
- Free TripTik® routings, Tourbook® guides, and maps.

Auto and Home Insurance
- Savings on a wide selection of coverage to meet your needs and budget.
- Convenient, automatic premium deductions from your checking account 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.

Travel
- Exclusive member-only savings, upgrades, shipboard credits, and special 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.

24 Hour Travel Assistance
Loyola University Chicago employees have 24/7 access to On Call International's 24-hour, toll-free travel assistance services. If you experience an emergency while traveling—no matter how big or how small—you can rest assured you and your covered dependents have access to a personal travel emergency companion any time you are more than 100 miles away from home.

On Call International is provided through Reliance Standard, and can help with travel situations including an illness or injury, lost passport, missing luggage, or even a prescription refill. Covered services include pre-trip assistance, emergency medical transportation, emergency personal assistance services, and medical assistance services subject to a maximum combined single limit of $250,000.

Using your emergency services is easy: simply contact On Call International directly at 800-456-3893 (U.S.) or 603-328-1966 (worldwide, collect) if you need assistance while traveling.

To reach On Call via international calling, go to www.att.com/esupport/traveler.jsp?group=tips for complete dialing instructions and country access codes.
Paid Time Off

University Holidays
For the University’s paid holiday calendar (which includes 12 annual paid holidays for FTE .80 or higher), please go to https://luc.edu/hr/holiday-calendar.

Vacation
Staff positions who are scheduled to work 20 hours or more per week (and are paid bi-weekly) are eligible. Paid vacation time is accrued bi-weekly according to the following schedule:

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>Less than 10 Years</th>
<th>10 Years</th>
<th>20 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Directors and above</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>5 weeks</td>
</tr>
<tr>
<td>All Other Staff*</td>
<td>3 weeks</td>
<td>4 weeks</td>
<td>5 weeks</td>
</tr>
</tbody>
</table>

*Non-exempt staff with less than five (5) years of service begin accruing three (3) weeks (increase from 2 weeks to 3 weeks of vacation time annually) beginning December 23, 2018.

Beginning December 23, 2018, new maximum vacation accrual carryovers will be established at one times (1X) the annual accrual (previously, the maximum was two times (2X) the annual accrual).

If you are a 9-, 10-, or 11-month exempt staff member on the monthly payroll, you do not accrue paid vacation time. Newly-hired staff employees begin accruing vacation time immediately, but are not eligible to use it until they have completed 90 days of employment (beginning January 1, 2019). Prior to January 1, 2019, new hires must have completed 6 months of employment in order to use vacation time.

Sick Leave
Staff positions who are scheduled to work 20 hours or more per week (and are paid bi-weekly) are eligible. 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. Details can be found at www.luc.edu/hr/policies/sick-leave.

Personal/Family-Friendly Days
Each benefit-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 (see chart at right). 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. Personal days cannot be used during the last two weeks of employment.

<table>
<thead>
<tr>
<th>Hire Period</th>
<th># of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 - March 31</td>
<td>3 days</td>
</tr>
<tr>
<td>April 1 - June 30</td>
<td>2 days</td>
</tr>
<tr>
<td>After July 1</td>
<td>None*</td>
</tr>
</tbody>
</table>

*Full time staff hired on or after July 1 will not be eligible for Personal/Family-Friendly Days for that year.
Parental Leave
Benefit-eligible full-time and part-time staff will be eligible to take up to three (3) weeks of paid parental leave due to the birth, adoption, or foster placement of a child on or after January 1, 2019. This benefit will be available to staff with at least one year of service, and must be taken as one consecutive period within the first six months of the birth or placement. The new policy will cover 100% of salary for up to three weeks of leave for the mother or father who is the primary caregiver/legal guardian of a new child. If the parent is a birth mother, short-term disability will apply first before paid parental leave would go into effect.

Paid leave allows parents the opportunity to spend more time bonding with the new addition to their family. Parents of children born, adopted, or placed on or after January 1, 2019 will be eligible for paid parental leave. Note: If both parents are Loyola employees, both parents may take this paid leave.

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.

Parking Benefit
Loyola offers faculty and staff permits for parking at the Lake Shore Campus and the Water Tower Campus (subject to availability). Permits allow you to park conveniently on campus though do not guarantee a parking spot—all parking is on a first come, first served basis. The rates below include all applicable city and county taxes, and are subject to change every January. Full-time faculty and staff can apply online at https://transportation.luc.edu.

<table>
<thead>
<tr>
<th>Faculty/Staff Permit Fees (as of December 24, 2017)</th>
<th>Bi-weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Shore Campus</td>
<td>$26.27</td>
<td>$56.92</td>
</tr>
<tr>
<td>Water Tower Campus</td>
<td>$80.73*</td>
<td>$174.92*</td>
</tr>
</tbody>
</table>

*These rates also include parking at the Lake Shore Campus Parking Facilities.

If you have any questions, contact campustransportation@luc.edu.
**Group Legal Plan**

**Overview**

If you are benefit-eligible, you can enroll in the Hyatt Group MetLaw 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:

<table>
<thead>
<tr>
<th>Legal Services</th>
<th>Wills and Codicils</th>
<th>Mortgages</th>
<th>Debt Collection Defense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Wills</td>
<td>Deeds</td>
<td>Re-Payment Schedule</td>
<td></td>
</tr>
<tr>
<td>Powers of Attorney</td>
<td>Notes</td>
<td>Negotiation with Creditors</td>
<td></td>
</tr>
<tr>
<td>Living Trusts</td>
<td>Demand Letters</td>
<td>Personal Bankruptcy</td>
<td></td>
</tr>
<tr>
<td>Court Appearances</td>
<td>Affidavits</td>
<td>Pre-Bankruptcy Planning</td>
<td></td>
</tr>
<tr>
<td>Civil Litigation Defense</td>
<td>Review of Personal Legal Documents</td>
<td>Sale, Purchase, or Refinancing of Your Residence(s)</td>
<td></td>
</tr>
<tr>
<td>Consumer Protection</td>
<td>Pre-Marital Agreement</td>
<td>Restoration of Driver’s License (except DUI)</td>
<td></td>
</tr>
<tr>
<td>Juvenile Court Defense</td>
<td>Eviction Defense</td>
<td>Tenant Problems (when you are the tenant)</td>
<td></td>
</tr>
<tr>
<td>Name Change</td>
<td>Adoption or Guardianship (contested or uncontested)</td>
<td>Protection from Domestic Violence</td>
<td></td>
</tr>
</tbody>
</table>

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 24 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 generally are 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 [https://info.legalplans.com](https://info.legalplans.com). Enter the following password: **4020226**. You can also call **800-821-6400**, 7:00AM - 7:00PM CST, Monday - 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.
LifeStages Identity Management Services and Identity Theft Defense
Starting January 1, 2019, Hyatt Legal Plans Services expands to include LifeStages Identity Management Services and Identity Theft Defense. These benefits keep pace with emerging identity threats across all stages of your life, thanks to CyberScout, the nation’s premier provider of identity services. If you are faced with identity theft worries, you and your family* can get help from a CyberScout fraud specialist to take all the steps it takes to restore/keep your good name and peace of mind.

Get help with changing circumstances and threats, including:

<table>
<thead>
<tr>
<th>Identity Management Services and Identity Theft Defense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Risk</td>
</tr>
<tr>
<td>Relocation Risk</td>
</tr>
<tr>
<td>Relationship Identity Support</td>
</tr>
<tr>
<td>Military Risk</td>
</tr>
<tr>
<td>Travel Risk</td>
</tr>
<tr>
<td>Disaster Identity Support</td>
</tr>
<tr>
<td>External Breach Support</td>
</tr>
<tr>
<td>System Protection Support</td>
</tr>
</tbody>
</table>

Document and Identification Replacement

These benefits are available to you if you enroll in the Hyatt Legal Plan. Monthly premiums ($15 per month) are remaining the same for 2019. For assistance, call 800-821-6400. For more information, visit www.legalplans-idtheft.com.

*Identity protection services are available to a child of the Member and/or spouse, who is under the age of 26 and is unmarried or disabled.

How to Enroll
To enroll in the Hyatt Legal Plan (including these identity management benefits), enroll during Open Enrollment. Your premiums will automatically be deducted from your paychecks. Once you enroll, you must remain in the Plan for the entire Plan year.
**Long-Term Care Insurance**
Loyola offers Long-Term Care Insurance with LifeSecure, a wholly owned subsidiary of Blue Cross and Blue Shield of Michigan. 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 dementia). This type of care can be delivered in an assisted living facility, nursing facility, in the community, or in your home.

**Why is Long Term Care Insurance Important?**
The Long-Term Care Insurance program is designed to protect your retirement portfolio, ease the burden of caregiving by your loved ones and allow you to choose the setting in which you receive care. Health insurance, disability insurance, and Medicare do not cover most long-term care costs. For most of us, this means exhausting the money in our 401(k), IRA, and other savings before becoming eligible for government assistance to help pay for our care.

**Customize Your Coverage**
LifeSecure offers a wide variety of plan options to fit your individual needs. Premiums will vary from individual to individual based on your age, state of residence, and plan design selected.

**Total Benefit Bank:** The Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf. You can select any amount between $50,000 and $300,000 as your total Benefit Bank.

**How to Enroll**
To enroll in the Long-Term Care Insurance plan, please call the dedicated enrollment line at **855-568-6236**. To apply online or run quotes, please visit [http://www.groupltci.com/luc](http://www.groupltci.com/luc).

- Employees will not receive payroll deductions; payments are made directly to LifeSecure.

**Additional Program Information**
- **Fully Portable Coverage:** If you leave or retire from Loyola, you can take your coverage with you without any changes to your premium or plan design.
- **Marital/Partner Discount:** If you and your spouse/LDA apply for coverage and are accepted for coverage, LifeSecure will add a 30% premium discount on each policy.
- **Guaranteed Future Purchase Option:** Every three years on the anniversary date of the policy, LifeSecure offers you the ability to buy up to 15% additional coverage to keep up with the rate of inflation.
- **Inflation Protection:** 3% and 5% automatic compounding inflation options are available for an additional premium.
- **Facility and Home Care:** LifeSecure will pay 100% of the benefit that you select for care in a facility or at your own home.
- **Elimination Period:** There is a one-time 90-calendar day waiting period before your benefits will start to pay.
- **Flexible Benefit:** This allows you to use 50% of your unused monthly benefit to pay for informal care services.
Adoption Assistance Program
Supporting families, Loyola’s adoption assistance benefit is provided to you at no cost. This program will reimburse you at 90% for covered adoption expenses, up to a maximum of $5,000 (or $6,000 if the child has special needs).

- All regular full-time and part-time benefit-eligible faculty and staff who have been employed for one year of service immediately prior to the adoption and employed through the date of adoption are eligible for this benefit.
- The benefit 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.

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

Benefits are not payable for the adoption of stepchildren, for pre-natal or maternity costs of the birth mother, or a surrogate parenting arrangement of the adoptive child. Benefits are payable at the time the child is placed in the home, after the legal adoption is finalized.

- Expenses must be submitted no later than 12 months following the adoption date, along with itemized bills or receipts substantiating the amount and nature of the adoption expenses, including a copy of the final decree of adoption.
- Benefits will not be paid on a retroactive basis and only expenses occurring after the original start date of the program will be considered.

Please contact Human Resources at benefits@luc.edu for more information on the reimbursement claim process.

Important Tax Considerations
Adoption benefits paid under the program will be excluded from your income for federal income tax purposes to the extent permitted under Internal Revenue Code section 137. The employee is responsible for understanding the tax treatment of reimbursements under this program and for claiming the applicable income exclusion by filing Form 8839 with your federal income taxes [Form 8839 and instructions are available from the IRS and on the IRS website at www.irs.gov].

- It is important for you to understand that although reimbursements are exempt from federal income tax withholding, the Employer is required to withhold federal employment taxes from reimbursements (for Social Security and Medicare).
- The total amount of reimbursements to the IRS will be shown on your W-2 Form in Box 12 (Code T).
New Starting January 1, 2019:

KinderCare Child Care Tuition Benefit
As a parent, you shouldn’t have to spend time worrying about whether you have the right care for your children. That’s why Loyola University Chicago is partnering with KinderCare to provide tuition savings on early childhood education programs starting January 1, 2019.

When you enroll your child(ren) at a participating KinderCare Learning Center or Champions Before- and After-School Program, you'll save 10% on the cost of full-time, part-time, and drop-in tuition as a Loyola University Chicago employee.

KinderCare Early Foundations Curriculum programs deliver a mix of fun and learning for the following age groups:
- Infant (6 weeks - 12 months)
- Toddler (12 - 24 months)
- Discovery Preschool (2 - 3 years old)
- Preschool (3 - 4 years old)
- Prekindergarten (4 - 5 years old)
- Kindergarten (5 - 6 years old)

Champions Before-and-After-School Program offers education and care for school-age children up to 12 years old throughout the year, including during school breaks. KinderCare also offers convenient Summer of Wonder, a variety of six themed programs for preschool, prekindergarten and school-age children.

Register Your Child(ren) Any Time
To begin saving, you must present proof of employment at Loyola and request to join the program. Tuition savings cannot be pre-dated or retroactively applied. This discount may not be combined with any other tuition discounts, although you may select the most favorable discount. Enrollment is provided on a space-available basis as determined by the centers, and is subject to age acceptance. This benefit is available to new families, as well as those already enrolled in a participating center. Proof of employment with Loyola will be validated annually.

Learn more about your Loyola child care benefit program and find a center near you at www.kindercare.com/luc, or call a Customer Care Specialist at 888-525-2780.

How does it work?
1. Search for a center or site near you at www.kindercare.com/luc.
2. Schedule a tour of the center or site online or by phone with the center information provided.
3. When you enroll (or if you’re already enrolled), let your Center Director know you work for Loyola University Chicago and that you are eligible for a 10% tuition benefit. You will need to provide proof of employment such as a current pay stub or Loyola identification badge upon enrollment.
4. Your Center Director will apply the discount on your next billing cycle.
University Assisted Housing Program

When does a good deal on a home become a great deal? When Loyola helps you pay for it.

The University Assisted Housing Program can provide qualified faculty and staff members with up to $10,000 to put toward a house or condo located near one of Loyola’s Chicago-area campuses.

The amount of the five-year forgivable loan depends on your median household income and the location of the home to be purchased. A maximum of 25 loans will be available each year.

You do not have to be a first-time buyer and there are no income limits for the program. You must, however, use the home as your primary residence.

The University Assisted Housing Program works with the Northside Community Development Corporation and the West Cook Homeownership Center to educate participants about home ownership, as well as connect faculty and staff with available funding to make home ownership a reality.

Eligibility Requirements

Applicants must meet all of the following criteria in order to be eligible for the housing program loan:

1. Must purchase a home (as primary residence) within the program areas.
2. Must have completed one year of full-time, benefit-eligible service with Loyola University Chicago.
3. Must be an employee in “good standing” and with prospects of continued full-time employment.
4. Attend UAH’s Homebuyer Education and Counseling session (3 hours), attend a One-on-One Mortgage Readiness Assessment conducted by our non-profit partners, and demonstrate a commitment to working with the UAH Program by meeting pertinent regulations stipulated by participating lenders, including, but not limited to, credit counseling and additional education.
5. Must be able to qualify for mortgage financing with an interest rate of no more than 200 basis points above the Fannie Mae conventional 30-year mortgage rate.
6. Must be able and willing to contribute at least $1,000 or 1% of the purchase price, whichever is greater, from own savings.

Learn more and apply for this program at www.luc.edu/housing.

DIVVY Bike Discounts

Loyola University Chicago is happy to partner with Divvy to offer annual bike membership discounts to our faculty and staff. Divvy is Chicago’s bike sharing system with 5,800 bikes and 580 stations across the city. Intended to provide Chicagoans with an additional transportation option for getting around the city, Divvy is fun, easy, and affordable.

The bike sharing system consists of a fleet of specially designed, heavy-duty, very durable bikes that are locked into a network of docking stations located throughout a city. Divvy bikes can be rented from and returned to any station in the system, creating an efficient network with many possible combinations of start and end points.

How does it work?

Purchase a membership online at https://member.divvybikes.com/signup/loyola. You’ll get unlimited 45-minute trips for the duration of your membership for only $75 annually. Run an errand, grab a bite, and commute to work or school. Remember to adjust your seat and wear a helmet.

For more information, please visit www.divvybikes.com or call 855-553-4889.
Employee Discounts
As a Loyola faculty or staff member, you are eligible for a variety of discounts to save on everyday goods and services, as well as health and wellness.

Loyola University Employee Discounts
Visit www.luc.edu/hr/discounts to learn more about the following discount offers for Loyola employees. There you may also find additional savings that may be available through your Campus Card, Information Technology Services (ITS), Inside Loyola, Iggy’s List, Loyola Credit Union, Purchasing and Rambler Buzz:

- AAA
- Academic Superstore
- Adobe Creative Cloud
- Apple
- Ashland Addison Florist
- AT&T
- Banana Republic
- Car Rentals (Enterprise and National Car Rental)
- Carlson Craft Invitation and Correspondence
- Chicago Shakespeare Theatre (under 35)
- Computer Hardware (Lenovo)
- Computer Software (Varsity Buys)
- Culinary Events/Retreat Add-ons (LUREC)
- Executive Education
- Hotels.com
- Microsoft
- National Seminars Rockhurst University
- Office 365 University
- Office Supplies
- Shedd Aquarium (for IL and Chicago residents)
- Six Flags Great America
- Sprint
- The Field Museum (for Chicago residents)
- Verizon
- Wedding Receptions
- Weight Watchers
- Windows 10
- ZipCar

Blue365
Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations. Once you sign up for Blue365 at www.blue365deals.com/BCBSIL, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time. Some ongoing deals offered through Blue365 include:

- EyeMed and Davis Vision: Discounts on eye exams, eyeglasses, contact lenses, and accessories
- TruHearing and Beltone: Savings on hearing tests, evaluations, and hearing aids
- Dental Solutions: Dental discount card provides access to dental savings of up to 50 percent
- Jenny Craig, Seattle Sutton’s, and Nutrisystem: Savings from leading weight loss programs
- Retrofit: 15 percent savings off online, private weight loss coaching sessions
- Reebok and Skechers: Discounts and free shipping on athletic apparel, footwear, and equipment
- Holly Clegg trim&TErrIFIC cookbooks: 25 percent savings off cookbooks with easy 30 minute recipes
- Snap Fitness: 50 percent discount off the best current enrollment offer, 5 percent discount on monthly dues, 10 percent discount off up to five personal-training sessions, complimentary access to online workout tools, one month of online nutrition and meal-planning services, and biannual fitness assessments
  - 30 day trial membership available for only $8.95

Well onTarget Fitness Program
The Fitness Program through Well onTarget offers BCBS members discounts to more than 9,000 fitness centers nationwide. The one-time enrollment fee is $25 per member, and monthly fees are $25 per month per member, with no long-term contract. Log in to Blue Access for Members at www.bcbsil.com and choose “Fitness Program” under “Quick Links” to get started.
Equinox Fitness Partnership
Employees are invited to join the Equinox Fitness program and experience everything the leaders of luxury fitness have to offer – complete with a collection of exclusive benefits for Loyola employees. Find a facility near you at www.equinox.com/corp. These special perks include:

- $0 initiation
- Reduced monthly dues
- One complimentary Equifit fitness assessment
- One complimentary Personal Training session
- One complimentary private Pilates session
- 25% off your first treatment at The Spa
- 20% off your first purchase at The Shop
- Unlimited access to Group Fitness classes
- Two one-day guest passes

Guardian/First Commonwealth Dental Insurance
Employees and dependents enrolled in Guardian/First Commonwealth Dental Insurance are eligible to receive discounts on goods and services at various companies including 1-800-Flowers, Dell Computers, Office Max, and Epic Hearing Care. For more details on discounts that are offered, please log in to your account at www.guardiananytime.com, and select the “discounts and savings” tab.

Smoking Cessation Resources
Many advocacy programs and resources are available to Loyola’s faculty and staff members in order to support smoking cessation and a healthier lifestyle.

- For Loyola medical plan participants, Blue Cross Blue Shield offers a Tobacco Cessation program including telephone coaching sessions with a Lifestyle Management Specialist to build a customized plan to quit. Tobacco cessation is considered a preventive service with no copays, coinsurance or deductibles when using an in-network provider. BCBS also covers two 90-day treatments for tobacco cessation medications per benefit period. To enroll, call 866-412-8795 and choose Lifestyle Management.
- Loyola’s Employee Assistance Program (EAP) through Perspectives offers a “55 Days to Quitting Smoking” program. In addition, licensed professionals are available from 8:00AM to 6:00PM on weekdays. Call 800-456-6327 to learn more or visit www.perspectivesltd.com (Username: LOY500; Password: perspectives).
- The Centers for Disease Control and Prevention website contains practical information on how to quit smoking. Visit www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm to learn more.
- The Illinois Tobacco QuitLine is a free hotline that provides you with smoking cessation support. Counselors are on call 7 days a week from 7:00AM to 11:00PM. Call 866-QUIT-YES (866-784-8937) to learn more.
- MeYou Health’s QuitNet program is designed to assist you with online and app support to quit smoking. Visit https://quitnet.meyouhealth.com to learn more and register.
- Targeted support is also available for those wanting to quit smokeless tobacco. Visit www.MyLastDip.com to learn more about a free and easy web-based smokeless tobacco cessation project.

Visit www.luc.edu/hr/health/smokingcessationresources for more information on all of these smoking cessation resources.
Important Legal Notices

- Rights Under Your Plan(s)
- Preventive Services Covered Under the Affordable Care Act
- Continuation Coverage Rights Under COBRA
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Women’s Health and Cancer Rights Act of 1998
- Federal Patient Protection and Affordable Care Act
- Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Employee Rights and Responsibilities Under the Family and Medical Leave Act (FMLA)
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- Medicare Part D Notice
- Privacy Policy
- Confidentiality and Security of Your Nonpublic Personal Information
- Categories of Information That We Collect
- Categories of Parties to Whom We May Disclose Information
- Changes to Our Notice of Privacy Policy and Insurance Information Practices
- Medical Privacy

2019 Monthly Premium Rates

- Loyola Medical Plan
  - PPO 1
  - PPO 2
  - PPO 3 HSA
- Loyola Dental Plan
- Loyola Vision Plan
- Supplemental Life Insurance Plan
- Supplemental AD&D Insurance Plan
- Critical Illness Insurance
- Accident Insurance
- Hyatt Legal Plan

Helpful Online Resources

- Manage Your Benefits On-the-Go

Important Contact Information
Important Legal Notices

Rights Under Your Plan(s)

PREVENTIVE SERVICES COVERED UNDER THE AFFORDABLE CARE ACT

If you have a new health insurance plan or insurance policy beginning on or after September 23, 2010, certain preventive services must be covered without your having to pay a copayment or coinsurance or meet your deductible, when these services are delivered by a network provider.

For a list of covered preventive services, go to:


CONTINUATION COVERAGE RIGHTS UNDER COBRA

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called 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’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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);
- You become divorced or legally separated from your spouse.

- 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);
- You become divorced or legally separated from your spouse.
Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- 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.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Loyola University Chicago, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA continuation 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. The employer must notify the Plan Administrator of the following qualifying events:

- 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).

For all 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 BenefitExpress.

**How is COBRA continuation 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 Faculty and Staff 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 that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

**Disability extension of 18-month period of COBRA continuation coverage**
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage.
Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about 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.

Plan contact information:
Winifred L. Williams, Ph.D.
Vice President, Chief Human Resources Officer
Chief Diversity and Inclusion Officer
820 N. Michigan Avenue
Chicago, IL 60611
312-915-6175
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted into law, and we want you to know about some of its provisions as they may affect decisions you make about your participation in the Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). HIPAA’s provisions fall into these areas:
Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Before HIPAA, this 18 month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined by the Social Security Administration. 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.

The qualified beneficiary must notify Loyola University Chicago of receiving the disability determination on the latest of 60 days following:
- Receipt of the determination,
- The date of the qualifying event,
- The date of loss of coverage, or
- Receipt of explanatory notice of qualified beneficiary notice obligations; and
- Prior to the end of the 18 month period

Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11 month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11 month extension, affected individuals must still comply with the notification requirements in a timely fashion.

A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer’s group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the plan administrator of the birth or adoption.

Women’s Health and Cancer Rights Act of 1998
The Women’s Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. It requires that you be notified of the following:
In the case of a Plan Participant or Beneficiary who receives benefits under the Plan in connection with a mastectomy and who elects breast reconstruction (in a manner determined in consultation with the attending physician and the patient), coverage will be provided for:
- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance and;
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.
- Benefits will be subject to the same cost-sharing (deductible, copayments, and coinsurance) provisions as apply to the mastectomy.

Federal Patient Protection and Affordable Care Act
As part of the federal Patient Protection and Affordable Care Act dependents under the age of 26 — regardless of marital status — may be eligible for coverage under your employer sponsored health plan (medical, vision and/or dental benefits), if dependent coverage is offered.

In addition, under Illinois law, any unmarried dependent child under 30 years of age is eligible for dependent coverage if the dependent meets all three (3) of the following conditions:
  i. Is an Illinois resident, and
  ii. Served as an active or reserve member of any U.S. Armed Forces and
  iii. Received release or discharge other than dishonorable discharge.
Uniformed Services Employment and Reemployment Rights Act (USERRA)
The Uniformed Services Employment and Reemployment Rights Act (USERRA) was signed on October 13, 1994. The Act applies to persons who perform duty, voluntarily or involuntarily, in the “uniformed services,” which include the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air National Guard also gives rise to rights under USERRA. In addition, under the Public Health Security and Bioterrorism Response Act of 2002, certain disaster response work (and authorized training for such work) is considered “service in the uniformed services” as well.

Uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty performed by National Guard and reserve members, as well as the period for which a person is absent from a position of employment for the purpose of an examination to determine fitness to perform any such duty. USERRA covers nearly all Faculty and Staff, including part-time and probationary Faculty and Staff. USERRA applies to virtually all U.S. employers, regardless of size.

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) are authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at www.dol.gov/vets.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.
- The rights listed here may vary depending on the circumstances. The USERRA notice can be viewed on the internet at www.dol.gov/vets/programs/userra/poster.pdf.
- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don’t elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions (e.g. pre-existing condition exclusions) except for service-connected illnesses or injuries.
- Under the terms of USERRA, if the military leave is 31 or fewer days, the employer may not charge a higher premium than would be charged to active Faculty and Staff with similar coverage. If the leave exceeds 31 days, the employer may charge up to 102 percent of the applicable premium.

Right to Be Free From Discrimination and Retaliation
If you:
   a) are a past or present member of the uniformed service;
   b) have applied for membership in the uniformed service; or
   c) are obligated to serve in the uniformed service, then an employer may not deny you any of the following because of this status: initial employment, reemployment, retention in employment, promotion, or any benefit of employment.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.
Employee Rights and Responsibilities Under the Family and Medical Leave Act (FMLA)

Loyola University Chicago will provide Family and Medical Leave to its eligible employees. The University posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act at [https://www.luc.edu/hr/policies/policy_loafmla.shtml](https://www.luc.edu/hr/policies/policy_loafmla.shtml).

The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.

If you have any questions, concerns, or disputes with this policy, you must contact Loyola Human Resources in writing.

A. General Provisions

Under this policy, Loyola University Chicago will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

B. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

1) The employee must have worked for the University for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven years. Separate periods of employment will be counted if the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the employer’s intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.

2) The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.

3) The employee must work in a worksite where 50 or more employees are employed by the University within 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

C. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

1) The birth of a child and in order to care for that child.

2) The placement of a child for adoption or foster care and to care for the newly placed child.

3) To care for a spouse, child or parent with a serious health condition (described below).

4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy or under the University’s sick leave policy are encouraged to consult with the Human Resource Manager.
If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the University may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

5) Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.

An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member’s call-up or service. The qualifying exigency must be one of the following:

a. short-notice deployment
b. military events and activities
c. child care and school activities
d. financial and legal arrangements
e. counseling
f. rest and recuperation
g. post-deployment activities, and
h. additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember.

a) A “son or daughter of a covered servicemember” means the covered servicemember's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood in loco parentis, and who is of any age.

b) A “parent of a covered servicemember” means a covered servicemember’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered servicemember. This term does not include parents “in law.”

c) Under the FMLA, a “spouse” means a husband or wife, including those in same-sex marriages, which were made legal in all 50 United States as of June 26, 2015.

d) The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember’s next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember’s only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember’s next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember’s next of kin. An employer is permitted to require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to § 825.122.
“Covered active duty” means:

(a) “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.

(b) Covered active duty or call to covered active duty status in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee’s 12-week maximum of FMLA leave in a 12-month period.

6) Military caregiver leave (also known as covered servicemember leave) to care for an injured or ill servicemember or veteran.

An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to 26 weeks in a single 12-month period to take care of leave to care for that servicemember.

Next of kin is defined as the closest blood relative of the injured or recovering servicemember.

The term “covered servicemember” means:

(a) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or

(b) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

The term “serious injury or illness means:

(a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating; and

(b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.

(c) Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

D. Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The University will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the University will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.
An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the University will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If spouses both work for the University and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent “in-law”) with a serious health condition, the spouses may only take a combined total of 12 weeks of leave. If spouses both work for the University and each wishes to take leave to care for a covered injured or ill servicemember, the spouses may only take a combined total of 26 weeks of leave.

E. Employee Status and Benefits During Leave
While an employee is on leave, the University will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the University will require the employee to reimburse the University the amount it paid for the employee's health insurance premium during the leave period.

Under current University policy, the employee pays a portion of the health care premium. While on paid leave, the University will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must make arrangements with Human Resources to pay the premiums directly. The length of time insurance can be maintained is determined by the specific insurance contract and COBRA requirements. If the payment is more than 30 days late, the employee's health care coverage may be dropped for the duration of the leave.

The University will provide 15 days' notification prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, the University will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the employer may elect to maintain such benefits during the leave and pay the employee’s share of the premium payments. If the employee does not continue these payments, the University may discontinue coverage during the leave. If the University maintains coverage, the University may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

F. Employee Status After Leave
An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the University's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions. The University may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

G. Use of Paid and Unpaid Leave
An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave. Sick leave may be run concurrently with FMLA leave if the reason for the FMLA leave is covered by the established sick leave policy.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if an employer provides six weeks of pregnancy disability leave, the six weeks will be designated as FMLA leave and counted toward the employee's 12-week entitlement. The employee may then be required to substitute accrued (or earned) paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid vacation and personal leave prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid vacation, personal leave or sick leave (as long as the reason for the absence is covered by the University’s sick leave policy) prior to being eligible for unpaid leave.
H. Intermittent Leave or a Reduced Work Schedule
The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill servicemember over a 12-month period).

The University may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee’s family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, the University and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the University before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

I. Certification for the Employee’s Serious Health Condition
The University will require certification for the employee’s serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee’s Serious Health Condition.

The University may directly contact the employee’s health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The University will not use the employee’s direct supervisor for this contact. Before the University makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the University will obtain the employee’s permission for clarification of individually identifiable health information.

The University has the right to ask for a second opinion if it has reason to doubt the certification. The University will pay for the employee to get a certification from a second doctor, which the University will select. The University may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the University will require the opinion of a third doctor. The University and the employee will mutually select the third doctor, and the University will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

J. Certification for the Family Member’s Serious Health Condition
The University will require certification for the family member’s serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member’s Serious Health Condition.

The University may directly contact the employee’s family member’s health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The University will not use the employee’s direct supervisor for this contact. Before the University makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the University will obtain the employee’s family member’s permission for clarification of individually identifiable health information.

The University has the right to ask for a second opinion if it has reason to doubt the certification. The University will pay for the employee’s family member to get a certification from a second doctor, which the University will select. The University may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second
opinion, the University will require the opinion of a third doctor. The University and the employee will mutually select the third doctor, and the University will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

K. Certification of Qualifying Exigency for Military Family Leave
The University will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave.

L. Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave
The University will require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember.

M. Recertification
The University may request recertification for the serious health condition of the employee or the employee’s family member no more frequently than every 30 days unless circumstances have changed significantly, or if the employer receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the University may request recertification for the serious health condition of the employee or the employee’s family member every six months in connection with an FMLA absence. The University may provide the employee’s health care provider with the employee’s attendance records and ask whether need for leave is consistent with the employee’s serious health condition.

N. Procedure for Requesting FMLA Leave
All employees requesting FMLA leave must provide verbal or written notice of the need for the leave at least 30 days prior to the leave to their supervisor and Matrix Absence Management. Within five business days after the employee has provided this notice, Matrix Absence Management will complete and provide the employee with the DOL Notice of Eligibility and Rights.

When the need for the leave is foreseeable, the employee must provide their supervisor and Matrix Absence Management with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the University’s usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

O. Designation of FMLA Leave
Within five business days after the employee has submitted the appropriate certification form, Matrix Absence Management will complete and provide the employee with a written response to the employee’s request for FMLA leave using the DOL Designation Notice.

P. Intent to Return to Work from FMLA Leave
On a basis that does not discriminate against employees on FMLA leave, the University may require an employee on FMLA leave to report periodically on the employee’s status and intent to return to work.
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

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

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Website: http://myalhipp.com/  
Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/  
Phone: 1-877-357-3268 | |
| ALASKA – Medicaid | Website: http://myakhipp.com/  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507 | |
| ARKANSAS – Medicaid | Website: http://myarhipp.com/  
Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64  
Website: http://www.in.gov/fssa/hip/  
Phone: 1-877-438-4479  
All other Medicaid  
Website: http://www.indianamedicaid.com  
Phone 1-800-403-0864 | |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: https://www.healthfirstcolorado.com/  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  
Phone: 1-800-257-8563 | |
| FLORIDA – Medicaid | Website: http://flmedicaidtplrecovery.com/hipp/  
Phone: 1-877-357-3268 |  | |
| GEORGIA – Medicaid | Website: http://dch.georgia.gov/medicaid  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507 |  | |
| IOWA – Medicaid | Website: http://dhs.iowa.gov/hawk-i  
Phone: 1-800-257-8563 |  | |
<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW HAMPSHIRE</strong> – Medicaid</td>
<td></td>
<td><a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a></td>
<td>603-271-5218</td>
</tr>
<tr>
<td><strong>KENTUCKY</strong> – Medicaid</td>
<td></td>
<td><a href="https://chfs.ky.gov">https://chfs.ky.gov</a></td>
<td>1-800-635-2570</td>
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<tr>
<td><strong>LOUISIANA</strong> – Medicaid</td>
<td></td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td><strong>NEW YORK</strong> – Medicaid</td>
<td></td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
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<tr>
<td><strong>NORTH CAROLINA</strong> – Medicaid</td>
<td></td>
<td><a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
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<tr>
<td><strong>NORTH DAKOTA</strong> – Medicaid</td>
<td></td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-844-854-4825</td>
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<tr>
<td><strong>MISSOURI</strong> – Medicaid</td>
<td></td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
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<tr>
<td><strong>OREGON</strong> – Medicaid</td>
<td></td>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></td>
<td>1-800-699-9075</td>
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<tr>
<td><strong>MONTANA</strong> – Medicaid</td>
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<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-694-3084</td>
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<tr>
<td><strong>PENNSYLVANIA</strong> – Medicaid</td>
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<td><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a></td>
<td>1-800-692-7462</td>
</tr>
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<td><strong>NEBRASKA</strong> – Medicaid</td>
<td></td>
<td><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>(855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</td>
</tr>
<tr>
<td><strong>RHODE ISLAND</strong> – Medicaid</td>
<td></td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347</td>
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<tr>
<td><strong>NEVADA</strong> – Medicaid</td>
<td></td>
<td><a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td><strong>SOUTH CAROLINA</strong> – Medicaid</td>
<td></td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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

**SOUTH DAKOTA – Medicaid**
Website: [http://dss.sd.gov](http://dss.sd.gov)
Phone: 1-888-828-0059

**WASHINGTON – Medicaid**
Website: [http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program](http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program)
Phone: 1-800-562-3022 ext. 15473

**TEXAS – Medicaid**
Website: [http://gethipptexas.com/](http://gethipptexas.com/)
Phone: 1-800-440-0493

**WEST VIRGINIA – Medicaid**
Website: [http://mywvhipp.com/](http://mywvhipp.com/)
Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

**UTAH – Medicaid and CHIP**
Medicaid Website: [https://medicaid.utah.gov/](https://medicaid.utah.gov/)
CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)
Phone: 1-877-543-7669

**WISCONSIN – Medicaid and CHIP**
Website: [https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)
Phone: 1-800-362-3002

**VERMONT – Medicaid**
Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)
Phone: 1-800-250-8427

**WYOMING – Medicaid**
Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
Phone: 307-777-7531

**VIRGINIA – Medicaid and CHIP**
Medicaid Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
Medicaid Phone: 1-800-432-5924
CHIP Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
CHIP Phone: 1-855-242-8282

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.
MEDICARE PART D NOTICE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Loyola University Chicago has determined that the prescription drug coverage offered by the Blue Cross Blue Shield plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of you own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to enroll in a Medicare prescription drug plan and drop your Loyola University Chicago prescription drug coverage, be aware that you and your dependents will not be allowed to have both Loyola University Chicago and another Medicare part D prescription drug coverage.

If you decide to join a Medicare drug plan and drop your current Loyola University Chicago coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Loyola University Chicago, and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.
For More Information about This Notice Or Your Current Prescription Drug Coverage....
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

October 1, 2018
Loyola University Chicago
Winifred L. Williams, PH.D.
Vice President, Chief Human Resources Officer
Chief Diversity and Inclusion Officer
820 N. Michigan Avenue
Chicago, IL 60611
312-915-6175

Reminder: Keep this Creditable Coverage notice.
If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
Privacy Policy
At Loyola University Chicago, your privacy is a top priority and has always been protected. In order to provide you with the employee benefits we offer, we are required to collect private information, which we do share at times. The following notice describes our policies and practices with regard to collecting and disclosing nonpublic personal information about our Faculty and Staff and former Faculty and Staff. *You may also check with our insurer about their own privacy policy.

Confidentiality and Security of Your Nonpublic Personal Information
We maintain appropriate physical, electronic, and procedural safeguards to maintain the confidentiality and security of your nonpublic personal information contained in our records. We restrict access to nonpublic personal information about you contained in our records to our Faculty and Staff who need to know that information to provide products or services to you.

Categories of Information That We Collect
We collect nonpublic personal information about you from the following sources:
- Information that we receive from you on applications and other forms;
- Information about your transactions with our affiliates, others, and/or us;
- Information that we receive from a consumer protection agency.

Categories of Parties to Whom We May Disclose Information
We may disclose nonpublic personal financial information about you to the insurance carriers or reinsurance carriers. We may also disclose nonpublic personal information about you to nonaffiliated third parties as permitted or required by law.

Changes to Our Notice of Privacy Policy and Insurance Information Practices
We reserve the right to change our privacy policies and insurance information practices. If we make any changes to our policies or practices, we will provide you with a copy of a revised notice as required by applicable law.

Medical Privacy
Loyola University Chicago, prohibits the use or disclosure of confidential medical information for any purpose not directly related to providing health care services, or administering health care coverage as permitted by law, without the member’s authorization. As regulations change, Loyola University Chicago will adhere to regulatory guidelines, to ensure member’s privacy.
2019 Monthly Premium Rates
While Loyola continues to offer family health insurance coverage, we believe that every employer bears the responsibility of providing medical benefits to its own employees. Please see below requirements to attain discounted premium rates. Please also note that 2019 premium rates will also be determined by your salary range.

Spousal/LDA Premium
If you are covering a spouse/Legally Domiciled Adult (LDA) on a Loyola medical plan, you will automatically be assessed an additional $100 monthly spousal premium. If your spouse/LDA is not eligible for other employer group coverage, you can avoid the premium by completing the required online certification through Employee Self-Service (ESS). The certification must be renewed each year in order to receive the reduced premium.

Tobacco Premium
Faculty and staff who have used tobacco products in the last three months will incur a $50 per month tobacco premium. The required online certification is completed through Employee Self-Service (ESS). The certification must be renewed each year in order to receive the reduced premium.

Wellness Incentive Requirement
Faculty and staff who enroll in one of the University’s medical insurance plans in 2019 will be eligible to receive a $50 reduction on health insurance premiums per month—an annual savings of $600 for the 2019 plan year. Faculty and staff, including covered spouses/LDAs, will be required to participate in the biometric screening and complete the Health Power Assessment in order to receive the reduced premium.

Note: If you are newly hired during the year, you will receive the wellness incentive monthly premium rate. You will not be required to complete the wellness incentive requirements until the following year.
# 2019 Monthly Premium Rates

## PPO 1

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>You Wellness</th>
<th>Non-Wellness</th>
<th>You + Spouse/LDA Wellness</th>
<th>Non-Wellness</th>
<th>You + Child(ren) Wellness</th>
<th>Non-Wellness</th>
<th>Family (You + Spouse / LDA + Child(ren)) Wellness</th>
<th>Non-Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $40,000</td>
<td>$112.84</td>
<td>$162.84</td>
<td>$378.16</td>
<td>$428.16</td>
<td>$342.51</td>
<td>$392.51</td>
<td>$491.08</td>
<td>$541.08</td>
</tr>
<tr>
<td>$40,001 - $120,000</td>
<td>$182.36</td>
<td>$232.36</td>
<td>$552.69</td>
<td>$602.69</td>
<td>$495.14</td>
<td>$545.14</td>
<td>$701.45</td>
<td>$751.45</td>
</tr>
<tr>
<td>$120,001 and above</td>
<td>$199.12</td>
<td>$249.12</td>
<td>$604.34</td>
<td>$654.34</td>
<td>$541.41</td>
<td>$591.41</td>
<td>$766.62</td>
<td>$816.62</td>
</tr>
<tr>
<td>Part-Time</td>
<td>$776.60</td>
<td>$826.60</td>
<td>$1,562.65</td>
<td>$1,612.65</td>
<td>$1,408.12</td>
<td>$1,458.12</td>
<td>$2,320.11</td>
<td>$2,370.11</td>
</tr>
</tbody>
</table>

**Tobacco Use**—Add $50 additional monthly premium for Tobacco Use

**Spousal Premium**—Add $100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage

## PPO 2

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>You Wellness</th>
<th>Non-Wellness</th>
<th>You + Spouse/LDA Wellness</th>
<th>Non-Wellness</th>
<th>You + Child(ren) Wellness</th>
<th>Non-Wellness</th>
<th>Family (You + Spouse / LDA + Child(ren)) Wellness</th>
<th>Non-Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $40,000</td>
<td>$74.01</td>
<td>$124.01</td>
<td>$300.03</td>
<td>$350.03</td>
<td>$272.10</td>
<td>$322.10</td>
<td>$375.07</td>
<td>$425.07</td>
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<tr>
<td>$40,001 - $120,000</td>
<td>$143.53</td>
<td>$193.53</td>
<td>$474.56</td>
<td>$524.56</td>
<td>$424.74</td>
<td>$474.74</td>
<td>$585.45</td>
<td>$635.45</td>
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<tr>
<td>$120,001 and above</td>
<td>$160.29</td>
<td>$210.29</td>
<td>$526.21</td>
<td>$576.21</td>
<td>$471.01</td>
<td>$521.01</td>
<td>$650.62</td>
<td>$700.62</td>
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<tr>
<td>Part-Time</td>
<td>$737.77</td>
<td>$787.77</td>
<td>$1,484.52</td>
<td>$1,534.52</td>
<td>$1,337.72</td>
<td>$1,387.72</td>
<td>$2,204.11</td>
<td>$2,254.11</td>
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</tbody>
</table>

**Tobacco Use**—Add $50 additional monthly premium for Tobacco Use

**Spousal Premium**—Add $100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage
# 2019 Monthly Premium Rates

## PPO 3 HSA

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Family (You + Spouse / LDA + Child(ren))</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Salary</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Under $40,000</td>
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<td>$111.16</td>
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<td>$120,001 and above</td>
<td>$125.67</td>
<td>$175.67</td>
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<td>$482.87</td>
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</tbody>
</table>

### Tobacco Use
- **Add $50 additional monthly premium for Tobacco Use**

### Spousal Premium
- **Add $100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage**

## Loyola Dental Plan

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Delta Dental</th>
<th>Guardian/First Commonwealth</th>
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<tbody>
<tr>
<td>You</td>
<td>$14.00</td>
<td>$7.35</td>
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<tr>
<td>You + Spouse/LDA</td>
<td>$29.00</td>
<td>$14.04</td>
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<tr>
<td>You + Child(ren)</td>
<td>$35.00</td>
<td>$16.68</td>
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<tr>
<td>Family (You + Spouse/LDA + Child(ren))</td>
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<td>$22.74</td>
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</table>
## Loyola Vision Plan

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Full-Time</th>
<th>Part-Time</th>
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<tr>
<td>You</td>
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<tr>
<td>You + Spouse/LDA</td>
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<tr>
<td>You + Child(ren)</td>
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<td>Family (You + Spouse/LDA + Child(ren))</td>
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## Supplemental Life Insurance Plan

### Supplemental Life Insurance for You

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<tr>
<th>Age</th>
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<td>&lt; 30</td>
<td>$0.06</td>
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<tr>
<td>30 - 34</td>
<td>$0.08</td>
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<td>35 - 39</td>
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</tr>
<tr>
<td>40 - 44</td>
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<tr>
<td>45 - 49</td>
<td>$0.20</td>
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<td>50 - 54</td>
<td>$0.34</td>
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<tr>
<td>55 - 59</td>
<td>$0.62</td>
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<td>75 - 79</td>
<td>$2.06</td>
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<tr>
<td>&gt; 80</td>
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### Child Life Insurance

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Premium</th>
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<tbody>
<tr>
<td>$5,000</td>
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## Spousal Life Insurance

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Premium</th>
</tr>
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<tbody>
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<td>$15,000</td>
<td>$8.86</td>
</tr>
<tr>
<td>$20,000</td>
<td>$11.68</td>
</tr>
<tr>
<td>$25,000</td>
<td>$14.12</td>
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<tr>
<td>$30,000</td>
<td>$16.44</td>
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<tr>
<td>$35,000</td>
<td>$18.46</td>
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<tr>
<td>$40,000</td>
<td>$20.38</td>
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<tr>
<td>$45,000</td>
<td>$21.94</td>
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<tr>
<td>$50,000</td>
<td>$22.86</td>
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<td>$60,000</td>
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<tr>
<td>$70,000</td>
<td>$31.82</td>
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<tr>
<td>$80,000</td>
<td>$37.54</td>
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<tr>
<td>$90,000</td>
<td>$44.32</td>
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<td>$100,000</td>
<td>$52.30</td>
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### Supplemental AD&D Insurance Plan

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Rate Per $1,000 of Coverage</th>
</tr>
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<tbody>
<tr>
<td>You</td>
<td>$0.018</td>
</tr>
<tr>
<td>You &amp; Family</td>
<td>$0.035</td>
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### Critical Illness Insurance

#### You & Spouse Rates

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>0 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 - 44</th>
<th>45 - 49</th>
<th>50 - 54</th>
<th>55 - 59</th>
<th>60 - 64</th>
<th>65 - 69</th>
<th>70 - 74</th>
<th>75 - 79</th>
<th>80 - 84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$2.10</td>
<td>$4.40</td>
<td>$5.60</td>
<td>$8.60</td>
<td>$13.60</td>
<td>$20.10</td>
<td>$26.70</td>
<td>$37.20</td>
<td>$53.00</td>
<td>$70.00</td>
<td>$114.0</td>
<td>$139.3</td>
<td>$214.10</td>
</tr>
<tr>
<td>$20,000</td>
<td>$4.20</td>
<td>$8.80</td>
<td>$11.20</td>
<td>$17.20</td>
<td>$27.20</td>
<td>$40.20</td>
<td>$53.40</td>
<td>$74.40</td>
<td>$106.00</td>
<td>$140.00</td>
<td>$222.80</td>
<td>$278.60</td>
<td>$428.20</td>
</tr>
<tr>
<td>$20,000*, if PPO 3 HSA</td>
<td>$2.10</td>
<td>$4.40</td>
<td>$5.60</td>
<td>$8.60</td>
<td>$13.60</td>
<td>$20.10</td>
<td>$26.70</td>
<td>$37.20</td>
<td>$53.00</td>
<td>$70.00</td>
<td>$114.0</td>
<td>$139.3</td>
<td>$214.10</td>
</tr>
</tbody>
</table>

*These monthly premium rates show the amount a Loyola employee enrolled in PPO 3 would pay to purchase the $10,000 additional employee-only Critical Illness coverage above the $10,000 that Loyola provides. Additional coverage may be purchased for your spouse at the rates shown above.

### Critical Illness Insurance - Child(ren)

<table>
<thead>
<tr>
<th>Your Benefit Amount</th>
<th>Child(ren)’s Benefit Amount</th>
<th>Monthly Premium*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$2,500</td>
<td>$0.25</td>
</tr>
<tr>
<td>$20,000</td>
<td>$5,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>$20,000, if PPO 3 HSA</td>
<td>$5,000</td>
<td>$0.50</td>
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### Accident Insurance

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>You</th>
<th>You + Spouse</th>
<th>You + Child(ren)</th>
<th>Family (You + Spouse/LDA + Child(ren))</th>
</tr>
</thead>
<tbody>
<tr>
<td>If PPO 1 or PPO 2</td>
<td>$17.20</td>
<td>$27.15</td>
<td>$32.67</td>
<td>$43.22</td>
</tr>
<tr>
<td>If PPO 3 HSA</td>
<td>N/A - Loyola covers 100%</td>
<td>$15.15</td>
<td>$20.67</td>
<td>$31.22</td>
</tr>
</tbody>
</table>

### Hyatt Legal Plan

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
</tbody>
</table>
Need Help Making Benefits Decisions? 
Talk to Alex!
Alex is an online interactive benefit tool designed to help you better understand our competitive and comprehensive benefits and choose the plans best for you. Have a benefit conversation with “Alex” before you make your Open Enrollment elections. 
Visit Alex: www.myalex.com/loyola/2019

Curious How a Health Savings Account (HSA) Can Help Your Financial Future?

With an HSA the money is always tax free, always yours, and rolls over year after year. And, if you enroll in the HSA, Loyola will contribute $600 for individual coverage and $1,200 for family coverage directly into your account on January 1, 2019. Use the BenefitWallet educational site to learn more about HSAs, find answers to your frequently asked questions, and use a variety of online calculators to find out how contributing to your HSA will help you save over time.

Learn more: www.mybenefitwalletsite.com/luc

Want to Save Money on Health and Wellness Products and Services?

Enrollment in a Loyola medical plan gives you access to Blue Cross Blue Shield’s health and wellness discount site Blue365. Here you will find discounts on a variety of wellness solutions including:

- Vision care,
- Hearing aids,
- Nutritional services,
- Workout apparel and shoes, and
- Fitness devices, memberships and equipment.

Visit Blue365: www.blue365deals.com

Looking for More Details, or More Information on Other Benefits?

While this guide is meant to inform you about your benefits for 2019, Loyola’s extensive benefits offerings are covered in even more detail online. Visit the Human Resources page at www.LUC.edu/hr for more information.
Manage Your Benefits On-the-Go

Many of Loyola’s benefit vendors offer easy-to-use applications so you can access your account from the convenience of your smartphone. The apps are secure and interactive mobile applications for members to access personal account information and other features. These apps can be downloaded for free from the App Store® for iOS devices, or Google Play™ for Android.

Blue Cross Blue Shield of Illinois: Log in to the Blue Cross and Blue Shield of Illinois (BCBSIL) app to access member information and resources.

- Register or change password
- Easily access coverage, claims, and ID card
- Check deductible and out-of-pocket amounts
- Find an in-network doctor, hospital, or nearby urgent care facility
- Estimate the costs of procedures, tests, and treatments
- View patient reviews and average wait time
- Search for doctors who speak Spanish
- View medical benefits and copay levels
- Send ID to your smartphone’s “wallet” for offline access
- Share ID card verification letter

CVS Caremark: If you already use Caremark.com, your existing username and password will also work on the CVS Caremark app. If not, you can register directly on the app and use your new username and password on the website. Once logged in, you can:

- Refill mail service prescriptions without registering or signing in (Easy Refill)
- Submit new mail order prescription
- See number of refills due and orders in progress without signing in
- Check order status
- Renew or request new mail service prescriptions
- Check drug costs and coverage
- View prescription history
- Find a pharmacy in your network
- View your ID Card
- Identify unknown pills
- Check for potential drug interactions
- Update account, shipping, and billing information, manage family access, and reset password

Delta Dental: Without logging in to the Delta Dental app, you can access the following features:

- Find a dentist
- Use the toothbrush timer
- Understand your oral health risk with the LifeSmile Score tool

Once logged in with your existing username and password, you can also:

- View your mobile ID card
- Schedule an appointment with a participating network dentist
- View your claims and coverage information
- Get an estimate on dental treatments with the Dental Cost Estimator

VSP: Log in to the VSP Vision Care on the Go app to manage your eye care needs at any time, and from anywhere. Log in to the VSP Vision Care On The Go app, then you can:

- Find a doctor
- Check your coverage
- Access your vision card
- Shop the latest eyewear fashions
BenefitExpress ("My FSA Express™ Mobile" app): Log in to the My FSA Express™ Mobile app using your existing account information (if you do not have an account, use your employer ID number BEX3113 when registering). If prompted to enter a Social Security Number, replace the first two digits with 99. For example, if your SSN is 123456789, you should enter it as 993456789. Once logged in, you can:

- View your account balances, plan details, and recent transactions
- Snap a receipt image to submit for reimbursement
- View and manage alert communications via email and text

BenefitWallet: Log in to the BenefitWallet app with your existing BenefitWallet User ID and password. Then, you can:

- View your account balances and transaction history
- View your filing cabinet of claims and documentation
- Upload photos of documentation
- View, access, submit, and pay claims
- Access online bill pay
- Access FAQs and eligible expenses
- Tap to call the BenefitWallet Service Center

Transamerica: Log in to the My TRSRetire app with your username and password to manage your 403(b) plan more effectively, no matter where you are. Use this app to sign into your Transamerica employer-sponsored retirement plan account and:

- Obtain your current balance and rate of return
- Know Your Retirement Outlook℠—a personalized assessment of whether your current strategy has you on course toward achieving your retirement income goal
- Use the OnTrack® tool to learn how increasing your savings rate, changing your investment strategy, or updating your retirement goals might serve to brighten your retirement
- Take action to potentially improve your financial forecast, immediately and right from the app itself
- Conduct transactions, such as managing your contribution rate and investment allocations
- View your account’s transaction history, outstanding loan information, and more

Matrix Absence Management: Log in to the Matrix eServices Mobile app to access claim information and interact with the examiner on the go. Once logged in, you can:

- Create an account
- File a claim
- View claim status
- View claim details
- Report intermittent absences
- Call or email your examiner
- Complete new claim initiation surveys

App Store is a service mark of Apple Incorporated. Google Play is a trademark of Google, Inc.
## Important Contact Information

<table>
<thead>
<tr>
<th>Benefit Resource</th>
<th>Who to Contact</th>
<th>Phone/Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open Enrollment</strong> &lt;br&gt;(Employee Self-Service)</td>
<td>Loyola University Chicago Human Resources</td>
<td><strong><a href="mailto:Benefits@LUC.edu">Benefits@LUC.edu</a></strong></td>
<td><a href="https://lawson.luc.edu">https://lawson.luc.edu</a> (Bookmarks &gt; Employee Self-Service &gt; Benefits &gt; Annual Enrollment)</td>
</tr>
<tr>
<td><strong>Loyola Medical Plans</strong> &lt;br&gt;PPO 1 Group ID: 200864  &lt;br&gt;PPO 2 Group ID: 208490  &lt;br&gt;PPO 3 Group ID: 226497</td>
<td>Blue Cross Blue Shield of Illinois</td>
<td>866-266-3674</td>
<td><a href="http://www.bcsl.com/member">www.bcsl.com/member</a></td>
</tr>
<tr>
<td><strong>Benefits Value Advisor</strong></td>
<td>Blue Cross Blue Shield of Illinois</td>
<td>Call the number on the back of your BCBS member ID card</td>
<td><a href="http://www.luc.edu/hr/wellness/benefitsvalueadvisor">www.luc.edu/hr/wellness/benefitsvalueadvisor</a></td>
</tr>
<tr>
<td><strong>Nurse Line</strong></td>
<td>Blue Cross Blue Shield of Illinois</td>
<td>800-299-0274</td>
<td><a href="http://www.luc.edu/hr/wellness/bcbsils247nurseline">www.luc.edu/hr/wellness/bcbsils247nurseline</a></td>
</tr>
<tr>
<td><strong>Telemedicine/Virtual Doctor</strong></td>
<td>MDLIVE</td>
<td>888-632-2738</td>
<td><a href="http://www.MDlive.com">www.MDlive.com</a></td>
</tr>
<tr>
<td><strong>Biometric Screenings, Health Power Assessment, Wellness Activities</strong></td>
<td>Health Maintenance Institute (HMI)</td>
<td><strong><a href="mailto:Benefits@LUC.edu">Benefits@LUC.edu</a></strong></td>
<td><a href="http://www.myhmihealth.com">www.myhmihealth.com</a> (Site code: L773)</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong> &lt;br&gt;(General)  &lt;br&gt;RX Bin #: 004336  &lt;br&gt;Group #: RX0804</td>
<td>CVS Caremark</td>
<td>888-202-1654</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong> &lt;br&gt;(Specialty)</td>
<td>CVS Caremark</td>
<td>800-237-2767</td>
<td><a href="http://www.cvsspecialty.com/wps/personal/specialty">www.cvsspecialty.com/wps/personal/specialty</a></td>
</tr>
<tr>
<td><strong>Delta Dental PPO Plan</strong> &lt;br&gt;Group ID: 08450</td>
<td>Delta Dental</td>
<td>800-323-1743</td>
<td><a href="http://www.deltadentalil.com">www.deltadentalil.com</a></td>
</tr>
<tr>
<td><strong>Guardian/First Commonwealth DHMO Plan</strong></td>
<td>Guardian/First Commonwealth</td>
<td>800-627-4200</td>
<td><a href="http://www.guardiananytime.com">www.guardiananytime.com</a></td>
</tr>
<tr>
<td><strong>Vision Service Plan (VSP) Plan</strong></td>
<td>VSP</td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td>BenefitExpress</td>
<td>877-837-5017</td>
<td><a href="http://www.loyolaexpress.com">www.loyolaexpress.com</a></td>
</tr>
<tr>
<td><strong>Health Savings Account (HSA)</strong></td>
<td>BenefitWallet</td>
<td>877-472-4200</td>
<td><a href="http://www.mybenefitwallet.com">www.mybenefitwallet.com</a></td>
</tr>
</tbody>
</table>
| **Employee Assistance Program (EAP)** | Perspectives | 800-456-6327 | [www.perspectivesltd.com](http://www.perspectivesltd.com)  
(User Name: LOY500; Password: perspectives) |
| **DCRP 403(b) Retirement Plan** | Transamerica  
TIAA-CREF  
VALIC  
Fidelity Investments | 773-508-2770  
800-842-2252  
800-448-2542  
800-642-7131 | [https://luc.trsretire.com](https://luc.trsretire.com)  
[www.tiaa-cref.org](http://www.tiaa-cref.org)  
[www.valic.com](http://www.valic.com)  
[www.fidelity.com](http://www.fidelity.com) |
| **Transit Benefits** | BenefitExpress | 877-837-5017 | [www.loyolaexpress.com](http://www.loyolaexpress.com) |
| **Life Insurance** <br>Group Plan #: GL 156761 | Reliance Standard | 800-351-7500 | [www.reliancestandard.com](http://www.reliancestandard.com) |
| **Accident and Critical Illness Insurance** | Reliance Standard | 800-351-7500 | [www.reliancestandard.com](http://www.reliancestandard.com) |
| **Leaves of Absence and Disability Insurance** | Matrix Absence Management | 877-202-0055 | [www.matrixabsence.com](http://www.matrixabsence.com) |
| **Child Day Care Benefits** | KinderCare | 888-525-2780 | [www.kindercare.com/luc](http://www.kindercare.com/luc) |
| **Group Legal** | Hyatt Legal | 800-821-6400 | [www.legalplans.com](http://www.legalplans.com) (Access code: 4020226) |
| **COBRA Coverage** | BenefitExpress | 877-837-5017 | [www.myonlinecobra.com](http://www.myonlinecobra.com) |
NOTE: For eligible faculty and staff, this document summarizes changes to Loyola University Chicago’s employee benefits plans and administration, effective January 1, 2019. It does not include all benefit details. These details are provided in the official plan documents, insurance certificates, and Summary Plan Descriptions. You may contact Human Resources at benefits@luc.edu for copies of those documents. If any descriptions in this highlights document conflict with information in the official plan documents or insurance certificates, the official plan documents will prevail. Receipt of these materials is not a contract of employment.

The University reserves the right to change, alter, amend or terminate benefits plans at any time.

Last revised: 12/17/2018