

### 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								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Annual Salary								
<b>Under \$40,000</b>	\$112.84	\$162.84	\$378.16	\$428.16	\$342.51	\$392.51	\$491.08	\$541.08
<b>\$40,001 - \$120,000</b>	\$182.36	\$232.36	\$552.69	\$602.69	\$495.14	\$545.14	\$701.45	\$751.45
<b>\$120,001 and above</b>	\$199.12	\$249.12	\$604.34	\$654.34	\$541.41	\$591.41	\$766.62	\$816.62
<b>Part-Time</b>	\$776.60	\$826.60	\$1,562.65	\$1,612.65	\$1,408.12	\$1,458.12	\$2,320.11	\$2,370.11
<b>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</b>								
<b>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</b>								

PPO 2								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Annual Salary								
<b>Under \$40,000</b>	\$74.01	\$124.01	\$300.03	\$350.03	\$272.10	\$322.10	\$375.07	\$425.07
<b>\$40,001 - \$120,000</b>	\$143.53	\$193.53	\$474.56	\$524.56	\$424.74	\$474.74	\$585.45	\$635.45
<b>\$120,001 and above</b>	\$160.29	\$210.29	\$526.21	\$576.21	\$471.01	\$521.01	\$650.62	\$700.62
<b>Part-Time</b>	\$737.77	\$787.77	\$1,484.52	\$1,534.52	\$1,337.72	\$1,387.72	\$2,204.11	\$2,254.11
<b>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</b>								
<b>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</b>								

**2019 Monthly Premium Rates**

PPO 3 HSA								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Annual Salary								
<b>Under \$40,000</b>	\$49.98	\$99.98	\$234.04	\$284.04	\$212.36	\$262.36	\$285.35	\$335.35
<b>\$40,001 - \$120,000</b>	\$111.16	\$161.16	\$387.82	\$437.82	\$346.84	\$396.84	\$470.51	\$520.51
<b>\$120,001 and above</b>	\$125.67	\$175.67	\$432.87	\$482.87	\$387.20	\$437.20	\$527.22	\$577.22
<b>Part-Time</b>	\$636.82	\$686.82	\$1,281.38	\$1,331.38	\$1,154.66	\$1,204.66	\$1,902.49	\$1,952.49
<i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i>								
<i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i>								

Loyola Dental Plan				
Coverage Level	Delta Dental		Guardian/First Commonwealth	
	Full-Time	Part-Time	Full-Time	Part-Time
You	\$14.00	\$31.27	\$7.35	\$19.86
You + Spouse/LDA	\$29.00	\$62.49	\$14.04	\$35.99
You + Child(ren)	\$35.00	\$72.21	\$16.68	\$39.71
Family (You + Spouse/LDA + Child(ren))	\$48.50	\$103.45	\$22.74	\$58.32

### 2019 Monthly Premium Rates

Loyola Vision Plan		
	VSP Vision	
Coverage Level	Full-Time	Part-Time
You	\$9.86	\$9.86
You + Spouse/LDA	\$15.65	\$15.65
You + Child(ren)	\$15.97	\$15.97
Family (You + Spouse/LDA + Child(ren))	\$25.77	\$25.77

### Supplemental Life Insurance Plan

Supplemental Life Insurance for You	
Age	Rate Per \$1,000
< 30	\$0.06
30 - 34	\$0.08
35 - 39	\$0.10
40 - 44	\$0.12
45 - 49	\$0.20
50 - 54	\$0.34
55 - 59	\$0.62
60 - 64	\$0.88
65 - 69	\$1.38
70 - 74	\$2.06
75 - 79	\$2.06
> 80	\$2.06
Child Life Insurance	
Coverage	Monthly Premium
\$5,000	\$0.36

Spousal Life Insurance	
Coverage	Monthly Premium
\$5,000	\$2.64
\$10,000	\$5.64
\$15,000	\$8.86
\$20,000	\$11.68
\$25,000	\$14.12
\$30,000	\$16.44
\$35,000	\$18.46
\$40,000	\$20.38
\$45,000	\$21.94
\$50,000	\$22.86
\$60,000	\$26.96
\$70,000	\$31.82
\$80,000	\$37.54
\$90,000	\$44.32
\$100,000	\$52.30

### 2019 Monthly Premium Rates

Supplemental AD&D Insurance Plan	
Coverage	Monthly Rate Per \$1,000 of Coverage
You	\$0.018
You & Family	\$0.035

Critical Illness Insurance													
You & Spouse Rates													
Age													
Benefit Amount	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
\$10,000	\$2.10	\$4.40	\$5.60	\$8.60	\$13.60	\$20.10	\$26.70	\$37.20	\$53.00	\$70.00	\$111.40	\$139.30	\$214.10
\$20,000	\$4.20	\$8.80	\$11.20	\$17.20	\$27.20	\$40.20	\$53.40	\$74.40	\$106.00	\$140.00	\$222.80	\$278.60	\$428.20
\$20,000*, if PPO 3 HSA	\$2.10	\$4.40	\$5.60	\$8.60	\$13.60	\$20.10	\$26.70	\$37.20	\$53.00	\$70.00	\$111.40	\$139.30	\$214.10

\*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)		
Your Benefit Amount	Child(ren)'s Benefit Amount	Monthly Premium*
\$10,000	\$2,500	\$0.25
\$20,000	\$5,000	\$0.50
\$20,000, if PPO 3 HSA	\$5,000	\$0.50

Accident Insurance				
Medical Plan	You	You + Spouse	You + Child(ren)	Family (You + Spouse/ LDA + Child(ren))
If PPO 1 or PPO 2	\$17.20	\$27.15	\$32.67	\$43.22
If PPO 3 HSA	<i>N/A - Loyola covers 100%</i>	\$15.15	\$20.67	\$31.22

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