

**2020 Monthly Premium Rates**

Loyola is proud to announce that we are able to maintain access to high quality and services of health care for our employees in 2020. For the first time in many years, monthly premium rates for 2020 will **not** increase.

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 2020 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 Discount**

As part of our wellness program, faculty and staff who enroll in one of the University's medical insurance plans in 2020 will be eligible to receive a \$50 reduction on health insurance premiums per month—an annual savings of \$600 for the 2020 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.*

## 2020 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><i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i></b>   |          |              |                  |              |                  |              |  |              |
| <b><i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i></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><i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i></b>   |          |              |                  |              |                  |              |  |              |
| <b><i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i></b> |          |              |                  |              |                  |              |  |              |

**2020 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   |

**2020 Monthly Premium Rates**

| <b>Loyola Vision Plan</b>              |                   |                  |
|--|-------------------|------------------|
|  | <b>VSP Vision</b> |                  |
| <b>Coverage Level</b>                  | <b>Full-Time</b>  | <b>Part-Time</b> |
| 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**

| <b>Supplemental Life Insurance for You</b> |                  |
|--|------------------|
| 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           |
| <b>Child Life Insurance</b>                |                  |
| Coverage                                   | Monthly Premium  |
| \$5,000                                    | \$0.36           |

| <b>Spousal Life Insurance</b> |                 |
|-------------------------------|-----------------|
| 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         |

**2020 Monthly Premium Rates**

| <b>Supplemental AD&amp;D Insurance Plan</b> |   |
|---|---|
|   | <b>Monthly Rate Per \$1,000 of Coverage</b> |
| <b>Coverage</b>                             |   |
| You   | \$0.018                                     |
| You & Family                                | \$0.035                                     |

| <b>Critical Illness Insurance</b> |               |                |                |                |                |                |                |                |                |                |                |                |            |
|-----------------------------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------|
| <b>You &amp; Spouse Rates</b>     |               |                |                |                |                |                |                |                |                |                |                |                |            |
| <b>Age</b>                        |               |                |                |                |                |                |                |                |                |                |                |                |            |
| <b>Benefit Amount</b>             | <b>0 - 29</b> | <b>30 - 34</b> | <b>35 - 39</b> | <b>40 - 44</b> | <b>45 - 49</b> | <b>50 - 54</b> | <b>55 - 59</b> | <b>60 - 64</b> | <b>65 - 69</b> | <b>70 - 74</b> | <b>75 - 79</b> | <b>80 - 84</b> | <b>85+</b> |
| <b>\$10,000</b>                   | \$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   |
| <b>\$20,000</b>                   | \$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   |
| <b>\$20,000*, if PPO 3 HSA</b>    | \$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.*

| <b>Critical Illness Insurance - Child(ren)</b> |                                    |                         |
|--|------------------------------------|-------------------------|
| <b>Your Benefit Amount</b>                     | <b>Child(ren)'s Benefit Amount</b> | <b>Monthly Premium*</b> |
| \$10,000                                       | \$2,500                            | \$0.25                  |
| \$20,000                                       | \$5,000                            | \$0.50                  |
| \$20,000, if PPO 3 HSA                         | \$5,000                            | \$0.50                  |

| <b>Accident Insurance</b> |                                 |                     |                         |  |
|---------------------------|---------------------------------|---------------------|-------------------------|--|
| <b>Medical Plan</b>       | <b>You</b>                      | <b>You + Spouse</b> | <b>You + Child(ren)</b> | <b>Family (You + Spouse/ LDA + Child(ren))</b> |
| 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  |

| <b>MetLife Legal Plan</b> |                  |
|---------------------------|------------------|
| <b>Full-Time</b>          | <b>Part-Time</b> |
| \$15.00                   | \$15.00          |