LOYOLA
UNIVERSITY MARYLAND

Employee Benefits Guide

July 1, 2024 – June 30, 2025

Scan the QR code or click the link to watch the 2024–2025 Employee Benefits Overview presentation
www.brainshark.com/hilbgroup/Loyola

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Important Notice about Your Prescription Drug Coverage and Medicare—see page 22.

Please read it and share it with any of your Medicare-eligible dependents.

The benefits plan year runs July 1 to June 30. You cannot make changes to your elections during the plan year unless you experience a qualified change-in-status event that impacts your eligibility and is allowed under the terms of the carrier contract. Otherwise, the elections you make will remain in effect until June 30, 2025.

LOYOLA UNIVERSITY MARYLAND

Summary of Employee Benefits
July 1, 2024 – June 30, 2025

Eligibility

Employees

Employees working a minimum of 22.5 hours per week on a regular basis (not seasonal or temporary) are eligible to participate in benefits noted and described in this brochure. Benefits for newly hired employees are effective on the first of the month following or coinciding with their date of hire.

Eligible dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by a ceremony
- **Legally Domiciled Adult (LDA):** Domestic partner or dependent relative that meets eligibility criteria (LDA affidavit must be completed and returned to the Benefits & Wellness Unit)
- **Child(ren):** Eligible to age 26 regardless of student status, financial dependency, or marital status

Qualified change-in-status events

Please keep in mind that benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event that impacts your eligibility and is allowed under the terms of the carrier contract. Change-in-status events are changes in the below:

- Change in legal marital status, including marriage, death of a spouse, divorce, and annulment
- Change in number of covered dependents due to birth, death, adoption, granting of legal custodianship, or reaching maximum age for coverage
- Change in employment for you, your spouse, or your dependent, including commencement of or return from leave of absence, or change in employment status
- Change in coverage under another employer plan, such as a change made during your spouse's open enrollment

You must notify your Benefits & Wellness Unit within 30 days of the qualified change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

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Enrolling in Your Benefits

- Familiarize yourself with the benefits described in this guide.
- Use the ALEX enrollment support tool to find the best plans for you and your family. Please refer to the information on the right for more details or scan the QR code below to visit ALEX.
- If you need additional assistance, please contact the Benefits & Wellness Office at x1365 or the PSA Benefits Hotline at 877-716-6618 or via email at loyola@psafinancial.com.

New

Newly Hired Employees: You cannot enroll until your Workday account setup is completed. You must wait for a benefits enrollment notification email from Workday. If you have not received a notification after your first week of employment, please contact our office at x1365.

- When you receive your Workday notification email:
  a. select the Benefit: Hire link provided in the Workday email; OR
  b. log on to Inside.Loyola and select the Workday icon.
- After you log on, select the benefits enrollment task.
- Begin the enrollment process.

Current

Current Employees: Mid-year changes are allowed for recent qualifying Life Events. Submit your change request in Workday. Remember to attach supporting documentation.

Job Aids are available to help you complete your enrollment. Visit the Digital Transformation website or contact the benefits office.

NEW EMPLOYEES – REMINDER

You will have access to the Workday benefits enrollment system after technology services and your employment onboarding process is completed. If you do not have your Loyola log in credentials, please contact OTS at x5555.

CONTACTS

Need Help or Have Questions about your Benefits?
Benefits & Wellness Office at 410-617-1365 or benefits&wellness
PSA Benefits Consultants at 877-716-6618 or loyola@psafinancial.com

Need Help or Have Questions about a diagnosis, claims, appeals & grievance for denied care or locating the best provider?
Clinical Nurse Advocacy Liaison, Danielle Herndon, RN, CCM
at 877-716-6618 or loyola@psafinancial.com.

Need Help or Have Questions about your Employment?
Human Resources at 410-617-2354 or humanresources@loyola.edu
Payroll Services at 410-617-1349 or payroll@loyola.edu
Technology Services at 410-617-5555 or ots@loyola.edu

alex®

Loyola's virtual benefits counselor

ALEX is an easy- to-use online tool that will help you get the RIGHT amount of coverage for your needs.

A quick chat with ALEX could help you choose the best plans for you and your family and save money all year long! ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs. It's that easy!

You can even talk to ALEX® about your plan for retirement and how much to contribute to your 403(b)-retirement plan to meet your future goals.

Family Plan Comparison Tool

If you have coverage through another source, ALEX Go, the Family Plan Comparison Tool is now available. Compare your Loyola benefit plans and a family member's plans to figure out which benefits gives you the best coverage for the best value. Once you've completed the health profile and you generate your health results, you will find the comparison tool on the right sidebar.

Unsure what information you will need to complete the tool? Click here for a guide.

Scan here to start using the ALEX tool

Benefits at-a-Glance

University-Paid Benefits $0

The University provides these benefits at no cost to eligible employees.

Benefit	Details/Options
Core Flex Credits	The University provides flex credits to assist employees with the purchase of their benefits. • Regular full-time, core and four-fifths-time employees receive $1,000 of base flex credits. • Regular full-time or core employees who are members of the Order of the Society of Jesus or the Order of the Religious Sisters of Mercy receive $850 base flex credits. • Regular half-time staff and administrators receive $500 base flex credits. In addition to the base flex credits, the University provides eligible employees with additional credits after six years of service.
Core Vision Benefit VSP	• Annual eye exam—for employees only. • $10 copay if you use an in-network provider. If you visit an out-of-network provider, the plan reimburses you according to a specific schedule. • Available through VSP (Vision Service Plan), which has a nationwide network of optometrists and ophthalmologists.
Basic Life and AD&D Insurance Symetra	• Option 1: One times annual earnings (rounded to the next higher $1,000) up to a maximum benefit of $50,000. • Option 2: One times annual earnings (rounded to the next higher $1,000) up to a maximum benefit of $250,000. (Please note that coverage over $50,000 is considered taxable imputed income.)
Long-Term Disability Symetra	• 66.67% of the first $12,749 of your pre-disability monthly earnings up to $8,500 per month • 180 day waiting period • If you have received medical treatment, consultation, or were prescribed medications for a sickness or accidental injury in the 3 months prior to the date your insurance took effect, you will not receive benefits for that sickness or accidental injury until 12 months after the insurance has taken effect.
Employee Assistance Program Acentra (formerly KEPRO)	• Professional and confidential assessment, referrals, or short-term problem solving to eligible participants and their family members. • Get assistance with: marital or family problems, job problems, emotional distress, and more. • The plan also provides financial and legal services as well as child care and elder care referrals and counseling for related issues.
Tuition Remission	• Available to full-time faculty, staff, administrators, and their spouses and eligible dependent children. Also available to part-time employees on a prorated basis. • Please see the staff and administrator policy manual or the faculty handbook for more information.
Live Near Your Work (LNYW)	• Loyola partners with the City to contribute $1,000 toward the closing costs associated with the purchase of a house near Loyola (Grant application must be completed and approved.) • Available to full-time or core employees who have worked for at least 6 months, plan to purchase a home in the targeted area, receive mortgage approval, contribute a minimum of $1,000 toward the purchase, and agree to live in the home as a primary residence for 3 years. • For additional information, please contact the Benefits & Wellness Unit at x1365.

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Benefits at-a-Glance

Benefit Plans

Below is a summary of the benefits available to eligible employees.

Benefit	Your Options
Medical and Prescription Cigna	• Three plan options through Cigna. • See page 12 for medical and prescription plan highlights.
Health Savings Account Bank of America	• Health Savings Account available to those that elect the OAP HSA (HDHP) medical plan. • See pages 14 and 15 for plan highlights and eligibility information.
Voluntary Benefits Cigna	• Voluntary accident, critcal illness, and hospital indemnity insurance plans. • See pages 10 and 11 for plan details.
Dental MetLife	• Two plan options through MetLife. • See page 16 for plan highlights.
Vision VSP	• University provides Core Vision benefit for annual eye exam. • Buy-Up plan available through VSP. See page 17 for plan highlights.
Flexible Spending Accounts Optum Financial	• Health Care: contribute up to $3,200 per year in pre-tax dollars. • Dependent Care: contribute up to $5,000 per year in pre-tax dollars. • See page 18 and 19 for plan highlights.
Supplemental Life Insurance Symetra	• Employee: Purchase $25,000, $50,000, $100,000, or $150,000. • Spouse: Employee can purchase $10,000 for spouse. – Spouses covered under the group basic life insurance policy cannot also be covered as a dependent under the dependent life insurance benefit. • Dependent Children: Employee can purchase for dependent children up to age 26 – From birth to six months: $1,000 benefit; Over six months: $5,000 benefit.
Long-Term Disability Buy-Up Symetra	• Purchase disability coverage 66.67% of the first $12,749 of your pre-disability monthly earnings up to $8,500 per month. • 90 day waiting period. • If you have received medical treatment, consultation, or were prescribed medications for a sickness or accidental injury in the three months prior to the date your insurance took effect, you will not receive benefits for that sickness or accidental injury until 12 months after the insurance has taken effect.
403(b) Retirement Plan	• The University will contribute to your account if all the following apply: – You are an eligible faculty, administrator or staff member. – You are age 21 or older. – You have completed one year of service at Loyola University (waived if you have worked at least 1,000 hours in an accredited four year higher education institution in the immediate past 12 months). – You contribute 2% of base pay. • Full-time and part-time faculty, administrator, or staff members are eligible to participate on a voluntary basis with no age or service requirement.
Child Care Voucher Program	• Program to help benefits eligible employees pay for qualifying, work-related child care. • Child care must be through licensed day care and/or before and after school programs; Child Care Voucher Program application and Child Care Voucher Monthly Cost Verification Form must be submitted to the Benefits & Wellness Unit.

403(b) Retirement Plan

- The University will contribute to your account if all the following apply:
  - You are an eligible faculty, administrator or staff member.
  - You are age 21 or older.
  - You have completed one year of service at Loyola University (waived if you have worked at least 1,000 hours in an accredited higher education institution in the immediate past 12 months *).
  - You contribute 2% of base pay.
- Full-time and part-time employees can enroll and contribute to the retirement plan without the University's contributions.

You can take steps toward planning for a secure retirement. It's easier than ever to plan and save for retirement. New employees can enroll and begin contributing before satisfying the one-year employment service requirement. However, the University's contribution will not begin until you have the first year of employment is completed.*

Enroll online to begin contributing in the first year

- Go to TIAA.org/loyolamd.
- Register for online access or log in if you have an existing web ID with TIAA.
- Select Enroll.
- Select the plan(s) in which you wish to enroll.
- Follow the instructions provided and Select Begin Enrollment.
- Set up the contribution amount.
- Follow the prompts and print out the confirmation page. You are now enrolled.
- If you are unable to enroll, please contact a retirement plan specialist at 800-842-2252.

Wait to be Automatically Enrolled

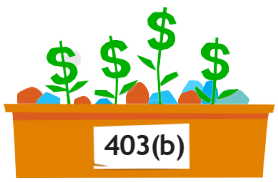
Eligible employees will be automatically enrolled in the Retirement Plan after their first year of employment. TIAA will send an email notification of your automatic enrollment as you near the eligibility date. The required minimum employee contribution is 2% of base pay. The University will contribute 9% of base pay.

Waive the Service Requirements

The one-year employment service requirement may be waived if you have completed all requirements at another four-year higher education institution immediately before your employment started at Loyola.

If you believe you qualify, please send the Retirement Verification Form to your previous employer for completion.

Keep your retirement money working as hard as you do
The earlier your contributions start, the longer your money can work through the power of compounding. Compounding happens when earnings on your savings get reinvested to generate additional earnings. Over time, compounding can fuel the growth of your savings.



Not sure how much to save for the future? Scan the QR code to the right and ask ALEX to help you decide how to reach your retirement savings goals.

Meet alex

Medical Overview

Keeping you and your family in good health

The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. The University is pleased to offer a choice of three medical plans that are administered by **Cigna**.

If you enroll in the OAP-IN (HMO) plan, you must receive services from a participating, in-network provider. The OAP (PPO) and OAP HSA (HDHP) plans offer the flexibility to choose from both in and out-of-network providers, but keep in mind that if you receive care from an out-of- network provider you will be subject to higher out-of-pocket costs and balance billing by the provider.

Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for each medical plan option. The SBCs are located on the Benelogic website, under the Resources tab,. A paper copy

is also available, free of charge, by contacting the Benefits & Wellness Unit.

Cigna is transitioning to digital ID cards effective July 1, 2024. Enrolled employees can access their digital ID card by logging on to myCigna.com or the myCigna app, under "ID Cards". Physical ID cards can still be requested via myCigna.com.

Cigna Programs

Cigna's Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Omada for Diabetes has a program goal of improving blood glucose levels, reducing the risk of diabetes distress and self-manage diabetes medication. In this program, members will have a Health Coach and Certified Diabetes Educator Specialist. They will receive a continuous glucose monitor, blood glucose meter w/ automatic refilled test strips & lancets, and additional devices as needed (scale & blood pressure cuff). They will be put in T1 & T2 diabetes specific peer groups and have a lesson library tailored to diabetes self-management education and support.

Omada for Hypertension has a program goal of improving blood pressure levels, and reducing cardiovascular risks. In this program, members will have a care team of a Health Coach and Hypertension Specialist. They will receive the Omada scale and blood pressure cuff. Their lesson library and peer groups will be tailored with a hypertension curriculum.

All three Omada programs are covered by each of Loyola's Cigna medical plans at the preventive level, just like for your wellness visit. Visit omadahealth.com/omadacomplete and complete the survey to learn if you meet the necessary risk factors to qualify for the programs.

Pathwell Bone & Joint helps employees with spine, hip, knee, or shoulder pain get on the right treatment path and reduce unnecessary surgeries. If surgery is needed, members will have access to designated orthopedic surgeons and neurosurgeons that meet rigorous affordability and quality criteria.

Prescription Drug Member Choice Cigna 90 Now Retail Network: With Prescription Drug Member Choice Cigna 90 Now, members may elect their own anchor of choice –CVS or Walgreens. Once elected, opposing anchor will be considered out-of-network for 30 and 90 day fills. Members can change anchors once per year (or circumstantial such as relocation, marriage/divorce/separation, childbirth/adoption, poor customer service at current retail chain, limited hours/medications available, etc.). The default anchor network will be CVS.

Prescription Drug Clinical Day Supply Limits initial supply of certain specialty medications dispensed via home delivery while Cigna closely monitors members to ensure medication is well tolerated and working effectively to avoid waste and unnecessary costs.

Save money on your medical plan premiums by completing the wellness steps

Employees and their spouses/LDAs insured under the medical plan can qualify for reduced medical plan premiums. You and your covered spouse/LDA must complete a Health Assessment on the MyCigna website and an Annual Physical exam. Complete the steps at MyCigna.com.

Deadlines to qualify for premium reduction

- **Current employees enrolling during Open Enrollment:** Your annual physical must have been completed within the last 12 months or by October 31, 2024. The Health Assessment must be completed between July 1, 2024 and October 31, 2024. If you do not complete the requirements by October 31, 2024, the "non-wellness" rates will go into effect with your first paycheck in December 2024.
- **New hires:** Your annual physical must have been completed within the last eight months or within 120 days of eligibility. The Health Assessment must be completed within 120 days of eligibility. If you do not complete the requirements by the deadline, the "non-wellness" rates will go into effect on the first of the fifth month following date of hire.

Please see page 20 for medical plan premiums.

Need to locate a provider?

Go to www.mycigna.com and select "Find a Doctor, Dentist, or Facility." Choose "Employer or school" and enter your search location to search by doctor type, name, or location. Log in or search as a guest and select the Open Access Plus plan (you will use the Open Access Plus network for all three plan options).

Preventive Care

Preventive Care is covered in full when received in-network. Preventive care services include adult routine physical, well-child care visits, immunizations, routine GYN visits, age and gender appropriate cancer screenings, and other preventive services as required by the Affordable Care Act. These preventive services are covered in full when seeing a participating, in-network Cigna provider.

Evernorth Behavioral Health

Challenges to mental well-being come in many forms, and so do the ways we can work through them. Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna offers a variety of behavioral support tools and services to help ensure you get support, including the below:

- Virtual counseling
- Emotional health and well-being
- Mental health
- Substance use
- Coaching and support
- Lifestyle management programs

For more information, visit www.mycigna.com or call the phone number on the back of your ID card.

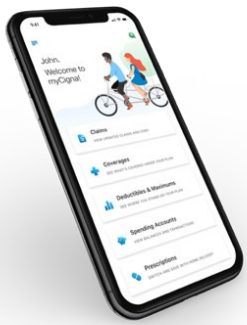
Cigna Member Resources

Getting the most from your plan

When you're better informed, it can help you make better choices. Cigna's personalized website, www.mycigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna's online tools can help you stay active and take care of your health.

Nurse Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time at no cost to you. Trained nurses are available 24 hours a day, seven days a week, 365 days a year to provide health and medical information and direction to the most appropriate resource. To speak with a nurse, call 1-866-494-2111.



Cigna Mobile app

The myCigna mobile app gives you an easy way to organize and access your important health information—anytime, anywhere. Download the free app and gain instant access to:

- View and download ID cards
- See which medication your plan covers
- Price medication
- Find an in-network pharmacy
- Ask a pharmacist a question
- And more!

Know Before You Go—When You Need Care

Your Doctor Knows Best

- Your primary care physician (PCP) knows your health history.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor's office is closed?

Cigna Members: 24/7 Medical Advice

- Health Information Line: get advice on a diagnosis or where to receive care.
- Cigna Virtual Care: access virtual doctor visits for common, uncomplicated, non-emergency health issues.

Urgent Care Centers (e.g. Patient First or ExpressCare)

- Urgent care centers are usually open after normal business hours, including evenings and weekends.
- Many urgent care centers offer on-site diagnostic tests.
- Save time and money by going to urgent care instead of the ER.

Emergency Room (ER)

- This is the best place for treating severe and life-threatening conditions; ERs are not staffed to focus on minor injuries.
- ERs provide the most expensive type of care.

These are general guidelines. Call 911 or go straight to the ER if you have a life-threatening injury, illness, or emergency.

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Cigna Virtual Care

Care when you need it

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to medical and behavioral/mental health virtual care. With Cigna Virtual Care, you can get the care you need—including most prescriptions—for a wide range of minor conditions. Visit www.mycigna.com and log in to get started.

You can connect with a board-certified doctor when, where, and how it works best for you—via video or phone—without having to leave home or work. MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Costs are the same or less than a visit with a primary care provider. HSA plan participants will pay a $55 copay for a virtual visit prior to meeting their deductible.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone
- Get medical virtual care 24/7/365—even on weekends and holidays
- Schedule a behavioral/mental health virtual care appointment online in minutes
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists
- Have a prescription sent directly to your local pharmacy, if appropriate

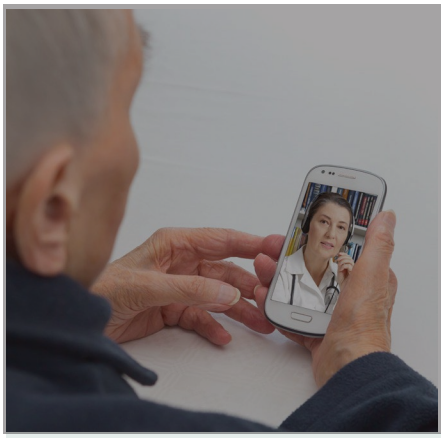
Now, you can even have virtual wellness/preventive screenings at no cost through MDLIVE. Simply make a virtual visit appointment online and then visit a lab for your blood work and biometrics. You will receive a notification when the results are available in the MDLIVE customer portal. Prior to your virtual appointment, your results must be shared with the MDLIVE provider so that your visit will be more focused and informative.

You have options

- MDLIVE: medical and behavioral/mental health virtual care: 1-888-726-3171
- Evernorth Behavioral Health also provides access to video-based counseling through Cigna's network of providers. To find a provider:
  - Visit mycigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type"
  - Call the number on the back of your Cigna ID card 24/7

Download the MDLIVE for Cigna mobile app from your favorite app store today!

MDLIVE for Cigna®



Get started!

Visit the website to register:

- www.MDLIVEforCigna.com

Or call the below number:

- MDLIVE: 1-888-726-3171

Signing up is easy!

- Set up and create an account with MDLIVE.
- Complete a medical history using their "virtual clipboard."
- Download the MDLIVE for Cigna mobile app from your favorite app store today!

Cost

- OAP HSA (HDHP)
  - Deductible, then PCP/ Specialist copay*
- OAP-IN (HMO)
  - $20 copay
- OAP (PPO)
  - $25 copay

*Under the OAP HSA medical plan, telehealth services are subject to the deductible. When you are in the deductible phase, the cost per telehealth visit will be $55—much less than the PCP/ Specialist contracted rate!

Cigna Voluntary Benefits

Accident Insurance

With accident insurance, you will receive a cash benefit if you suffer certain injuries or undergo a broad range of medical treatments or care resulting from a covered accident. You can use the payment any way you choose: to help cover day-to-day living expenses or any other expenses not covered by your medical plan.

- Coverage is available for you, your spouse/LDA, and dependent children.
- If you experience one of the covered accidental injuries or related services, you will be paid a lump-sum benefit (varies based on service)—organized sports are included.

Wellness Benefit

The voluntary Cigna Accident Insurance, Critical Illness and Hospital Indemnity insurance plans come with a Wellness Incentive benefit!

This benefit is paid for each covered person who completes at least one wellness treatment, health screening test or preventive care service. This benefit is limited to one per year per covered person.

Plan Features

Plan Benefit	Benefit Amount
Initial & Emergency Services	
Emergency care treatment	$100
Physician office visit (includes urgent care)	$50
Diagnostic exam (x-ray or lab)	$10
Ground or water ambulance/air ambulance	$300 / $1,200
Hospitalization	
Hospital admission	$500
Intensive care unit admission	$500
Hospital stay	$100
Intensive care unit stay	$200
Fractures & Dislocations	
Per covered surgically-repaired fracture	$100-$4,000
Per covered non-surgically-repaired fracture	$50-$2,000
Chip fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	$100-$4,000
Per covered non-surgically-repaired dislocation	$50-$2,000
Follow-Up Care	
Follow-up physician (or medical professional) office visit	$50
Follow-up physical therapy visit	$25
Enhanced Accident Benefits	
Small lacerations	$50
Large lacerations	$400
Concussion	$100
Coma (lasting 7 days with no response)	$5,000
Sports Accident Benefit	
Organized and personal sports activity (limited to 10 per year)	25% of qualified benefit

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Critical Illness Coverage

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences that an illness may have on your personal finances. Major medical insurance may pay for a good portion of the costs associated with the illness, but there are a lot of expenses that are just not covered, from deductibles and copays, to living expenses.

With the critical illness plan, you receive cash benefits directly (unless otherwise assigned), giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Plan Features

- Coverage is available for you, your spouse/LDA, and dependent children.
  - Employee: choose coverage in the amount of $10,000, $20,000, or $30,000.
  - Spouse: coverage is 50% of employee amount.
  - Children: coverage is 25% of employee amount.
- Benefits are paid directly to you, unless you choose otherwise, upon the diagnosis of a critical health condition.

Examples of covered critical illnesses

- Cancer
- Heart attack
- Stroke
- Kidney failure (end-stage renal failure)
- Heart failure
- Alzheimer's Disease
- Parkinson's Disease
- Coma
- Major organ failure
- Paralysis
- And others

Hospital Indemnity Insurance

Hospital care coverage helps protect you from the financial costs of unexpected health events that result in hospitalization or other treatment. In the event of a major illness or injury that results in hospitalization, the plan pays out a lump sum regardless of the cost of care, which can be used for any purpose, including to help pay the out-of-pocket expenses your medical plan may not cover such as deductibles, coinsurance, and copays.

Plan Features

- Coverage is available for you, your spouse/LDA, and dependent children.

Plan Benefit	Benefit Amount
Hospitalization Benefits	
Hospital admission (Non-ICU and ICU)	$1,000 once per 90 days
Hospital chronic condition admission	$100 once per 90 days
Hospital stay	$200 once per 90 days
Hospital intensive care unit (ICU) stay	$1,400 per one stay / $400 per day
Hospital observaton stay	$200 once per 24 hour period, limit 72 hours
Additional Care Benefits	
Skilled nursing facility	$100 per day
Substance abuse facility	$100 per day
Mental illness and nervous disorder facility care	$100 per day

Medical and Prescription Plan Highlights

The features of your medical plan options through **Cigna** are highlighted in the chart below. Please refer to your plan description for full details. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. ***You are responsible for copayments, coinsurance, and all charges that exceed the allowed amount for services received out-of-network.***

	OAP HSA (HDHP)		OAP-IN (HMO)	OAP (PPO)	
	In-Network YOU PAY	**Out-of-Network YOU PAY**	**In-Network Only YOU PAY**	**In-Network YOU PAY**	**Out-of-Network YOU PAY**
Network	Open Access Plus	N/A	Open Access Plus	Open Access Plus	N/A
PCP Required?	No		No	No	
Referrals Required?	No		No	No	
Annual Deductible	Individual: $1,600 Family: $3,200	Individual: $3,000 Family: $6,000	Individual: $500 Family: $1,500	Individual: $750 Family: $2,250	Individual: $2,000 Family: $4,000
Annual Out-of-Pocket Maximum	Individual: $4,000 Family: $6,550	Individual: $6,000 Family: $12,000	Individual: $2,000 Family: $5,500	Individual: $3,000 Family: $9,000	Individual: $6,000 Family: $12,000
Preventive Care Services					
Well Child Care, Adult Physical, Routine GYN Visit, Mammogram	No charge	Deductible, then no charge	No charge	No charge	40%
Office Visits, Labs, and Testing					
Office Visits PCP/Specialist	Ded., then no charge/ Ded., then $30 copay	Deductible, then 1%/ Deductible, then 1%	$20 copay/ $35 copay	$25 copay/ $25 copay	Deductible, then 40%/ Deductible, then 40%
X-Ray and Laboratory	Ded., then no charge	Deductible, then 1%	Deductible, then 10%	No charge	Deductible, then 40%
Allergy Shots PCP/Specialist	Ded., then no charge/ Ded., then $30 copay	Deductible, then 1%	$20 copay/ $35 copay	$25 copay	Deductible, then 40%
Rehabilitation Services (Physical, Speech, Occupational) *limited to 100 visits per plan year combined*	Deductible, then $30 copay	Deductible, then 1% (speech*)	$35 per visit	Deductible, then 25%	Deductible, then 40% (speech*)
Emergency and Urgent Care					
Emergency Room *copay waived if admitted*	Deductible, then $250 copay		$250 copay per visit	$250 copay per visit	
Urgent Care	Deductible, then $50 copay		$35 copay	No charge	
Hospitalization					
Inpatient Facility	Deductible, then $300 copay per admission	Deductible, then 1%*	Deductible, then 10%	25%	Deductible, then 40%*
Inpatient Physician	Deductible, then no charge	Deductible, then 1%*	Deductible, then 10%	25%	Deductible, then 40%*
Outpatient Facility	Deductible, then $300 copay	Deductible, then 1%*	Deductible, then 10%	Deductible, then 25%	Deductible, then 40% *
Outpatient Physician	Deductible, then no charge	Deductible, then 1%*	$20 PCP $35 Specialist	Deductible, then 25%	Deductible, then 40%*
Mental Health/Substance Abuse					
Inpatient Hospitalization	Deductible, then $300 copay per admission	Deductible, then 1%*	Deductible, then 10%	25%	Deductible, then 40%*
Office Visits	Deductible, then no charge	Deductible, then 1%*	$20 copay	$25 copay	Deductible, then 40%*
Partial Hospitalization	Deductible, then no charge	Deductible, then 1%*	Deductible, then 10%	No charge	Deductible, then 40%*

How the Annual Out-of-Pocket Maximum Works: Under the OAP-IN (HMO) and OAP (PPO) plans, when one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the allowed amount. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed amount. Under the OAP HSA (HDHP), all eligible family members contribute towards the family out- of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.

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Need help choosing the best plan for you and your family? Meet ALEX!

Scan the QR code to the right where ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs.

	OAP HSA (HDHP)		OAP-IN (HMO)	OAP (PPO)	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network Only YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Prescription Drugs					
Deductible	Medical deductible applies		None	None	
Retail					
up to 34-day supply	Copays apply once the deductible is met:				
Generic	$0 copay	20%	$10 copay	$10 copay	20%
Preferred Brand	$25 copay	20%	$25 copay	$25 copay	20%
Non-Preferred Brand	$45 copay	20%	$45 copay	$45 copay	20%
90- day supply	Copays apply once the deductible is met:				
Generic	$0 copay	20%	$20 copay	$20 copay	20%
Preferred Brand	$50 copay	20%	$50 copay	$50 copay	20%
Non-Preferred Brand	$90 copay	20%	$90 copay	$90 copay	20%
Home Delivery					
90-day supply	Copays apply once the deductible is met: $0				
Generic	copay	Not covered	$20 copay	$20 copay	Not covered
Preferred Brand	$50 copay	Not covered	$50 copay	$50 copay	Not covered
Non-Preferred Brand	$90 copay	Not covered	$90 copay	$90 copay	Not covered

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.
**$750 penalty for no precertification.*

SaveOnSP from Cigna

Specialty medications can cost a lot of money. That's why if you are enrolled in either the OAP (PPO) or the OAP-IN (HMO) plan*, you are eligible to utilize a program called SaveOnSP, which can help lower your out-of-pocket costs to $0. **If you are taking a specialty prescription through Cigna's Home Delivery program through Accredo you may be eligible to participate in this program. Please keep an eye out for letters mailed to your home, or calls made to you from SaveOnSP, as this means that you are taking a prescription that is part of this program.** A typical SaveOnSP enrollment call lasts 5-15 minutes. SaveOnSP maximizes copay assistance from drug manufacturers for certain specialty medications by reducing your out-of-pocket cost share to $0. If you receive a letter and/or call from SaveOnSP and don't enroll in the program you will pay a much higher copay for your medication. The average cost of specialty medications is $2,750, though the amount varies based on the type of medication you are prescribed.

Conditions supported by SaveOnSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Inflammatory Bowel Disease
- Oncology
- Cystic Fibrosis

Restricted Generics

- Your prescription benefits are structured to take advantage of the savings associated with generic drugs.
- With Restricted Generics, you will save the most by choosing generic drugs (when available) versus brand-name drugs.
- Unless your doctor writes "Dispense as Written" or DAW on your brand-name drug prescription, you will pay both the non-preferred brand copay plus the cost difference between the generic and brand-name drug.

Contraceptives and sterilization procedures and services are not covered under any of the Loyola sponsored medical plans. These services are available directly from Cigna. Contact Cigna member services at 1-800-244-6224 for additional information.

Health Savings Account

Is an HSA right for you?

Scan the QR code https://start.myalex.com/loyolauniversitymaryland where ALEX will walk you through your options and help you decide if the HSA-qualified plan is right for you.

You can set up an automatic per pay deposit to fund your HSA on a regular basis without any hassle. Your contributions will be deducted pre-tax from your pay and deposited into your Bank of America HSA.

The contribution limits set forth by the IRS for 2024 for a full year of coverage or if the last month rule applies (including Loyola's contribution) are below:

- Individual—$4,150
- Family—$8,300

Individual account holders age 55 or older may contribute an additional $1,000 per year.

Loyola contributes to your HSA—$500* if you are enrolled as an individual or $1,000* if you are enrolled with dependents.

The annual contribution amount is deposited as a **lump sum** at the beginning of the plan year into your Bank of America HSA.

**Amount prorated for new hires.*

Available to employees who enroll in the OAP HSA (HDHP) plan

When you enroll in the OAP HSA (HDHP) medical plan, you are eligible to open a Health Savings Account (HSA). An HSA can help you save money by allowing you to pay for health care expenses with tax-free dollars. You can use the funds to pay for qualified health care expenses, such as medical and prescription drug expenses until you meet your deductible, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses, for you, your spouse, and all dependents you claim on your tax return or could have claimed except that the individual had gross income in excess of the exemption amount—even if they are not covered under your medical plan!

To contribute to an HSA, you must meet the HSA eligibility criteria below:

- You must be covered by an HSA-compatible health plan, and you cannot be covered by any other medical plan or coverage that is not an HSA-compatible health plan. This would include being enrolled in your spouse's non-HDHP plan as secondary coverage, Medicare coverage, an executive medical plan, or your or your spouse's Health Care FSA offered through another employer. This would also include being covered by a Health Care FSA (except for a limited purpose Health Care FSA) solely
  as a result of a carryover of unused amounts, until the end of the plan year when the Health Care FSA carryover balance is exhausted.
- You must not be eligible to be claimed as a dependent on another individual's tax return.
- You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). If you are eligible as of December 1, under the last month rule you may make the maximum annual HSA contribution for the year regardless of the month you became eligible. Any contributions made under the last month rule will be subject to a testing period during which you must maintain HSA eligibility in the following year in order for the contribution to remain tax favored.

HSA Highlights

Loyola has partnered with **Bank of America** to offer the HSA to employees. Each account is employee-owned and funded. There is a monthly maintenance fee of $2.50, which will be deducted directly from your account. Below are some Bank of America HSA features:

- Easy access to your funds. Use your Bank of America Visa debit card to pay eligible costs at the doctor's office, pharmacy, or wherever else Visa debit cards are accepted. Keep your receipts in case they're needed by the IRS to verify eligible expenses.
- Easy tracking of health care costs. You can view balances and recent activity online at any time. All your expenditures will be reported in a single monthly statement.
- Investment options available after you have $1,000 in your account.
- Rollover funds from another HSA if you currently have an HSA.
- One-time trustee-to-trustee transfer from your Individual Retirement Account (IRA).
- Visit healthaccounts.bankofamerica.com/learn-individuals.shtml#.WOvJMXfMzUI to access resources and additional HSA education.

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- Keep your EOBs, invoices and receipts! It is your responsibility to provide this documentation if

How the OAP HSA (HDHP) Medical Plan and HSA work together

Get preventive care at no cost to you

In-network preventive care is covered at 100% with no deductible. You pay $0 out-of-pocket for your annual physical, well woman visit, mammogram, colonoscopy, routine immunizations, preferred preventive drugs, and other eligible services.

Pay for other medical expenses

You pay for additional medical and prescription drug expenses as you incur them until your annual deductible is met.

Use your HSA

You can use the funds in your HSA to pay for qualified health care expenses, such as medical and prescription drug expenses, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses. Remember to save your receipts in case they are needed to verify eligible expenses!

What to do when you go to the doctor's office

When you go to the doctor's office, present your Cigna ID card and let them know that you have a high deductible health plan. The doctor's office will bill Cigna. Cigna will review the claim and apply discounted rates. The amount you owe will either be credited toward your deductible or paid to the provider per your benefit plan if you have already met your deductible.

You will receive an Explanation of Benefits (EOB) from Cigna. Check to make sure that the amount Cigna says you owe matches the bill you receive from the provider.

Once you receive a bill from the provider, pay it using your Bank of America HSA debit card. If the doctor's office doesn't accept credit cards you can pay out-of-pocket and reimburse yourself from your HSA.

What to do when you need a prescription

Present your Cigna ID card at the pharmacy. The pharmacy system processes in real-time so the pharmacy will be able to tell you exactly what you owe when you pick up your prescription. Pay your bill at the register using your Bank of America HSA debit card.

Need more information on HSAs?

Visit www.brainshark.com/hilbgroup/Loyola-HSA101 to view the "HSA 101" presentation. Have a smartphone or tablet? Scan the QR code to view the presentation.

A list of eligible expenses is available on the IRS website, www.irs.gov. Please consult your tax advisor should you require specific tax advice.

Reminders:

Reasons to Love a Health Savings Account (HSA)

- Triple tax savings
  - You can contribute to your HSA using tax-free dollars.
  - You can use the money in your HSA to pay for health care expenses with tax-free money.
  - Whatever you don't use in a year rolls over to the next year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account—you can use the funds to pay for your health care expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty (but will be taxed as ordinary income if funds are not used for qualified medical expenses).

Dental Plan Highlights

Loyola offers dental coverage for you and your family through **MetLife.** You have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

	PPO Plan		Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible *applies to Type B and C services only* *Amount you must pay before the plan begins to pay benefits unless otherwise noted*	$50 Individual $150 Family	$75 Individual $225 Family	None	$75 Individual $225 Family
Plan Year Benefit Maximum *Maximum amount the plan will pay in a year for covered services*	Plan pays $1,500 per person	Plan pays $750 per person	Plan pays $1,250 per person	Plan pays $750 per person
Preventive Services (Type A) Oral exams, cleanings, x-rays, topical fluoride applications	Plan pays 100%* no deductible	Plan pays 85%* no deductible	Based on Fee Schedule	Plan pays 80%* no deductible
Basic Services (Type B) Fillings	Plan pays 80%* after deductible	Plan pays 60%* after deductible	Based on Fee Schedule	Plan pays 50%* after deductible
Major Services (Type C) Crowns, inlays, onlays, implants, bridges, dentures	Plan pays 50%* after deductible	Plan pays 40%* after deductible	Based on Fee Schedule	Plan pays 30%* after deductible
Orthodontia Services	50%	50%	40%	40%**
	Adults and Dependent Children up to age 26		Dependent Children up to age 26	
Orthodontia Lifetime Maximum Per person	$1,500	$750	$1,250	$750

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
** Based on negotiated fee. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copays, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.*
** *Reimbursement for out-of-pocket services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). MetLife determines MAC scheduled amount.*

To locate a participating dentist, please visit **www.metlife.com** and select "Find a Dentist." Choose the PDP Plus network and enter your location or call 1-800-942-0854.

ID cards are not needed to seek care, however; they can be downloaded from the Metlife member portal as a helpful reference.

Meet alex

Not sure which plan to pick?

Scan the QR code for help making the best decision for you and your family.

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Vision Plan Highlights

Loyola provides employees with an annual wellness vision exam through VSP for a $10 copay. You also have an option to purchase additional vision coverage for you and your family that offers a full range of vision care services provided through **VSP**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

To locate a participating provider, visit **www.vsp.com**, select "Find a Doctor" and enter your location.

Not sure which plan to pick?

Visit ALEX at https://start.myalex.com/loyolauniversitymaryland for help making the best decision for you and your family.

Benefit	Description	Copay	Frequency
Your Coverage with VSP Doctors and Affiliate Providers (In-Network)			
Well-Vision Exam	• Focuses on your eyes and overall wellness • Provided as a core benefit	$10	Every plan year
Prescription Glasses		$20	See frame and lenses
Eyeglass Frames	• $200 allowance for a wide selection of frames • 20% off amount over your allowance	Included in prescription glasses	Every plan year
Eyeglass Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in prescription glasses	Every plan year
Eyeglass Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options	Standard: $50 Progressive: $80-$90 Custom Progressive: $120-160	Every plan year
Contacts (instead of glasses)	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	up to $60	Every plan year
Your Reimbursement with Other Providers (Out-of-Network)			
Exam ..... up to $52 Frame ..... up to $70 Single Vision Lenses ..... up to $55	Lined Bifocal Lenses..... up to $75 Lined Trifocal Lenses..... up to $100 Progressive Lenses ..... up to $95	Contacts ..... up to $105	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Extra Savings and Member Discounts

Scan for more information or go to www.vsp.com/specialoffers.

VSP puts members first by delivering the best value through Exclusive Member Extras, like an extra $20 to spend on featured frame brands. Find a doctor who carries these brands at www.vsp.com.

Glasses and Sunglasses

- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Laser Vision Correction

- Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Flexible Spending Accounts

Use it or Lose it

Carefully estimate your expenses when you make your Health Care or Dependent Care FSA elections. These elections are subject to the "use it or lose it" rule.

Any remaining funds over $640 in a Health Care FSA and any amount left in your Dependent Care FSA at the end of the plan year will be forfeited. For the Health Care FSA plan, to be eligible to roll over any remaining funds up to the $640 limit, you must re-enroll in the Health Care FSA plan in the subsequent plan year. You will have 120 days after the end of the plan year to submit claims incurred during the previous plan year.

Note: if you participate in the Child Care Voucher Program, be sure to coordinate with your Dependent Care FSA.

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

There are two types of FSAs: Health Care FSA and Dependent Care FSA. The plans for 2024-2025 are administered by **Optum Financial**.

In order to participate in the Health Care FSA or the Dependent Care FSA you must enroll each plan year.

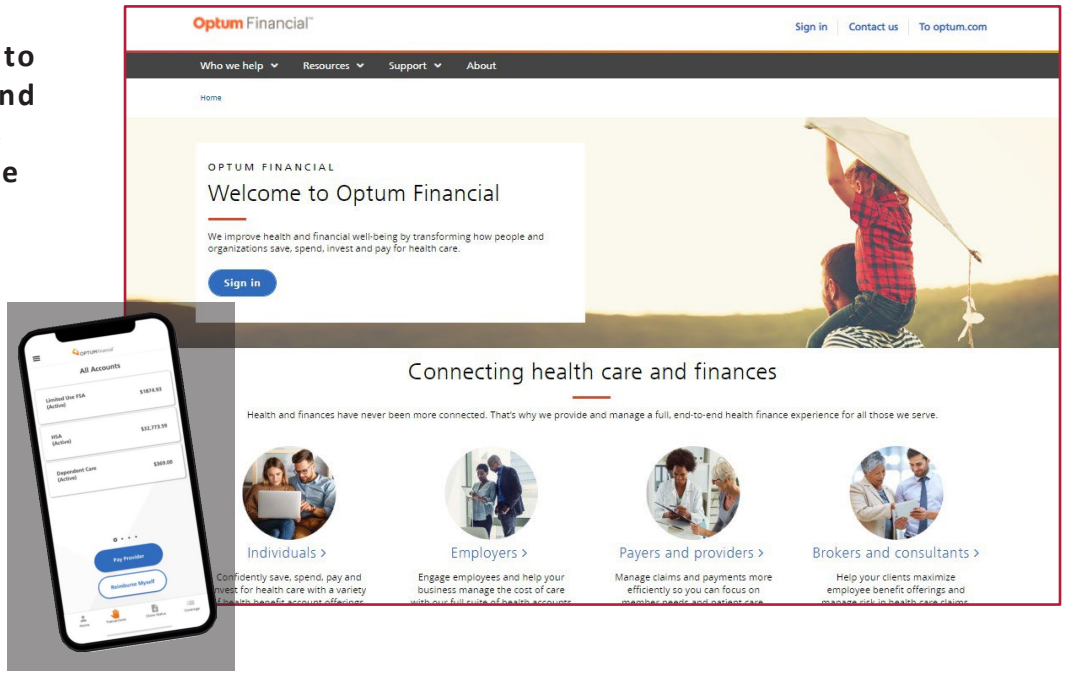
Health Care FSA

If you enroll in the OAP-IN (HMO), OAP (PPO), Medicare, or other coverage, you have the ability to contribute to a Health Care FSA (employees who contribute to the Health Savings Account (HSA) are **not** eligible.) Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **$3,200** annually in pre-tax dollars to pay for qualified health expenses such as copays, dental expenses, glasses, and chiropractic treatments. Funds can be used for yourself, your spouse and your dependent children.

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, the simplest way to pay is to use your Payment Card. You can also pay with personal funds and submit a claim for reimbursement. **Don't forget to keep your receipts!**

24/7 real-time access to account information and health education tools online or via the mobile app!

- View account balance and transactions
- Submit and view claims and reimbursement requests
- Manage personal and direct deposit bank information
- Access a variety of health education tools



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Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars (employees who enroll in the Health Savings Account (HSA) are eligible). You may set aside **up to $5,000 annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.** Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time.

Eligible expenses include those listed below:

- Care for your dependent child who is under the age of ~~13 whom you can~~ claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse who is physically or mentally incapable of caring for him/herself

Includes programs such as:

- After school care
- Summer day camp
- Daycare center
- Individual daycare provided by a licensed caregiver
- Elder care expenses

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Pre-tax Savings Example (With $5,000 Dependent Care FSA)			
	Without FSA	VS	With FSA
Gross Pay	$50,000		$50,000
Dependent Care FSA Contribution	$0		- $5,000
Taxable Income	$50,000		$45,000
Taxes*	- $12,500		-$11,250
Take Home Pay after Taxes	$37,500		$33,750
Reimbursable Expenses	- $5,000		- $5,000
Available Income before reimbursement	$32,500		$28,750
Tax-Free Reimbursement from FSA	$0		$5,000
Net Income	$32,500		$33,750

That's a potential savings of $1,250 for the year!

*Taxes are estimated based on participant having a combined federal, state, and social security tax rate of 25%. Example is for illustrative purposes only, actual dollar amounts and tax savings will vary.

A Dependent Care FSA is a great way to pay dependent care expenses and lower your taxable income.

The Dependent Care FSA and Health Care FSA are separate accounts. You can enroll in the Dependent Care FSA even if you do not enroll in the Health Care FSA. HSA users can also take advantage of the Dependent Care FSA.

The amount of DCFSA contributions by highly compensated employees may need to be limited so that the Plan as a whole does not unfairly favor those who are highly paid. Plan experience determines whether contribution limitations on highly compensated employees will apply. You will be notified if you are affected.

Meet alex

Not sure if an FSA is right for you?

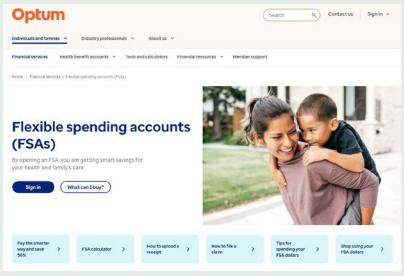
Scan the QR code where ALEX will walk you through your options and help you decide if enrolling in an FSA option is right for you.

Learn more about FSAs!

There are a variety of resources on the Optum website www.optum.com!

- Learn how an FSA works
- Find a list of qualified medical expenses
- Check contribution and balance calculators

Scan QR code or visit www.optum.com/financial-services/flexible-spending-accounts.html to watch the FSA video.



Annual Payroll Deductions

Annual premiums are pre-taxed and pro-rated over the plan year (7/1/2024-6/30/2025). To calculate the pay period deduction, divide the annual premium by 24 (if you are an administrator or faculty member) or 26 (if you are a staff member). The University also provides to the employee Flex Credits to offset the cost of benefits (see page four for details). Flex Credits are considered taxable income to the employee if not used to purchase tax-favored benefits. Don't forget, you have until October 31, 2024 to complete the wellness steps or the "non-wellness" rates will go into effect with your first paycheck in December.

Save money on your medical plan premiums by completing the Wellness steps—see page 7 for details.

Please note: If you miss a paycheck or do not earn a full paycheck, you are still responsible for paying your benefits premiums. Loyola will begin to recoup the premiums due when you have your next paycheck. HR will work with you to establish a repayment plan on an individual basis, not to exceed four pay periods.

Annual Medical, Dental, and Vision Cost (before Flex Credits)						
Medical	**OAP HSA (HDHP)**		**OAP-IN (HMO)**		**OAP (PPO)**	
	Wellness	**Non-Wellness**	**Wellness**	**Non-Wellness**	**Wellness**	**Non-Wellness**
Employee Only	$1,170.24	$2,159.28	$1,776.48	$2,765.52	$2,649.36	$3,638.40
Employee + Spouse	$4,635.00	$6,613.08	$6,844.44	$8,822.52	$9,265.44	$11,243.52
Employee + 1 Child	$3,007.92	$3,996.96	$4,161.96	$5,151.00	$5,618.52	$6,607.56
Employee + Children	$4,080.60	$5,069.64	$5,332.80	$6,321.84	$7,616.28	$8,605.32
Family	$6,974.40	$8,952.48	$9,157.20	$11,135.28	$13,665.36	$15,643.44

Dental	MetLife PPO	MetLife Copay
Employee Only	$436.44	$257.71
Two Party	$874.44	$540.87
Family	$1,520.40	$971.62

Vision	VSP Buy-Up
Employee Only	$135.48
Two Party	$200.64
Family	$370.44

Annual Cigna Voluntary Benefits Plan Costs		
	Accident Insurance	**Hospital Indemnity Insurance**
Employee Only	$53.40	$229.68
Employee + Spouse	$94.68	$459.60
Employee + Children	$113.64	$387.96
Family	$154.92	$617.88

Age	**Critical Illness Insurance—Per $10,000 of benefit)**			
	Employee Only	Employee + Spouse	Employee + Children	Family
0-29	$32.16	$54.96	$50.16	$72.72
30-39	$48.96	$80.40	$66.96	$98.16
40-49	$84.36	$136.32	$102.96	$155.16
50-59	$160.80	$261.84	$179.52	$280.56
60-69	$251.04	$408.72	$269.76	$427.56
70-79	$459.00	$704.88	$477.72	$723.72
80+	$742.44	$1,224.12	$761.16	$1,242.84

To calculate $20,000 benefit, multiply rates x 2. For $30,000 benefit amounts, multiply rates x 3.

Approval Required for Supplemental Life Insurance and Long-Term Disability Buy-Up Required

Current employees must provide medical approval when electing long-term disability buy-up, or any level of Supplemental Life insurance as a new benefit or when increasing coverage. Immediately after selecting the plan, complete the online Evidence of Insurability Statement.

Long-Term Disability Buy-Up			
Use this calculation if you **are** receiving Loyola's Retirement Plan Contribution			
Base Wage	**Divide by**	**Multiply by**	**Annual Cost**
$	100	0.1136	$
Use this calculation if you **are not** receiving Loyola's Retirement Plan Contribution			
Base Wage	**Divide by**	**Multiply by**	**Annual Cost**
$	100	0.0916	$

Annual Supplemental Life Insurance Plan Costs				
Age	**$25,000**	**$50,000**	**$100,000**	**$150,000**
< 29	$13.80	$27.60	$55.20	$82.80
30-34	$20.10	$40.20	$80.40	$120.60
35-39	$27.00	$54.00	$108.00	$162.00
40-44	$29.40	$58.80	$117.60	$176.40
45-49	$45.00	$90.00	$180.00	$270.00
50-54	$68.40	$136.80	$273.60	$410.40
55-59	$129.00	$258.00	$516.00	$774.00
60-64	$198.00	$396.00	$792.00	$1,188.00
65-69	$365.10	$730.20	$1,460.40	$2,190.60
70-74	$589.50	$1,179.00	$2,358.00	$3,537.00
75-79	$589.50	$1,179.00	$2,358.00	$3,537.00
80+	$589.50	$1,179.00	$2,358.00	$3,537.00
Dependent Life Insurance				
Dependent children are eligible from six months to 26 years for $5,000 (birth to six months: $1,000).				
$10,000 Spouse/$5,000 Child(ren)—Employee's Annual Premium: $27.96				

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Paid Time Off and Leave

Full-time Administrators

Vacation and sick leave hours are accrued each pay period. Your vacation and sick leave begins to accrue on your hire date; however, vacation leave may only be taken after the successful completion of your provisional period. Sick leave may be taken after 90 days of employment. Vacation and sick leave does not accrue or accumulate during periods of unpaid leave. Vacation and sick leave accruals will automatically stop accruing once leave balances have reached the maximum number of hours allowed. Please refer to the Staff and Administrators Policy Manual for the full Leave Policy.

	Vacation		Sick
Years of Service	0-9	10+	0+
Hours Accumulated per pay	6.25	7.82	6.25
Maximum hours allowed	150	187.50	975
Maximum days allowed	20	25	130

Full-time Staff

Vacation and sick leave hours are accrued each pay period. Your vacation and sick leave begins to accrue on your hire date; however, vacation leave may only be taken after the successful completion of your provisional period. Sick leave may be taken after 90 days of employment. Vacation and sick leave does not accrue or accumulate during periods of unpaid leave. Vacation and sick leave accruals will automatically stop accruing once leave balances have reached the maximum number of hours allowed. Vacation and sick leave accrue for each hour paid bi-weekly. Please refer to the Staff and Administrators Policy Manual for the full Leave Policy.

Support Staff

	Vacation			Sick	
Years of Service	0-4	5-9	10+	0-4	5+
Hours Accumulated per pay	2.89	4.33	5.77	3.47	5.77
Maximum hours allowed	75	112.5	150	975	975
Maximum days allowed	10	15	20	130	130

Public Safety and Transportation Staff

	Vacation			Sick	
Years of Service	0-4	5-9	10+	0-4	5+
Hours Accumulated per pay	3.08	4.62	6.15	3.7	6.15
Maximum hours allowed	80	120	160	1040	1040
Maximum days allowed	10	15	20	130	130

Personal Leave for all Regular Full-Time Staff

Month Hired	July–October	November–February	March 1–March 15	March 16–June 30
Number of Personal days	3	2	1	0

Note:
Part-time administrators earn pro-rated vacation and sick leave benefits.
Part-time staff employees earn pro-rated vacation and sick leave benefits, but no personal days.

Holidays

Loyola offers several paid holidays each year. Observed holidays include the below:

- New Year's Day Holiday (varies by calendar year)
- Martin Luther King Jr. Day
- Good Friday
- Easter Monday
- Memorial Day and the Friday before
- Juneteenth
- Independence Day and the day before or after
- Labor Day
- Thanksgiving Day and the Friday after
- Christmas Holiday(s) (number of days vary by year)

Employees are also given one floating holiday to be scheduled at a time between Memorial Day and Labor Day.

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 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Loyola University has determined that the prescription drug coverage offered by Loyola University, 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 your own, you will also be eligible for a two (2) 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 join a Medicare drug plan, your current coverage with Loyola University will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Loyola University, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 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 October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Loyola University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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 them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	July 1, 2024
Sender:	Loyola University
Contact:	Benefits & Wellness Unit
Address:	4501 North Charles Street Baltimore, MD 21210
Phone:	410-617-1365

Loyola University Maryland Internal Use Only

Required Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits & Wellness Unit at Loyola University.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Privacy Practices for the medical plan and health care Flexible Spending Account is available from Human Resources. A copy of the Privacy Practices is available from the insurance carriers for dental and vision insurance.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Wellness Program—Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed (either publicly or to the employer), except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. You will not be discriminated against in employment because of medical information you provide as part of participating in the wellness program, nor will you be subject to retaliation if you choose not to participate.

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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: **myalhipp.com/**
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: **myakhipp.com/**
Phone: 1-866-251-4861
Email: **CustomerService@MyAKHIPP.com**
Medicaid Eligibility: **health.alaska.gov/dpa/Pages/default.aspx**

ARKANSAS – Medicaid
Website: **myarhipp.com/**
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA — Medicaid
Website: Health Insurance Premium Payment (HIPP) Program **dhcs.ca.gov/hipp**
Phone: 916-445-8322
Fax: 916-440-5676
Email: **hipp@dhcs.ca.gov**

COLORADO — Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: **www.healthfirstcolorado.com/**
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: **hcpf.colorado.gov/child-health-plan-plus**
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): **www.mycohibi.com/** HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: **www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html**
Phone: 1-877-357-3268

GEORGIA — Medicaid
GA HIPP Website: **medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
Phone: 678-564-1162, Press 1
GA CHIPRA Website: **medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: **www.in.gov/fssa/hip/**
Phone: 1-877-438-4479
All other Medicaid
Website: **www.in.gov/medicaid/**
Phone 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)
Medicaid Website: **dhs.iowa.gov/ime/members** Medicaid
Phone: 1-800-338-8366
Hawki Website: **dhs.iowa.gov/Hawki**
Hawki Phone: 1-800-257-8563
HIPP Website: **dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp**
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: **www.kancare.ks.gov/**
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: **chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx**
Phone: 1-855-459-6328
Email: **KIHIPP.PROGRAM@ky.gov**
KCHIP Website: **https://kynect.ky.gov**
Phone: 1-877-524-4718
Kentucky Medicaid Website: **chfs.ky.gov/ agencies/dms**

LOUISIANA – Medicaid
Website: **www.medicaid.la.gov** or **www.ldh.la.gov/lahipp**
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: **www.mymaineconnection.gov/benefits/s/?language=e n_US**
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: **www.maine.gov/dhhs/ofi/applications-forms**
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: **www.mass.gov/masshealth/pa**
Phone: 1-800-862-4840
TTY: 711
Email: **masspremassistance@accenture.com**

MINNESOTA – Medicaid
Website: **mn.gov/dhs/people-we-serve/children-and-families/health-care/health- care-programs/programs-and-services/other-insurance.jsp**
Phone: 1-800-657-3739

MISSOURI –
Medicaid Website: **www.dss.mo.gov/mhd/participants/pages/hipp.htm**
Phone: 573-751-2005

MONTANA – Medicaid
Website: **dphhs.mt.gov/MontanaHealthcarePrograms/HIPP**
Phone: 1-800-694-3084
Email: **HHSHIPPProgram@mt.gov**

NEBRASKA – Medicaid
Website: **http://www.ACCESSNebraska.ne.gov**
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

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

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov/
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov/
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program |Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov/
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program |Department of Vermont Health Access
Phone: 1-800-250-8427

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

WASHINGTON – Medicaid
Website: www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: dhhr.wv.gov/bms/mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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

Paperwork Reduction Act Statement
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.

Resources

Who to contact when you have questions about your benefits

If you have any questions about your benefits you may contact Loyola's Benefits & Wellness Unit, the insurance carrier, or PSA Insurance & Financial Services. PSA is a consulting firm chosen by Loyola to assist with the administration and selection of your benefit plans. PSA can be reached at **1-877-716-6618** or via email at loyola@psafinancial.com.

Plan	Phone Number	Website
Medical Cigna	1-800-244-6224	www.cigna.com
Pharmacy Cigna	1-800-244-6224	www.cigna.com
Health Savings Account Bank of America	1-866-791-0250	www.bankofamerica.com
Voluntary Benefits Cigna	1-800-244-6224	www.cigna.com
Dental MetLife	1-800-942-0854	www.metlife.com/mybenefits
Life/AD&D Symetra	1-800-796-3872	www.symetra.com
LTD and LTD Buy-Up Symetra	1-800-796-3872	www.symetra.com
Vision VSP	1-800-877-7195	www.vsp.com
Auto and Home Group Savings Plan Liberty Mutual	443-574-5065	www.libertymutual.com
Employee Assistance Program Acentra (formerly KEPRO)	1-800-765-0770	www.EAPHelplink.com company code: LOYOLA
Flexible Spending Accounts Optum Financial	1-800-243-5543	www.optumfinancial.com
403(b) Retirement Savings Plan TIAA	1-800-842-2273	www.tiaa.org/loyolamd
Loyola HR, Benefits & Wellness Unit	410-617-1365	www.loyola.edu/department/hr
Benefit questions, eligibility, claims issues PSA Insurance & Financial Services	1-877-716-6618	Email: loyola@psafinancial.com
Clinical Advocacy Danielle Herndon, RN, CCM PSA Insurance & Financial Services	1-877-716-6618	Email: loyola@psafinancial.com

This communication highlights some of the benefit plans available. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. The University reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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