



WHAT'S CHANGING FOR JULY 1, 2025 – JUNE 30, 2026

**Medical & Vision Premium Comparison
Medical Benefit Comparison**

WHAT'S CHANGING FOR FY26

MEDICAL PREMIUM PLAN COMPARISON

Due to the unprecedented healthcare renewal for the FY26 plan year and to maintain the comprehensive and robust overall benefit program offered by Loyola, certain changes are necessary to offset the increase in costs. While Loyola will absorb the considerable majority of the added expense in FY26 and continue to provide Flex Dollars to assist with benefit plan costs, employee medical premiums will increase July 1, 2025 for all three medical plans. Effective July 1, 2025, the following annual medical premiums for each plan will take effect:

Plan / Coverage Tier	2024-2025 Current Plan Year		2025-2026 Renewal Plan Year		
	Wellness Employee Annual	Non-Wellness Employee Annual	Wellness Employee Annual with Base Flex Dollars*	Wellness Employee Annual	Non-Wellness Employee Annual
OAP HSA (QHDHP)					
Employee Only	\$1,170.24	\$2,159.28	\$339.20	\$1,339.20	\$2,819.28
Employee + Spouse	\$4,635.00	\$6,613.08	\$4,304.36	\$5,304.36	\$8,264.52
Employee + Child	\$3,007.92	\$3,996.96	\$2,442.32	\$3,442.32	\$4,922.40
Employee + Child(ren)	\$4,080.60	\$5,069.64	\$3,669.92	\$4,669.92	\$6,150.00
Family	\$6,974.40	\$8,952.48	\$6,981.68	\$7,981.68	\$10,941.84
OAPIn (HMO)					
Employee Only	\$1,776.48	\$2,765.52	\$1,135.52	\$2,135.52	\$3,615.60
Employee + Spouse	\$6,844.44	\$8,822.52	\$7,227.80	\$8,227.80	\$11,187.96
Employee + Child	\$4,161.96	\$5,151.00	\$4,003.16	\$5,003.16	\$6,483.24
Employee + Child(ren)	\$5,332.80	\$6,321.84	\$5,410.64	\$6,410.64	\$7,890.72
Family	\$9,157.20	\$11,135.28	\$10,007.96	\$11,007.96	\$13,968.12
OAP (PPO)					
Employee Only	\$2,649.36	\$3,638.40	\$2,131.04	\$3,131.04	\$4,611.12
Employee + Spouse	\$9,265.44	\$11,243.52	\$9,950.24	\$10,950.24	\$13,910.40
Employee + Child	\$5,618.52	\$6,607.56	\$5,640.20	\$6,640.20	\$8,120.28
Employee + Child(ren)	\$7,616.28	\$8,605.32	\$8,001.20	\$9,001.20	\$10,481.28
Family	\$13,665.36	\$15,643.44	\$15,150.20	\$16,150.20	\$19,110.36

Annual premiums are pre-taxed and prorated over the plan year (7/1/2025 – 6/30/2026). 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 provides employees with Flex Dollars to offset the costs of benefits, as noted above. Flex Dollars are taxable income to the employee if not used to purchase tax-favored benefits.

Don't forget to complete your wellness steps by October 31, 2025 to avoid "non-wellness" rates going into effect with your first paycheck in December!

* Annual flex dollars by years of service

0 - 5 years	\$1,000
6 - 10 years	\$1,100
11 - 15 years	\$1,200
16 - 20 years	\$1,300
20+ years	\$1,400

WHAT'S CHANGING FOR FY26

VISION PREMIUM PLAN COMPARISON

There will be no change to the VSP Core plan premiums in the new plan year; the VSP Core plan will continue to be available at **no cost** to all employees. Effective July 1, 2025, the Buy-Up VSP vision plan premiums will increase modestly.

	2024-2025 CURRENT VSP Plan	2025-2026 RENEWING VSP Plan
	Employee Annual	Employee Annual
CORE PLAN		
Employee Only	\$0.00	\$0.00
BUY-UP PLAN		
Employee Only	\$135.48	\$137.52
Employee + One	\$200.64	\$203.76
Family	\$370.44	\$376.08

WHAT'S CHANGING FOR FY26

MEDICAL PLAN DESIGN COMPARISON – OAP HSA (HDHP)

In addition to the annual medical premium changes, certain Cigna medical plan design changes will be implemented effective July 1, 2025 to offset the unrepresented renewal increase.

The information included on this chart illustrates the current Cigna OAP HSA (HDHP) medical plan benefits offered by Loyola versus the renewing Cigna HDHP medical plan benefits that will be offered in 2025-2026. There is no change to the Cigna Open Access Plus network. Please note, any benefit changes being implemented for the 2025-2026 plan year are reflected in red.

For those employees who elect the Cigna HDHP for the 2025-2026 plan year, there will be an increase in Loyola's Health Savings Account (HSA) contribution amount. Loyola's annual HSA contribution amount is deposited as a lump sum at the beginning of the plan year into your Bank of America HSA:

- **Individual: \$800 per year (vs \$500)**
- **Family: \$1,600 per year (vs \$1,000)**

	2024-2025 CURRENT Cigna Plan		2025-2026 RENEWING Cigna Plan	
Carrier	Cigna		Cigna	
Plan Name	OAP HSA (QHDHP)		OAP HSA (QHDHP)	
PCP Required / Referrals Required	No / No		No / No	
Benefit Period	Contract Year		Contract Year	
Deductible / OOP Accrual Method	Aggregate / Aggregate		Aggregate / Aggregate	
Coinsurance (Plan Pays)	100%	99%	90%	70%
Member Pays	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual Deductible	\$1,600	\$3,000	\$2,000	\$4,000
Family Deductible	\$3,200	\$6,000	\$4,000	\$8,000
Out-of-Pocket Maximum				
Individual OOP Max	\$4,000	\$6,000	\$5,000	\$9,000
Family OOP Max	\$6,550	\$12,000	\$9,200	\$18,000
PCP/Preventive Care Services:				
Well Child / Immunizations	No Charge	No Charge (AD)	No Charge	30% (AD)
Routine Adult Physical	No Charge	No Charge (AD)	No Charge	30% (AD)
Routine GYN Exam	No Charge	No Charge (AD)	No Charge	30% (AD)
Mammograms	No Charge	No Charge (AD)	No Charge	30% (AD)
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	No Charge (AD)	No Charge	30% (AD)
Office Visits, Labs and Testing				
Office Visits (PCP / SPC)	No Charge (AD) / \$30 (AD)	1% (AD)	\$25 (AD) / \$50 (AD)	30% (AD)
Imaging (MRA/MRS, MRI, PET & CAT scans)	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
X-ray & Labs	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Physical, Speech and Occupational Therapy	\$30 (AD)	1% (AD)	\$50 (AD)	30% (AD)
Emergency Care				
ER (Emergency services only) - Waived if admitted	\$250 (AD)		\$300 (AD)	
Urgent Care Center	\$50 (AD)	Covered as INN	\$75 (AD)	30% (AD)
Hospital Care Services				
Inpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Inpatient Physician Services	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Physician Services	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Mental Health & Substance Abuse Services				
Inpatient Facility	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Facility	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Office Visit	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Prescription drugs				
Deductible (Ind / Fam)	Medical Deductible Applies		Medical Deductible Applies	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	No Charge (AD)	20% (AD)	\$10 (AD) / \$20 (AD)	30% (AD)
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 (AD) / \$50 (AD)	20% (AD)	\$35 (AD) / \$70 (AD)	30% (AD)
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 (AD) / \$90 (AD)	20% (AD)	\$80 (AD) / \$160 (AD)	30% (AD)
Specialty Copay	\$45 (AD) / \$90 (AD)	20% (AD)	\$80 (AD) / \$160 (AD)	30% (AD)

* **AD = After Deductible**

WHAT'S CHANGING FOR FY26

MEDICAL PLAN DESIGN COMPARISON – OAP-IN (HMO)

There will be **NO CHANGE** to the Cigna OAP-IN (HMO) plan design in the 2025-2026 plan year.

The information included on this chart illustrates that the current Cigna OAP-IN (HMO) medical plan benefits offered by Loyola will ***renew without any changes***. Only the Cigna HDHP and PPO plan benefits will change in 2025-2026.

	2024-2025 CURRENT Cigna Plan		2025-2026 RENEWING Cigna Plan	
Carrier	Cigna		Cigna	
Plan Name	OAP-IN (HMO)		OAP-IN (HMO)	
PCP Required / Referrals Required	No / No		No / No	
Benefit Period	Contract Year		Contract Year	
Deductible / OOP Accrual Method	Embedded / Embedded		Embedded / Embedded	
Coinsurance (Plan Pays)	90%	Not Covered	90%	Not Covered
Member Pays	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual Deductible	\$500	Not Covered	\$500	Not Covered
Family Deductible	\$1,500	Not Covered	\$1,500	Not Covered
Out-of-Pocket Maximum				
Individual OOP Max	\$2,000	Not Covered	\$2,000	Not Covered
Family OOP Max	\$5,500	Not Covered	\$5,500	Not Covered
PCP/Preventive Care Services:				
Well Child / Immunizations	No Charge	Not Covered	No Charge	Not Covered
Routine Adult Physical	No Charge	Not Covered	No Charge	Not Covered
Routine GYN Exam	No Charge	Not Covered	No Charge	Not Covered
Mammograms	No Charge	Not Covered	No Charge	Not Covered
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	Not Covered	No Charge	Not Covered
Office Visits, Labs and Testing				
Office Visits (PCP / SPC)	\$20 / \$35	Not Covered	\$20 / \$35	Not Covered
Imaging (MRA/MRS, MRI, PET & CAT scans)	10% (AD)	Not Covered	10% (AD)	Not Covered
X-ray & Labs	10% (AD)	Not Covered	10% (AD)	Not Covered
Physical, Speech and Occupational Therapy	\$35	Not Covered	\$35	Not Covered
Emergency Care				
ER (Emergency services only) - Waived if admitted	\$250		\$250	
Urgent Care Center	\$35	Covered as INN	\$35	Covered as INN
Hospital Care Services				
Inpatient Facility Services	10% (AD)	Not Covered	10% (AD)	Not Covered
Outpatient Facility Services	10% (AD)	Not Covered	10% (AD)	Not Covered
Inpatient Physician Services	10% (AD)	Not Covered	10% (AD)	Not Covered
Outpatient Physician Services	No Charge	Not Covered	No Charge	Not Covered
Mental Health & Substance Abuse Services				
Inpatient Facility	10% (AD)	Not Covered	10% (AD)	Not Covered
Outpatient Facility	No Charge (AD)	Not Covered	No Charge (AD)	Not Covered
Office Visit	\$20	Not Covered	\$20	Not Covered
Prescription drugs				
Deductible (Ind / Fam)	None		None	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	\$10 / \$20		\$10 / \$20	
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 / \$50		\$25 / \$50	
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 / \$90		\$45 / \$90	
Specialty Copay	\$45 / \$90		\$45 / \$90	

WHAT'S CHANGING FOR FY26

MEDICAL PLAN DESIGN COMPARISON – OAP (PPO)

In addition to the annual medical premium changes, certain Cigna medical plan design changes will be implemented effective July 1, 2025 to offset the unrepresented renewal increase.

The information included on this chart illustrates the current Cigna OAP (PPO) medical plan benefits offered by Loyola versus the renewing Cigna PPO medical plan benefits that will be offered in 2025-2026. There is no change to the Cigna Open Access Plus network. Please note, any benefit changes being implemented for the 2025-2026 plan year are reflected in red.

	2024-2025 CURRENT Cigna Plan		2025-2026 RENEWING Cigna Plan	
Carrier	Cigna		Cigna	
Plan Name	OAP (PPO)		OAP (PPO)	
PCP Required / Referrals Required	No / No		No / No	
Benefit Period	Contract Year		Contract Year	
Deductible / OOP Accrual Method	Embedded / Embedded		Embedded / Embedded	
Coinsurance (Plan Pays)	75%	60%	75%	60%
Member Pays	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual Deductible	\$750	\$2,000	\$1,500	\$4,500
Family Deductible	\$2,250	\$4,000	\$4,500	\$9,000
Out-of-Pocket Maximum				
Individual OOP Max	\$3,000	\$6,000	\$5,000	\$7,000
Family OOP Max	\$9,000	\$12,000	\$10,000	\$14,000
PCP/Preventive Care Services:				
Well Child / Immunizations	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Routine Adult Physical	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Routine GYN Exam	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Mammograms	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Office Visits, Labs and Testing				
Office Visits (PCP / SPC)	\$25	40% (AD)	\$25 / \$50	40% (AD)
Imaging (MRA/MRS, MRI, PET & CAT scans)	25% (AD)	40% (AD)	25% (AD)	40% (AD)
X-ray & Labs	25%	40% (AD)	25%	40% (AD)
Physical, Speech and Occupational Therapy	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Emergency Care				
ER (Emergency services only) - Waived if admitted	\$250		\$300	
Urgent Care Center	No Charge	Covered as INN	\$75	40% (AD)
Hospital Care Services				
Inpatient Facility Services	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Facility Services	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Inpatient Physician Services	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Physician Services	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Mental Health & Substance Abuse Services				
Inpatient Facility	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Facility	25%	40% (AD)	25% (AD)	40% (AD)
Office Visit	\$25	40% (AD)	\$50	40% (AD)
Prescription drugs				
Deductible (Ind / Fam)	None		\$200 / \$600	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	\$10 / \$20	20%	\$15 / \$30	40% (AD)
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 / \$50	20%	\$40 (AD) / \$80 (AD)	40% (AD)
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 / \$90	20%	\$70 (AD) / \$140 (AD)	40% (AD)
Specialty Copay	\$45 / \$90	20%	\$70 (AD) / \$140 (AD)	40% (AD)