

**Benefits-at-a-Glance**  
**July 1, 2026 - June 30, 2027**  
**Executives**

This benefits summary is intended for recruitment purposes. Detailed benefits information will be available at the time of hire.

| Benefit Type                              | Plan Options                                                 | Coverage Level    | Annual Premium (Wellness Compliant)                                      | Biweekly Paycheck Deduction                       | Description                                                                                                                                                                                                                                                                                               |
|-------------------------------------------|--------------------------------------------------------------|-------------------|--------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Plans</b><br><b>CIGNA</b>      | OAP HSA (HDHP)                                               | Employee          | \$1,339.20                                                               | \$55.80                                           | HDHP (High Deductible Health Plan)—Individual Deductible: \$2,000/\$4,000 (In/Out of Network), Family Deductible: \$4,000/\$8,000 (In/Out of Network), Once deductible is met all In-network \$25 PCP Office Visit Copay, \$50 Specialist Office Visit Copay, Prescription Drug Copays: \$10/\$35/\$80.   |
|                                           |                                                              | Employee+Spouse   | \$5,304.36                                                               | \$221.02                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Child    | \$3,442.32                                                               | \$143.43                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Children | \$4,669.92                                                               | \$194.58                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Family            | \$7,981.68                                                               | \$332.57                                          |                                                                                                                                                                                                                                                                                                           |
|                                           | OAP-IN (HMO)                                                 | Employee          | \$2,135.52                                                               | \$88.98                                           | OAP-IN (Open Access Plus In-Network)—In-network coverage only—Individual Deductible: \$500, Family Deductible: \$1,500, \$20 PCP Office Visit Copay, \$35 Specialist Office Visit Copay; Prescription Drug Copays: \$10/\$25/\$45.                                                                        |
|                                           |                                                              | Employee+Spouse   | \$8,227.80                                                               | \$342.83                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Child    | \$5,003.16                                                               | \$208.47                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Children | \$6,410.64                                                               | \$267.11                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Family            | \$11,007.96                                                              | \$458.67                                          |                                                                                                                                                                                                                                                                                                           |
|                                           | OAP (PPO)                                                    | Employee          | \$3,131.04                                                               | \$130.46                                          | OAP (Open Access Plus)—Coinsurance: 75/60 (In/Out Network), Individual Deductible: \$1,500/\$4,500 (In/Out of Network), Family Deductible: \$4,500/\$9,000 (In/Out of Network), In-network Copays: \$25 Office Visit Copay, \$50 Specialist Office Visit Copay, Prescription Drug Copays: \$15/\$40/\$70. |
|                                           |                                                              | Employee+Spouse   | \$10,950.24                                                              | \$456.26                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Child    | \$6,640.20                                                               | \$276.68                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Children | \$9,001.20                                                               | \$375.05                                          |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Family            | \$16,150.20                                                              | \$672.93                                          |                                                                                                                                                                                                                                                                                                           |
| <b>Voluntary Benefits</b><br><b>CIGNA</b> | Accident Insurance<br>Critical Illness<br>Hospital Indemnity | Employee          | Employee-paid per age/coverage. Rates available on the benefits website. | View premium chart in the Employee Benefits Guide | Supplemental benefit plans designed to provide additional protection for unexpected illnesses and expenses.                                                                                                                                                                                               |
|                                           |                                                              | Employee+Spouse   |                                                                          |                                                   |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Child    |                                                                          |                                                   |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Employee+Children |                                                                          |                                                   |                                                                                                                                                                                                                                                                                                           |
|                                           |                                                              | Family            |                                                                          |                                                   |                                                                                                                                                                                                                                                                                                           |

|                                         |                             |               |                                    |         |                                                                                                                                                                                                                       |
|-----------------------------------------|-----------------------------|---------------|------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HSA<br/>Bank of America</b>          | Health Savings Account      |               | Employee Paid / University Funded  |         | Health Savings Account available to those who elect the <u>OAP HSA</u> . Loyola's annual contribution to the HSA is \$800 if enrolled as an individual, \$1,600 if enrolled with dependents (prorated for new hires). |
| <b>Dental Plans<br/>MetLife</b>         | PPO Dental                  | Employee      | \$436.44                           | \$18.19 | Dental PPO Plan—In-Network and Out-of-Network benefits for preventive, basic and major services. Orthodontia benefits for children up to age 26. Deductible and coinsurance may apply.                                |
|                                         |                             | Two Party     | \$874.44                           | \$36.44 |                                                                                                                                                                                                                       |
|                                         |                             | Family        | \$1,520.40                         | \$63.35 |                                                                                                                                                                                                                       |
|                                         | Co-Pay Dental               | Employee      | \$257.71                           | \$10.74 | Dental Copay Plan—In-Network and Out-of-Network benefits for preventive, basic and major services. Orthodontia benefits for children up to age 26. Services covered based on fee schedule.                            |
|                                         |                             | Two Party     | \$540.87                           | \$22.54 |                                                                                                                                                                                                                       |
|                                         |                             | Family        | \$971.62                           | \$40.48 |                                                                                                                                                                                                                       |
| <b>Vision Plans<br/>VSP</b>             | Core - Exam Only            | Employee      | University Paid                    |         | Core Vision—\$10 In-Network Copay for annual well-vision exam only. Glasses/contact lenses are excluded.                                                                                                              |
|                                         | Buy-up                      | Employee      | \$137.52                           | \$5.73  | Vision Buy-Up—In-Network and Out-of-Network benefits for well-vision exam and glasses/contact lenses.                                                                                                                 |
|                                         |                             | Two Party     | \$203.76                           | \$8.49  |                                                                                                                                                                                                                       |
|                                         |                             | Family        | \$376.08                           | \$15.67 |                                                                                                                                                                                                                       |
| <b>Life Insurance<br/>Symetra</b>       | Core Life Insurance         | Employee Only | University-paid                    |         | Option 1: 1x annual earnings (rounded up to the next higher \$1,000) to max of \$50,000 Option 2: 1 x annual earnings (rounded up to the next higher \$1,000) to a max of \$250,000.                                  |
|                                         | Supplemental Life Insurance | Employee Only | Employee-paid per age/coverage     |         | Incremental coverage of \$25k, \$50k, \$100k or \$150k for employee.                                                                                                                                                  |
|                                         | Spouse & Dependent Life     |               | \$27.96                            | \$1.17  | Spouse—\$10,000 benefit<br>Dependent Child—\$5,000 (age 6 months to age 26)                                                                                                                                           |
| <b>Disability Insurance<br/>Symetra</b> | Core Long-Term Disability   | Employee Only | University Paid                    |         | 66.67% of first \$12,749 of pre-disability earnings up to \$8,500 per month; after 180 day waiting period.                                                                                                            |
|                                         | Long-Term Disability Buy-up | Employee Only | Employee-paid per wage calculation |         | 66.67% of first \$12,749 pre-disability earnings up to \$8,500/month; after 90 day wait period.                                                                                                                       |
| <b>FSA<br/>Optum Financial</b>          | Flexible Spending Accounts  |               | Employee Funded                    |         | Employees set aside pre-tax dollars payroll deduct to pay for eligible expenses health care and dependent care expenses. Annual limits are set by the IRS each year.                                                  |
| <b>Flex Dollars</b>                     | N/A                         |               | University Paid                    |         | \$1,000 of base flex credits provided. Additional credits provided after 6 years of employment.                                                                                                                       |

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| <b>Retirement Savings<br/>TIAA</b> | 403(B)                                                                                                                                                                                                                                                                                                                                                            |  | Employee/University |  | The University will contribute to the retirement plan after the employee has completed 1 year of continuous employment, worked 1,000 or more hours, and is age 21 years or older. Employee may choose to make pre-taxed payroll contributions on a voluntary basis with no age or service requirements. NOTE: The waiting period may be waived if the eligible employee has satisfied the 1 year waiting period and 1,000 hours at a 4-year higher education institution immediately preceding (just before) their Loyola hire date. For more information, click the link below to visit the Benefits & Wellness webpage. |
|                                    | 457(B)                                                                                                                                                                                                                                                                                                                                                            |  | Employee Funded     |  | Deferred compensation plan for Executives only. Loyola does not fund the 457(B).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>KEPRO</b>                       | Employee Assistance Program                                                                                                                                                                                                                                                                                                                                       |  |                     |  | Provides professional and confidential assessment, referrals or short-term problem solving to eligible participants and their family members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Tuition Remission</b>           |                                                                                                                                                                                                                                                                                                                                                                   |  | University Funded   |  | Available to full-time employees and their legal spouses and dependent children. Core, half-time, and part-time employees are eligible for tuition remission for their own education on a prorated basis. Refer to the benefits and wellness webpage for full program details, including waiting periods and course restrictions. For more information, click the link below to visit the Benefits & Wellness webpage.                                                                                                                                                                                                    |
| <b>Paid Leave</b>                  | Executives of the University do not accrue vacation or sick leave. Executives take time off as needed with pay. For the purpose of this policy, Executive includes, the President, Vice Presidents and (full) School Deans only. The terms of this policy also include administrators who transition to a Vice President position or (full) School Dean position. |  |                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



Click or Scan the QR code  
to visit the Benefits & Wellness webpage.

#### **IMPORTANT CONTACTS**

Benefits & Wellness: 410-617-1365

OPC Business Partner: 410-617-2354 or [people-culture@loyola.edu](mailto:people-culture@loyola.edu)

#### **NOTES:**

- 1. The annual medical plan premiums reflect the wellness compliant rate.*
- 2. Benefits for newly hired eligible employees are effective on the first of the month following or coinciding with their date of hire.*
- 3. 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.*

7/1/2026