



Benefits-at-a-Glance

July 1, 2026 - June 30, 2027

Full-time, Core, and Half-time Biweekly Staff

Full-time, core, and half-time Biweekly Staff (refer to the Staff and Administrator Policy Manual for definitions). This benefits summary is intended for recruitment purposes. Detailed benefits information, including enrollment instructions will be available at the time of hire.

Benefit Type	Plan Options	Coverage Level	Annual Premium (Wellness Compliant)	Biweekly Paycheck Deduction	Description
Medical Plans CIGNA	OAP HSA (HDHP)	Employee	\$1,339.20	\$51.51	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	\$204.01	
		Employee+Child	\$3,442.32	\$132.40	
		Employee+Children	\$4,669.92	\$179.61	
		Family	\$7,981.68	\$306.99	
	OAP-IN (HMO)	Employee	\$2,135.52	\$82.14	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	\$316.45	
		Employee+Child	\$5,003.16	\$192.43	
		Employee+Children	\$6,410.64	\$246.56	
		Family	\$11,007.96	\$423.38	
	OAP (PPO)	Employee	\$3,131.04	\$120.42	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	\$421.16	
		Employee+Child	\$6,640.20	\$255.39	
		Employee+Children	\$9,001.20	\$346.20	
		Family	\$16,150.20	\$621.16	
Voluntary Benefits CIGNA	Accident Insurance Critical Illness 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			
HSA Bank of America	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).
Dental Plans MetLife	PPO Dental	Employee	\$436.44	\$16.79	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	\$33.63	
		Family	\$1,520.40	\$58.48	
	Co-Pay Dental	Employee	\$257.71	\$9.91	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	\$20.80	
		Family	\$971.62	\$37.37	
Vision Plans VSP	Core - Exam Only	Employee	University Paid		Core Vision—\$10 In-Network Copay for annual well-vision exam only.
	Buy-up	Employee	\$137.52	\$5.29	Vision Buy-Up—In-Network and Out-of-Network benefits for well-vision exam and glasses/contact lenses.
		Two Party	\$203.76	\$7.84	
		Family	\$376.08	\$14.46	

Life Insurance Symetra	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	\$1.08	Spouse—\$10,000 benefit Dependent Child—\$5,000 (age 6 months to age 26)
Disability Insurance Symetra	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
FSA Optum Financial	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.
Flex Dollars	N/A		University Paid		\$1,000 of base flex credits provided. Additional credits provided after 6 years of employment.
Retirement Savings TIAA	403(B) Defined Contribution Tax-Deferred Plan		Employee 2% University 5% and 7.25%		The University will contribute to your account once eligibility requirements are met. Employees are eligible to contribute to the plan on a voluntary basis with no age or service requirements.
KEPRO	Employee Assistance Program		University Paid		Provides professional and confidential assessment, referrals or short-term problem solving to eligible participants and their family members.
Tuition Remission			University Funded		Available to full-time administrators and staff. Four-fifths-time, half-time and part-time employees are eligible on a prorated basis. Available to spouses and dependent children of full-time employees.
Paid Time Off					
Vacation	Full-time biweekly staff earn 10 days per year. Employees working less than full-time or full-time employees who work less than 12 months per year accrue vacation leave on a prorated basis.				
Sick	Full-time biweekly staff can accrue up to 975 hours - the maximum balance. Employees working less than full-time or full-time employees who work less than 12 months per year accrue sick leave on a prorated basis.				
Personal Leave	Regular full-time staff are given three paid personal leave days each benefit year. New employees are given personal leave days on a prorated basis based on date of hire.				
Holidays	New Year's Day, MLK, Good Friday, Easter Monday, Memorial Day and Friday before, July 4th and day before or after, Labor Day, Thanksgiving Day and Friday after, Christmas Holiday(s) (number of days vary by year), one floating holiday to use between Memorial day and Labor Day.				



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



IMPORTANT CONTACTS

Benefits & Wellness: 410-617-1365

OPC Business Partner: 410-617-2354 or 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