LOYOLA UNIVERSITY MARYLAND

— 1852 —

JULY 1, 2026 - JUNE 30, 2027
COBRA MONTHLY PREMIUMS

MEDICAL PLANS	COVERAGE LEVELS	MONTHLY PREMIUMS
HDHP	EMPLOYEE ONLY	$725.53
HDHP	EMPLOYEE+SPOUSE	$1,617.92
HDHP	EMPLOYEE+1 CHILD	$981.08
HDHP	EMPLOYEE+CHILDREN	$1,257.06
HDHP	FAMILY	$2,149.46
OAP-IN	EMPLOYEE ONLY	$868.54
OAP-IN	EMPLOYEE+SPOUSE	$1,936.86
OAP-IN	EMPLOYEE+1 CHILD	$1,174.47
OAP-IN	EMPLOYEE+CHILDREN	$1,504.87
OAP-IN	FAMILY	$2,573.18
OAP	EMPLOYEE ONLY	$1,186.09
OAP	EMPLOYEE+SPOUSE	$2,644.97
OAP	EMPLOYEE+1 CHILD	$1,603.86
OAP	EMPLOYEE+CHILDREN	$2,055.05
OAP	FAMILY	$3,513.95

DENTAL PLANS	COVERAGE LEVELS	MONTHLY PREMIUMS
PPO	INDIVIDUAL	$36.37
PPO	2 PARTY	$72.87
PPO	FAMILY	$126.70
COPAY	INDIVIDUAL	$21.48
COPAY	2 PARTY	$45.07
COPAY	FAMILY	$80.97

VISION PLANS	COVERAGE LEVELS	MONTHLY PREMIUMS
CORE/EXAM ONLY	INDIVIDUAL ONLY	$0.58
BUY UP	INDIVIDUAL	$11.46
BUY UP	2 PARTY	$16.98
BUY UP	FAMILY	$31.34

EAP	INDIVIDUAL	$1.51

The final premium due will include a 2% administrative fee, as permitted under COBRA regulations. The COBRA enrollment packet will be mailed to you after the employment termination date and will include instructions, deadlines, and final premium information. Benelogic is the University's designated COBRA administrator and will manage enrollment, billing, and ongoing COBRA administration.