

LOYOLA UNIVERSITY CHICAGO

2022 Benefits Highlights Open Enrollment



It's time to make some very important decisions about your benefits for 2022. Please read this **Benefits Highlights** brochure carefully.

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Dear Faculty and Staff,

Human Resources is pleased to share information regarding **Benefits Open Enrollment for 2022**. Open Enrollment is your annual opportunity to review and make changes to your benefit choices based on your personal and family needs for the upcoming year. Now is the time to begin reviewing your benefits and planning for any changes needed for you and/or your covered dependents. We encourage you to thoroughly review your benefits by accessing [Employee Self-Service \(ESS\)](#) over the next few weeks and attend one of the [virtual information sessions](#) so that you are prepared to make informed decisions. The open enrollment system opens on November 1 – November 15 to select your 2022 benefits.

Loyola will continue to offer competitive programs and services to help faculty and staff members achieve and maintain a healthy lifestyle. In response to faculty and staff requests and feedback, we are pleased to announce a new behavioral health support resource coming in 2022. This new benefit supplements [existing behavioral health resources](#) provided by the University through our health insurance carrier and our Employee Assistance provider (EAP). It will be available at no additional cost to you and will enable access to an expanded network of providers through virtual engagement. Maintaining a healthy lifestyle not only benefits your well-being, but also collectively improves the health of the University community while keeping health care costs leveled.

Plan Design and Premium Costs for 2022

For the third year in a row, monthly premium rates for medical insurance through Aetna will **not** increase for employees making less than \$80,000.00 annually. In 2022 we are asking higher paid employees to pay a greater share of premiums. Refer to the below section for additional information on 2022 premiums. Due to health care inflation costs and increased claims year after year, most employers in the U.S., including Loyola, experience an increase of total health care costs at a rate of approximately 5% to 10% per year. However, Loyola's partnership with Aetna as a health insurance carrier has provided another opportunity to prevent increases in health insurance premiums in 2022.

All three medical plan options will continue to be available for benefit-eligible faculty and staff. The PPO 3 HSA plan will continue to be accompanied by a [Health Savings Account \(HSA\)](#), which allows faculty and staff to contribute money on a pretax basis to use for medical, dental, and vision care expenses incurred in the calendar year and/or save or invest these funds for future eligible medical expenses. Loyola feels strongly about the competitiveness of this PPO 3 HSA option. Therefore, again in 2022, incentive money of \$600 for employee only coverage, or \$1,200 for employee plus a spouse/LDA and/or child(ren) will be contributed to new and existing HSA accounts in January 2022.

What's new for 2022?

In an effort to facilitate our community's commitment to social justice, as initiated by the Social Justice Task Force, the University will be moving from a three-tier salary based structure for medical insurance premiums to a four-tier salary based premium structure, as displayed below. Monthly premium rates are based on the employee's salary; the higher their salary, the higher their premium. This means that over 1,000 faculty and staff who make \$80,000.00 annually or less will experience a decrease in their medical insurance premiums for 2022. Whereas faculty and staff who make \$80,000.01 or more annually will experience an increase in their medical insurance premiums for 2022. **Moving to a four-tier salary structure allows Loyola to differentiate premiums and expand the salary ranges in a more equitable manner, which further supports the University's mission of ensuring that health care is affordable for our lower-income employees.** Monthly premium rates are available in the 2022 highlights brochure.

2022 Salary Band Ranges for Medical Insurance Premiums

- **Band 1** (annual salary under \$50,000.00) has the lowest employee contribution
- **Band 2** (annual salary \$50,000.01 to \$80,000.00)
- **Band 3** (annual salary \$80,000.01 to \$150,000.00)
- **Band 4** (annual salary \$150,000.01 and above) has the highest employee contribution

Behavioral Health Support & Resources: If you or someone that you are caring for are in need of behavioral health and wellness support, please utilize the [Employee Assistance Program](#). Your Aetna medical plan also covers you and your family members for both inpatient and outpatient mental health services, including substance use treatment and other conditions such as anxiety, depression, stress, etc. Speak to an Aetna representative at 855.586.6958 or find an Aetna provider online. Additionally, with Teladoc, Mental Health Care with a therapist or psychiatrist is available by online video, mobile app, or phone – seven days a week (7 a.m. to 9 p.m. local time). Therapy visits are \$0-\$85. Psychiatry visits are \$0-190. Set up your Teladoc account to see pricing. [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) | 1-855-TELADOC (835-2362) | or use the Teladoc smartphone app.

*Behavioral health is increasingly important to our community. In response to the need for additional resources expressed by some faculty and staff and members of the Benefits Advisory Committee, a new supplemental behavioral health resource will be introduced in early 2022. This new resource will be separate from our medical plan and offered to all faculty and staff **at no additional cost**. Please stay tuned, as we will share additional information about this new behavioral health resource after the first of the year.*

Health Care Flexible Spending Account (FSA) and Dependent Care FSA Rollover: Re-enrollment in the FSA is required annually, but you have unlimited carryover of unused balances for the Health Care, Limited Purposes Health Care and Dependent Care FSAs from 2021 to 2022 because of special COVID provisions adopted in 2021. **Plan carefully to ensure you do not forfeit any funds at the end of the 2022 reimbursement period as this unlimited carryover provision does not apply to 2023.**

Biometric Screenings & Health Power Assessment: You and your covered spouse or legally domiciled adult (LDA) are required to participate in a biometric screening and complete the Health Power Assessment to receive a \$50 monthly wellness reduction premium on your Loyola medical plan premiums in 2022. **All screenings are due by December 3, 2021.** Onsite biometric screenings and flu shots will be available on select dates and times throughout October and November for Loyola University Chicago faculty and staff only at the Lake Shore, Water Tower, and Health Sciences campuses. [Click here](#) for dates and times. Spouses/LDAs must visit a Quest Diagnostics Lab or visit an in-network provider to complete their screenings. Screenings and flu shots are by appointment only, so visit the [Health Maintenance Institute \(HMI\) website](#) to sign up or obtain information for completing your screening with your doctor or a Quest Lab. *Note: New users can register with site code L773 on the HMI website.*

Please read this Benefits Highlights Brochure along with upcoming benefits-related communication for additional details about open enrollment starting this month so that you are prepared to complete your open enrollment changes in the system starting November 1. We also encourage you to attend one of the four Zoom information sessions that will provide an overview of our benefits offerings and open enrollment. The one-hour webinar provides faculty and staff members the opportunity to ask benefits related questions following the presentation. [Register here](#) to attend one of the information sessions.

Lastly, please take time to review the Open Enrollment Checklist provided in this Benefits Highlights Brochure. Open Enrollment changes must be completed in the [Employee Self-Service](#) portal by **November 15, 2021** in order to be effective **January 1, 2022**. Even if you decide not to make any changes to your benefits, you should complete the online Open Enrollment process to avoid the Tobacco Premium and Spousal/LDA Premium, if applicable. For your reference, Chrome or Safari browsers are recommended to access the Employee Self-Service portal.

We are grateful to the ongoing work of the Benefits Advisory Committee (BAC) who continue to reach out to the community, listen, and gather feedback as we continue to look at providing benefits that meet the greatest needs of our community. We hope that these efforts, coupled with our annual benefit program reviews, competitive market pricing, and transparent communication, will increase your awareness of the diverse benefits offered in addition to the University's commitment of resources to provide these comprehensive benefits for you and your family.

Please feel free to contact Human Resources at benefits@luc.edu, 312-915-6175 or visit LUC.edu/hr/openenrollment/ should you have additional questions regarding benefit offerings. Thank you for your thoughtful review of this information, and please watch for additional communications.

Sincerely,



Winifred L. Williams, PhD
Vice President, Chief Human Resources Officer

OPEN ENROLLMENT CHECKLIST

- Attend a Benefits Open Enrollment Information Session**
This is your opportunity to learn more about your benefit plan options for 2022. [Registration is required.](#)
- Enroll During Open Enrollment: November 1 through November 15, 2021**
Open Enrollment is a paperless process done online through the Employee Self-Service (ESS) portal. ESS can be accessed from any computer by visiting <https://ess.luc.edu/> and logging in using your Loyola email and password.
- Complete your Tobacco Usage and Spousal/LDA Premium Waiver Certifications**
The required online tobacco usage premium certification question is completed in Annual Enrollment through the Employee Self-Service (ESS) portal. *You must complete Annual Enrollment through ESS every year in order to receive the \$50 per month reduced premium.*

If you are covering a spouse/LDA who is not eligible for health insurance through their employer, you must complete Annual Enrollment through ESS, too. *You must complete the spousal/LDA premium certification question in Annual Enrollment through ESS each year in order to receive the \$100 per month reduced premium.*
- Verify Your Beneficiary Information**
While you make your Annual Enrollment elections, check to ensure all your benefits have the correct beneficiary information on file.
- Verify Your Dependent Information**
Verify that your dependent information is correct and that you have provided the full legal name, Social Security Numbers and Dates of Birth for all of your dependents. Please submit documentation to Human Resources if you elect to cover new dependents.
- Enroll in your Health Care and/or Dependent Care Flexible Spending Account (FSA) for 2022**
Re-enrollment in the FSA is required annually, but you have unlimited carryover of unused balances for the Health Care, Limited Purposes Health Care and Dependent Care FSAs from 2020 to 2021 and from 2021 to 2022. To enroll for 2022, please follow the prompts in Employee Self-Service while going through Open Enrollment.
- Review Your Open Enrollment Elections**
Review your confirmation statement for accuracy after you complete your online enrollment. If inaccurate, please contact Human Resources at benefits@luc.edu, before the Open Enrollment deadline of November 15, 2021.
- Complete the Life Insurance “Evidence of Insurability” Form**
You must complete an Evidence of Insurability form for any increase in employee or spouse supplemental life insurance. Please visit www.luc.edu/hr for more details.
- Complete the Biometric Screening and Health Power Assessment to receive the 2022 Wellness Incentive**
You and your covered spouse/LDA are required to participate in the biometric screening and complete the Health Power Assessment in order to receive a \$50 wellness premium reduction per month—an annual savings of \$600 for the 2022 plan year. **The biometric screening and Health Power Assessment must be completed by December 3, 2021 to be eligible for the wellness premium reduction. The deadline to request a Quest Lab appointment is November 23, 2021.**
- Utilize General Preventive Care Services**
Complete your annual routine physical examination for this year. These services are covered at 100% without meeting your annual deductible.
- 2022 Flexible Spending Account Dollars**
You have until March 31, 2022 to submit 2021 receipts for reimbursement, but the expenses must occur in 2021. You may carryover of unused balances for the Health Care, Limited Purposes Health Care and Dependent Care FSAs from 2020 to 2021 and from 2021 to 2022. Please visit: www.irs.gov/pub/irs-pdf/p502.pdf.
- Review Your First 2022 Pay Stub**
In January, ensure your benefit elections are correct, and confirm the correct premiums are being withheld.

HIGHLIGHTS FOR 2022

Three Medical Plan Options:

- Loyola will continue to offer three medical plans: PPO 1, PPO 2, and PPO 3 HSA, which includes the following incentives:
 - Lower monthly premiums taken from your paycheck.
 - Loyola will contribute money to your Health Savings Account (HSA) in January 2022:
 - \$600 for You, OR
 - \$1,200 for You + 1 or More.
 - You can contribute up to the following amounts tax free (less Loyola's contribution) in 2022:
 - \$3,650 Total = \$600 Loyola incentive money + up to \$3,050 (You)
 - \$7,300 Total = \$1,200 Loyola incentive money + up to \$6,100 (You + Spouse/LDA + Child(ren))
 - If you are 55 or older, you can contribute an additional \$1,000 in catch-up contributions.
 - Loyola will pay for an accident insurance benefit for you, as well as a \$10,000 critical illness benefit which provides you a lump sum of \$10,000 if you have a critical illness such as heart attack, cancer or stroke. You have the option to purchase additional accident and/or critical illness coverage for your spouse/LDA or dependent children.
 - The PPO 3 HSA also features a combined deductible and out-of-pocket maximum for medical and prescription drugs.

Medical Premiums

- For the third year in a row, monthly premium rates for medical insurance through Aetna will **not** increase for employees making less than \$80,000.00 annually. In 2022 we are asking higher paid employees to pay a greater share of premiums. Refer to the below section of additional information on 2022 premiums.

Medical Plan Provider in 2022: Aetna

- Deductibles, coinsurance, out-of-pocket maximums, and covered services will remain the same. Prescription coverage will remain with CVS Caremark, and prescription formularies are not changing.
- Visit [Aetna's website](#) to use the DocFind feature to locate doctor(s) that are a part of Aetna's extensive nationwide network.
- Home hospital benefits under Loyola University Health Systems and Gottlieb Hospital will remain the highest level of coverage (90%).
- If you make no changes during Open Enrollment, you will remain in your current plan option (PPO 1, PPO 2, or PPO 3 HSA) but may be assessed the tobacco or spousal/LDA premium. Only new enrollees will receive a card. However, you can also download the Aetna app on your smartphone and access your medical insurance card once you create an account with Aetna in mid-December.

Health Care Flexible Spending Account (FSA) Rollover

- Carryover of unused balances for the Health Care, Limited Purposes Health Care and Dependent Care FSAs from 2020 to 2021 and from 2021 to 2022.

Teladoc Mental Health Care

- Mental Health Care with a therapist or psychiatrist is available by online video, mobile app, or phone – seven days a week (7 a.m. to 9 p.m. local time). Therapy visits are \$0-85. Psychiatry visits are \$0-190. Set up your Teladoc account to see pricing. [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) | 1-855-TELADOC (835-2362) | or use the Teladoc smartphone app.

ENROLLING ONLINE

Open Enrollment is a paperless process that is done online through the Employee Self-Service portal. Employee Self-Service should be used within a Chrome or Safari browser by visiting <https://ess.luc.edu/> and logging in using your Loyola email and password.

Prior to enrolling, please have your dependent information (including documentation to verify eligibility, date of birth, and Social Security Numbers for all family members) and beneficiary information available. This important information can be added or changed through Open Enrollment.

*You may either upload dependent verification documents as you complete online enrollment or email your documents to Human Resources at benefits@luc.edu using [Loyola Secure Transfer](#).

Your elections last all year, so make careful choices.

Open Enrollment is the only time you can make changes to your benefit elections during the year unless you have a Qualified Life Event. Qualifying Life Events include: marriage, birth or adoption of a child, divorce or legal separation, employment change on part of the employee or covered dependent(s). You have 31 days from the date of event to make any qualified enrollment changes. After 31 days, you must wait until the next Open Enrollment period.

Want to enroll in a Flexible Spending Account?

Remember, you must re-enroll every year if you wish to have a Flexible Spending Account (FSA). You will make your FSA elections in Employee Self-Service while going through Open Enrollment.

Follow these simple online enrollment steps:

- Open a web browser in Chrome or Safari, and visit <https://ess.luc.edu/>.
- Use your Loyola email address and password to login. Select Annual Enrollment.
- If you are adding new dependents, be sure you have the proper documentation to verify eligibility.
- When completing the Life Insurance section, review and complete your beneficiary information. Any beneficiary information added will apply to all life insurance plans.
- Make elections to your Health Savings Account (HSA) if enrolling in PPO 3 HSA, and/or Flexible Spending Account(s).
- Once you have completed the enrollment sections, be sure to review what you selected.
- Print your benefits elections – this is your confirmation statement for your records.

Have a Benefits Question?

Having your benefit-related questions answered is easy! Feel free to submit benefit questions to benefits@luc.edu.

BENEFIT-ELIGIBLE FACULTY AND STAFF

The following individuals are eligible for coverage under the University Benefits program:

- Full-Time University Faculty and Staff Members, classified as .80 FTE or higher, and
- Part-Time University Staff Members, classified as .53/.50 FTE or higher

Note: Part-Time benefit-eligible employees are NOT eligible for Health Care FSAs, Limited FSAs, or Dependent Care FSAs, Transit Benefit Program, or Accident and Critical Illness Insurance.

VERIFYING DEPENDENTS

Verifying Dependent Eligibility

Eligibility rules can be complex, and most ineligible family members are inadvertently enrolled. The verification process helps us make sure only eligible dependents are enrolled, helping us meet compliance regulations and allowing us to continue to offer the programs you need.

If an enrolled dependent is determined to be ineligible, you will be contacted with a request for additional verification documents before they are removed from coverage.

Questions? Contact the Human Resources Benefits Department at benefits@luc.edu.

Documentation Required for Eligibility Verification

When you enroll a new dependent for coverage under the medical, dental or vision plans during Open Enrollment, you must verify that they are eligible by submitting the required documentation, as shown below. For all family members enrolled in your benefit plans, you must provide full legal name, date of birth and Social Security Numbers.

If you enroll...	You will need to provide copies (not originals) of...
Spouse	<ul style="list-style-type: none"> • Marriage certificate
Legally Domiciled Adult (LDA)	<ul style="list-style-type: none"> • LDA Certification of Eligibility Form and supporting documents listed on the form
Biological Child	<ul style="list-style-type: none"> • Birth certificate
Adopted Child	<ul style="list-style-type: none"> • Adoption placement agreement and petition for adoption, or • Adoption certificate
Legal Ward	<ul style="list-style-type: none"> • Government-issued birth certificate • Court-ordered document of legal custody
Disabled Legal Ward	<ul style="list-style-type: none"> • Government-issued birth certificate • Court-ordered document of legal custody • Most current Federal tax return
Dependents because of a Qualified Medical Child Support Order	<ul style="list-style-type: none"> • Qualified Medical Child Support Order (must be for the employee)

REMEMBER:

- You must enroll your eligible dependents during the Open Enrollment period. You cannot add them later unless you have a Qualifying Life Event.
- Dependent children can remain on health, dental, and vision plans until they turn 26. Disabled children over the age of 26 may remain on the plans.
- **You may only have one spouse or one LDA enrolled in your benefits at any given time.** If you add a spouse for the first time you are required to submit a marriage certificate. If you add an LDA for the first time, a LDA certification form and documents to support your request are required and subject to approval before benefits take effect.

BIOMETRIC SCREENINGS, FLU SHOTS AND INFORMATION SESSIONS

As part of a workplace culture reflective of supporting a healthy lifestyle, the University provides biometric screenings and flu shots. The biometric screenings and flu shots are FREE! **The biometric screening and Health Power Assessment must be completed by December 3, 2021 to be eligible for the wellness premium reduction. The deadline to request a Quest Lab appointment is November 23, 2021.**

Wellness Incentive Requirement for Spouse/LDA

All Loyola University faculty/staff and spouses/legally domiciled adults (LDAs) who will be covered on a University medical insurance plan are required to participate in the biometric screening **and** complete the Health Power Assessment in order to receive the \$50 per month wellness premium reduction.

Open Enrollment Benefit Fairs, Information Sessions, Biometric Screenings & Flu Shots

Earn quarterly wellness points for the current period by attending the activities listed below:

50 points for Information Sessions; 20 points for Benefits Fairs

Aetna members can also obtain free flu shots by visiting an in-network provider, in-network pharmacy or at your local MinuteClinic. More information on how to obtain your flu shot can be found on the Human Resources web page <https://www.luc.edu/hr/health/flushots/>.

BIOMETRIC SCREENING AND FLU SHOT DATES

All on-site biometric screenings and flu shots will end at 1:00 PM. Flu shots will be offered at all three campuses.

DATE	TIME	LOCATION
Friday, October 8, 2021	7:30 AM – 1:00 PM	HSC, SSOM Rm 160
Wednesday, October 13, 2021	7:30 AM – 1:00 PM	LSC, Coffey Hall, McCormick Lounge
Monday, October 25, 2021	7:30 AM – 1:00 PM	LSC, Coffey Hall, McCormick Lounge
Tuesday, October 26, 2021	7:30 AM – 1:00 PM	WTC, Lewis Towers, Regents Hall
Tuesday, November 2, 2021	7:30 AM – 1:00 PM	WTC, Lewis Towers, Regents Hall
Monday, November 8, 2021	7:30 AM – 1:00 PM	HSC, SSOM Rm 160
Friday, November 12, 2021	7:30 AM – 1:00 PM	WTC, Lewis Towers, Regents Hall
Wednesday, November 17, 2021	7:30 AM – 1:00 PM	LSC, Coffey Hall, McCormick Lounge

REGISTER FOR AN UPCOMING INFORMATION SESSION

DATE	TIME	LOCATION
Thursday, October 21, 2021	11:00 AM-12:00 PM	Registration Required
Wednesday, October 27, 2021	12:00 PM – 1:00 PM	Registration Required
Tuesday, November 2, 2021	3:30 PM – 4:30 PM	Registration Required
Wednesday, November 10, 2021	9:00 AM – 10:00 AM	Registration Required

Earn quarterly HMI wellness points for the current period by attending an Information Session.

MEDICAL & PRESCRIPTION DRUG BENEFITS

Loyola Medical Plan—PPO 1

Loyola offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the plans and how it covers various types of health care services. For more detailed information, please visit our website at www.luc.edu/hr.

		PPO 1		
Annual Deductible* (Expenses paid to satisfy the deductible count toward the annual out-of-pocket maximum)		Home Hospital Benefits (Loyola University Health Systems and Gottlieb Hospital)	Network Benefits	Non-Network Benefits
	You	\$500	\$500	\$1,000
	You + 1 or more	\$1,000	\$1,000	\$2,000
Out of Pocket				
	You	\$3,000	\$3,000	\$6,000
	You + 1 or more	\$6,000	\$6,000	\$12,000
Coinsurance		90%	80%	50%
Office Visit		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Specialist		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Wellness Visits		Covered at 100%		Covered at 50% after deductible
Emergency Health Services		\$150 Copay; waived if admitted		
Hospital - Inpatient Stay		Covered at 90% after \$100 per admission fee	Covered at 80% after \$250 per admission fee and deductible	Covered at 50% after \$500 per admission fee and deductible
Hospital - Outpatient Surgery		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Inpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after \$100 copay (per admission); no deductible	Covered at 80% after \$250 copay (per admission) and deductible	Covered at 50% after \$500 copay (per admission) and deductible
Outpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible

MEDICAL & PRESCRIPTION DRUG BENEFITS

Prescription drug benefits are the same for those enrolled in PPO 1 or PPO 2. These plans have a *separate* out-of-pocket maximum for medical benefits and prescription drugs.

Outpatient prescriptions (retail, mail order, and specialty) are administered by CVS Pharmacy Management.

Prescription Benefit: PPO 1 / PPO 2	
Generic Drugs (<i>Deductible does not apply to Generic Drugs</i>)	
Generic Retail Pharmacy (up to 30 day supply)	Generic Mail Order (90 day supply)
<u>Coinsurance:</u> Covered at 85%, <u>you pay 15%</u> to a maximum of \$200 per script	<u>Coinsurance:</u> Covered at 95%, <u>you pay 5%</u> to a maximum of \$400 per script
Preferred Brand & Specialty Drugs (<i>Annual Deductible applies</i>)	
Preferred Brand & Specialty Retail Pharmacy (up to 30 day supply)	Preferred Brand & Specialty Mail Order (90 day supply)
<u>Deductibles:</u> \$100 Employee \$200 Employee + 1 or more	No Deductible
<u>Coinsurance:</u> Covered at 70%, <u>you pay 30%</u> to a maximum of \$200 per script	<u>Coinsurance:</u> Covered at 85%, <u>you pay 15%</u> to a maximum of \$400 per script
Non Preferred Brand & Specialty Drugs (<i>Annual Deductible applies</i>)	
Non Preferred Brand & Specialty Retail Pharmacy (up to 30 day supply)	Non Preferred Brand & Specialty Mail Order (90 day supply)
<u>Deductibles:</u> \$100 Employee \$200 Employee + 1 or more	No Deductible
<u>Coinsurance:</u> Covered at 55%, <u>you pay 45%</u> to a maximum of \$400 per script	<u>Coinsurance:</u> Covered at 75%, <u>you pay 25%</u> to a maximum of \$400 per script
Annual Prescription out-of-pocket maximum includes Generic, Preferred Brand and Non Preferred Brands	
\$3,000 Person /\$6,000 Family	

MEDICAL & PRESCRIPTION DRUG BENEFITS

Loyola Medical Plan— PPO 2

Loyola offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the plans and how it covers various types of health care services. For more detailed information, please visit our website at www.luc.edu/hr.

		PPO 2		
		Home Hospital Benefits (Loyola University Health Systems and Gottlieb Hospital)	Network Benefits	Non-Network Benefits
Annual Deductible* (Expenses paid to satisfy the deductible count toward the annual out-of-pocket maximum)	You	\$1,200	\$1,200	\$2,400
	You + 1 or more	\$2,400	\$2,400	\$4,800
Out of Pocket	You	\$4,000	\$4,000	\$8,000
	You + 1 or more	\$8,000	\$8,000	\$16,000
Coinsurance		90%	80%	50%
Office Visit		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Specialist		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Wellness Visits		Covered at 100%		Covered at 50% after deductible
Emergency Health Services		\$150 Copay; waived if admitted		
Hospital - Inpatient Stay		Covered at 90% after \$100 per admission fee	Covered at 80% after \$250 per admission fee and deductible	Covered at 50% after \$500 per admission fee and deductible
Hospital - Outpatient Surgery		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Inpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after \$100 copay (per admission); no deductible	Covered at 80% after \$250 copay (per admission) and deductible	Covered at 50% after \$500 copay (per admission) and deductible
Outpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible

MEDICAL & PRESCRIPTION DRUG BENEFITS

Loyola Medical Plan— PPO 3 HSA

Loyola offers two traditional PPO medical plan options and one PPO HSA compatible option for faculty and staff to choose from. These plans provide services to help you stay well and provide access to quality care. The following tables highlight key benefits of the plans and how it covers various types of health care services. For more detailed information, please visit our website at www.luc.edu/hr.

		PPO 3 HSA		
Annual Deductible* (Expenses paid to satisfy the deductible count toward the annual out-of-pocket maximum)		Home Hospital Benefits (Loyola University Health Systems and Gottlieb Hospital)	Network Benefits	Non-Network Benefits
	You	\$2,800	\$2,800	\$5,600
	You + 1 or more	\$5,600	\$5,600	\$11,200
Out of Pocket				
	You	\$5,000	\$5,000	\$10,000
	You + 1 or more	\$10,000	\$10,000	\$20,000
Coinsurance		90%	80%	50%
Office Visit		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Specialist		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Wellness Visits		Covered at 100%		Covered at 50% after deductible
Emergency Health Services		Covered at 80% after deductible		
Hospital - Inpatient Stay		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Hospital - Outpatient Surgery		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Inpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible
Outpatient Mental Health and Substance Use Disorder Treatment		Covered at 90% after deductible	Covered at 80% after deductible	Covered at 50% after deductible

MEDICAL & PRESCRIPTION DRUG BENEFITS

Prescription drug benefits work differently under the PPO 3 HSA. This plan has a *combined deductible* for medical benefits and prescription drugs.

Outpatient prescriptions (retail, mail order, and specialty) are administered by CVS Pharmacy Management.

Prescription Benefit: PPO 3 HSA	
Generic Drugs <i>Your annual combined medical and RX deductible is \$2,800 for an individual or \$5,600 for a family. Until this deductible amount is met, you will pay 100%* for your prescriptions.</i>	
Generic Retail Pharmacy (up to 30 day supply)	Generic Mail Order (90 day supply)
Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>	Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>
Preferred Brand & Specialty Drugs <i>Your annual medical and RX deductible is \$2,800 for an individual or \$5,600 for a family. Until this deductible amount is met, you will pay 100% for your prescriptions.</i>	
Preferred Brand & Specialty Retail Pharmacy (up to 30 day supply)	Preferred Brand & Specialty Mail Order (90 day supply)
Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>	Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>
Non Preferred Brand & Specialty Drugs <i>Your annual medical and RX deductible is \$2,800 for an individual or \$5,600 for a family. Until this deductible amount is met, you will pay 100% for your prescriptions.</i>	
Non Preferred Brand & Specialty Retail Pharmacy (up to 30 day supply)	Non Preferred Brand & Specialty Mail Order (90 day supply)
Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>	Once the deductible has been met, RX is Covered at 80%, <u>you pay 20%</u>
*This plan comes with a Preventive Drug List. Generic Medications on this list are not subject to your deductible. You will only pay the applicable coinsurance for medications on this list. You can access your Preventive Drug List at www.caremark.com.	

ADDITIONAL PRESCRIPTION DRUG BENEFITS

CVS Caremark is the Pharmacy Manager for Retail, Mail Order and Specialty Prescriptions

- You will receive a new Pharmacy ID Card if enrolled in one of the PPO medical plans for the first time or enroll in the PPO 3 HSA plan option. The new ID card should arrive in late December, but if it does not, you can use the following information to obtain a prescription: **RX BIN#: 004336 GROUP #: RX0804**
- PPO 3 HSA Plan comes with a Preventive Drug List. Generic Preventive Medications on this list are not subject to your deductible. You will only pay the applicable coinsurance for medications on the list. You can access your Preventive Drug List at www.caremark.com.
- You can continue to use the same pharmacies that many of you use now, including CVS, Walgreens, Target, Walmart and more. For a complete list of participating pharmacies, go to www.caremark.com.
- For maintenance prescriptions, you can have them delivered to your home through Mail Order. When you use the mail order program for maintenance drugs (prescribed for ongoing conditions such as diabetes, asthma, hypertension, etc.), you pay no deductible for a 90-day supply. Mail order forms are available online for your convenience at www.caremark.com/mailservice. (Please note that you may not place a mail order through a retail pharmacy.)
- For Specialty medications, you will be required to have these filled through the CVS Specialty pharmacy program. Specialty medication details can be found online at www.cvsspecialty.com/wps/portal/specialty or call 800-237-2767.
- Contact CVS Caremark by phone: 888-202-1654.
- Sign up for a User ID for easy online connections: www.caremark.com.

SPECIAL NOTE ABOUT PRESCRIPTIONS FOR CONTRACEPTIVES:

As Loyola is a religious employer, prescriptions for contraceptives are excluded from all Loyola medical plan options. However, there is a program available whereby you can obtain certain contraceptive prescriptions at no cost to you, as part of the Affordability Care Act.

- In order to obtain these prescriptions, you will need to obtain and utilize a separate RX bin # and ID #, along with a SEPARATE ID card from CVS.
- Contact 888-924-8738 to enroll in the Contraceptive Coverage and receive your separate ID card.

CVS Caremark Now Offers Same Day On-Demand Prescription Delivery

CVS Pharmacy now offers prescription delivery within hours in addition to their 1-2 day prescription delivery service available nationwide. The service is available at 6,000 CVS Pharmacy locations across the country, giving you a faster and even more convenient way to get your prescriptions.

The majority of CVS Pharmacy stores across the country are able to offer same-day delivery of eligible prescriptions. When a medication has been filled and is ready for pickup, you can opt to have your medication(s) delivered within hours. You simply select On-Demand prescription delivery service via the CVS Pharmacy app, through SMS text, or by calling your local CVS Pharmacy.

Along with eligible prescriptions, thousands of the most popular health and household items carried by CVS Pharmacy, including cold and flu remedies, allergy medications, pain relief, first aid, digestive health, vitamins, baby, personal and feminine care products, can be added to delivery orders.

CHOOSING THE RIGHT MEDICAL PLAN (FOR SALARIES <\$50,000)

For 2022, Loyola will offer three medical plan options utilizing Aetna’s network. Every year we encourage you to assess your ongoing medical and prescription drug needs and evaluate which of the three plans would best meet those needs. Your needs may change over time, and now is the time to change your medical plan. The scenarios below outline the impact of each plan option based on an estimate your total out-of-pocket costs.

PPO 1	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$3,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$6,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$1,327	\$1,327	\$1,327	\$5,775	\$5,775	\$5,775
Medical deductible	\$210	\$500	\$500	\$420	\$1,000	\$1,000
Medical copays/coinsurance	\$0	\$121	\$2,500	\$0	\$242	\$5,000
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$1,591	\$2,822	\$7,327	\$6,303	\$8,765	\$17,775
PPO 2	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$4,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$8,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$870	\$870	\$870	\$4,411	\$4,411	\$4,411
Medical deductible	\$210	\$1,200	\$1,200	\$420	\$2,400	\$2,400
Medical copays/coinsurance	\$0	\$51	\$2,800	\$0	\$102	\$5,600
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$1,134	\$2,995	\$7,870	\$4,939	\$8,661	\$18,411
PPO 3	You I pay annual premiums. I pay deductible and coinsurance up to a maximum \$5,000 out of pocket.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance up to a maximum \$10,000 out of pocket.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	(\$600)	(\$600)	(\$600)	(\$1,200)	(\$1,200)	(\$1,200)
Premiums (Assume Wellness)	\$588	\$588	\$588	\$3,356	\$3,356	\$3,356
Medical/Rx deductible	\$264	\$2,125	\$2,800	\$528	\$4,250	\$5,600
Medical/Rx coinsurance	\$0	\$0	\$2,200	\$0	\$0	\$4,400
Estimated Annual Cost	\$252	\$2,113	\$4,988	\$2,684	\$6,406	\$12,156
Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!						
PPO 1 to PPO 3 HSA	-84.2%	-25.1%	-31.9%	-57.4%	-26.9%	-31.6%
PPO 2 to PPO 3 HSA	-77.8%	-29.5%	-36.6%	-45.7%	-26.0%	-34.0%

***Low Utilizer** assumes a few, non-preventive medical visits and prescriptions during the year.

****Mid Utilizer** assumes regular medical and prescription utilization totaling \$2,125 single or \$4,250 family

*****Very High Utilizer** assumes you will meet your medical and prescription out-of-pocket maximum.

CHOOSING THE RIGHT MEDICAL PLAN (FOR SALARIES \$50,000 - \$80,000)

For 2022, Loyola will offer three medical plan options utilizing Aetna's network. Every year we encourage you to assess your ongoing medical and prescription drug needs and evaluate which of the three plans would best meet those needs. Your needs may change over time, and now is the time to change your medical plan. The scenarios below outline the impact of each plan option based on an estimate your total out-of-pocket costs.

PPO 1	You			Family (You + Spouse / LDA + Child(ren))		
	I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$3,000 out of pocket Medical and \$3,000 out of pocket Rx.			I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$6,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$2,123	\$2,123	\$2,123	\$8,165	\$8,165	\$8,165
Medical deductible	\$210	\$500	\$500	\$420	\$1,000	\$1,000
Medical copays/coinsurance	\$0	\$121	\$2,500	\$0	\$242	\$5,000
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$2,387	\$3,618	\$8,123	\$8,693	\$11,155	\$20,165
PPO 2	You			Family (You + Spouse / LDA + Child(ren))		
	I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$4,000 out of pocket Medical and \$3,000 out of pocket Rx.			I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$8,000 out of pocket Medical and \$6,000 out of pocket Rx.		
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$1,671	\$1,671	\$1,671	\$6,815	\$6,815	\$6,815
Medical deductible	\$210	\$1,200	\$1,200	\$420	\$2,400	\$2,400
Medical copays/coinsurance	\$0	\$51	\$2,800	\$0	\$102	\$5,600
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$1,935	\$3,796	\$8,671	\$7,343	\$11,065	\$20,815
PPO 3 HSA	You			Family (You + Spouse / LDA + Child(ren))		
	I pay annual premiums. I pay deductible and coinsurance up to a maximum \$5,000 out of pocket.			I pay annual premiums. I pay deductible and coinsurance up to a maximum \$10,000 out of pocket.		
Loyola HSA Contribution	(\$600)	(\$600)	(\$600)	(\$1,200)	(\$1,200)	(\$1,200)
Premiums (Assume Wellness)	\$1,294	\$1,294	\$1,294	\$5,477	\$5,477	\$5,477
Medical/Rx deductible	\$264	\$2,125	\$2,800	\$528	\$4,250	\$5,600
Medical/Rx coinsurance	\$0	\$0	\$2,200	\$0	\$0	\$4,400
Estimated Annual Cost	\$958	\$2,819	\$5,694	\$4,805	\$8,527	\$14,277
Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!						
PPO 1 to PPO 3 HSA	-59.9%	-22.1%	-29.9%	-44.7%	-23.6%	-29.2%
PPO 2 to PPO 3 HSA	-50.5%	-25.7%	-34.3%	-34.6%	-22.9%	-31.4%

***Low Utilizer** assumes a few, non-preventive medical visits and prescriptions during the year.

****Mid Utilizer** assumes regular medical and prescription utilization totaling \$2,125 single or \$4,250 family

*****Very High Utilizer** assumes you will meet your medical and prescription out-of-pocket maximum.

CHOOSING THE RIGHT MEDICAL PLAN (FOR SALARIES \$80,000 - \$150,000)

For 2022, Loyola will offer three medical plan options utilizing Aetna’s network. Every year we encourage you to assess your ongoing medical and prescription drug needs and evaluate which of the three plans would best meet those needs. Your needs may change over time, and now is the time to change your medical plan. The scenarios below outline the impact of each plan option based on an estimate your total out-of-pocket costs.

PPO 1	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$3,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$6,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$2,298	\$2,298	\$2,298	\$8,838	\$8,838	\$8,838
Medical deductible	\$210	\$500	\$500	\$420	\$1,000	\$1,000
Medical copays/coinsurance	\$0	\$121	\$2,500	\$0	\$242	\$5,000
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$2,562	\$3,793	\$8,298	\$9,366	\$11,828	\$20,838
PPO 2	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$4,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$8,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$1,808	\$1,808	\$1,808	\$7,377	\$7,377	\$7,377
Medical deductible	\$210	\$1,200	\$1,200	\$420	\$2,400	\$2,400
Medical copays/coinsurance	\$0	\$51	\$2,800	\$0	\$102	\$5,600
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$2,072	\$3,933	\$8,808	\$7,905	\$11,627	\$21,377
PPO 3 HSA	You I pay annual premiums. I pay deductible and coinsurance up to a maximum \$5,000 out of pocket.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance up to a maximum \$10,000 out of pocket.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	(\$600)	(\$600)	(\$600)	(\$1,200)	(\$1,200)	(\$1,200)
Premiums (Assume Wellness)	\$1,401	\$1,401	\$1,401	\$5,928	\$5,928	\$5,928
Medical/Rx deductible	\$264	\$2,125	\$2,800	\$528	\$4,250	\$5,600
Medical/Rx coinsurance	\$0	\$0	\$2,200	\$0	\$0	\$4,400
Estimated Annual Cost	\$1,065	\$2,926	\$5,801	\$5,256	\$8,978	\$14,728
Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!						
PPO 1 to PPO 3 HSA	-58.4%	-22.9%	-30.1%	-43.9%	-24.1%	-29.3%
PPO 2 to PPO 3 HSA	-48.6%	-25.6%	-34.1%	-33.5%	-22.8%	-31.1%

***Low Utilizer** assumes a few, non-preventive medical visits and prescriptions during the year.

****Mid Utilizer** assumes regular medical and prescription utilization totaling \$2,125 single or \$4,250 family

*****Very High Utilizer** assumes you will meet your medical and prescription out-of-pocket maximum.

CHOOSING THE RIGHT MEDICAL PLAN (FOR SALARIES \$150,000+)

For 2022, Loyola will offer three medical plan options utilizing Aetna's network. Every year we encourage you to assess your ongoing medical and prescription drug needs and evaluate which of the three plans would best meet those needs. Your needs may change over time, and now is the time to change your medical plan. The scenarios below outline the impact of each plan option based on an estimate your total out-of-pocket costs.

PPO 1	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$3,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$6,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$2,545	\$2,545	\$2,545	\$9,797	\$9,797	\$9,797
Medical deductible	\$210	\$500	\$500	\$420	\$1,000	\$1,000
Medical copays/coinsurance	\$0	\$121	\$2,500	\$0	\$242	\$5,000
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$2,809	\$4,040	\$8,545	\$10,325	\$12,787	\$21,797
PPO 2	You I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$4,000 out of pocket Medical and \$3,000 out of pocket Rx.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance/copays up to a maximum \$8,000 out of pocket Medical and \$6,000 out of pocket Rx.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	n/a	n/a	n/a	n/a	n/a	n/a
Premiums (Assume Wellness)	\$2,048	\$2,048	\$2,048	\$8,315	\$8,315	\$8,315
Medical deductible	\$210	\$1,200	\$1,200	\$420	\$2,400	\$2,400
Medical copays/coinsurance	\$0	\$51	\$2,800	\$0	\$102	\$5,600
Rx deductible	\$0	\$100	\$100	\$0	\$200	\$200
Rx coinsurance	\$54	\$774	\$2,900	\$108	\$1,548	\$5,800
Estimated Annual Cost	\$2,312	\$4,173	\$9,048	\$8,843	\$12,565	\$22,315
PPO 3 HSA	You I pay annual premiums. I pay deductible and coinsurance up to a maximum \$5,000 out of pocket.			Family (You + Spouse / LDA + Child(ren)) I pay annual premiums. I pay deductible and coinsurance up to a maximum \$10,000 out of pocket.		
	*Low Utilizer	**Mid Utilizer	***Very High Utilizer	*Low Utilizer	**Mid Utilizer	***Very High Utilizer
Loyola HSA Contribution	(\$600)	(\$600)	(\$600)	(\$1,200)	(\$1,200)	(\$1,200)
Premiums (Assume Wellness)	\$1,606	\$1,606	\$1,606	\$6,738	\$6,738	\$6,738
Medical/Rx deductible	\$264	\$2,125	\$2,800	\$528	\$4,250	\$5,600
Medical/Rx coinsurance	\$0	\$0	\$2,200	\$0	\$0	\$4,400
Estimated Annual Cost	\$1,270	\$3,131	\$6,006	\$6,066	\$9,788	\$15,538
Plan Comparison of Total Annual Costs: In many cases, PPO 3 HSA is the most cost-effective plan option!						
PPO 1 to PPO 3 HSA	-54.8%	-22.5%	-29.7%	-41.3%	-23.5%	-28.7%
PPO 2 to PPO 3 HSA	-45.1%	-25.0%	-33.6%	-31.4%	-22.1%	-30.4%

***Low Utilizer** assumes a few, non-preventive medical visits and prescriptions during the year.

****Mid Utilizer** assumes regular medical and prescription utilization totaling \$2,125 single or \$4,250 family

*****Very High Utilizer** assumes you will meet your medical and prescription out-of-pocket maximum.

HEALTH SAVINGS ACCOUNT (HSA)

For the 2022 benefits year, Loyola will continue to offer you the PPO 3 HSA. If you choose this plan, a Health Savings Account (HSA) will be set up for you with BenefitWallet, if you don't already have one. We strongly encourage you to elect to make your own contributions to the HSA.

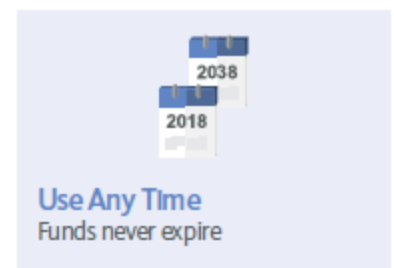
The HSA comes with a wealth of triple tax-advantaged benefits:

- **Loyola will automatically deposit \$600 (You only) or \$1,200 (You + 1 or More) in your HSA in January 2022.**
- The money in your HSA can be used anytime for qualified health care expenses – which can be especially helpful at the beginning of the year before your deductible is met.
- This money, and any additional money you choose to contribute to your HSA, is always tax free, and always yours. Unlike an FSA, it rolls over year after year and you never lose it, even if you leave Loyola.
- Once the balance in your HSA reaches \$1,000, you can invest your account. Any investment earnings are also tax free.
- You can use the money in your HSA for today's health care expenses, or save it for unexpected future medical expenses. As long as you use the money for qualified expenses, this money can be withdrawn tax free.
- You can even save your HSA for retirement: once you reach age 65, the money in your HSA can be used for anything you wish – consider it an extra retirement nest egg.

If you enroll in PPO 3 HSA for the first time, you will receive a welcome letter with instructions on how to access and complete the setup of your BenefitWallet HSA. At that time, you can create a User ID and password for BenefitWallet's member portal, allowing you to easily and securely manage your account.

For a full overview and resources please visit: www.mybenefitwalletsite.com/luc

Benefits of Your HSA



What is a Health Savings Account (HSA)?

An HSA is a special bank account that allows you to save and pay for your share of everyday qualified health care expenses tax-free. You can pay for your expenses, those of your spouse, and any tax dependent (including LDAs) with your HSA – even if they are not covered by your health plan.

Do HSA funds expire?

Your HSA funds never expire. Any funds you don't spend roll over year after year and can be saved for retirement. Although there is an annual limit for contributions, there is no limit to the total amount saved in your account.

Is there an annual contribution limit?

For 2022, the total annual contribution limit is \$3,650 if you cover just yourself, and \$7,300 if you have coverage for yourself plus your spouse/LDA and/or your child(ren). *These limits include both your contributions and Loyola's contributions.* If you are age 55 or older, you can contribute an additional \$1,000 annually as a catch-up contribution.

How do I make deposits to my HSA?

You can contribute to your account with payroll deductions, online by making deposits from your checking account, or by mailing a personal check.

How do I qualify for an HSA?

You must be enrolled in an HSA qualified health plan which is the PPO 3 HSA option. If addition, you cannot be covered by another health plan (including Medicare or Tricare) or be claimed as a dependent on another person’s tax return.

What expenses qualify for payment from an HSA?

Funds in your HSA can be used to pay for any out-of-pocket expenses that you owe as part of your health plan – doctor’s visits, prescriptions, lab tests, and hospitalizations. Additionally, dental, vision, acupuncture, and chiropractic expenses can also be paid with your HSA. For a complete list of qualified expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

What happens to my HSA when I turn 65?

If you do not enroll in Medicare and remain in an HSA-qualified health plan, you can continue to use your HSA as you did before age 65. If you choose to enroll in Medicare, you are no longer eligible to contribute to your HSA, but you can continue to use it for qualified expenses. Additional expenses qualify at age 65, including certain Medicare premiums. At age 65 you are also no longer subject to the HSA excise tax, allowing you to use your HSA for non-qualified expenses and just pay regular income tax – similar to how you can use funds from the DCRP in retirement.

What happens to my HSA if I leave PPO 3 HSA and enroll in PPO 1 or PPO 2 next year or in the future?

Your HSA will remain an open account, in which you are not eligible to make new contributions to your HSA, but you can continue to withdraw funds for qualified medical, dental, and vision expenses.

What happens to my FSA rollover amount if I leave PPO 1 or PPO 2 next year and enroll in PPO 3 HSA?

You will be eligible to contribute to an HSA and Loyola will also contribute to the account. Your FSA will remain an open account in the following year, but you can withdraw funds on a limited basis only (dental and vision expenses).

Three Great Ways to Use Your HSA

1 Spend up to 35% Less on Today's Health Care Costs³
 Extend the buying power of your income today. Use your HSA to pay for health care expenses for you and your family. Your tax-free savings help you spend up to 35% less on everyday qualified expenses, such as medical, dental and vision care.

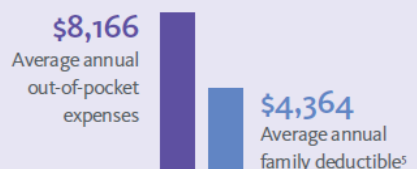
The more you spend, the more you save.



\$4,300 annual out-of-pocket medical costs for a family⁴ **\$2,315 potential annual tax savings** on \$4,300 when using an HSA³

2 Save for Your Health Care Safety Net
 Perhaps you don't have a lot of health expenses today, but you know your health plan has a big deductible. Unsure how you would pay for a large, unexpected health care expense? Give yourself peace of mind. Build a safety net that rolls over year after year with your HSA.

Will you be prepared?



\$8,166 Average annual out-of-pocket expenses **\$4,364** Average annual family deductible⁵

3 Invest for Your Future and Retirement
 Your HSA is the ideal tool to prepare for the \$370,000 needed per couple for out-of-pocket medical expenses in retirement.⁶ Similar to a 401(k) for health care, you can invest \$3,000 per year and watch it potentially grow to help cover your retirement medical expenses.

Watch your HSA grow.⁷



Years	HSA Balance
10 Years	\$53,000
20 Years	\$162,000
30 Years	\$397,000

FLEXIBLE SPENDING ACCOUNTS

With the cost of health care continuing to rise, a little financial help can go a long way. For example, will you have any of the following health care expenses in the coming year?

- Deductibles and coinsurance
- Orthodontics or major dental work
- Acupuncture
- Contacts, eyeglasses, LASIK surgery
- Hearing aids

If so, and if you are not enrolling in the PPO 3 HSA plan option, you can save money on these expenses by paying for them from a Health Care Flexible Spending Account (**Note:** Health Care and Dependent Care FSAs are available for full-time faculty and staff only). Federal tax laws allow the University to deduct your FSA contributions from your paychecks before taxes are withheld, which means you use tax-free money to pay eligible expenses.

How to Enroll in FSAs

Follow these steps:

- Estimate your health care and dependent care expenses for 2022.
- Determine how much to set aside in your account during enrollment. Calculate wisely so that you do not have money remaining in the account at the end of the year. (Note: normally you can carry over up to \$550 in a Health Care FSA to the next year, however the full balance from 2021 will be rolled over to 2022.)
- Enroll via Employee Self-Service before the deadline, November 15, 2021.

Here are some important things to remember when considering a Health Care FSA:

- The limit for 2022 will be \$2,750.
- You must re-enroll in an FSA every year.

- The IRS normally allows you to carry over \$550 of your Health Care FSA to the following year, any amount over this limit will be forfeited at the end of the year however there are special provisions in place for 2021 that will allow you to carry over your entire balance to 2022. Plan carefully to ensure you do not forfeit any funds at the end of the 2022 reimbursement period as this provision does not apply to 2023.
- Always save your receipts.
- Do not assume all expenses are covered. Check the official list at: www.irs.gov/pub/irs-pdf/p502.pdf.
- You may use your Health Care FSA to reimburse yourself for over-the-counter (OTC) medications and feminine hygiene products.
- You may not have a Health Care FSA if you enroll in the PPO 3 HSA plan option. That plan option comes with a triple tax-advantaged Health Savings Account (HSA) to use for eligible expenses. You may only enrolling in a Limited Flexible Spending Account (LFSA).

Limited Flexible Spending Account (LFSA)

The Limited FSA (LFSA) is similar to a Health Care FSA, however the LFSA only reimburses for eligible dental and vision expenses. This account will be available to you if you will have a Health Savings Account (HSA) in 2022. You can contribute up to \$2,750 per year for eligible expenses.

Dependent Care FSA

If you have eligible child or adult daycare expenses while working, then a Dependent Care FSA can help you pay your expenses with tax-free money. The maximum is \$5,000 annually, if married (\$2,500 maximum per spouse). See the Benefits Booklet for more information: www.luc.edu/hr.

Example: Savings with a Health Care FSA: Contributing \$2,750 Annually	Without FSA	With FSA
Annual Income	\$35,000	\$35,000
Contributions to FSA	\$0	\$2,750
Taxable income after deductions to your FSA	\$35,000	\$32,250
Estimated Taxes combined Federal, State & FICA (30%)	\$10,500	\$9,675
After-tax income	\$24,500	\$22,575
<u>Non-Taxable</u> Flex Reimbursement	\$0	\$2,750
Take-home pay	\$24,500	\$25,325
Increased take-home pay	\$0	\$825

COMPARE TAX-ADVANTAGED ACCOUNTS

Loyola offers a variety of accounts to help you save money on health care expenses throughout the year.

	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA)*	Limited Health Care Flexible Spending Account (LFSA)**	Health Reimbursement Account (HRA)***
Eligibility	Full-time employees who do not have an HSA	Full-time or part-time employees who are enrolled in the PPO 3 HSA plan, who are not enrolled in Medicare	Full-time employees who are enrolled in the PPO 3 HSA plan and have an HSA	Full-time or part-time employees who are enrolled in the PPO 3 HSA plan who are also enrolled in Medicare/ineligible for an HSA
Covered Expenses	Eligible health care expenses (including dental, vision and prescription drug expenses)	Eligible health care expenses (including dental, vision and prescription drug expenses)	Eligible dental and vision expenses	Eligible health care expenses (including dental, vision and prescription drug expenses)
Loyola Contributions	No	\$600 (You) \$1,200 (You + 1 or More)	No	\$600 (You) \$1,200 (You + 1 or More)
Total Maximum Annual Contributions (including Loyola incentives)	\$2,750	\$3,650 (You) \$7,300 (You + 1 or More)	\$2,750	No employee contributions can be made to this account; contributions can be made to a Health Care FSA instead
Catch-up Contributions (for age 55 +)	No	Yes (up to \$1,000)	No	No
Investing Options	None	Yes (for balances of \$1,000+)	No	No
Year-End Remaining Balance	This year only: carry over remaining 2021 balance into next year; 2021 claims must be submitted by the March 31	Balance rolls over each year	This year only: carry over remaining 2021 balance into next year; 2021 claims must be submitted by the March 31	Funds expire on December 31
Account Administrator	BenefitExpress	BenefitWallet	BenefitExpress	BenefitWallet

*If eligible, Loyola will initiate the setup of your Health Savings Account (HSA) for you and deposit your HSA contributions in January 2022. You will receive a welcome letter with instructions on how to access and complete the setup of your HSA. This money is yours to spend on health care expenses in 2022 or can be saved or invested for the future. This money is always yours to keep, even if you leave Loyola.

**If you enroll in PPO 3 HSA, Loyola will initiate the setup of your Health Savings Account (HSA) for you. Since you cannot contribute to both an HSA and a traditional Health Care Flexible Spending Account (FSA), you will have the option to contribute to a Limited Flexible Spending Account (LFSA) that can be used for eligible dental and vision expenses only throughout the plan year.

***If you are not eligible to contribute to a Health Savings Account (HSA) because you are enrolled in Medicare, Tricare, or covered under someone else's plan (or can be claimed as a dependent on another person's tax return), Loyola will open a Health Reimbursement Account (HRA) for you in January 2022 and deposit contributions at the beginning of the year. This money is yours to spend on health care expenses only throughout the 2022 plan year.

DENTAL BENEFITS

Delta Dental PPO

Through the Delta Dental PPO Plan, you choose the dentist of your choice. Find a provider at www.deltadentalil.com/find-a-provider/dental. Different levels of coverage are based on the PPO network. See the table for details. ** When visiting an out of network provider the member’s co-insurance is based on the Maximum Plan Allowance and not the submitted fee.

Delta Dental PPO			
Features	<u>Delta Dental PPO (In-Network)</u> You receive highest level of benefits when using network providers.	<u>Delta Premier</u>	**Out-of-Network If you use out-of-network providers, you pay charges exceeding the “Usual and Customary”
Annual Deductible Individual Family	\$50 \$150	\$75 \$225	\$75 \$225
Preventive & Diagnostic Services including sealants	100% No Deductible	90% No Deductible	90% No Deductible
Basic Services	80% After Deductible	50% After Deductible	50% After Deductible
Major Services	60% After Deductible	50% After Deductible	50% After Deductible
Annual Maximum Benefit Per Person	\$1,800	\$1,500	\$1,500
Orthodontic Lifetime Benefit for Children up to age 26	\$1,500		

Guardian/First Commonwealth (DHMO) Plan	
Features	Coverage What the Plan Pays
Annual Deductible	None
Preventive & Diagnostic Services	100%
Basic Services	85%
Major Services	65%
Annual Maximum Benefit Per Person	None
Orthodontic Lifetime Benefit for Children & Adults	\$1,000 savings off prevailing orthodontia fee

Guardian/First Commonwealth (DHMO)

Similar to a medical HMO plan, Guardian/First Commonwealth is a dental managed care plan (DHMO) with its own network of dentists. Under this plan, each enrolled member must select a Primary Care Physician within the Guardian/First Commonwealth network. **Note: There are no out-of-network benefits with this plan. Providers in this network are available in Chicagoland and Northwest Indiana only.** Search providers at:

<https://www.guardiananytime.com/fpapp/FPWeb/search>.

VISION BENEFITS

Loyola University offers a vision insurance plan through Vision Service Plan (VSP). VSP has one of the largest networks and is a topped ranked vision carrier. This vision insurance offers coverage along with discounts to fit all of your vision care needs. This quick reference chart shows the benefits of the VSP Signature plan:

Vision Service Plus (VSP)		
Vision Services	In-Network (SIGNATURE)	Out-of-Network
Vision Exam	\$10 copay	Up to \$50
Lenses Single Bifocal Trifocal Lenticular	100% after \$25 copay 100% after \$25 copay 100% after \$25 copay 100% after \$25 copay	Up to \$50 Up to \$75 Up to \$100 Up to \$125
Elective Contact Lenses	\$150 Allowance	Up to \$125
Frames	\$180 Allowance	Up to \$70
Retail Providers * (not a complete list)	Costco Optical, EyeMasters, Visionworks	
Frequency Exam Lenses Frames Contacts	Once every 12 months Once every 12 months (in lieu of contacts) Once every 24 months Once every 12 months (in lieu of lenses)	
*VSP added additional retail chain providers to give you additional service options and locations. Please visit www.vsp.com for specifics.		

Find a Vision Service Plan (VSP) Provider

For a list of participating providers, please contact **800-877-7195** or visit www.vsp.com.

The name of the (Doctor) network is Signature.

In addition to the VSP plan, vision discounts will be available through your Aetna Medical plan.

Loyola medical plans provide discounts on eye exams with an Aetna provider. You also can take advantage of discounts on hardware through an Aetna partnership with the EyeMed network. For more information on these discounts, please visit www.aetna.com/loyola.

LIFE INSURANCE

Loyola University provides Life and Disability Insurance to eligible Faculty and Staff through Reliance Standard.

- Reliance Standard is a leading provider of life and disability insurance, and they are rated A+ by A.M. Best.
- Please note that if you have previously waived Voluntary Life coverage, you and your respective covered spouse would need to submit to medical underwriting by turning in an Evidence of Insurability (EOI) form.

Life Insurance

You are eligible for University-paid Basic Life Insurance if you are a Loyola University Chicago full-time faculty or staff member, or part-time benefit-eligible staff member. If you are eligible, the University automatically provides you with Basic Term Life Insurance equal to 1.5 times your annual salary, up to a maximum of \$500,000. If you are age 65 or over, the amount of your insurance is subject to annual reduction per the chart below.

Age	Percentage
65-69	65%
70-74	45%
75-79	30%
80-84	20%
85+	15%

Voluntary Life Insurance

Faculty and staff enrolling for the first time can elect Supplemental Life insurance in an amount up to 5 times their annual earnings rounded to the nearest \$1,000 up to a maximum of \$500,000, for themselves. Any Faculty and staff member electing coverage when initially eligible will be subject to Evidence of Insurability for amounts above \$250,000.

Eligible faculty and staff may elect Supplemental Life coverage for their qualified dependents provided you are also insured in the Supplemental Life coverage. Spousal coverage may not exceed 100% of the employee’s supplemental coverage. When initially eligible for supplemental spouse life, amounts elected in excess of \$25,000 are subject to Evidence of Insurability. For specific information on this plan, please see the Benefits Booklet online.

Child Supplemental Life

Child supplemental life is available as long as you have Supplemental Life coverage for yourself. Children from birth to age 6 months have a benefit of \$1,000, and dependents age 6 months and over have a \$5,000 benefit. Children over the age of 20 must be: unmarried, full-time college student or disabled and financial dependents of insured. Faculty and staff who wish to make any changes to their coverage during Open Enrollment will be required to submit an *Evidence of Insurability (EOI) form*, which can be found online: www.luc.edu/hr.


Accidental Death and Dismemberment (AD&D) coverage is also available to enroll in during open enrollment. You may purchase one of four coverage amounts for you and/or your family:

- \$50,000
- \$100,000
- \$200,000
- \$300,000

More information on life insurance and AD&D coverage, and how to enroll can be found at www.luc.edu/hr.

ACCIDENT AND CRITICAL ILLNESS INSURANCE

Loyola University offers voluntary Accident and Critical Illness Insurance to all full-time benefit eligible faculty and staff. This coverage is voluntary, and offered through Reliance Standard. Accident and Critical Illness Insurance helps bridge the financial gap when the unexpected situations occur. This coverage does not require any medical underwriting (EOI) to enroll. *Faculty and staff who choose the PPO 3 HSA plan for 2022 will automatically be enrolled in this coverage and may purchase voluntary coverage for their dependents.* A brief summary of coverage below. For more detailed information, please visit our website at <https://www.luc.edu/hr/accidentandcriticalillnessinsurance>.

<p>1 in 6 families had problems paying medical bills in the past 12 months</p>	<p>1 in 10 families had medical bills that they were unable to pay at all</p>		<p>Many of which had health insurance</p>
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Accident Insurance

Accident Insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident. If you enroll in the Accident Insurance benefit and go in for a routine wellness exam, Reliance Standard will pay you \$75. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care. Below is a brief preview of just a few commonly covered accidents:

General Treatment Benefits		Emergency Care Benefits	
Initial Hospital Admission	\$1,000	Ambulance Transportation	\$150 Ground; \$750 Air
Initial ICU Hospital Admission	\$1,500	ER Treatment	\$200
Hospital Confinements Per Day	\$250—365 day max	Diagnostic Examination	\$200
ICU Confinement Per Day	\$500—30 day max	Initial Physician Office Visit	\$75

Critical Illness Insurance

Critical Illness insurance provides a fixed, lump sum benefit upon diagnosis of a critical illness. These can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for many reasons, from deductible and prescriptions to transportation and child care. If you enroll in the Critical Illness benefit and go in for a routine wellness exam, Reliance Standard will pay you \$50. Reliance Standard has included this wellness (health screening) incentive to help motivate you to get your annual health check each year.

Benefit Amount		
Employee: Choice of \$10,000 or \$20,000	Guaranteed Issue: \$20,000	
Spouse: Choice of \$10,000 or \$20,000	Guaranteed Issue: \$20,000	
Dependent Child(ren): 25% of approved Employee amount up to a max of \$5,000	Guaranteed Issue: All child amounts are guaranteed	
Pre-Existing Conditions: 12/12	Benefit Waiting Period: 30 days	Benefit Age Reduction: Age 70—50%

REMINDER

If you enroll in the PPO 3 HSA option, you will be automatically enrolled for employee only Accident coverage and employee only \$10,000 Critical Illness benefit. There is a wellness benefit included on both plans: you will get reimbursed \$50 on Critical Illness insurance and another \$75 on Accident insurance for going for your annual physical each year.

OTHER WORK/LIFE BENEFITS

Teladoc Mental Health

Mental Health Care with a therapist or psychiatrist is available by online video, mobile app, or phone – seven days a week (7 a.m. to 9 p.m. local time). Therapy visits are \$0-85. Psychiatry visits are \$0-190. Set up your Teladoc account to see pricing. [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) | 1-855-TELADOC (835-2362) | or use the Teladoc smartphone app.

KinderCare

KinderCare is a nationwide child care provider with many convenient neighborhood centers. Faculty and staff from all Chicagoland campuses are eligible to receive a 10 percent discount on the cost of tuition on child day care services at participating KinderCare Learning Centers or Champions Before- and After-School Programs in their area. Visit www.kindercare.com/luc to find a center near you and to learn how to take advantage of this child care benefit program. For more information, you can also call a Customer Care Specialist at **888-525-2780**.

Long-term Care Insurance

LifeSecure offers a Group Long-Term Care Insurance plan to all full-time faculty, staff and part-time regular employees. Long-term care is the type of help people may need when they are not able to perform some activities of daily living (ADLs) by themselves due to an illness, disability, or severe cognitive impairment (such as Alzheimer's) or similar irreversible dementia. The plan offers a streamlined benefits selection (coverage amounts and riders) based on their average enrollments. The benefit also includes a 0-day wait period to receive benefits due to an accidental injury or stroke.

LifeSecure's website includes information about premiums and rates. To run quotes or to download the proper application forms to complete and mail to LifeSecure, go to www.groupptci.com/luc. Or to enroll in the Loyola University Long-Term Care Insurance plan by phone, please call the dedicated enrollment line at **855-568-6236**.

MetLife Legal

The MetLife Group Legal Services Plan, formerly known as Hyatt Legal, provides employees and their families with access to a network of participating attorneys who can provide a wide range of professional legal services. The monthly premium is \$15 and assistance includes:

- Consultations
- Document preparation
- Representation in many frequently necessary legal matters
- LifeStages Identity Management Services, which include a variety of proactive fraud identification and prevention services.

If you are not presently enrolled in the plan or are thinking about enrolling, enter the access code **GETLAW**. You can also call **800-821-6400**, 7 a.m. – 7 p.m., Central Time, Monday through Friday to speak with a representative. More information and a listing of available attorneys can be found at <https://info.legalplans.com/Home>.

Pet Insurance

Loyola offers comprehensive pet insurance options through Nationwide Pet Insurance. This is a reimbursement program so all veterinary partners are included. You pay one set price, however, the plan does not cover pre-existing conditions. Please contact Nationwide directly at **877-738-7874** or visit www.petinsurance.com/luc for more details or to enroll in this coverage.

In addition to the work/life benefits listed above, please visit www.luc.edu/hr/benefits for more details on additional benefits available to you as a Loyola faculty or staff member.

2022 WELLNESS PROGRAM

The 2022 Wellness Program will feature financial, health and wellness opportunities on campus, including educational programs, walks/runs, and other rewards to assist employees in leading healthy lifestyles.

Wellness Incentives

There will be wellness activities that give you the opportunity to earn wellness cash incentives on a periodic basis. By completing wellness challenges, events, preventive doctor visits and physical activities, you can earn cash rewards four times a year! You do not have to be enrolled in a Loyola medical plan to earn the \$75 reward each period. Additional information on the Wellness Program will be posted on the Human Resources webpage.

Smoking Cessation Resources

Loyola offers faculty and staff several advocacy programs and resources in order to support smoking cessation—leading to a healthier lifestyle. For more information, please visit the Human Resources website at www.luc.edu/hr.

WW® (Weight Watchers Reimagined)

Loyola is committed to helping you reach your wellness goals—to lose weight, eat healthier, move more, and develop a more positive mindset. Loyola’s partnership with WW® (Weight Watchers® Reimagined) helps achieve this goal. WW welcomes everyone who seeks to be healthier, not just those who desire to manage their weight. All employees are eligible for newly discounted WW rates and could qualify for reimbursement. Visit the [WW page](#) to learn more.

Aetna

Aetna offers a suite of online health topics, coaching programs in Simple Steps, including: Arthritis, Asthma, Blood Pressure, COPD, Diabetes, Eat Healthier, Financial Well-Being, Get Active, Healthy Back, Heart Health, Parenting/Pregnancy, Pregnancy, Sleep Well, Stress Less, Tobacco Cessation, and Weigh Less. These health journeys will be available to you at www.aetna.com once you become a member!

2022 Wellness Activities

Activity	Examples
Virtual Events	Benefit Information Sessions
Preventive Care	Dental exam, vision exam, flu vaccine, covid-19 vaccine
e-Learning	Virtual Emerge Trainings
Healthy activities	Nutrition, exercise, drinking 6-8 glasses of water per day

To earn the \$75 wellness rewards, faculty and staff can complete wellness activities from the above examples and earn **125** points each period. You do **NOT** have to be enrolled in a Loyola medical plan to participate in the wellness activities or to receive the \$75 reward. For more detailed information, please visit the Human Resources website, or log into www.myhmihealth.com to review your activities and points earned.

2022 MONTHLY PREMIUM RATES

For the third year in a row, monthly premium rates for medical insurance through Aetna will **not** increase for employees making less than \$80,000.00 annually. In 2022 we are asking higher paid employees to pay a greater share of premiums. Refer to the below section of additional information on 2022 premiums.

Wellness Discount

All Loyola University faculty/staff and spouses/legally domiciled adults (LDAs) who will be covered on a University medical insurance plan are required to participate in the biometric screening **and** complete the Health Power Assessment in order to receive the \$50 per month wellness premium reduction.. New hires, newly benefit eligible faculty and staff and those newly enrolling in the medical plan will automatically receive the Wellness Premium rate.

Tobacco Premium

Faculty and staff who have used tobacco products in the last three months will incur a \$50 per month tobacco premium. You can avoid the premium by completing the online certification question as you complete Open Enrollment through the Employee Self-Service (ESS) portal. The certification must be renewed each year in order to receive the reduced premium.

Spousal Premium

If you have a spouse/LDA on a Loyola medical plan, you will automatically be assessed an additional \$100 monthly spousal premium. If your spouse/LDA is not eligible for other employer group coverage, you can avoid the premium by completing the online certification question during Open Enrollment through the Employee Self-Service (ESS) portal. The certification must be renewed each year in order to receive the reduced premium.

Monthly Premium Rates

PPO 1								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
Annual Salary	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Under \$50,000.00	\$110.58	\$160.58	\$370.60	\$420.60	\$335.65	\$385.65	\$481.26	\$531.26
\$50,000.01 - \$80,000.00	\$176.89	\$226.89	\$536.10	\$586.10	\$480.29	\$530.29	\$680.40	\$730.40
\$80,000.01-150,000.00	\$191.48	\$241.48	\$580.31	\$630.31	519.90	\$569.90	\$736.51	\$786.51
\$150,000.01 and above	\$212.06	\$262.06	\$643.62	\$693.62	\$576.59	\$626.59	\$816.45	\$866.45
Part-Time	\$776.60	\$826.60	\$1,562.65	\$1,612.65	\$1,408.12	\$1,458.12	\$2,320.11	\$2,370.11
<i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i>								
<i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i>								

PPO 2								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
Annual Salary	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Under \$50,000.00	\$72.52	\$122.52	\$294.02	\$344.02	\$266.66	\$316.66	\$367.56	\$417.56
\$50,000.01 - \$80,000.00	\$139.21	\$189.21	\$460.32	\$510.32	\$412.00	\$462.00	\$567.88	\$617.88
\$80,000.01-150,000.00	\$150.70	\$200.70	\$498.29	\$548.29	\$445.98	\$495.98	\$614.71	\$664.71
\$150,000.01 and above	\$170.70	\$220.70	\$560.40	\$610.40	\$501.62	\$551.62	\$692.91	\$742.91
Part-Time	\$737.77	\$787.77	\$1,484.52	\$1,534.52	\$1,337.72	\$1,387.72	\$2,204.11	\$2,254.11
<i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i>								
<i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i>								

Monthly Premium Rates

PPO 3 HSA								
Full-Time	You		You + Spouse/LDA		You + Child(ren)		Family (You + Spouse / LDA + Child(ren))	
Annual Salary	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Under \$50,000.00	\$48.98	\$98.98	229.36	\$279.36	\$208.11	\$258.11	\$279.63	\$329.63
\$50,000.01 - \$80,000.00	\$107.83	\$157.83	\$376.19	\$426.19	\$336.43	\$386.43	\$456.39	\$506.39
\$80,000.01-150,000.00	116.72	\$166.72	\$407.21	\$457.21	\$364.18	\$414.18	\$494.03	\$544.03
\$150,000.01 and above	133.83	\$183.83	\$461.00	\$511.00	\$412.37	\$462.37	\$561.49	\$611.49
Part-Time	\$636.82	\$686.82	\$1,281.38	\$1,331.38	\$1,154.66	\$1,204.66	\$1,902.49	\$1,952.49
<i>Tobacco Use—Add \$50 additional monthly premium for Tobacco Use</i>								
<i>Spousal Premium— Add \$100 additional monthly premium for enrolled Spouse/LDA who is eligible for other employer group coverage</i>								

Loyola Dental Plan				
	Delta Dental		Guardian/First Commonwealth	
Coverage Level	Full-Time	Part-Time	Full-Time	Part-Time
You	\$14.00	\$31.27	\$7.35	\$19.86
You + Spouse/LDA	\$29.00	\$62.49	\$14.04	\$35.99
You + Child(ren)	\$35.00	\$72.21	\$16.68	\$39.71
Family (You + Spouse/LDA + Child(ren))	\$48.50	\$103.45	\$22.74	\$58.32

Monthly Premium Rates

Loyola Vision Plan		
	VSP Vision	
Coverage Level	Full-Time	Part-Time
You	\$9.57	\$9.57
You + Spouse/LDA	\$15.19	\$15.19
You + Child(ren)	\$15.50	\$15.50
Family (You + Spouse/LDA + Child(ren))	\$25.01	\$25.01

Supplemental Life Insurance Plan

Supplemental Life Insurance for You	
Age	Rate Per \$1,000
< 30	\$0.06
30 - 34	\$0.08
35 - 39	\$0.10
40 - 44	\$0.12
45 - 49	\$0.20
50 - 54	\$0.34
55 - 59	\$0.62
60 - 64	\$0.88
65 - 69	\$1.38
70 - 74	\$2.06
75 - 79	\$2.06
> 80	\$2.06
Child Life Insurance	
Coverage	Monthly Premium
\$5,000	\$.36

Spousal Life Insurance	
Coverage	Monthly Premium
\$5,000	\$2.64
\$10,000	\$5.64
\$15,000	\$8.86
\$20,000	\$11.68
\$25,000	\$14.12
\$30,000	\$16.44
\$35,000	\$18.46
\$40,000	\$20.38
\$45,000	\$21.94
\$50,000	\$22.86
\$60,000	\$26.96
\$70,000	\$31.82
\$80,000	\$37.54
\$90,000	\$44.32
\$100,000	\$52.30

Monthly Premium Rates

Supplemental AD&D Insurance Plan Premiums	
Monthly Rate Per \$1,000 of Coverage	
Coverage	
You	\$0.018
You & Family	\$0.035

Critical Illness													
You & Spouse Rates													
Age													
Benefit Amount	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80-84	85+
\$10,000	\$2.10	\$4.40	\$5.60	\$8.60	\$13.60	\$20.10	\$26.70	\$37.20	\$53.00	\$70.00	\$111.40	\$139.30	\$214.10
\$20,000	\$4.20	\$8.80	\$11.20	\$17.60	\$27.20	\$40.20	\$53.40	\$74.40	\$106.00	\$140.00	\$222.80	\$278.60	\$428.20
\$20,000, if PPO 3 HSA	\$2.10	\$4.40	\$5.60	\$8.60	\$13.60	\$20.10	\$26.70	\$37.20	\$53.00	\$70.00	\$111.40	\$139.30	\$214.10

Critical Illness - Child(ren)		
Your Benefit Amount	Child(ren)'s Benefit Amount	Monthly Premium*
\$10,000	\$2,500	\$0.25
\$20,000	\$5,000	\$0.50
\$20,000, if PPO 3 HSA	\$5,000	\$0.50

Voluntary Accident Insurance				
Medical Plan	You	You + Spouse	You + Child(ren)	Family (You + Spouse/ LDA + Child(ren))
If PPO 1 or PPO 2	\$17.20	\$27.15	\$32.67	\$43.22
If PPO 3 HSA	<i>N/A - Loyola covers 100%</i>	\$15.15	\$20.67	\$31.22

MetLife Legal Plan	
Full-Time	Part-Time
\$15.00	\$15.00

LEGALLY REQUIRED NOTICES

Rights Under Your Plan(s)

PREVENTATIVE SERVICES COVERED UNDER THE AFFORDABLE CARE ACT

If you have a new health insurance plan or insurance policy beginning on or after September 23, 2010, certain preventive services must be covered without your having to pay a copayment or coinsurance or meet your deductible, when these services are delivered by a network provider.

For a list of covered preventive services, go to:

- U. S. Preventive Services Task Force: <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
- Healthcare.gov: <http://www.healthcare.gov/coverage/preventive-care-benefits/>

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Loyola University Chicago, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to BenefitExpress.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered Faculty and Staff may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Winifred L. Williams, PH.D.
Vice President, Chief Human Resources Officer
and Chief Diversity and Inclusion Officer
820 N. Michigan Avenue
Chicago, IL 60611
312-915-6175

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted into law, and we want you to know about some of its provisions as they may affect decisions you make about your participation in the Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). HIPAA's provisions fall into these areas:

Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Before HIPAA, this 18 month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined to be disabled by the Social Security Administration. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18 month period of continuation coverage.

The qualified beneficiary must notify Loyola University Chicago of receiving the disability determination on the latest of 60 days following:

- Receipt of the determination,
- The date of the qualifying event,
- The date of loss of coverage, or
- Receipt of explanatory notice of qualified beneficiary notice obligations; and
- Prior to the end of the 18 month period

Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11 month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11 month extension, effected individuals must still comply with the notification requirements in a timely fashion.

A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer's group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the plan administrator of the birth or adoption.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. It requires that you be notified of the following:

In the case of a Plan Participant or Beneficiary who receives benefits under the Plan in connection with a mastectomy and who elects breast reconstruction (in a manner determined in consultation with the attending physician and the patient), coverage will be provided for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance and;
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.
- Benefits will be subject to the same cost-sharing (deductible, copayments, and coinsurance) provisions as apply to the mastectomy.

Federal Patient Protection and Affordable Care Act

As part of the federal Patient Protection and Affordable Care Act dependents under the age of 26 — regardless of marital status — may be eligible for coverage under your employer sponsored health plan (medical, vision and/or dental benefits), if dependent coverage is offered.

In addition, under Illinois law, any unmarried dependent child under 30 years of age is eligible for dependent coverage if the dependent meets all three (3) of the following conditions:

- i. Is an Illinois resident, and
- ii. Served as an active or reserve member of any U.S. Armed Forces and
- iii. Received release or discharge other than dishonorable discharge.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was signed on October 13, 1994. The Act applies to persons who perform duty, voluntarily or involuntarily, in the "uniformed services," which include the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air National Guard also gives rise to rights under USERRA. In addition, under the Public Health Security and Bioterrorism Response Act of 2002, certain disaster response work (and authorized training for such work) is considered "service in the uniformed services" as well.

Uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty performed by National Guard and reserve members, as well as the period for which a person is absent from a position of employment for the purpose of an examination to determine fitness to perform any such duty.

USERRA covers nearly all Faculty and Staff, including part-time and probationary Faculty and Staff. USERRA applies to virtually all U.S. employers, regardless of size.

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) are authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at www.dol.gov/vets.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.
- The rights listed here may vary depending on the circumstances. The USERRA notice can be viewed on the internet at www.dol.gov/vets/programs/userra/poster.pdf.
- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g. pre-existing condition exclusions) except for service-connected illnesses or injuries.
- Under the terms of USERRA, if the military leave is 31 or fewer days, the employer may not charge a higher premium than would be charged to active Faculty and Staff with similar coverage. If the leave exceeds 31 days, the employer may charge up to 102 percent of the applicable premium.

Right to Be Free From Discrimination and Retaliation

If you a) are a past or present member of the uniformed service; b) have applied for membership in the uniformed service; or c) are obligated to serve in the uniformed service, then an employer may not deny you any of the following because of this status: initial employment, reemployment, retention in employment, promotion, or any benefit of employment.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

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, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	VERMONT– Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
RHODE ISLAND – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	WASHINGTON – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	WYOMING – Medicaid
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2021, 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.

LOYOLA UNIVERSITY CHICAGO NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE - MEDICARE PART D

Important Notice about Your 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 Chicago 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 the 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 Chicago has determined that the prescription drug coverage offered by Aetna and CVS/Caremark is, 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 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 do decide to enroll in a Medicare prescription drug plan and drop your Loyola University Chicago prescription drug coverage, be aware that you and your dependents will not be allowed to have both Loyola University Chicago and another Medicare part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Loyola University Chicago coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Chicago, 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 November to join.

For More Information About This Notice Or Your Current 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 coverage 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 1-800-772-1213 (TTY 1-800-325-0778).

Reminder: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 1, 2021

Loyola University Chicago
Winifred L. Williams, PH.D.
Vice President, Chief Human Resources Officer
and Chief Diversity and Inclusion Officer
820 N. Michigan Avenue
Chicago, IL 60611
312-915-6175

Privacy Policy

At Loyola University Chicago, your privacy is a top priority and has always been protected. In order to provide you with the employee benefits we offer, we are required to collect private information, which we do share at times. The following notice describes our policies and practices with regard to collecting and disclosing nonpublic personal information about our Faculty and Staff and former Faculty and Staff. *You may also check with our insurer about their own privacy policy.

Confidentiality and Security of Your Nonpublic Personal Information

We maintain appropriate physical, electronic, and procedural safeguards to maintain the confidentiality and security of your nonpublic personal information contained in our records. We restrict access to nonpublic personal information about you contained in our records to our Faculty and Staff who need to know that information to provide products or services to you.

Categories of Information That We Collect

We collect nonpublic personal information about you from the following sources:

- Information that we receive from you on applications and other forms;
- Information about your transactions with our affiliates, others, and/or us;
- Information that we receive from a consumer protection agency.

Categories of Parties to Whom We May Disclose Information

We may disclose nonpublic personal financial information about you to the insurance carriers or reinsurance carriers. We may also disclose nonpublic personal information about you to nonaffiliated third parties as permitted or required by law.

Changes to Our Notice of Privacy Policy and Insurance Information Practices

We reserve the right to change our privacy policies and insurance information practices. If we make any changes to our policies or practices, we will provide you with a copy of a revised notice as required by applicable law.

Medical Privacy

Loyola University Chicago prohibits the use or disclosure of confidential medical information for any purpose not directly related to providing health care services, or administering health care coverage as permitted by law, without the member's authorization. As regulations change, Loyola University Chicago will adhere to regulatory guidelines, to ensure member's privacy.

HELPFUL ONLINE RESOURCES



Curious How a Health Savings Account (HSA) Can Help Your Financial Future?

With an HSA the money is always tax free, always yours, and rolls over year after year. And, if you enroll in the PPO 3 HSA plan, Loyola will contribute **\$600** for individual coverage and **\$1,200** for family coverage directly into your account in January 2022. Use the BenefitWallet educational site to learn more about HSAs, find answers to your frequently asked questions, and use a variety of online calculators to find out how contributing to your HSA will help you save over time.

Learn more: www.mybenefitwalletpage.com/luc



Want to Save Money on Health and Wellness Products and Services?

Enrollment in a Loyola medical plan gives you access to Aetna's health and wellness discounts on a variety of wellness solutions including:

- Vision care,
- Hearing exams, hearing aids, and batteries,
- Natural therapy and nutrition services, and
- Health coaching, gym memberships, and home exercise equipment.

Visit Aetna: www.aetna.com

Looking for More Details, or More Information on Other Benefits?

While this guide is meant to inform you about your benefits for 2022, Loyola's extensive benefits offerings are covered in even more detail online and in the Benefits Booklet. Visit the Human Resources page at www.LUC.edu/hr for more information.

IMPORTANT CONTACT INFORMATION

Benefit Resource	Who to Contact	Phone/Email	Website
Open Enrollment (Employee Self-Service)	Loyola University Chicago Human Resources	Benefits@LUC.edu	https://lawson.luc.edu (Bookmarks > Employee Self-Service > Benefits > Annual Enrollment)
Loyola Medical Plans Group #: 143775	Aetna	855.586.6958	www.aetna.com/loyola
Informed Health® Line	Aetna	Call the number on the back of your Aetna member ID card (Available beginning Jan. 1, 2021)	www.aetna.com/loyola (Available beginning Jan. 1, 2021)
Telemedicine/Virtual Doctor	Teladoc	855-TELADOC (835-2362) (Available beginning Jan. 1, 2021)	www.teladoc.com/aetna (Available beginning Jan. 1, 2021)
Wellness Activities	Health Maintenance Institute (HMI)	Benefits@LUC.edu	www.myhmihealth.com (Site code: L773)
Prescription Drugs (General) RX Bin #: 004336 Group #: RX0804	CVS Caremark	888-202-1654	www.caremark.com
Prescription Drugs (Specialty)	CVS Caremark	800-237-2767	www.cvsspecialty.com/wps/portal/specialty
Delta Dental PPO Plan Group ID: 08450	Delta Dental	800-323-1743	www.deltadentalil.com
Guardian/First Commonwealth DHMO Plan	Guardian/First Commonwealth	800-627-4200	www.guardiananytime.com
Vision Service Plan (VSP)	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	BenefitExpress	877-837-5017	www.loyolaexpress.com
Health Savings Account (HSA)	BenefitWallet	877-472-4200	www.mybenefitwallet.com
Employee Assistance Program (EAP)	Perspectives	800-456-6327	www.perspectivesltd.com (User Name: LOY500; Password: perspectives)
DCRP 403(b) Retirement Plan	Transamerica	773-508-2770	www.luc.trretire.com
Transit Benefits	BenefitExpress	877-837-5017	www.loyolaexpress.com
Life Insurance Group Plan #: GL 156761	Reliance Standard	800-351-7500	www.reliancestandard.com
Accident and Critical Illness Insurance	Reliance Standard	800-351-7500	www.reliancestandard.com
Leaves of Absence and Disability Insurance	Matrix Absence Management	877-202-0055	www.matrixabsence.com
Long-term Care Insurance	LifeSecure	855-568-6236	www.groupptci.com/luc
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/luc
Child Daycare Benefits	KinderCare	888-525-2780	www.kindercare.com/luc
Group Legal	MetLife Legal	800-821-6400	www.legalplans.com (Access code: GETLAW)



Priority people to lead extraordinary lives

NOTE: For eligible faculty and staff, this document summarizes changes to Loyola University Chicago's employee benefits plans and administration, effective January 1, 2022. It does not include all benefit details. These details are provided in the official plan documents, insurance certificates and Summary Plan Descriptions. You may contact Human Resources at benefits@luc.edu for copies of those documents. If any descriptions in this highlights document conflict with information in the official plan documents or insurance certificates, the official plan documents will prevail. Receipt of these materials is not a contract of employment.

The University reserves the right to change, alter, amend or terminate benefits plans at any time.

Last revised: 10/14/2021