It's time to make some very important decisions about your benefits for 2017. Please read this highlights brochure carefully.
Dear Faculty and Staff,

Enclosed are the Open Enrollment highlights for 2017. Open Enrollment is your annual opportunity to review and make changes to your benefit choices. You have the opportunity to decide if your current benefit choices will meet your personal and family needs for the coming year. Please take the time to review this in the next few weeks so that you make the right choices for your benefits coverage next year.

Loyola cares about each faculty and staff member’s health and well-being. Therefore, a comprehensive benefit program is offered each year, and Loyola pays over 70% of the cost of the benefits. During 2016, our health claims use has increased approximately 8%. Pharmacy claims account for over 20% of our total health plan expense.

Maintaining a healthy lifestyle and improving the health of our population helps keep healthcare costs level. Therefore, Loyola has made wellness a priority. We are committed to creating a healthy environment for faculty and staff by offering a comprehensive wellness program. Next year you will have an opportunity to receive a health insurance premium discount by participating in our wellness program. Free biometric screenings will be offered to faculty and staff enrolled in our Loyola Advantage PPO plan during the HealthDays fairs and on other select days at each campus. Faculty and staff who receive their biometric screenings will not only receive a personal report at their home, but will also receive a $50 per month reduction in their health insurance premiums.

Please read this highlights brochure and other upcoming communication for details regarding the new wellness program and for other changes coming for 2017. Information regarding free flu shots will also be distributed. Attend the HealthDays Wellness Fairs on each campus to meet vendors and ask any questions about benefit plans or attend an informational session. Review the checklist for Open Enrollment provided in this booklet. To get the most out of this year’s Open Enrollment, we encourage you to review your current benefit elections, assess your needs, and review the benefit changes for next year. All open enrollment changes need to be completed by November 21, 2016 to be effective January 1, 2017.

Sincerely,

[Signature]

Deborah M. Meister
Director of Compensation & Benefits
HIGHLIGHTS FOR 2017

Loyola Advantage PPO Plan

- For 2017 Loyola is offering an incentive to employees who complete a biometric screening and a health power assessment by November 30, 2016. Employees who complete their biometric screenings by November 30, 2016 will receive a $50 per month reduction in their health premiums. See page 5 for more details.
- Please review the premium increase information on page 17 of this booklet.

Spousal Surcharge

- Faculty and Staff who cover a spouse or Legally Domiciled Adult (LDA) on the Loyola University Medical plan will need to complete a certification form stating that their spouse/LDA is not eligible for other coverage through his or her employer in order to maintain a lower medical premium. If you do not complete the form, the surcharge will be automatically assessed. This certification must be renewed each year in order to receive the reduced medical premium.

Summary of Benefits and Coverage (SBC)

- This is a requirement of health care reform to explain health plan provisions and provide an easy comparison with other plans.
- Will help you understand your benefits and coverage levels.
- Can be viewed online at www.luc.edu/hr or request a paper copy by calling HR at 312-915-6175.

Life Insurance, Short-Term and Long-Term Disability

- Beginning January 1, 2017 Reliance Standard/Matrix will be administering Loyola’s Life Insurance, Short-Term Disability, and Long-Term Disability Programs. Please review the plan information on page 12 for details on Reliance.

Dependent Tuition Copay Increase

- As of July 1, 2017, the tuition copay will be 10% of full tuition cost for all employees using the dependent tuition assistance benefit at Loyola. The tuition benefit still remains above market and a valuable benefit offered to dependents.

Health Care Reform Requirements

- In January 2017, you will receive IRS form 1095 - C as proof of coverage under an employer-based health plan. You may be required to file this form with your 2016 IRS tax return.

Vision Coverage

- As of January 1, 2017, we will offer one vision plan through VSP and vision discounts through Blue Cross Blue Shield. Faculty and Staff currently enrolled in AlwaysVision will need to enroll in the VSP plan during Open Enrollment, in order to have vision coverage in 2017.

HealthDays Wellness Fair

- Free flu shots are available for all faculty and staff members at Water Tower and Lake Shore Campuses.
- Take the opportunity to ask questions and meet with benefit plan vendors – get information on Blue Cross discounts on fitness centers, vision, and the wellness rewards program.
- Schedule an appointment with Health Maintenance Institute (HMI) to get your Biometric screening.

Benefits Town Hall Meetings

- Plan to attend a town hall meeting to review benefit changes and updates for 2017 and to get your benefits questions answered. Schedule of meetings is on the HR page of the Loyola Portal.

Got a Benefits Question?

- Having your benefits questions answered is easy! Submit your benefits questions to our email address, Benefits@luc.edu. Please use this e-mail address going forward for all benefits related questions. Your questions will be responded to within 2 business days or sooner depending on the nature of the question.
ANNUAL ENROLLMENT CHECKLIST

- Open Enrollment runs from November 1 to November 21, 2016. Open Enrollment is a paperless process done online through Employee Self-Service. Employee Self-Service can be accessed from any computer connected to Loyola’s network. See page 7 of this highlights brochure for more details.

- Don’t forget to complete your Spousal/LDA Surcharge/waiver form. If you are covering a spouse LDA who is not eligible for health insurance through their employer, or works part-time, or is retired and on Medicare. This waiver must be renewed each year in order to receive a reduced health insurance premium.

- Remember to enroll in the Health Care or Dependent Daycare Flexible Spending Account (FSA) for 2017. You must re-enroll in FSAs each year. Don’t forget, the money you set aside in these accounts does not roll over from year to year. Any money remaining in your FSA at the end of the year will be forfeited.

- Attend Loyola University’s HealthDays Wellness Fair and get your questions answered by Loyola Human Resources staff members and representatives from companies that provide our benefits. See page 5 of this highlights brochure for more details.

- You must complete the Life Insurance “Evidence of Insurability” form if you are increasing your employee supplemental or dependent life insurance or enrolling for the first time. Enroll or increase supplemental life insurance for one time your annual salary without evidence of insurability (EOI) through Reliance Standard. Visit www.luc.edu/hr.

- Verify that your dependent information is correct and that you have provided Social Security Numbers and Dates of Birth for all of your dependents. Submit documentation if you elect to cover new dependents.

- Verify that your beneficiary information is correct.

- Make sure to use your remaining 2016 FSA dollars before December 31, 2016. Do not assume all expenses are covered. Note: You have until 3/31/17 to submit receipts for reimbursement, but the expenses must be incurred in 2016. Go to: www.irs.gov/pub/irs-pdf/p502.pdf or see page 12 of this highlights brochure for information on expenses covered by an FSA.

- Have your biometric screening and complete your online health assessment to be eligible for the wellness incentive for 2017! See page 6 of this highlights brochure for details.

- General Preventive Care services covered at 100%. Complete your annual routine physical examination(s) for 2017. These are valuable benefits that are payable at 100% without meeting your annual deductible according to Loyola’s Advantage PPO Plan [BCBSIL].

- After you complete your online enrollment for any benefit changes starting January 1, 2017, review your confirmation statement for accuracy. If inaccurate, contact Human Resources at benefits@luc.edu or call 312-915-6175, before the Open Enrollment deadline of November 21, 2016.

- Review your first pay stub in January 2017 to ensure your benefits elections are correct, and to ensure the correct premiums are being withheld.
**HEALTHDAYS**

<table>
<thead>
<tr>
<th>Campus</th>
<th>Date</th>
<th>Time</th>
<th>Healthy Activities</th>
<th>Free Flu Shots*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sciences</td>
<td>Thursday, October 20</td>
<td>8:30 a.m. - 2 p.m.</td>
<td>Biometric Screenings will be given by appointment only from 7:30 a.m. - Noon</td>
<td>Administered through Loyola University Medical Center flu shot program</td>
</tr>
<tr>
<td>Maywood Campus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stritch School of Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room 150</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2160 S. First Avenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maywood, IL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Tower Campus</td>
<td>Wednesday, October 26</td>
<td>8:30 a.m. - 2 p.m.</td>
<td>Log on to <a href="http://www.myHMIhealth.com">www.myHMIhealth.com</a> to schedule an appointment</td>
<td>Lewis Towers, Regents Hall, 16th Floor, 7:30 a.m. - 2 p.m.</td>
</tr>
<tr>
<td>Regents Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16th Floor, Lewis Towers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111 E. Pearson</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Shore Campus</td>
<td>Tuesday, November 1</td>
<td>8:30 a.m. - 2 p.m.</td>
<td></td>
<td>Damen Student Center, MPR North, 7:30 a.m. - 2 p.m.</td>
</tr>
<tr>
<td>Damen Student Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPR North and South</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6511 N. Sheridan Road</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you are pregnant you must have a note from your health care provider and be in your 2nd or 3rd trimester to receive the flu shot. Flu shots are available to all faculty and staff – no appointment necessary. HealthDays is sponsored by Loyola University Chicago’s Office of Human Resources, Deborah Meister, Director Compensation, Benefits, Lewis Towers, Room 820, Water Tower Campus • 312.915.6175

Note: Biometric Screenings will only be offered to employees enrolled in Loyola’s Health insurance plan.

**NOTE:**

This document summarizes changes to Loyola University Chicago employee benefits plans and administration, effective January 1, 2017 for eligible faculty and staff. It does not have all the details of the benefits plans. These details are provided in the official plan documents, Summary Plan Descriptions and contracts with the benefits administrators. You may contact Human Resources for copies of those documents. If any descriptions in this highlights document conflict with information in the official plan documents or insurance certificates, the descriptions in the official plan documents will prevail. Receipt of these materials is not a contract of employment. The University reserves the right to change benefit plans at any time.
WELLNESS PROGRAM

Healthy employees are part of a healthy organization. Because we care about your health and well-being, Loyola University is sponsoring free wellness activities during the HealthDays Fairs such as biometric screenings, and flu shots. Faculty and staff are also encouraged to live a healthy lifestyle by taking advantage of the free preventive services included in the Loyola Health Plans. Read below for more information on the Wellness Program for 2017.

NEW FOR 2017 - Wellness Incentives

To qualify for the 2017 Wellness Incentives, you must be enrolled in the Loyola Advantage PPO plan for 2017, and complete a biometric screening and an online health risk assessment. If you complete both of these activities, your health insurance premium will be reduced by $50 per month.

In addition, there will be wellness activities throughout 2017 that will give you the opportunity to earn quarterly wellness incentives in addition to the discounted premiums. By completing wellness challenges, events, preventive doctor visits, and physical activities, you can earn cash rewards every quarter! Additional information on the 2017 Wellness Program will be posted on the Loyola portal under Human Resources, and will be available at the HealthDays Fairs.

Biometric Screenings

During the HealthDays and on the specified additional days below, representatives from HMI (Health Maintenance Institute) will be on-site giving biometric screenings and flu shots. Please contact HMI at myhmihealth.com, or call 847-635-6580 to schedule an appointment. Appointments will be between 7:30 a.m. and noon. Don’t forget you will need to fast for 8 hours prior to the screening.

The schedule is as follows:
- Maywood - October 20 (HealthDays) and November 14
- Water Tower - October 26 (HealthDays) and November 7 & 9
- Lake Shore - November 1 (HealthDays) and November 2 & 15

Free Flu Shots

As part of our wellness initiative we are offering free flu shots for faculty and staff of Lake Shore and Water Tower Campus. See below for the schedule:
- Water Tower – October 12th, 9-2, Beane Hall; October 26, 7:30 - 2, Regents Hall at the HealthDays Fair.
- Lake Shore – October 21, 9-2, McCormick Lounge (Coffey Hall); November 1, 7:30-2, Damen Student Center MPR North at the HealthDays Fair.

Blue Access for Members

Faculty and staff enrolled in the Loyola Advantage PPO plan can login to Blue Access. Blue Access is Blue Cross Blue Shield’s (BCBS) member website. The website allows members to request a lost or duplicate ID card, get an estimate of the cost of treatment, and view health insurance claims. You may also view and sign up for fitness facilities which offer discounts to BCBS members. Go to www.bcbsil.com/member to login or register.

Check out the Well on Target Program offered to BCBS members and learn how to earn points for participating in wellness activities, which can you can redeem for merchandise.

2017 Quarterly Wellness Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Challenge</td>
<td>Jesuit Go-Move Challenge, Loyola Annual Walking Challenge</td>
</tr>
<tr>
<td>Wellness Event</td>
<td>Wellness Presentations</td>
</tr>
<tr>
<td></td>
<td>Lunch-n-Learns (TBA)</td>
</tr>
<tr>
<td>Community Events</td>
<td>5k event, blood drive, Community Service</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Dental exam, vision exam</td>
</tr>
<tr>
<td>e-Learning</td>
<td>On-line at <a href="http://www.myhmihealth.com">www.myhmihealth.com</a></td>
</tr>
<tr>
<td>Healthy activities</td>
<td>nutrition, exercise</td>
</tr>
</tbody>
</table>

To earn the $75 quarterly wellness rewards, employees on Loyola’s health insurance must complete wellness activities from the above examples and earn 100 points each quarter.

For more detailed information go to the Human Resources page of the Loyola Portal, or log into www.myhmihealth.com to log and review your quarterly activities and points earned.
ENROLLING ONLINE

Enrolling Online Is Easy

Open Enrollment is a paperless process that is done online through Employee Self-Service. To access Employee Self-Service you must be connected to Loyola’s network, either on campus or via Loyola Secured Access (LSA). For questions about LSA, please contact the ITS Help Desk at helpdesk@luc.edu or by phone at 773-508-4ITS.

Be prepared in advance. Before you access the system, have your dependent information (including documentation to verify eligibility with 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. Also, make sure you have the answers to your questions about the decisions you need to make. Once you leave the system, you cannot make any changes to the elections you have made. If you need to make a change before the enrollment period is over, call Human Resources at 312-915-6175.

Follow these simple online enrollment steps:

• Open any browser and go to https://lawson.luc.edu.
• Use your Loyola User ID and password to login. Select Bookmarks > Employee Self-Service > Benefits > Annual Enrollment.
• If you are adding or dropping dependents, be sure you have the proper documentation to verify eligibility for NEW dependents. Send the documentation to the HR Department.*
• When completing the Life Insurance section, review and complete your beneficiary information. You can provide different beneficiary information for your Basic and Supplemental plans. If you provide beneficiary information for only one plan, it will automatically apply to both.
• Once you have completed the enrollment sections, be sure to review what you entered.
• Print your benefits elections – this is your confirmation statement. So be sure to keep your confirmation statement for your records.

Want to enroll in a Flexible Spending Account?

Remember, you have to enroll every year for this valuable benefit.

1. Go back to Employee Self Service and click Bookmarks or go to www.loyolaexpress.com.
2. Click Benefit Express — Flexible Spending.
3. Follow the Benefit Express Website instructions on each screen.

Your elections last all year, so make careful choices.

Open Enrollment is the only time you can make changes to your benefits elections during the year unless you have a change in family status. If you get married, have a baby or experience another family status change, you have 31 days from the day of the event that requires a change to enroll in benefits. After 31 days, you have to wait until the next Open Enrollment period.

Don’t have changes to make to your benefit choices?

Please login to review your current benefit elections. If you don’t make changes, your current benefit choices will carry over to 2017 … with two major exceptions: If you are participating in a Health Care and/or Dependent Care FSA, you must re-enroll annually to continue participating in these plans. You must also renew your spousal surcharge waiver form each year in order to maintain a reduced medical premium.

*You may send dependent verification documents to HR via the following methods:
Fax: 312-915-7612 or scan to Benefits@luc.edu
Mail: Loyola University Chicago
Human Resources, Suite 820
820 N Michigan Avenue
Chicago, IL 60611
Your Benefits

Because Loyola values its faculty and staff we offer these additional benefits to help balance your work with your lifestyle.

- Wellness Incentives
- Tuition Benefits
- Adoption Assistance
- Employee Assistance Program
- Credit Union
- Housing
- University Holidays
- Vacation, Sick and Personal Family-Friendly Days
- Retiree Medical Benefits
- AAA Membership and Travel Services
- Weight Watchers Program

OVERVIEW OF LOYOLA BENEFITS

All Loyola benefit-eligible faculty and staff receive the following benefits:

- Basic Life Insurance
- Short-Term and Long-Term Disability Benefits (full time only)
- Defined Contribution Retirement Plan, a 403(b) Plan

You can elect to participate in the following additional benefits by payroll deductions, which are part of Open Enrollment:

- Loyola Advantage PPO Health Plan
- Vision Plan
- Dental Plan
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Limited Purpose Flexible Spending Account
- Accidental Death and Dismemberment Insurance
- Supplemental Life Insurance for You
- Spousal Life Insurance
- Child Life Insurance
- Group Legal
- Transit Benefit Program (full time only)
- Pet Insurance

You can find more detailed information about all of these benefits in the Faculty and Staff Benefits Booklet available from your human resources representative or at: www.luc.edu/hr.
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 individuals 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 he or she is removed from coverage.

Questions? Contact the Human Resources Benefits Department at benefits@luc.edu or at ext. 56175.

<table>
<thead>
<tr>
<th>Documentation Required for Eligibility Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you enroll a new dependent for coverage under the medical, dental or vision plans during this Open Enrollment, you must verify that he or she is eligible by submitting the required documentation, as shown below. For all family members enrolled in your benefits plans you must provide a date of birth and Social Security number as required by the Affordable Care Act.</td>
</tr>
</tbody>
</table>

If you enroll...

<table>
<thead>
<tr>
<th>You will need to provide copies (not originals) of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Spouse</td>
</tr>
<tr>
<td>• 2015 jointly filed Federal tax return (without personal financial information revealed), or</td>
</tr>
<tr>
<td>• Marriage certificate and proof of joint ownership (mortgage or lease)</td>
</tr>
<tr>
<td>Legally Domiciled Adult (LDA)</td>
</tr>
<tr>
<td>• Loyola University Chicago Certification Form and proof of joint ownership (mortgage or lease) within last six months, or</td>
</tr>
<tr>
<td>• Civil union license and proof of joint ownership (mortgage or lease) within last six months, or</td>
</tr>
<tr>
<td>• 2015 jointly filed Federal tax return</td>
</tr>
<tr>
<td>Biological Child</td>
</tr>
<tr>
<td>• Birth certificate</td>
</tr>
<tr>
<td>Adopted Child</td>
</tr>
<tr>
<td>• Adoption placement agreement and petition for adoption, or</td>
</tr>
<tr>
<td>• Adoption certificate</td>
</tr>
<tr>
<td>Legal Ward</td>
</tr>
<tr>
<td>• Government-issued birth certificate</td>
</tr>
<tr>
<td>• Court-ordered document of legal custody</td>
</tr>
<tr>
<td>Disabled Legal Ward</td>
</tr>
<tr>
<td>• Government-issued birth certificate</td>
</tr>
<tr>
<td>• Court-ordered document of legal custody</td>
</tr>
<tr>
<td>• 2015 Federal tax return</td>
</tr>
<tr>
<td>Dependents because of a Qualified Medical Child Support Order</td>
</tr>
<tr>
<td>• Qualified Medical Child Support Order (must be for the employee)</td>
</tr>
</tbody>
</table>

REMEMBER:

- You must enroll your eligible dependents during the enrollment period. You cannot add them later unless you have a family status change.
- If you are adding a new dependent during this open enrollment or calendar year you must provide the date of birth and Social Security number for your dependents, as required by the Affordable Care Act.
- If you add a new dependent during this open enrollment, you must verify that he or she is eligible by submitting required documentation.
The Loyola Health Plan

The Loyola Health Plan has significant advantages over other medical plans because we offer affordable health care through our home hospitals. This plan provides services to help you stay well, and access to quality care in case of accident or illness. The following table highlights key benefits of the plan and how it covers various types of health care expenses. For more detailed information please read the benefits booklet on the web site at http://www.luc.edu/hr.

<table>
<thead>
<tr>
<th>Advantage PPO</th>
<th>Home Hospital (Loyola University Health System and Gottlieb Hospital)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong>¹</td>
<td>Employee Only</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>Employee + 1 or more</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>Employee Only</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>Employee + 1 or more</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Lifetime maximum benefit</strong>²</td>
<td></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Wellness visit</strong></td>
<td>Covered at 100%</td>
<td>Covered at 50%</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>90% after $100 co-pay (per admission)</td>
<td>80% after $250 co-pay (per admission)</td>
<td>50% after $100 co-pay (per admission)</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>100% after $150 co-pay (per visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician and Outpatient</strong></td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

¹ Out-of-network benefits are limited to the reasonable and customary (R&C) charge. You pay the out-of-network deductible and coinsurance plus any charges in excess of R&C amounts. Amounts over R&C do not apply to the out-of-pocket maximum.

² There are limits for certain conditions, treatments and services. There is a limit of 45 visits per year for Private Duty Nursing. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered. See benefits booklet for additional restrictions and limitations.

³ Hospital Emergency Medical/Accident Care: Initial treatment of accident injuries or sudden and unexpected medical conditions with severe life-threatening symptoms in hospital emergency room. If admitted to hospital, contact BCBSIL within two business days, or benefits are reduced.

MDLIVE

The MDLIVE benefit gives you access to physicians and allows you to request prescriptions during or after normal business hours - including nights, weekends and holidays. You can also use MDLIVE for non-emergency medical issues and when you need medical care while traveling. You can contact MDLIVE at the number listed on the back of your BCBS card.

The virtual visit will only cost you $40. Plus, it allows you to connect with a doctor in the comfort of your home or office without needing a pre-scheduled appointment. Most visits take about 10-15 minutes and if needed, a doctor can write a prescription for you that you can pick up at your local pharmacy.
## PRESCRIPTION DRUG PROGRAM

<table>
<thead>
<tr>
<th></th>
<th>Retail Pharmacy (up to 30-day supply)</th>
<th>Mail Order (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Coinurance</td>
<td>15% but no greater than $200 per script</td>
<td>5% but no greater than $400 per script</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$3,000 per person, up to $6,000 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Brand Name Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$100 single/$200 family</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Coinurance</td>
<td>30% but no greater than $200 per script</td>
<td>15% but no greater than $400 per script</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$3,000 per person, up to $6,000 per family</td>
<td></td>
</tr>
</tbody>
</table>

*After deductible is satisfied

## SPECIALTY DRUG PROGRAMS

Loyola has put in place programs to encourage use of safe, clinically appropriate, and more cost-effective drugs. Step Therapy requires use of a generic/formulary product before other agents will be covered. Each program is in place to promote patient safety and use of drug is for intended manufacturers and the FDA. Members on these scripts will be notified by BCBS if any further approval is required to fill the prescription.
LIFE AND DISABILITY INSURANCE

Introducing Reliance Standard/Matrix our new provider for life and disability insurance beginning January 1, 2017. Even though we are changing providers, there will be no change to your life and disability benefits. Reliance Standard is a leading provider of life and disability insurance and has been rated A+ by A.M. Best. Reliance is also offering a one time opportunity for faculty and staff to increase or pick up supplemental life coverage during this open enrollment. Read below for details.

Life Insurance

You are eligible for University-Paid Basic Life Insurance if you are Loyola University Chicago faculty (.80 or higher) or staff (.53 or higher). If you are eligible, the University automatically provides you with Basic Term Life Insurance equal to one-and-one-half (1½) times your annual salary up to $500,000.

Increase your life insurance this Open Enrollment

During Open Enrollment, you will have the opportunity to increase your current Supplemental Life elections or make a new one without Evidence of Insurability - even if you have never made a Supplemental Life election before. Faculty and staff will be able to elect Supplemental Life coverage up to two (2) times your annual salary or $300,000, whichever is lesser. You will be able to elect a $10,000 increase in coverage for your spouse, subject to Evidence of Insurability rules. You can also elect Supplemental Life coverage for your child up to the maximum benefit.

Faculty and staff who wish to purchase supplemental insurance greater than 2 times their annual salary will need to complete the Evidence of Insurability form at 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 for one times your annual salary can be found at: http://www.luc.edu/hr

Disability Insurance

You are eligible for University-Paid Short Term and Long Term Disability Insurance if you are Loyola University faculty, administrator or staff (.80 or higher).

If you are out of work for more than 3 consecutive work days, you must contact Matrix via phone or online to apply for disability benefits. Look for information from Matrix at our annual HealthDays and also at: http://www.luc.edu/hr. You will need to record and report an absence or disability to Matrix by calling 877-202-0055 or go on-line to www.matrixabsence.com.
FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts Are More Important Than Ever

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, you can save money on these expenses by paying for them from a Health Care FSA. (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.

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

• The current limit for 2017 is $2,550.
• You must re-enroll in an FSA every year.
• This is a “use it or lose it” plan. The IRS requires that you forfeit any money you do not use by the end of the period. Plan carefully to avoid a balance at the end of the reimbursement period.
• Always save your receipts.
• You may not use your Health Care FSA to reimburse yourself for over-the-counter (OTC) medications unless you have a prescription from a doctor. Be sure to include the prescription with your receipt when requesting reimbursement. However, unprescribed insulin is a reimbursable expense.

How to enroll in a Health Care FSA

Follow these steps:

• Estimate your health care expenses for 2017.
• Determine how much to set aside in your account during enrollment, generally up to the annual maximum of $2,550. If it is the first time you have enrolled, you may want to cover only part of your expenses and avoid having money left over in your account at the end of the year.
• Enroll before the deadline, which is November 21, 2016. See page 6 of this brochure for enrollment instructions.

Remember the Dependent Care FSA

If you have daycare expenses while working, a Dependent Care FSA can help you pay your expenses with tax-free money. The maximum is $5,000 annually. See the Benefits Book for more information: http://www.luc.edu/hr

Example: Savings with a Health Care FSA

<table>
<thead>
<tr>
<th></th>
<th>Without FSA</th>
<th>With FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual tax</strong></td>
<td>$35,000</td>
<td>$35,000</td>
</tr>
<tr>
<td><strong>Contributions to the FSA</strong></td>
<td>$0</td>
<td>-$2,550</td>
</tr>
<tr>
<td><strong>Taxable income after deductions to your FSA</strong></td>
<td>$35,000</td>
<td>$32,450</td>
</tr>
<tr>
<td><strong>Federal &amp; State income taxes, plus Social Security withholding</strong></td>
<td>-$8,672</td>
<td>-$7,788</td>
</tr>
<tr>
<td><strong>After-tax income</strong></td>
<td>$26,328</td>
<td>$24,662</td>
</tr>
<tr>
<td><strong>After tax dollars spent on health care expenses</strong></td>
<td>$2,550</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Take-home pay</strong></td>
<td>$23,778</td>
<td>$24,662</td>
</tr>
<tr>
<td><strong>Increased take-home pay</strong></td>
<td>$0</td>
<td>$884</td>
</tr>
</tbody>
</table>
DENTAL BENEFITS

Delta Dental PPO

Through the Delta Dental PPO Plan, you choose the dentist of your choice. To access the PPO Provider list call 800-323-1743 or go to Delta Dental of Illinois’ website at: www.deltadentalil.com to select a dental provider. There are different levels of coverage based on the PPO network. See the table for details.

<table>
<thead>
<tr>
<th>Delta Dental PPO Plan</th>
<th>Delta Dental PPO (In-Network)</th>
<th>Delta Premier</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Features</strong></td>
<td>You receive highest level of benefits when using network providers.</td>
<td>Benefit level is lower than PPO plan. You are not responsible for charges exceeding “Usual and Customary.”</td>
<td>If you use out-of-network providers, you pay charges exceeding the “Usual and Customary.”</td>
</tr>
<tr>
<td><strong>Annual Deductible Per Individual</strong></td>
<td>$50</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Preventive &amp; Diagnostic Services, including Sealants</strong></td>
<td>100% no deductible</td>
<td>90% no deductible</td>
<td>90% no deductible</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>80% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>60% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit Per Person</strong></td>
<td>$1,800</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Benefit for Children up to age 26</strong></td>
<td>50% coverage up to a lifetime maximum of $1,500 per individual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 it is not necessary for you and your family to use the same dentist, but each dentist must be a member of the Guardian/First Commonwealth network. At the time of enrollment, you must decide which dental providers you and your family will use. If you decide to change your dentist you must first call Guardian/First Commonwealth at 866-494-4542. The change process takes approximately 20 days. An up-to-date list of the names and locations of participating dental providers may be found at www.guardiananytime.com. Note: There are no out-of-network benefits with this plan.

<table>
<thead>
<tr>
<th>Guardian/First Commonwealth (DHMO) Plan</th>
<th>Coverage What the Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Features</strong></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>85%</td>
</tr>
<tr>
<td>Major Services</td>
<td>65%</td>
</tr>
<tr>
<td>Annual Maximum Benefit Per Person</td>
<td>None</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit for Children and Adults</td>
<td>$1,000 savings off prevailing orthodontia fee</td>
</tr>
</tbody>
</table>
# Vision Benefits

Loyola University offers a vision plan with **Vision Service Plan (VSP)**

There is a vision discount through the BCBSIL plans. See the Medical Plan grid for information.

This quick reference chart shows the benefits of the VSP plan:

<table>
<thead>
<tr>
<th>Vision Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>$10 co-pay</td>
<td>up to $50</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>100% after $25 co-pay</td>
<td>up to $50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100% after $25 co-pay</td>
<td>up to $75</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100% after $25 co-pay</td>
<td>up to $100</td>
</tr>
<tr>
<td>Lenticular</td>
<td>100% after $25 co-pay</td>
<td></td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>$150*</td>
<td>up to $125</td>
</tr>
<tr>
<td>Frames</td>
<td>$150*</td>
<td>up to $70</td>
</tr>
</tbody>
</table>

**Retail Providers** (not a complete list)

*Plan pays up to amount shown.

**VSP has added additional retail chain providers to give you additional service options and locations. Please visit [www.vsp.com](http://www.vsp.com) for specific locations.

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**Finding a Vision Service Plan (VSP) provider**

Call **800-877-7195** for a list of participating providers or visit [www.vsp.com](http://www.vsp.com).

You have the option to enroll in VSP for all your vision care needs. But did you know that the Loyola Health Plans cover routine eye exams at 100% with a BCBSIL provider? You also can take advantage of discounts on hardware through a BCBSIL partnership with Davis Vision. For more information, go to [https://idoc.davisvision.com](https://idoc.davisvision.com).
**TRANSIT BENEFITS**

**Commuting to Work? Use the Loyola Transit Benefit**

Don’t pay more than you have to when using the transit system to get to work at Loyola. Like a Flexible Spending Account (FSA), the transit program can save you money on taxes and expenses. By setting up an account, you can use tax-free money to pay for your commuting expenses to and from work at the Water Tower, Lake Shore or Maywood* campuses.

The Benefits Card is a debit MasterCard that gives you access to ALL of your reimbursement accounts - Transit, Healthcare FSA and Dependent Care FSA - with one card.

Employees can elect up to $255 maximum per month to be deducted from their pay. Money will be loaded to the Debit MasterCard to use to purchase Metra tickets, fund Ventra cards or Ventra passes. Transit funds become available one month following payroll deductions being withheld. Enrollment for the transit program is done online at [www.loyolaexpress.com](http://www.loyolaexpress.com) and is available year-round. If you have any questions regarding the transit benefit or how to enroll, please contact Benefit Express customer care at 877-837-5017.

*Employees have the option to pay for their monthly parking through payroll deduction. Please contact parking office at each campus for lot information.

Please note: transit allowance monthly limits are subject to change.

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**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

**Help When You Need It**

The Employee Assistance Program (EAP) is a free, confidential program that assists faculty, staff and family members in successfully dealing with the challenges and demands of daily living. This helps Loyola to maintain a workforce that is both healthy and productive. This valuable benefit is available to all full-time faculty members and full-time and part-time staff at the Lake Shore, Water Tower and Maywood Campus. Contact the EAP:

- Online: [www.perspectivesltd.com](http://www.perspectivesltd.com) (User Name: LOY500; Password: perspectives)
- By phone: 1-800-456-6327

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**PET INSURANCE**

VPI® Pet Insurance is the nation’s oldest, largest and number one veterinarian-recommended pet health insurance provider.

With comprehensive plans designed to protect you financially when the unexpected occurs, affordable coverage from VPI® Pet Insurance allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment.

You can be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations and more.

With discount rates as a Loyola employee, you can save hundreds of dollars in VPI® Pet Insurance premiums over the life of your pet.

Visit [http://www.petinsurance.com/luc to enroll.](http://www.petinsurance.com/luc to enroll.)
**RETIREMENT PLAN**

The Loyola University Defined Contribution Retirement Plan is available for you to make contributions into a 403B tax-deferred account. Loyola has partnered with Transamerica as the recordkeeper to bring you an investment line-up of 19 mutual funds and annuities to invest in. To enroll or make changes to your retirement account go to Transamerica’s website at www.luc.trsretire.com.

Complete the beneficiary information and make your investment choices for your employer and employee contributions. You can begin to make employee contributions in your first paycheck.

If you are in a benefit-eligible position (LUC employee of .53 FTE or higher, Stritch School of Medicine employee .50 FTE or higher), you will receive the following after 60 days of employment:

- Automatic employer contribution of 5%.
- Loyola will match up to 5% of employee contributions.
- All new hires are automatically enrolled and begin saving 1% per year for retirement and are automatically increased annually by 1% up to a maximum of 5%.

To change your contribution percentage to the plan or your investments you can call the Loyola University Retirement Call Center at 773-508-2770 or log into Transamerica at www.luc.trsretire.com.

**Contribution Limits for 2017**

- $18,000 for participants under 50 years of age
- $24,000 for participants 50 years of age and older

**RATE CHARTS: MEDICAL, DENTAL, VISION 2017**

**Spousal Surcharge**

While Loyola continues to offer family health insurance coverage, we believe that every employer bears the responsibility of providing medical benefits to its own employees. Employees with spousal, LDA or family coverage will need to complete a certification that their spouse/LDA is not eligible for other coverage through his or her employer in order to maintain a reduced medical premium.

If you have a spouse on the Loyola Medical Plan, you will automatically be assessed a $50 monthly spousal surcharge. You can avoid the surcharge by completing the certification form and returning it to Human Resources by December 15. The form is located on the Human Resources page of the Loyola Portal.

**Wellness Discount**

Employees who completed their Biometric Screening at the HealthyDays or complete a form with information about completing at their physician office will have a wellness premium discount. The grid lists the premium you will pay based on the completion of the biometric screenings.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Wellness</th>
<th>Non-Wellness</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Wellness</th>
<th>Non-Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$158.98</td>
<td>$630.66</td>
<td>$208.98</td>
<td>$680.66</td>
<td>$103.46</td>
<td>$630.66</td>
<td>$153.46</td>
<td>$680.66</td>
</tr>
<tr>
<td>Single + Spouse/LDA</td>
<td>$482.44</td>
<td>$1,319.60</td>
<td>$532.44</td>
<td>$1,369.60</td>
<td>$348.48</td>
<td>$1,319.60</td>
<td>$398.48</td>
<td>$1,369.60</td>
</tr>
<tr>
<td>Single + Spouse/LDA (with surcharge)</td>
<td>$532.44</td>
<td>$1,319.60</td>
<td>$582.44</td>
<td>$1,369.60</td>
<td>$398.48</td>
<td>$1,319.60</td>
<td>$448.48</td>
<td>$1,369.60</td>
</tr>
<tr>
<td>Single + Child(ren)</td>
<td>$432.34</td>
<td>$1,184.16</td>
<td>$482.34</td>
<td>$1,234.16</td>
<td>$315.80</td>
<td>$1,184.16</td>
<td>$365.80</td>
<td>$1,234.16</td>
</tr>
<tr>
<td>Family</td>
<td>$612.02</td>
<td>$1,983.48</td>
<td>$662.02</td>
<td>$2,033.48</td>
<td>$451.94</td>
<td>$1,983.48</td>
<td>$501.94</td>
<td>$2,033.48</td>
</tr>
<tr>
<td>Family (with surcharge)</td>
<td>$662.02</td>
<td>$1,983.48</td>
<td>$712.02</td>
<td>$2,033.48</td>
<td>$501.94</td>
<td>$1,983.48</td>
<td>$551.94</td>
<td>$2,033.48</td>
</tr>
<tr>
<td>Single + LDA + Child(ren)</td>
<td>$612.02</td>
<td>$1,983.48</td>
<td>$662.02</td>
<td>$2,033.48</td>
<td>$451.94</td>
<td>$1,983.48</td>
<td>$501.94</td>
<td>$2,033.48</td>
</tr>
<tr>
<td>Single + LDA + Child(ren) (with surcharge)</td>
<td>$662.02</td>
<td>$1,983.48</td>
<td>$712.02</td>
<td>$2,033.48</td>
<td>$501.94</td>
<td>$1,983.48</td>
<td>$551.94</td>
<td>$2,033.48</td>
</tr>
</tbody>
</table>
## Dental Plan

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Delta Dental</th>
<th>Guardian/First Commonwealth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time</td>
<td>Part-Time</td>
</tr>
<tr>
<td>Single</td>
<td>$13.60</td>
<td>$31.52</td>
</tr>
<tr>
<td>Single + Spouse/LDA</td>
<td>$28.50</td>
<td>$63.00</td>
</tr>
<tr>
<td>Single + Child(ren)</td>
<td>$34.50</td>
<td>$72.80</td>
</tr>
<tr>
<td>Family</td>
<td>$48.00</td>
<td>$104.30</td>
</tr>
<tr>
<td>Single + LDA + Child(ren)</td>
<td>$48.00</td>
<td>$104.30</td>
</tr>
</tbody>
</table>

## Vision Plan

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>VSP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time</td>
</tr>
<tr>
<td>Single</td>
<td>$9.58</td>
</tr>
<tr>
<td>Single + Spouse/LDA</td>
<td>$15.21</td>
</tr>
<tr>
<td>Single + Child(ren)</td>
<td>$15.52</td>
</tr>
<tr>
<td>Family</td>
<td>$25.04</td>
</tr>
<tr>
<td>Single + LDA + Child(ren)</td>
<td>$25.04</td>
</tr>
</tbody>
</table>

## RATE CHARTS: SUPPLEMENTAL INSURANCE

### Supplemental Life Insurance – Monthly Premiums

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate per $1,000 for You</th>
<th>Age</th>
<th>Rate per $1,000</th>
<th>Coverage</th>
<th>Rate</th>
<th>Coverage</th>
<th>Rate</th>
<th>Coverage</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$0.06</td>
<td>55-59</td>
<td>$0.62</td>
<td>$5,000</td>
<td>$2.64</td>
<td>$35,000</td>
<td>$18.46</td>
<td>$80,000</td>
<td>$37.54</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
<td>60-64</td>
<td>$0.88</td>
<td>$10,000</td>
<td>$5.64</td>
<td>$40,000</td>
<td>$20.38</td>
<td>$90,000</td>
<td>$44.32</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.10</td>
<td>65-69</td>
<td>$1.38</td>
<td>$15,000</td>
<td>$8.86</td>
<td>$45,000</td>
<td>$21.94</td>
<td>$100,000</td>
<td>$52.30</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.12</td>
<td>70-74</td>
<td>$2.06</td>
<td>$20,000</td>
<td>$11.68</td>
<td>$50,000</td>
<td>$22.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>$0.20</td>
<td>75-79</td>
<td>$2.06</td>
<td>$25,000</td>
<td>$14.12</td>
<td>$60,000</td>
<td>$26.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>$0.34</td>
<td>&gt; 80</td>
<td>$2.06</td>
<td>$30,000</td>
<td>$16.44</td>
<td>$70,000</td>
<td>$31.82</td>
<td>$5,000</td>
<td>$0.36</td>
</tr>
</tbody>
</table>

### Spousal Life Insurance

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.018</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$0.035</td>
</tr>
</tbody>
</table>

### Supplemental AD&D Insurance – Monthly Premiums

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Rate Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.018</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$0.035</td>
</tr>
</tbody>
</table>
IMPORTANT LEGAL NOTICES

ACA Notice

Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private.

You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information.

For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Benefits Administration.

DISCLAIMER: The HIPAA Privacy Rule is intended to safeguard protected health information (PHI) created and held by health care providers, health plans, health information clearing houses and their business associates. The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all of our contracted plans adhere to the HIPAA Privacy Rule.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

You and your covered dependents may continue your University-sponsored medical, dental and vision benefits coverage at full costs (plus administrative fee). You may also continue participating in the Health Care Flexible Spending Account on an after-tax basis for a specified period of time in the event you would otherwise lose coverage due to a qualifying event; the period of time for which coverage may continue will depend on the qualifying event.

Employee Rights and Responsibilities Under the Family and Medical Leave Act (FMLA)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- Incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- A serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation or therapy; or is in outpatient status; or is on the temporary disability retired list.
Benefits and Protections

During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

• interfere with, restrain or deny the exercise of any right provided under FMLA.
• discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.
USERRA: The Uniformed Services Employment and Reemployment

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and you:

• ensure that your employer receives advance written or verbal notice of your service;
• have five years or less of cumulative service in the uniformed services while with that particular employer;
• return to work or apply for reemployment in a timely manner after conclusion of service; and
• have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to be Free from Discrimination and Retaliation

If you:

• are a past or present member of the uniformed service;
• have applied for membership in the uniformed service; or
• are obligated to serve in the uniformed service.

Then, because of this status, an employer may not deny you:

• 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.

Health Insurance Protection

• 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.

Enforcement

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is 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 http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm.

• 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, as applicable, for representation.

• You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Women’s Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
• Treatment of physical complications of the mastectomy, including lymphedema.

The Loyola Advantage PPO Medical Plan complies with these requirements. Medical services will be provided subject to the same deductible and coinsurance that apply to other medical and surgical benefits provided under the plan.
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 July 31, 2016. Contact your State for more information on eligibility –

**Medicaid/CHIP Resources**

**ALABAMA – Medicaid**
Website: www.myalhipp.com
Phone: 1-855-692-5447

**ALASKA – Medicaid**
The AK Health Insurance Premium Payment Program
Website: http://myakahipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

**ARKANSAS – Medicaid**
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf
Medicaid Customer Contact Center: 1-800-221-3943

**FLORIDA – Medicaid**
Website: https://www.flmedicaidplrecovery.com/
Phone: 1-877-357-3268

**GEORGIA – Medicaid**
Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

**INDIANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

**IOWA – Medicaid**
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

**KANSAS – Medicaid**
Website: www.kdheks.gov/hcf/
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

**MAINE – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**
Website: http://mn.gov/dhs/ma/
Phone: 1-800-657-3739

**MISSOURI – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthCarePrograms/HIPP
Phone: 1-800-694-3084
HEALTH CARE REFORM

On January 1, 2014, a key component of the health reform law became effective: Everyone in the U.S. (with a few exceptions) are required to have health insurance.

Loyola University will continue to offer health insurance to all eligible faculty and staff. In compliance with the health reform law, Loyola University’s medical plans are considered both qualifying and affordable, which means you will not qualify for a tax credit to help offset costs if you purchase health insurance through the marketplace.

If you are not eligible for coverage under Loyola University, you may choose to purchase coverage through the marketplace. Please visit www.healthcare.gov to explore your options and shop for plans.

For more information, please visit http://www.luc.edu/hr
LOYOLA UNIVERSITY CHICAGO NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE – MEDICARE PART D

Important Notice from the Loyola University Chicago Employee 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 through Loyola University Chicago. 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 this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Prescription Drug Plans and Medicare Advantage Plans that offer 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 BlueCross BlueShield of Illinois is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individual’s can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiary’s leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

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.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Loyola University Chicago and don’t enroll in Medicare prescription drug coverage after your Loyola University Chicago coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.
Additional Information

Blue Medicare Rx

You may contact our office (312) 915-6175 for further information or call Blue Medicare Rx customer service at (877) 383-3833. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if your coverage through BlueCross BlueShield changes. You also may request a copy.

Medicare

For 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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at [1-800-772-1213 (TTY 1-800-325-0778)](tel:1-800-772-1213). TTY users should call [1-877-486-2048](tel:1-877-486-2048).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

October 15, 2016

Loyola University Chicago
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