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HEALTH REFORM

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

Loyola will continue to offer health insurance for eligible faculty and staff. This coverage meets all of the health reform law requirements to satisfy your “individual mandate” under the reform law. We hope to keep offering this benefit as a valuable part of your total compensation. In 2014, you will also have other options to purchase health insurance, but because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market.

If you are not currently eligible for benefits today, there will be many options for finding and enrolling in the right coverage.

Options to Purchase Health Insurance

- Public health insurance marketplaces/exchanges—You can shop for coverage in an online public health insurance marketplace/exchange and compare available policies based on price, benefits, and quality. Each state is required to have an online public marketplace available for health insurance coverage in 2014 (if a state does not establish one, the federal government will operate an exchange for the state's residents). If you are part of the eligible class for benefits and Loyola offers you coverage that satisfies all requirements under the health reform law, you—and your dependents—will not qualify for federal financial assistance (premium tax credits) for any coverage you purchase on the public exchange. If you do not meet the eligibility requirements for Loyola’s benefit plan, you may be eligible for these credits.

- Private marketplaces/exchanges—A variety of private exchanges will serve as marketplaces where you can compare health plans and buy coverage. For example, an insurance company might create a “private” exchange that serves some of the same functions as a public exchange, but cannot offer federal financial assistance to individuals purchasing coverage. In addition, some health insurance companies are opening retail stores where you can shop for a policy, check on claims and get one-on-one health education coaching.

- Health insurers and brokers—Health insurance companies will sell plans directly to you through their own websites and call centers. In addition, even though you will be able to shop for yourself through the exchanges, you can enlist the assistance of an insurance agent or broker.

For more information, please visit http://www.luc.edu/hr/healthcarereform/index.shtml
Overview of Your 2014 Loyola University Chicago Benefits

• Benefits at a Glance: Core, Elective and Work-Life Benefits

• Eligibility and Coverage Levels
  • Benefits-Eligible Faculty and Staff
  • Eligible Dependents
  • Coverage Levels

• Making and Changing Your Benefit Elections
  • Open Enrollment
  • Enrolling Online
  • When Coverage Begins and Ends
  • Qualifying Events
  • Paying for Benefits
Overview of your 2014 Loyola University Benefits

Loyola provides a wide array of benefits that can help you enjoy increased well-being, deal with unexpected illness or accident, build and protect your financial security, advance your career, balance your personal and professional life, and meet every day needs. These benefits are affordable, comprehensive, and competitive.

The table below summarizes the benefits available to benefits-eligible faculty and staff and their dependents. These benefits are described in greater detail in this booklet. Additional information is available from the benefit plans’ administrators or providers, by phone or on their websites; see "Benefit Contact Information" located on the last page of this booklet.

### Benefits at a Glance

<table>
<thead>
<tr>
<th>Core Benefits</th>
<th>Elective Benefits</th>
<th>Work-Life Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>To help you manage your health and protect you from the unexpected</td>
<td>To supplement your core benefits package</td>
<td>For your personal development and lifestyle</td>
</tr>
<tr>
<td>- Health Care, Wellness and Prescription Drug Benefits</td>
<td>- Supplemental Life and Accident Insurance for You</td>
<td>- Tuition Benefits</td>
</tr>
<tr>
<td>- University-Paid Basic Life Insurance for You</td>
<td>- Supplemental Life and Accident Insurance for Your Dependents</td>
<td>- Employee Assistance Program (EAP)</td>
</tr>
<tr>
<td>- University-Paid Short-Term Disability Benefits</td>
<td>- Long-Term Care Insurance</td>
<td>- Employees’ Federal Credit Union</td>
</tr>
<tr>
<td>- University-Paid Long-Term Disability Benefits</td>
<td>- Group Legal Plan</td>
<td>- Weight Watchers’ Program</td>
</tr>
<tr>
<td>- 403(b) Defined Contribution Retirement Plan</td>
<td>- Transit Benefit</td>
<td>- University Scheduled Holidays</td>
</tr>
<tr>
<td>- Dental Care</td>
<td>- Tuition Benefits</td>
<td>- Paid Time Off</td>
</tr>
<tr>
<td>- Vision Care</td>
<td>- Employee Assistance Program (EAP)</td>
<td>- Sick and Personal/Family-Friendly Days</td>
</tr>
<tr>
<td>- Health Care Flexible Spending Account</td>
<td>- University-Paid Basic Life Insurance for You</td>
<td>- ADA Membership and Travel Services</td>
</tr>
<tr>
<td>- Dependent Day Care Flexible Spending Account</td>
<td>- Supplemental Life and Accident Insurance for Your Dependents</td>
<td>- Adoption Assistance</td>
</tr>
</tbody>
</table>

### Eligibility and Coverage Levels

The following individuals are eligible for coverage under the University benefits program.

**Benefits-Eligible Faculty and Staff**

You can elect coverage if you are a:

- Full-Time University Lakeside Campus Faculty member, classified as .80 Full-Time Equivalent (FTE) or higher.
- Full-Time Health Science Division Faculty member, classified as .80 FTE or higher.
- Full-Time Health Science Division Staff member, classified as .80 FTE or higher.
- Full-Time University Lakeside Campus Staff employee scheduled to work in one position classified as .80 FTE or higher.
- Part-Time University Lakeside Campus Staff employee in a position identified as .53 FTE or higher (based on 1,950 annual hours), or if you are scheduled to work at least 20 hours per week.
- Part-Time Health Science Division Staff employee scheduled to work in a position classified as .50 FTE or higher (based on 2,080 annual hours).

**Eligible Dependents**

You can elect coverage under Loyola’s health, dental, and vision plans and the Hyatt Legal Plan for your spouse, a Legally Domiciled Adult (LDA), and dependent/adult children as described below.

**Spouse**

You may enroll your spouse if he or she is a person to whom you are legally married according to the laws of the state in which you reside.
Legally Domiciled Adult (LDA)
You may enroll your LDA if your LDA meets the following criteria:
- Is not legally married (does not have a spouse).
- Has lived in the same primary residence as you for the past six months and intends to continue living there.
- Shares a close personal relationship with you (e.g., not a casual roommate or tenant).
- Is jointly responsible with you for basic living expenses.
- Is 18 years of age or older.
- Is not related by blood to you such that the relationship would bar marriage.
- Is not receiving benefits from any other employer (however, an LDA who is receiving health care but not dental care benefits from his or her employer is eligible for Loyola dental, but not health care benefits).
- Is a parent, adult sibling, or adult child who is neither receiving benefits from an employer nor eligible for any group coverage, living in the same primary residence as you, and claimed as your federal tax dependent.
- Must be a U.S. citizen.

You may enroll either a spouse or one LDA. If you choose to enroll a Legally Domiciled Adult, you must meet all of the eligibility requirements and complete a Certification of Eligibility Form, available from Human Resources.

Tax Implication for Covering a LDA
The value of the cost for covering a non-dependent LDA is taxable (or "imputed") income. Human Resources will add the value of the benefit to your bi-weekly or monthly pay, and you will be taxed on that amount. We recommend you consult with your attorney or tax professional about the specifics of your particular situation.

Dependent and Adult Children
You may enroll your children if they are:
- under the age of 26 regardless of student or marital status (coverage will end on the last day of the month in which the child reaches age 26). For purposes of life insurance, the dependent child must be unmarried.
- disabled children who depend on you for support and maintenance because of mental or physical handicap, regardless of age, if they were covered prior to reaching age 26.

Verifying Dependent Eligibility
The University has a responsibility to faculty and staff to ensure you get the most value from our benefits. This means we regularly review and maintain benefit plan features and administrative functions to keep benefits affordable for all faculty/staff and the University.

We are also responsible for ensuring that benefits comply with plan rules and federal and state regulations. Failing to comply with plan rules and regulations can create problems for the faculty and staff enrolled in the benefit plans.

To ensure that the medical, dental, and vision plans are complying with eligibility rules, all faculty and staff are required to verify the eligibility of the dependents they enroll in the health, dental, and vision plans when enrolling as a newly hired faculty and staff or during Benefits Open Enrollment.
Coverage Levels
For health, dental and vision benefits, you have six choices of coverage levels:

- Single
- Single plus Child(ren)
- Single plus Spouse
- Family (you, your spouse, and your eligible child or children)
- Single plus Legally Domiciled Adult (LDA)
- Single plus LDA/Child(ren) (you, one LDA, and any eligible dependent child or children)

**What Is a QMCSO?**
A Qualified Medical Child Support Order (QMCSO) is a court order that extends health care coverage to the children of a faculty or staff who is divorced, separated, or never married.

Documentation Required for Eligibility Verification
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.

<table>
<thead>
<tr>
<th>If you enroll...</th>
<th>You will need to provide copies (not originals) of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Spouse</td>
<td>• 2012 jointly filed Federal tax return <em>(without personal financial information revealed)</em>, or</td>
</tr>
<tr>
<td></td>
<td>• Marriage certificate and proof of joint ownership <em>(mortgage or lease)</em></td>
</tr>
<tr>
<td>Legally Domiciled Adult (LDA)</td>
<td>• Loyola University Chicago Certification Form and proof of joint ownership <em>(mortgage or lease)</em></td>
</tr>
<tr>
<td></td>
<td>• Civil union license* and proof of joint ownership <em>(mortgage or lease)</em></td>
</tr>
<tr>
<td></td>
<td>• 2012 jointly filed Federal tax return</td>
</tr>
<tr>
<td>Biological Child</td>
<td>Birth certificate</td>
</tr>
<tr>
<td>Adopted Child</td>
<td>• Adoption placement agreement and petition for adoption, or</td>
</tr>
<tr>
<td></td>
<td>• Adoption certificate</td>
</tr>
<tr>
<td>Legal Ward</td>
<td>• Government-issued birth certificate</td>
</tr>
<tr>
<td></td>
<td>• Court-ordered document of legal custody</td>
</tr>
<tr>
<td>Disabled Legal Ward</td>
<td>• Government-issued birth certificate</td>
</tr>
<tr>
<td></td>
<td>• Court-ordered document of legal custody</td>
</tr>
<tr>
<td></td>
<td>• 2012 Federal tax return</td>
</tr>
<tr>
<td>Dependents because of a QMCSO</td>
<td>Qualified Medical Child Support Order <em>(must be for the employee)</em></td>
</tr>
</tbody>
</table>

*In certain states, a marriage license is recognized under the DOMA Act, please contact (312) 915-6175 for more information.

See the Documentation Requirements for Eligibility Verification table above for the copies of documents you need to provide; do not send original documents.
Making and Changing Your Benefit Elections

If you are newly hired faculty or staff, you have 31 days after your date of hire to elect your benefits (see below for enrollment instructions). During this initial enrollment period, you elect your benefits and coverage level. If you fail to enroll in benefits before the deadline, you may enroll in benefits during the next Benefits Open Enrollment Period or following a qualifying event as explained on page 7.

Open Enrollment

The Benefits Open Enrollment Period, held each fall, is your opportunity to choose your benefits for the following calendar year. If you do not make a change to your coverage level or benefits during this period, your elections for the current year will automatically continue for the next calendar year (with the exception of Flexible Spending Accounts, which require annual re-enrollment to participate).

Enrolling Dependents

You must enroll your eligible dependents during the enrollment period. You cannot add them later unless you have a qualifying event (see page 9.)

The value of the cost for covering a non-dependent LDA is taxable (or “imputed”) income. Human Resources will add the value of the benefit to your bi-weekly or monthly pay, and you will be taxed on that amount. We recommend you consult with your attorney or tax professional about the specifics of your particular situation.

Enrolling Online

New-hire online enrollment should be accessed from your Loyola workstation or any campus computer with Internet access. Otherwise, if not using a Loyola computer, you will need a Virtual Private Network (VPN) account. Please call the Technology Support Center at (773) 508-7190 if you would like to establish a VPN. Please follow the steps below to enroll; call Human Resources at (312) 915-6175 if you have questions or enrollment problems.

• Step 1. On or after your employment start date with Loyola University Chicago, go to: www.luc.edu using Internet Explorer. Click on “Human Resources” under “Resources.”
• Step 2. Click on “Employee Self-Service” under “Tools.”
• Step 3. Enter your Loyola username and password and click “Login.” If you do not know your Loyola username and password, please contact Technical Services at Ext. 44444.
• Step 4. In the left pane, click “Employee Self-Service.”
• Step 5. Click on “Dependents.” You must add your dependent information before you start the new-hire benefits enrollment process. If you do not have dependents, skip to Step 6. You are required to enter all of your dependents even if they are not enrolled in your selected benefits.
• Step 6. As mentioned during the New-Hire Orientation, Loyola pays for a life insurance policy on your behalf equal to 1-1/2 times your annual salary. You are automatically enrolled in the benefit, but you must provide beneficiary information. Click the “Home” tab in the left pane, then click “Benefits” and “Beneficiary.” Add your beneficiary information.
• Step 7. If you would like to enroll in Flexible Spending Accounts or Transit, click the “Home” tab in the left pane, then click “Benefit Express — Flexible Spending” under “My Shortcuts.” Follow the login instructions on the Benefit Express website. Close the windows after making your Flexible Spending and/or Transit elections. You will return to the Lawson Employee Self-Service Screen.
• Step 8. Click the “Benefits” tab, then “New Hire Enrollment.” Read the welcome message, and click “Continue.”
• Step 9. You will be prompted throughout the application process to make your benefit elections.
• Step 10. You will need to confirm the benefits enrollment summary page before finishing. Once you confirm your elections, you will not be able to make any election changes online. If you are having difficulty enrolling online, call Human Resources at (312) 915-6175. When you have completed your enrollment, you may print your benefit elections.
• Step 11. To enroll in the Long-Term Care plan, you must complete the application form on CNA’s website at: www.ltcbenefits.com (password: Loyola). Completed applications should be mailed directly to the address on the form.
• Step 12. To enroll in the retirement plan, call the Retirement Center at (773) 508-2770.
When Coverage Begins and Ends
In general, your benefits become effective on the first day of employment if your date of hire is on the first day of the month. Otherwise, your benefits become effective on the first day of the month following your date of hire. Additional waiting periods or exceptions are covered under each benefit description. Health insurance coverage of newborns begins at birth if you notify Human Resources within the infant's first 31 days after the birth date. If adding coverage due to a qualifying event, the effective date is the date of the qualifying event and may be added retroactively. If this occurs, additional premiums may be owed or refunded depending on coverage levels that are changed.

Your coverage under the benefit plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events
Your elections will be in effect for the entire plan year (January 1 through December 31), unless you have a qualifying event and request a change in benefit elections. If you experience a qualifying event, please contact the Human Resources Department at (312) 915-6175. Qualifying events include:

- Change in legal marital status (marriage, divorce, death of spouse, legal separation);
- Change in LDA eligibility criteria;
- Change in number of eligible dependents (birth, placement for adoption, guardianship or death);
- Employment status change for you, your spouse, or your dependent (termination or commencement of employment, full-time or part-time);
- Taking an unpaid leave of absence;
- Dependent satisfies or ceases to satisfy eligibility requirement (attainment of age limit, marriage); and
- Change in cost or coverage due to spouse or dependent's open enrollment.

Paying for Benefits
The cost of coverage depends on your elections and your employment status. Contributions you make toward health, dental, vision and flexible spending accounts are automatically withheld on a pre-tax basis from your pay. These pre-tax contributions reduce your regular gross salary before Social Security (FICA), federal and (in most cases) state taxes are deducted from your pay. If you prefer to arrange after-tax deductions, please contact the Human Resources Department at (312) 915-6175.
Medical

- The Loyola Advantage BCBSIL PPO Medical Plan
  - How the Plan Works
  - Terms to Know
  - Summary of Coverages – PPO Plan at a Glance
  - Preventive Care – Wellness Benefits
  - Hospital Benefits
  - Inpatient Copay – Medical Services Advisory (MSA) Program
  - Emergency Room Care
  - Medical Care When Traveling Abroad

- Prescription Drug Program
  - Mail Order Pharmacy for Maintenance Drugs
  - Drug Step Therapy
  - Prior Authorization Program
  - Specialty Pharmacy Program – Prime Specialty
Loyola Advantage BCBSIL PPO Medical Plan
Loyola University Chicago provides health care coverage through the Loyola Advantage BCBSIL PPO Plan. The plan is a Preferred Provider Organization (PPO), a network of doctors, hospitals and other health care providers who agree to provide services at discounted rates. BlueCross BlueShield manages the PPO and is the claims administrator.

How the Plan Works
Here is how the Loyola Advantage BCBSIL PPO plan works (see the “Terms to Know” below for definitions of terms):

• The plan does not require you to sign up with a particular hospital or physician when you enroll. Each time you need care, you can visit any doctor or hospital you choose, but you receive a higher level of benefits if you choose a home hospital or BCBSIL network provider. To find out if a particular hospital or physician is a part of the PPO network, call BlueCross BlueShield Member Services at (866) 266-3674, or go to: http://bcbsil.com/providers/index.htm.

• Most routine preventive care from In-Network doctors is covered at 100%. For most other services, you pay 100% of your health care costs until you meet the annual deductible.

• After you meet the annual deductible, the plan then pays a percentage of the cost and you pay the remainder — your coinsurance. You pay a smaller percentage if you use a home hospital or a PPO network provider. A co-pay applies for emergency room visits and hospital admissions.

• Once you reach the annual out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the calendar year.

• There are no pre-existing conditions on the health plan.

• Separate deductibles, coinsurance and out-of-pocket maximums apply to prescription drug expenses.

• See the Health Plan Summary table on pages 12-13 for additional details.

Terms to Know
Annual Deductible – The amount you have to pay each year before the plan starts paying a portion of expenses. Most covered expenses count toward the annual deductible. Prescription drugs (which have a separate deductible) do not count toward health plan deductibles. All family members’ expenses that count toward a health plan deductible accumulate together in the aggregate to satisfy the annual family deductible; however, one person will not pay more than $400 for the deductible.

Annual Out-of-Pocket Maximum – Total amount you pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Expenses paid to satisfy the annual deductible count toward the annual out-of-pocket maximum. Most covered expenses count toward the out-of-pocket maximum, except prescription drugs (which have a separate out-of-pocket maximum).

Coinsurance – A percentage of a claim you pay after you meet the annual deductible.

Copayment (copay) – A fixed dollar amount you pay for emergency room visits and hospital admissions.

Home Hospital – Loyola University Health System or Gottlieb Hospital.

PPO (Preferred Provider Organization) – A network of doctors, hospitals and other health care givers. The Loyola Advantage PPO Plan uses the BlueCross BlueShield network.
Summary of Coverages – PPO Plan at a Glance
The Loyola Advantage BCBSIL PPO Plan has a significant advantage over other medical plans because we offer affordable health care through our home hospitals. The following table highlights key benefits of the plan (effective January 1, 2014).

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Home Hospital (Loyola University Health System and Gottlieb Hospital)</th>
<th>In Network (PPO)</th>
<th>Out of Network (Non-PPO)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Expenses paid to satisfy the deductible count toward the annual out-of-pocket maximum)</td>
<td>Single Coverage is $400 Other Coverage Levels each have an $800 maximum</td>
<td>Single Coverage is $1,000 Other Coverage Levels each have a $2,000 maximum</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>Single Coverage is $3,000 Other Coverage Levels each have a $6,000 maximum</td>
<td></td>
<td>Single Coverage is $6,000 Other Coverage Levels each have a $12,000 maximum</td>
</tr>
<tr>
<td>Wellness Visit⁶ Children and Adults</td>
<td>100% No deductible</td>
<td></td>
<td>50% No deductible</td>
</tr>
<tr>
<td>Physician’s Office Visit</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Hospital</td>
<td>90% after $100 copay (per admission) No deductible</td>
<td>80% after $250 copay (per admission) and deductible</td>
<td>50% after $500 copay (per admission) and deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility, Coordinated Home Care, and Hospice⁶</td>
<td>90% after $100 copay (per admission) No deductible</td>
<td>80% after $250 copay (per admission) and deductible</td>
<td>50% after $500 copay (per admission) and deductible</td>
</tr>
<tr>
<td>Emergency Room²</td>
<td>100% after $150 copay (per visit) Copay waived if patient is admitted to hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital Surgery</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Physician Surgical Services and Diagnostic Testing</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital Services (radiation, chemotherapy, cardiac rehab, dialysis) and Diagnostic Testing</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>90% after deductible, up to 45 visits/year annual maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Loyola Advantage BCBSIL PPO Plan at a Glance

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Home Hospital (Loyola University Health System and Gottlieb Hospital)</th>
<th>In Network (PPO)</th>
<th>Out of Network (Non-PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>90% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapies (Physical, Speech, Occupational, Chiropractic, Acupuncture, Osteopathic)</td>
<td>90% after deductible&lt;sup&gt;3&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after $100 copay (per admission) no deductible</td>
<td>80% after $250 copay (per admission) and deductible</td>
<td>50% after $500 copay (per admission) and deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Use Disorder Treatment</td>
<td>90% after deductible&lt;sup&gt;3&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>90% after deductible&lt;sup&gt;3&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Vision Care Services Routine Eye Exams</td>
<td>100%, one annual visit No deductible&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td>50% no deductible</td>
</tr>
<tr>
<td>Eye Diseases</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Infertility Services&lt;sup&gt;4&lt;/sup&gt;</td>
<td>90% after deductible&lt;sup&gt;3&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Syndrome (TMJ)</td>
<td>90% after deductible&lt;sup&gt;3&lt;/sup&gt;</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

1. Out-of-network (non-PPO) 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 toward the out-of-pocket maximum.

2. 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 you are admitted to hospital, contact BCBSIL within two business days, or benefits are reduced.

3. Not applicable if there is no provider at LUHS/Gottlieb. Provider services will be paid at the in- or out-of-network coverage level.

4. Infertility expenses related to artificial insemination are covered up to a maximum of three attempts per lifetime. All other infertility treatments are not covered.

5. Benefit for Routine Eye Exams; you must see only a BlueCross BlueShield PPO Provider shown on the bcbsil.com website, listed under “Specialty Type,” then click on “Optometrist” or “Ophthalmologist.”

6. No limitations.
Preventive Care – Wellness Benefits
Wellness means assuming responsibility for maintaining good health and incorporating good healthy habits and lifestyle choices to enhance your well-being and improve the quality of your life. Some examples of routine services are physical examinations, mammograms and immunizations. All covered family members may receive routine wellness services; the annual deductible is waived.

General Preventive Care Services Covered at 100% In-Network
Below are common preventive care services that the Loyola Advantage PPO Plan covers at 100% when you receive these services from a participating provider. When you see your doctor for a preventive care visit, be sure to specify that your visit is for preventive care or wellness, as covered under the plan. If your doctor discusses other preventive care or wellness services not listed below, be sure to ask if the service is covered at no additional cost.

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammogram
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for Sexually Transmitted Infections and HIV
- Breastfeeding support, supplies and counseling
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

For more information about wellness and preventive care, see the U.S. Preventive Services Task Force recommendations at: http://www.uspreventiveservicestaskforce.org/. Additionally, for women’s preventive service, see the guidelines supported by the Health Resources and Services Administration (HRSA) at: http://www.hrsa.gov/womensguidelines/.

Hospital Benefits
Inpatient and outpatient hospital care, in duly licensed facilities, as well as care received in certain specialized facilities such as a licensed ambulatory surgical center, are covered under your plan. For a list of hospitals in the PPO network, see the BlueCross BlueShield website: http://bcbsil.com/providers/index.htm.

Inpatient Copay – Medical Services Advisory (MSA) Program
There is a per admission copay for every inpatient confinement, including at home hospitals (Loyola University Health System and Gottlieb Hospital). Before you receive health care from a hospital, Skilled Nursing Facility, or Coordinated Home Care outside of the Loyola University Health System (LUHS) or Gottlieb Hospital, you must contact the BlueCross and BlueShield Medical Services Advisory program (MSA).

The Medical Services Advisory (MSA) program is a group of doctors and nurses who help you maximize your plan benefits. Their job is to make sure you get the full value for your health care dollars. They will work with you and your private physician to help you understand your treatment options and decide the most effective treatment plan. These services are free to you.

Hospital admissions – You must call the MSA before being admitted to qualify for maximum benefits.
Emergency admissions – If you or your family member is admitted to the hospital through an emergency room visit, you must contact the MSA within two business days.
Pregnancy – Contact the MSA before completion of the first trimester of pregnancy. If you or your spouse’s maternity stay lasts more than two days for a normal delivery or four days for a cesarean section, be sure to contact the MSA again. You must also contact the MSA if the newborn’s discharge date is extended beyond the mother’s.

If you do not call the MSA, a non-certification deductible of $100 per occurrence is applied, in addition to the per-admission deductible. For more information about the MSA program, you may call the MSA telephone number on the reverse side of your BCBSIL identification card: (800) 635-1928.
Emergency Room Care
Your plan covers emergency medical care for the initial treatment of a sudden and unexpected medical condition which has such severe life-threatening symptoms that the absence of immediate emergency medical attention could result in serious or permanent medical consequences. It also covers emergency accident care and related diagnostic services when initiated within 72 hours of the accidental injury. All emergency room visits (including at a home hospital) are subject to a $150 per-visit copay.

A medical emergency is a situation so serious that it demands immediate medical attention and could put a person's life in danger or cause serious harm. Examples of serious, life-threatening medical emergencies are:
- Severe chest pain or pressure;
- Uncontrollable bleeding;
- Loss of consciousness or confusion;
- Difficulty breathing; and
- Severe or multiple injuries, including obvious fractures.

A non-medical emergency is a situation that usually does not require immediate emergency room medical care. Examples include:
- Colds, strep throat and flu;
- Earaches;
- Sprains;
- Headaches; and
- Cuts not requiring stitches.

Emergency room and urgent care center charges are covered at emergency room level if they meet the definition of a medical emergency under the plan (see previous page). If they do not meet the definition of a medical emergency under the plan, they are covered at outpatient hospital services level based on the service provider (home hospital, in-network or out-of-network).

Medical Care When Traveling Abroad
If you are enrolled in the Loyola Advantage PPO Plan and you need medical assistance when traveling outside the U.S., you have access to a range of medical assistance and claim support services. BlueCard Worldwide® provides BlueCross and BlueShield members with access to a network of traditional inpatient, outpatient and professional health care providers around the world.

Find a Doctor or Hospital Worldwide:
- BlueCard Doctor and Hospital Finder: (BlueCard Worldwide website) https://bluecardworldwide.com
- BlueCard Worldwide Service Center
  - Inside the U.S.: (800) 810-BLUE (2583)
  - Outside the U.S. (call collect): (804) 673-1177

When You Need Health Care Outside the U.S.
- Always carry your BlueCross BlueShield identification card.
- Check with BCBSIL before leaving the U.S. because your health care benefits may be different outside the U.S.
- If you need emergency medical care, go to the nearest hospital. Call the BlueCard Worldwide Service Center at (800) 810-BLUE (2583) or call collect at 1.804.673.1177 if you’re admitted.
- If you need non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center. The Service Center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a doctor. It is important that you call the BlueCard Worldwide Service Center in order to obtain cash-less access for inpatient care except for your usual out-of-pocket expenses (e.g., deductible, coinsurance). The Service Center is staffed with multilingual representatives and is available 24-hours-a-day, seven days-a-week.
- Call BCBSIL for pre-certification or prior authorization, if necessary. Refer to the phone number on the back of your ID card.
Prescription Drug Program

The prescription drug program includes a retail pharmacy benefit. It covers prescriptions for short-term use filled at retail outlets (Walgreens, CVS, etc.) and a mail-order pharmacy for use in filling ongoing prescriptions (up to 90 days).

Before you can use program benefits for brand drugs filled at a retail pharmacy, you first pay out-of-pocket until you satisfy the annual deductible. The deductible does not apply for generic or mail order drugs. After satisfying the annual deductible, you pay a coinsurance percentage of the cost of your prescription drugs, up to an annual out-of-pocket maximum. The percentage varies depending on whether your prescription calls for a brand-name drug or a generic equivalent and if it is filled at retail or through mail order. After your share of the cost reaches the annual out-of-pocket maximum, the program pays the remaining cost of your prescriptions for the rest of the calendar year.

When you use generic drugs, you save money because the cost is lower. Generic drugs have the same active ingredients as their brand-name equivalents. Please see the following table for coverage details.

<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><strong>Annual Deductible</strong></td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>15% but no greater than $200 per script</td>
<td>5% but no greater than $400 per script</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$3,000 per person, up to $6,000 per family</td>
<td>$3,000 per person, up to $6,000 per family</td>
</tr>
<tr>
<td><strong>Brand Name Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$100 single/$200 family</td>
<td>No Deductible</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>30% but no greater than $200 per script</td>
<td>15% but no greater than $400 per script</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$3,000 per person, up to $6,000 per family</td>
<td>$3,000 per person, up to $6,000 per family</td>
</tr>
</tbody>
</table>
Mail Order Pharmacy Saves You Money on Maintenance Drugs

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 http://www.bcbsil.com/member/rx_drugs.html. Please note: You may not place a mail order through a retail pharmacy.

Prescription – Member Pay the Difference Program

Every year certain brand prescriptions have a generic medication come on the market that meet the same standards set by the U.S. Food and Drug Administration as brand drugs do. These generic drugs cost less. If you purchase a brand drug that has a generic equivalent, you will pay the higher coinsurance amount, plus the difference in cost between the brand drug and its generic equivalent. The choice of a generic drug saves you and the plan dollars that can be used for other health care spending. PLEASE NOTE: If your doctor has a specific medical reason for prescribing a brand drug and writes “Do Not Substitute” on your prescription, you will not be required to pay the difference in cost.

Prescription Drug Step Therapy

The Loyola Advantage PPO Plan’s prescription drug program includes a “step therapy” provision for medications used in treating certain health conditions. In the step therapy program the medical provider prescribes safe, cost-effective, therapeutically appropriate medications (typically generic drugs) before prescribing other, more costly brand-name prescriptions. The list of prescribed drugs that participate in step therapy changes from time-to-time as new medications become available. For example, medications used for treating pain and rheumatoid arthritis/psoriasis are currently on the step therapy list. When your doctor prescribes a medication, you can ask BlueCross BlueShield if the prescription is part of the step therapy program.

Prior Authorization Program

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through BlueCross BlueShield of Illinois. If you are already taking, or are prescribed, a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider portal at: www.bcbsil.com. Your doctor also may call (800) 285-9426 to ask questions, or to get a form.

How the Prior Authorization Program Works

If the prior authorization request is approved, you will pay the appropriate amount based on your prescription drug benefit when you fill your prescription. If the prior authorization request is not approved, the medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. Or, you can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.
Why Only Certain Drugs Are Included in the Program
The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Growth hormones are one example. These drugs are meant to treat growth hormone deficiency and other medical conditions. However, growth hormones are sometimes misused by body builders to increase muscle mass and by other people for anti-aging effects.

What You Should Do if You Take a Drug That Is Part of the Program
• If you are already taking a medication that is included in the prior authorization program when the program becomes part of your prescription drug benefit, your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.
• If your doctor writes you a new prescription for a medication included in the program, he or she will need to submit a prior authorization request before the drug can be covered under your benefit plan.

Medications Included in the Prior Authorization Program
Examples of drug categories that may be included in the prior authorization program include:
• Androgens/anabolic steroids
• Antibiotics (e.g., doxycycline/minocycline)
• Antifungal agents
• Erectile dysfunction
• Narcolepsy
• Oral fentanyl
• Specialty medications

Additional categories may be added and the program may change from time to time.

To see a sample list of drugs in these categories, go to: www.bcbsil.com. If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the Pharmacy Program number on the back of your ID card. Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs — for everyone.

Specialty Pharmacy Program – Prime Specialty
To assist members who require specialty medications, BlueCross BlueShield has arranged for a specialty pharmacy program through Prime Specialty. Specialty medications are generally prescribed to treat chronic, complex medical conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty medications are typically given by injection or infusion, but may be taken by mouth. These drugs often require careful adherence to treatment plans and have special handling or storage requirements and may not be stocked by retail pharmacies.

Support In Managing Your Condition
Through Prime Specialty, you can have your covered specialty medication delivered directly to you or to your doctor's office. When you choose to obtain your covered specialty medication through Prime Specialty, you receive services designed to help in managing your therapy — at no additional charge — including:
• Coordination of coverage between you, your doctor and BCBSIL.
• Convenient delivery of medication to you or your physician's office.
• Educational materials about your particular condition and information about managing potential medication side effects.
• Syringes, Sharps Recovery System™ containers and other supplies with every shipment for self-injectable medications.
• 24/7/365 customer service phone access.
Ordering Through Prime Specialty
Coverage for specialty medications is usually provided through your prescription drug benefit. To begin using Prime Specialty Pharmacy, call (877) 627-6337. If you currently use a specialty medication, you can have your existing prescription transferred to Prime Specialty. If you have a new prescription for a specialty medication, Prime Specialty can provide you further information about submitting the prescription or having your doctor do so.

Please note that some members may not have coverage for specialty medications. In addition, the list of specialty medications may include drugs that are not covered under your benefit because of specific exclusions. Call the number on the back of your member ID card if you have questions.

Receiving Specialty Medications
Since many specialty medications have unique shipping or handling requirements, all shipments are arranged with you through Prime Specialty. Medications are shipped in plain, secure, tamper-resistant packaging.

Prior to your scheduled refill date, you may be contacted to:
• Confirm your medication, dosage and the delivery location.
• Review any prescription changes your doctor may have ordered.
• Discuss any side effects you may be experiencing

If you need assistance, you can reach Prime Specialty at (877) 627-6337.

Call Prime Specialty at (877) 627-6337 to order. Have your member ID card and the following information ready:
• Name, address, phone number
• Name of medication
• For existing prescriptions, your current pharmacy’s name and phone number, and the prescription number
• Physician’s name and phone/fax numbers

Prime Therapeutics LLC is an independent company providing pharmacy benefit management and specialty pharmacy services for BlueCross and BlueShield members. Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC.
Dental and Vision

- Dental Benefits
  - Delta Dental PPO
  - Guardian/First Commonwealth (DHMO)

- Vision Benefits
  - Overview
  - Vision Service Plan (VSP)
  - AlwaysVision
  - Comparison of Vision Plan Options
You may choose from two dental plan options: Delta Dental (a dental PPO plan) and Guardian/First Commonwealth (a managed-care dental plan).

**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](http://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>If there are more than three individuals covered in a family unit, each individual must meet their deductible before the plan pays a percentage of costs for that individual - <em>Not to exceed 3 deductibles per family unit.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive &amp; Diagnostic Services</strong></td>
<td>100% no deductible</td>
<td>90% no deductible</td>
<td>90% no deductible</td>
</tr>
<tr>
<td>Bi-annual oral examination including full mouth and bitewing x-rays, teeth cleaning, and, for patients under age 19, topical fluoride application.</td>
<td></td>
<td></td>
<td></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>Crowns, fixed bridge restorations, implants, removable partial or complete dentures, and repairs to existing dentures.</td>
<td></td>
<td></td>
<td></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>
Pre-Determining Your Dental Costs
If your dentist recommends a course of treatment that will cost more than $200, he or she should submit a treatment plan to Delta Dental before treatment begins. This treatment plan must include:

- A report describing the planned treatment;
- Copies of necessary x-rays, photographs and models; and
- An estimate of the charges for the treatment.

Delta Dental will review the information taking into consideration alternative courses of treatment and will notify you and your dentist of the benefits which will be provided for your treatment.

### Delta Dental’s Health-Enhanced Benefits Program

<table>
<thead>
<tr>
<th>Delta Dental Eligible Members</th>
<th>Treatment</th>
<th>Coverage Level</th>
<th>Frequency per Benefit Year</th>
<th>Applies to Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with Diabetes, High Risk Cardiac Conditions, Kidney Failure or Dialysis Conditions</td>
<td>Prophylaxis and periodontal maintenance cleaning</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>-Or- Periodontal maintenance cleaning</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>Prophylaxis</td>
<td>Same % as the group-contracted benefit level</td>
<td>3 x total</td>
<td>Yes</td>
</tr>
<tr>
<td>Persons with Periodontal Disease, a History of Periodontal Surgery, Suppressed Immune System Conditions or Cancer-Related Chemotherapy or Radiation</td>
<td>Prophylaxis and periodontal maintenance cleaning</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>-Or- Periodontal maintenance cleaning</td>
<td>Same % as the group-contracted benefit level</td>
<td>4 x total</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Fluoride varnish (no age limits)</td>
<td>Same % as the group-contracted benefit level</td>
<td>2 x total (following periodontal surgery)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The enhanced benefits listed above are covered only for individuals with diabetes, pregnant women, and persons with periodontal disease or a history of periodontal surgery. For more information, visit Delta Dental of Illinois’ website at: [www.deltadentalil.com](http://www.deltadentalil.com), or phone Delta’s customer service number at (800) 323-1743.
The enhanced benefits listed above are covered only for individuals with diabetes, pregnant women, and persons with periodontal disease or a history of periodontal surgery. For more information, visit Delta Dental of Illinois’ website at: www.deltadentalil.com, or phone Delta’s customer service number at (800) 323-1743.

**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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Features</strong></td>
<td><strong>What the Plan Pays</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Preventive &amp; Diagnostic Services</strong></td>
<td>100%</td>
</tr>
<tr>
<td>Bi-annual oral examination including full mouth and bitewing x-rays, teeth cleaning, and, for patients under age 19, topical fluoride application.</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>85%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>65%</td>
</tr>
<tr>
<td>Crowns, fixed bridge restorations, removable partial or complete dentures, and repairs to existing dentures. Select Cosmetic Services are covered at 50%.</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit Per Person</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Benefit for Children and Adults</strong></td>
<td>$1,000 savings off prevailing orthodontia fee</td>
</tr>
</tbody>
</table>
Overview
You may choose from two vision plan options: VSP* (Vision Service Plan) and AlwaysVision. Both offer eye care services through a network of service providers and access to national eye care chains. Providers in the AlwaysVision network also include Loyola University Health System Ophthalmologists. If you elect medical coverage through the Loyola Advantage PPO Plan, you are eligible for a basic vision exam and discounts on hardware through a Davis Vision provider.

Vision Service Plan (VSP)
With this plan, you may use any provider, but you will receive a higher level of benefits if you choose a VSP network provider, and you won't have to file claims. If you choose an out-of-network provider, you pay the provider and file a claim with VSP for reimbursement. VSP also offers discounts on PRK, LASIK and Custom LASIK surgeries through many of the nation’s finest laser surgery facilities and doctors. Additional plan features include the following:

- You can receive 20% savings on additional pairs of prescription glasses and sunglasses purchased from any VSP doctor within 12 months of your last eye exam.
- You’ll also save up to 30% on lens extras such as scratch-resistant and anti-reflective coatings and progressives.
- If your eye doctor visit includes a contact lens exam, the plan also pays up to $60 of the contact lens exam (separate from eye exam copay).
- Current soft contact lens wearers may qualify for a special contact lens program that includes an evaluation and an initial supply of replacement lenses. Ask your VSP doctor or visit www.vsp.com.
- VSP has added more retail chain providers such as Costco and Visionworks to give you more service options and locations from which to choose.

To learn more or to find a VSP network doctor, call VSP Member Services at (800) 877-7195 or go to www.vsp.com.

AlwaysVision
The AlwaysVision plan provides comprehensive eye care benefits from participating providers, including Loyola Medicine Ophthalmologists. You may also use out-of-network vendors, but in-network providers offer a higher level of benefits. Plan features include:

- A comprehensive vision exam.
- High quality eyeglasses or contact lenses at preferred prices. Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered in full, and plan allowances for specialty lenses are listed on the next page. If the cost is greater than the plan’s benefits, you are responsible for the difference. See below for information on finding an Always Vision provider.

Finding an AlwaysVision Provider
Members may access providers in the nationwide PPO network of 22,000 providers in over 18,000 locations. Call (888) 729-5433, Ext. 2013, for a list of participating providers; or visit: www.AlwaysVision.com. Provider options include:

- Loyola’s Department of Ophthalmology for Well Eye Exams and Contact Lenses; call Loyola Medical Center Central Scheduling at (708) 216-8563 to make an appointment.
- Independent optometrists.
- Regional and national retail chains (Pearle Vision*, Target*, Sears*, JC Penney™ and EyeMasters*).

You may choose different providers for the vision exam and materials purchases. Out-of-network benefits are available, but you will receive the best value in-network. Most providers (excluding Walmart) offer discounts on items purchased after using the insurance benefits.

Davis Vision Discounts (through the Loyola Advantage PPO Plan)*
Loyola Advantage PPO plan participants can receive discounted hardware/lenses at Davis Vision providers; fees may vary by BCBSIL providers. For a list of providers:

- Go to www.bcbsil.com/providers/index.html.
- Click on “Provider Finder”.
- Under “More Searches” click on “Find a Vision Provider.”
- Click on “Find Vision Provider for “Non-HMO Members.”

The routine vision exam is covered at 100% through the medical plan at BCBSIL PPO providers. For more information on Davis Vision’s discounts on hardware, call Davis Vision at (877) 393-8844.
Laser Vision Correction
Discounts on laser vision correction services are available through the TLC/TruVision network. To schedule an appointment, call TLC/TruVision directly at (866) 484-2020.

Mail Order Contact Lenses
The Lens 1 2 3 Mail Order Contact Lens Replacement Program is a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, call (800) LENS-123 [(800) 536-7123], or visit the Lens 1 2 3 website at www.lens123.com.

Remember:
If you enroll in either the VSP or the AlwaysVision plans, and if your optometrist or ophthalmologist is a Davis Vision provider or if you use a Davis Vision provider for products and services, present your BCBSIL ID card to compare discounts on frames, lenses and contact lenses and determine which plan offers the better value. Davis Vision discounts are available only at Davis Vision providers.

* The relationships between BlueCross BlueShield and Davis Vision, Inc., on behalf of TLC/TruVision, are those of independent contractors. BlueExtras is a discount program available to BCBSIL members. This is not insurance. Call the customer service number on the back of your ID card for specific benefit information under your health plan. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.
Flexible Spending Accounts

- How Flexible Spending Accounts Work
  - Enrollment
  - FSA Debit Card – Benefit Express
  - Reimbursement Process
  - How to Contribute
  - Changing Flexible Spending Accounts

- Dependent Day Care Account
  - Eligible Expenses and Limitations

- Health Care Spending Account
  - Eligible Expenses and Limitations
If you are a full-time University benefits-eligible faculty or staff (.80 or higher), you are eligible to enroll in one or both flexible spending accounts.

How Flexible Spending Accounts Work
The University recognizes the need to provide a program that helps you pay for expenses not covered by your health plan and expenses related to dependent care. Flexible Spending Accounts (FSAs) for health care and/or dependent day care expenses, used properly, can help save you money on these expenses. By participating in either or both of these flex accounts you use tax-free dollars deducted from your paychecks to pay for certain out-of-pocket expenses. The dollars you save are from the following payroll taxes:

- Federal income tax;
- State income tax (in most cases); and
- Social Security (FICA) tax.

The table offers an example of how you can save money with a Health Care FSA.

<table>
<thead>
<tr>
<th>Example: Savings with a Health Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Savings result in this example: $872</strong></td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Annual tax</td>
</tr>
<tr>
<td>Contributions to the FSA</td>
</tr>
<tr>
<td>Taxable income after deductions to your FSA</td>
</tr>
<tr>
<td>Federal &amp; State income taxes, plus Social Security withholding</td>
</tr>
<tr>
<td>After-tax income</td>
</tr>
<tr>
<td>After-tax dollars spent on health care expenses</td>
</tr>
<tr>
<td>Take-home pay</td>
</tr>
<tr>
<td>Increased take-home pay</td>
</tr>
</tbody>
</table>

*Actual savings will vary based on your individual tax situation.

Benefit Express administers the FSA plan for Loyola University. Once you are enrolled, it is easy to access information and download forms through their website at: www.loyolaexpress.com. Claim forms may be faxed to Benefit Express at (253) 793-3766. For additional information call (877) 837-5017. The mailing address is:

Benefit Express Loyola FSA
P.O. Box 189
Arlington Heights, IL 60006

Enrollment
If you are a benefits-eligible new hire, you may participate in either or both the Health Care and Dependent Day Care Flexible Spending Accounts. You must enroll within your first 31 days of employment. If you do not enroll at this time, the next opportunities to enroll are during the annual Benefits Open Enrollment period, generally held during the fall, or if you experience a qualifying event such as marriage (see page 9).
Each year during the Benefits Open Enrollment period, you decide if you want to participate in one or both of the Flexible Spending Accounts for the following year. If you decide to enroll in the program, you also will have to decide how much to contribute to each account. You cannot stop, start or change this decision during the calendar year unless you experience a qualifying event, as defined by the IRS and the Plan. **Yearly enrollment is an IRS regulation.**

**FSA Debit Card – Benefit Express**

The Benefit Express debit card can simplify the process of paying for eligible health care FSA expenses. You can use the card at qualifying merchant locations, pharmacies and doctors’ offices that accept MasterCard. It is your responsibility to ensure that your FSA MasterCard is used only for qualified health care expenses, and for checking your account balances to make sure you have sufficient funds available. When you activate your card, it is loaded with the amount you have elected to contribute to your benefit program. As you use the card to pay for items eligible for reimbursement, corresponding deductions will be made from the card balance.

Special arrangements with merchants such as Walgreens and Walmart allow you to make eligible purchases that are automatically approved. In most cases, this means that you will not be required to submit receipts for substantiation, although we always recommend that you keep your receipts in case a situation arises in which a transaction is questioned. In other transactions outside of Walgreens and Walmart, you will be asked to provide copies of documentation. We recommend that you keep all receipts for the entire plan year in the event that supporting documentation is requested.

**Reimbursement of Over-the-Counter Purchases**

Purchases of over-the-counter (OTC) medications can no longer be reimbursed through the Health Care FSA. However, you can be reimbursed for many OTC medications if you obtain and submit a doctor’s prescription with your claim. You may continue to use your Health Care FSA to purchase OTC health care supplies such as contact lens solution and bandages without a doctor’s prescription.

The FSA Debit Card allows you to pay for eligible expenses at the point of service. Additional benefits include:

- Immediate access to your FSA account; you avoid paying with cash or check.

- Immediate payment of the expense; you avoid waiting for the reimbursement check.

The ease of use at the point of sale reduces the burden of having to pay money out-of-pocket, and eliminating the wait for a reimbursement has proven to be extremely convenient for plan participants.

**Reimbursement Process**

If you are not using the debit card for some or all expenses, you may submit requests for reimbursement to Benefit Express, along with the required documentation of expenses incurred, after the date you became an eligible participant in the plan. You may choose to receive your reimbursement check through the U.S. mail directed to your home, or you may sign up for automatic Direct Deposit to your savings or checking account. The request for Direct Deposit can be accessed through Benefit Express by visiting the website at: [www.loyolaexpress.com](http://www.loyolaexpress.com).

You are required to use the FSA Reimbursement Request Form for submitting all eligible expenses to Benefit Express. Benefit Express forms can be printed from their website along with directions for completion of the form. When submitting it, please furnish documentation of expenses incurred either through an itemized statement from the provider, your explanation of benefits form, or ask your doctor, dentist, or pharmacist to complete and sign in the section titled Provider’s Signature on the form. The form allows you to list several expenses at once. There is a minimum of $25 in expenses before the reimbursement will be processed. Remember to sign the form and attach your supporting documentation. The easiest way to submit the form for reimbursement is by fax at (253) 793-3766. Whether the form is faxed or mailed, you should always keep a copy of all information submitted for your records.
How to Contribute
There are maximum allowable contributions that limit the salary dollars you may set aside. The Health Care FSA yearly maximum election is $2,500; the Dependent Day Care yearly maximum election is $5,000 (yearly minimum election is $240). In addition, under the guidelines of this program, the IRS Code specifies that:

- Any money not used for allowable expenses within the calendar year is forfeited and will not be refunded.
- Requests for reimbursement of dollars expended within the benefit calendar year must be submitted to Benefit Express along with the required documentation, prior to March 31 of the following year.
- Expenses reimbursed through these accounts cannot be claimed as deductions or credits when you file your income tax returns.

The limit is per participant and not per household. Therefore, if a husband and wife both participate in their respective employer’s FSA plans, they may have a combined household – pre-tax contribution of $5,000 for the taxable year but neither may contribute more than the $2,500 per person pre-tax limit (e.g., one cannot contribute $2,000 and the other contribute $3,000).

To avoid forfeiture of your yearly elections, consider carefully the dollar amount to set aside. Review your out-of-pocket expenses for the previous two or three years. Identify how this might change in the current year and elect amounts that will cover realistic expenses. Because this program offers tax savings under IRS Section 125, your unused pre-tax salary reductions cannot be returned to you or rolled-over into future plans’ years. IRS regulations require that all funds be used or forfeited in the plan year the salary reduction was made.

Changing Your Flexible Spending Account(s)
You may elect to enter, exit or change your FSA election only if you experience one of the following:

- Change in legal marital status (marriage, divorce, death of a spouse);
- Change in number of tax dependents (birth of a child);
- Employment status change for you, your spouse or dependent;
- Dependent satisfies, or ceases to satisfy, eligibility requirements;
- Residence change by you, your spouse or dependent; or
- Change in cost of covered Day Care.

Enroll Every Year
If you are participating in a health care or dependent day care flexible spending account, you must enroll every year. Your current election does not automatically carry over from one year to the next.

A change in benefit elections because of a qualifying event can only be made if it is consistent with the change in family or employment status and if the Human Resources Department is notified within 31 days of the change. The IRS requires anyone contributing to a Dependent Day Care Flexible Spending Account to complete Form 2441.

Remember ...

- Reducing your taxable income may affect your future Social Security Benefits.
- The IRS will not allow you to take the Dependent Care Tax Credit for expenses reimbursed through your FSA account.
- Depending on your personal situation, the Dependent Care Tax Credit may be more advantageous than the pre-tax Flexible Spending Account. Consult your tax advisor.
**Dependent Day Care Account**

**Eligible Expenses and Limitations**
The Dependent Day Care Account is designed to pay for the care of children or adults who qualify so that you can work. Eligible expenses include:

- In-home care;
- Care at another’s home;
- Nursery or preschool tuition;
- After-school care;
- Dependent care centers; and
- Summer day camp as long as that cost compares reasonably with other alternatives.

You will need to provide detailed information about your dependent day care provider including: name, address, and Social Security Number or Tax Identification Number. Without this information you cannot be reimbursed.

**Your Dependent Day Care Account has a few important limitations:**

- Care for your dependent (who must reside in your home for at least 8 hours a day) must be necessary in order for you and your spouse (if married) to work.
- Eligible dependents are defined as children under age 13, or a spouse or legal dependent of any age whom is physically or mentally incapable of self-care.
- Dependent care, such as private babysitting, may not be provided by someone who can be claimed as your dependent for tax purposes, such as an older son or daughter.
- If dependent care services are provided at a day care center, the center must comply with applicable state and local laws and licensing requirements.

**Health Care Flexible Spending Account**

**Eligible Expenses and Limitations**
Many different health care expenses are eligible for reimbursement from your Health Care Flexible Spending Account. Eligible health care expenses are expenses incurred by you and your dependents for “medical care” as defined by IRS code. Generally, this means an item or service for which you could have claimed a medical care expense deduction on an itemized federal income tax return, for which you have not otherwise been reimbursed or could be reimbursed from insurance or some other source.

You, your spouse, or an eligible dependent must incur these expenses. Only those expenses incurred while you are a participant in the Flexible Spending Accounts plan are eligible for reimbursement. For example, you may claim reimbursement for the following expenses:

- Health care deductibles
- Copays
- Expenses not covered by other plans
- Routine physical or dental examinations
- Infertility treatments
- Braces and other orthodontia
- Birth control items
- Vision expenses
- Hearing care expenses

Please review the table on the following page for information about common eligible and ineligible expenses.
Health Care FSA - Eligible Expenses

The list below shows examples of eligible expenses. For a complete listing consult Benefit Express.

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Health Care</th>
<th>Hearing Expenses</th>
<th>Vision Care</th>
<th>Dental Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal support</td>
<td>Diathermy</td>
<td>Prescription drugs</td>
<td>Optical care services</td>
<td>Bridges</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Doctor office visits</td>
<td>Psychiatric care</td>
<td>Exams</td>
<td>Copay for insurance</td>
</tr>
<tr>
<td>Ambulance hire</td>
<td>Fertilization services</td>
<td>Psychological fees</td>
<td>Laser eye surgery</td>
<td>Crowns</td>
</tr>
<tr>
<td>Air conditioner for allergy</td>
<td>Gynecological exams</td>
<td>Sex therapy</td>
<td>Lenses</td>
<td>Dentures</td>
</tr>
<tr>
<td>Air relief (if prescribed by</td>
<td>Hospital bills</td>
<td>Surgeon fees</td>
<td>Oculist services</td>
<td>Exams and X-rays</td>
</tr>
<tr>
<td>doctor; cannot be central a/c</td>
<td>Immunizations</td>
<td>Therapeutic care (for</td>
<td>Optician services</td>
<td>Fillings</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Insulin</td>
<td>drug and alcohol abuse)</td>
<td>Ophthalmist services</td>
<td>Insurance deductible</td>
</tr>
<tr>
<td>Artificial limbs/prosthesis</td>
<td>Lab exams</td>
<td>Transplants</td>
<td>Orthodontia</td>
<td>Orthodontia</td>
</tr>
<tr>
<td>Alcoholism treatment</td>
<td>Medical clinic visits</td>
<td>Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back support</td>
<td>Naprapathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth control pills</td>
<td>Neurological fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braces</td>
<td>Nurse fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braille books/magazines</td>
<td>Obstetrician fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>Orthopedic shoes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copays for insurance</td>
<td>Osteopath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crutches</td>
<td>Over-the-counter drugs*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>Oxygen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatological fees</td>
<td>Pediatrician fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatrist fees</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Over the counter drugs are eligible only when prescribed by a doctor.

Limitations

The list below shows examples of ineligible expenses. For a complete listing consult Benefit Express.

<table>
<thead>
<tr>
<th>Bottled water</th>
<th>Maternity clothes, diaper services, etc.</th>
<th>Operation expenses from illegal procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetics, toiletries, toothpaste, etc.</td>
<td>Membership fees or costs associated with weight loss or smoking cessation programs if not prescribed by a doctor</td>
<td>Premiums for benefits</td>
</tr>
<tr>
<td>Cosmetic surgery</td>
<td>Nursing for newborns</td>
<td>Special schools</td>
</tr>
<tr>
<td>Custodial care in an institution</td>
<td></td>
<td>Uniforms</td>
</tr>
<tr>
<td>Funeral and burial expenses</td>
<td></td>
<td>Vacations or travel taken for general health purpose</td>
</tr>
<tr>
<td>Health club fees</td>
<td></td>
<td>Vitamins taken for general health purposes</td>
</tr>
<tr>
<td>Household and domestic help</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Retirement Savings Plans

- Defined Contribution Retirement Plan (DCRP)
- Automatic Enrollment
- 403(b) Annual Contribution Limits
- Loyola University Employees’ Retirement Plan (LUERP)
Defined Contribution Retirement Plan (DCRP)

The University offers you an easy way to save for retirement through the Loyola University Chicago Defined Contribution Retirement Plan (DCRP), a 403(b) plan. You can begin to contribute to a 403(b) Retirement Savings Plan at LUC if you are a .53 FTE or higher. You contribute to your account with before-tax earnings directly deposited from your paycheck to your Retirement Savings Plan Account. After 60 days of employment, you are eligible for the University contribution of 5% of your salary, deposited into a Defined Contribution 403(b) Plan. Also, you are eligible for an additional University contribution through the match plan. The University will match your contribution up to a maximum of 5% of your salary. You are immediately vested in the University’s contributions.

Loyola University’s Defined Contribution 403(b) Retirement Plan is an excellent starting point for you to build a source of income for your retirement through this plan. You can contribute to your account with before-tax earnings directly deposited from your paychecks to your account. The 2014 limit is $17,500. If you are age 50 or older, you may be eligible to make "catch-up" contributions of $5,500. Contact the LUC Retirement Center at (773) 508-2770 if you have questions.

New hires can enroll in and contribute to the retirement plan immediately. Employer contributions are effective the pay period in which you attain 60 calendar days of employment in an eligible position. For example, if you are employed in an eligible position on June 1, you are eligible for retirement contributions beginning the first pay period in August. All participants are immediately 100% vested in all the Employer’s contributions.

Automatic Enrollment

The retirement program has an automatic enrollment feature. You have the choice to direct Loyola’s contribution to one of three service providers:

- VALIC
- Fidelity Investments
- TIAA-CREF

If you do not select your investment funds, you will be invested in a default fund through TIAA-CREF life-cycle accounts. The default account may not reflect your choice of vendor and rate of savings. You can call and change your investment at any time.

Assess Your Retirement Saving Strategy

While you are reviewing your benefits, you may want to assess your Loyola University Chicago Defined Contribution Retirement Plan contributions and investments.

You may change the amount you are contributing, or how your account is invested, any time during the year by calling the LUC Retirement Center at 773-508-2770 or visiting www.luc.edu/hr.
If you currently are making retirement contributions by payroll deduction of at least 1%, but less than 5% to your retirement plan, you will be placed into the Auto-Save program to increase your annual contributions by 1% each year until your contributions reach 5%. The automatic contributions will be 1% of your eligible pay each pay period and will increase by 1% each year in January*. The maximum employer match is 5%. However, you can increase or decrease your contribution amount, or even choose not to contribute to the retirement plan.

* You must call the Loyola Retirement Center by December 1 to stop the annual automatic increase.

**Remember:**

The Loyola Retirement Center is staffed by TIAA consultants, who are available to assist you with setting up and maintaining your retirement account. You may transfer funds between vendors or reallocate funds at any time simply by telephoning the Loyola Retirement Center. You have the opportunity to meet with a retirement counselor on a one-on-one basis at any time by calling to make an appointment. Follow these instructions:

Visit the Benefits website: [http://www.luc.edu/hr/index.shtml](http://www.luc.edu/hr/index.shtml).

- Under Faculty and Staff Benefits, click on “Benefit Vendor Contact.”
- Scroll down the page and click on VALIC, TIAA-CREF, or Fidelity.
- Then locate the (800) telephone number to schedule an appointment.

**Changing Your Retirement Savings Contributions**

You may want to assess your DCRP contributions and investments. You can change your contribution level online at [www.luc.edu/hr](http://www.luc.edu/hr) or call the LUC Retirement Center at (773) 508-2770 at any time. Loyola’s Retirement Center is available to you Monday through Friday 7 a.m. to 9 p.m., and Saturdays from 8:00 a.m. to 5 p.m. CT or visit [www.luc.edu/hr](http://www.luc.edu/hr).
403(b) Defined Contribution Retirement Plan – 2014 IRS Limits for Benefit Plans
Each plan year the U.S. government-IRS adjusts limits for pension plans and other benefit programs to reflect price and wage inflation and changes in the law.

<table>
<thead>
<tr>
<th>Retirement Plans</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic limit - maximum annual compensation that can be used for calculating percentage of contributions to your account</td>
<td>$260,000</td>
</tr>
<tr>
<td>Maximum amount you can contribute to your account</td>
<td>$17,500</td>
</tr>
<tr>
<td>Dollar limit for catch-up contributions for participants age 50 and older</td>
<td>$5,500</td>
</tr>
</tbody>
</table>

Loyola University Employees’ Retirement Plan (LUERP)
For staff employees hired on or before March 1, 2003, you may have been a participant with frozen defined retirement benefits under the Loyola University Employees’ Retirement Plan (LUERP). Please contact Donna Piha, Manager LUERP at (312) 915-7925 for information, or view details at: www.luc.edu/hr/luerp.shtml.
Life/STD/LTD/AD&D

- Life Insurance
  - University-Paid Benefits
  - Supplemental Life
    - Employee
    - Spouse
    - Child
  - If You and Your Spouse Are Both Eligible
  - Supplemental Life Insurance Cost Calculator
  - Evidence of Insurability for Supplemental Life for Employee and Spouse

- Accidental Death & Dismemberment (AD&D) Insurance
  - Overview
  - Additional Benefits through On-Call International, Inc.
  - Designating a Beneficiary – for All Life Insurance
  - Continuation of Life Insurance
  - Elective Termination of Life and AD&D Insurance

- Short-Term Disability
  - University-Paid Benefits

- Long-Term Disability
  - University-Paid Benefits
  - Additional Benefits Available through LTD
  - Overview of Disability Benefits
University-Paid Benefits
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. The University pays the entire cost of this coverage and your life insurance policies are administered through Prudential.

If your Basic Life Insurance benefit exceeds $50,000, the premium that the University pays for coverage over $50,000 is considered imputed income, as mandated by the IRS. Imputed income is subject to federal income and Social Security (FICA) taxes. The taxable amount is included in your W-2 and is calculated using an IRS age-based table. If you wish to limit your life insurance coverage to a $50,000 maximum, you will not be subject to the excess tax. To do this, you must complete a waiver form obtained from the Human Resources office.

However, please understand that if you elect to limit your life insurance to $50,000, and later wish to reinstate your coverage amount to the original 1½ times your salary, or increase any other life insurance coverage, you will need to complete an Evidence of Insurability form, which may include a physician’s certification of good health. Contact the Human Resources office if you have questions.

Beneficiaries for your Basic Life must be the same for Supplemental Life and Accidental Death & Dismemberment. For more information, please contact the Human Resources office.

Supplemental Life Insurance
Employee
If you are benefits-eligible (University Staff FTE .53 or higher; HSD Staff .50 FTE or higher) and interested in additional Term Life Insurance coverage for yourself, you may purchase Supplemental Life Insurance. This coverage may be purchased in amounts equal to 1, 2, 3, 4, or 5 times your annual salary, up to a maximum of $500,000. The cost for this coverage is based on your age. The premium you pay for this coverage automatically changes when your salary or age changes. Please realize that the amount of coverage you select may be subject to Evidence of Insurability rules. In compliance with the Age Discrimination in Employment Act (ADEA-B), Basic and Supplemental Life Insurance coverage will be reduced when the employee reaches age 65. The amounts of coverage decrease as shown in the chart to the right.

Spouse
If you are benefits-eligible, you may purchase life insurance coverage for your spouse if you elect employee supplemental life insurance for yourself. The amounts for spouse supplemental life insurance start in $5,000 increments up to $50,000 and thereafter, $10,000 increments up to a maximum of $100,000. However, the maximum coverage for your spouse without Evidence of Insurability (EOI) is $25,000, only for a new hire. A Legally Domiciled Adult (LDA) is not eligible to enroll in Spousal Life insurance.

Child
If you are benefits-eligible, you also may purchase a flat $5,000 plan that covers your unmarried dependent children from age six months until age 26. You may cover newborns and newly adopted children if you enroll them within 31 days after their arrival. The coverage amount for newborns through age six months is $1,000.
If You and Your Spouse Are Both Eligible
If both you and your spouse are faculty and staff working at Loyola University and eligible for coverage, you both cannot enroll and cover each other. You can both enroll for separate employee-only coverage. Only one of you can enroll your eligible dependent children.

Calculating the Cost of Your Supplemental Life Insurance Coverage

<table>
<thead>
<tr>
<th>Follow these steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1 - Employee Supplemental Life</strong></td>
</tr>
<tr>
<td>$ __________ Your Yearly Salary</td>
</tr>
<tr>
<td>x __________ 1, 2, 3, 4, or 5 (salary multiplier)</td>
</tr>
<tr>
<td>= $ __________ Amount of Coverage you want</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
</tr>
<tr>
<td>Round the Amount of Coverage to the next higher $10,000 increment (e.g., $214,300 becomes $220,000)</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
</tr>
<tr>
<td>$ __________ Your Coverage Amount ÷ 1,000 = Employee Units _______</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
</tr>
<tr>
<td>Employee Units x $ Employee Cost*/Per Unit = $ __________</td>
</tr>
<tr>
<td><strong>Step 5 - Spousal Life</strong></td>
</tr>
<tr>
<td>Spouse Coverage $ Cost = $ __________ (+)</td>
</tr>
<tr>
<td><strong>Step 6 - Child Life</strong></td>
</tr>
<tr>
<td>$5,000 Children @ $0.36 Cost = $ __________ (+)</td>
</tr>
<tr>
<td><strong>Total Monthly Cost:</strong></td>
</tr>
<tr>
<td>= $ __________</td>
</tr>
</tbody>
</table>

*Refer to the University’s 2014 Monthly Premiums Sheet (page 62) for cost.

Evidence of Insurability for Supplemental Life for Employee and Spouse
Evidence of Insurability (EOI) is the process by which an insurance carrier determines if you or your spouse is insurable at or above a certain dollar amount by requiring proof of good health. If you are newly hired, you may elect supplemental life insurance up to 2x your annual salary without an EOI if you enroll within the first 31 days of employment. Any new election or increase to coverage made after your new hire enrollment period will require EOI. Human Resources can provide you with instructions for you to complete the EOI and submit to Prudential.

Evidence of Insurability

<table>
<thead>
<tr>
<th>When Evidence of Insurability Is Required</th>
<th>Applies</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Insurance (1.5 times your annual salary)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>If your supplemental life exceeds 2x your annual salary</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>If Spousal Dependent Life is greater than $25,000</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Any change to Supplemental Life or Spouse Life if not elected within the first 31 days of employment</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Accidental Death & Dismemberment (AD&D) Insurance

Overview
This plan provides protection for all benefits-eligible faculty and staff if you, your spouse, or your dependent children (up to age 26 and unmarried) die or are dismembered as a result of an accident. The plan provides full coverage 24 hours-a-day, 365 days-a-year. You may purchase one of four coverage amounts for you and/or your family:

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

If you choose coverage for yourself, your beneficiary will receive 100% of this coverage if you should die in an accident. If you are dismembered in an accident, you will receive a percentage of your benefit amount. If you choose coverage for your family, the chart below shows your family’s death benefit amounts. Your spouse is eligible until age 70. A Legally Domiciled Adult (LDA) is not eligible.

<table>
<thead>
<tr>
<th>If you cover your...</th>
<th>The death benefit amount paid would be...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only</td>
<td>50% of your benefit for spouse up to a maximum of $150,000</td>
</tr>
<tr>
<td>Child(ren) only</td>
<td>20% of your benefit up to a maximum of $30,000 per child</td>
</tr>
<tr>
<td>Spouse and Child(ren)</td>
<td>40% of your benefit for your spouse up to a maximum of $150,000 and 10% of your benefit per child</td>
</tr>
</tbody>
</table>
Designating a Beneficiary – for All Life Insurance
Life insurance benefits are paid to the beneficiary on file when a life insurance claim is processed. You are automatically the beneficiary of any Supplemental Life Insurance you elect for your spouse and children. Your beneficiary designation may be completed through Lawson self-service and allows you to specify both a primary and secondary beneficiary for your own insurance coverage. You may change your beneficiary at any time during the calendar year. Below is an example of suggested wording for identifying your beneficiary.

<table>
<thead>
<tr>
<th>Type of Beneficiary</th>
<th>Wording to Be Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>To your estate</td>
<td>Estate</td>
</tr>
<tr>
<td>One Beneficiary</td>
<td>Mary J. Smith, wife</td>
</tr>
<tr>
<td>Two Beneficiaries (equal shares)</td>
<td>James Jones, brother, and Mary Scott, friend, in equal shares or the survivor, if any.</td>
</tr>
<tr>
<td>Two Beneficiaries (unequal shares)</td>
<td>John J. Wills, father, as to two-thirds and Mark I. Wills, brother as to one-third or the survivor, if any.</td>
</tr>
<tr>
<td>One primary and one contingent</td>
<td>Jane Doe, wife, if living; otherwise Tom Doe, son.</td>
</tr>
</tbody>
</table>

Continuation of Life Insurance
Life insurance ends on your last day worked. Dependent life insurance coverage terminates either when your coverage ends or when the individual ceases to be your eligible dependent. For life insurance purposes, an unmarried dependent child, who is eligible for life insurance benefits, is covered up to age 26. You may have portability options to continue your life insurance, provided you are not sick or injured. Portability permits a portion of your existing (group) coverage to be continued through the carrier after your University employment ends and the University contacts Prudential within 31 days of your last day worked.

Alternatively, you have the option to convert your group life insurance to an individual (permanent) whole life policy with the carrier, Prudential. You must act within 31 days of your termination date to continue coverage under either option.

Elective Termination of Life and AD&D Insurance
You have the option to terminate your life insurance election(s), such as Employee Supplemental Life, Dependent Spouse Life, Child Life, and AD&D anytime throughout the year or if you experience a qualifying event. Your life insurance (term life) ends on the last day worked (refer to Continuation of Life Insurance referenced above).
Short-Term Disability

University-Paid Benefits
The University automatically provides Short-Term Disability (STD) coverage to all benefits-eligible full-time faculty and full-time staff. STD benefits provide salary replacement during a medical leave due to a medical condition including pregnancy that prevents you from performing your regular work responsibilities for more than three workdays. This benefit is provided at no cost to benefits-eligible faculty and staff. For details, see Loyola University's STD policy at: http://www.luc.edu/hr/policies.shtml

For full-time benefits-eligible faculty and University administrators who have completed six months of employment, 100% of the STD benefit amount is paid for up to the first 14 weeks of any illness or disability that prevents them from working. Then the STD benefit is paid at 80% for another 12 weeks.

For full-time benefits-eligible exempt staff members who have completed six months of employment, 100% of the STD benefit amount is paid for up to a 10-week maximum of an eligible illness or disability that prevents them from working, which includes a 10 working day elimination (waiting) period before benefit payments begin.

For full-time benefits-eligible non-exempt and professional-hourly staff members who have completed six months of employment, 100% of the STD benefit amount is paid for up to a 10-week maximum of an eligible illness or disability that prevents them from working, which includes a 10 working day elimination (waiting) period before benefit payments begin.
Long-Term Disability

University-Paid Benefits
You are eligible for University-paid Long-Term Disability (LTD) benefits if you are a University faculty (.80 or higher) or staff (.80 or higher). If you are eligible, the University provides you with paid Long-Term Disability (LTD) coverage. LTD benefits provide salary replacement during an extended leave due to an eligible medical condition that prevents you from performing your regular work duties and responsibilities.

When approved by the LTD insurance carrier, Prudential, the LTD Plan will pay 66-2/3% of your pre-disability University earnings (your eligible monthly/contracted salary), less other disability income benefits, up to a maximum benefit of $12,500 per month (minimum $100).

For full-time benefits-eligible faculty and University administrators, benefits begin after 180 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

For full-time benefits-eligible exempt staff members, benefits begin after 90 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

For full-time benefits-eligible non-exempt and professional-hourly staff members, benefits begin after 90 consecutive calendar days of any illness or disability that prevents them from working. Length of benefit payments varies.

Short-Term and Long-Term Disability insurance terminates on your last day worked. You may contact the Human Resources Office for more details on the Long-Term Disability Plan. Refer to the tables on the following pages that summarize STD and LTD benefits.

Additional Benefits Available
ComPsych is an employee assistance program (EAP) for all Loyola employees and their dependents. Benefits include writing of wills, living wills/power of attorney, and financial planning guidance with a 24/7 hotline. Financial planning guidance is able to provide objective counseling on topics such as inheritance taxes, loss of income, creditors and probate. Counselors are also trained to speak to those who are experiencing an emotional trauma. To access estate guidance on the web visit www.estateguidance.com and enter promotional code: EGP311. To access financial planning guidance please call the toll-free number 888-327-4260.
# Disability Benefits

<table>
<thead>
<tr>
<th>Short-Term Disability (STD)</th>
<th>Plan Provisions</th>
<th>Long-Term Disability (LTD)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>All University Full-Time Benefits-Eligible Faculty, Staff and University Administrators who have completed 6 months of employment</td>
<td><strong>Eligibility</strong></td>
<td>All University Full-Time Benefits-Eligible Faculty, Staff and University Administrators upon Date of Hire</td>
</tr>
<tr>
<td>All Other University Full-Time, Benefits-Eligible Staff Employees who have completed 6 months of employment</td>
<td></td>
<td>All Other University Full-Time, Benefits-Eligible Staff Employees upon Date of Hire</td>
</tr>
</tbody>
</table>

### Definition of Disability

Your absence from work lasting more than 3 consecutive working days due to your own illness or non-work related injury

The inability to perform the regular duties of your job. Partial return to work is also allowed once your LTD benefits have begun.

After 2 years from the onset of your disabling condition, disability will be determined based on your inability to engage in any work for which you have practical training, education or experience.

### Benefits are payable

Benefits are payable from the 1st day of absence (when the absence lasts more than 3 working days)

Benefits are payable after 10 working days of absence.

Benefits are payable after 180 calendar days of disability beginning with the onset of the illness or injury causing disability.

Benefits are payable after 90 calendar days of disability beginning with the onset of the illness or injury causing disability.

Benefits are payable up to 26 weeks for any one period of disability.

Benefits are payable for up to 10 weeks for any one period of disability.

Benefits are payable up to age 65 when disability begins before age 60; if disability begins at or after age 60, benefits are payable for a period of time of no less than 1 year but no longer than 5 years, based upon your age at the onset of disability.

### Benefit Amount

100% of predisability earnings for the first 14 weeks, 80% for next 12 weeks.

100% of predisability earnings.

66 2/3% of monthly earnings, to a maximum of $12,500

### Period of Disability

If you begin a period of disability, return to work for less than 30 calendar days and are again unable to work due to the same illness or non-work related injury, your entire absence will be treated as a single period of disability.

If you begin a period of disability, then return to work in a partial capacity, your Elimination Period may be interrupted.

### Benefit Duration

Benefits are payable for up to 26 weeks for any one period of disability.

Benefits are payable for up to 10 weeks for any one period of disability.

Benefits are payable up to age 65 when disability begins before age 60; if disability begins at or after age 60, benefits are payable for a period of time of no less than 1 year but no longer than 5 years, based upon your age at the onset of disability.

### Elimination Period

How long you must be disabled (unable to work) before benefits are paid.

How mixed periods of inability/ability to work will be treated for purposes of having to satisfy new Elimination Periods and meeting the maximum Benefit Duration period.

How many calendar days of disability beginning with the onset of the illness or injury causing disability.

How many calendar days of disability beginning with the onset of the illness or injury causing disability.

How many calendar days of disability beginning with the onset of the illness or injury causing disability.

The LTD benefits are provided through an ERISA Plan. The benefits and definitions cited here are for illustration. In the event of conflicting information, the actual terms of the LTD plan, as evidenced by the Plan document, shall govern. The University further reserves the right to terminate or modify the terms of its benefit programs at any time.
Work-Life and Other Benefits

- Tuition Benefits
  - Dependent Eligibility
  - Taxability of Graduate Tuition
- Employee Assistance Program (EAP)
  - EAP Is Voluntary, Confidential and Free
  - Covers a Wide Range of Issues
- Loyola Transit Benefit
  - How the Program Works
- Employees’ Federal Credit Union
- Weight Watchers® Program
- AAA
  - Membership
  - Auto and Home Insurance
  - Travel
- University Holidays
- Paid Time Off — Sick and Personal Time
  - Vacation
  - Sick Leave
  - Personal/Family-Friendly Days
  - Funeral Leave
  - Jury Duty
- Group Legal Plan
- Long-Term Care
  - Cost of Coverage
  - A “Portable Plan”
  - How to Enroll
  - Long-Term Care Provisions
- Adoption Assistance
- Housing (Home Buyer) Program
### Tuition Benefits

#### Dependent Eligibility
Your dependents are eligible for tuition benefits if they meet the following definitions:

- **“Dependent child” or “dependent children”:** Includes your biological, adopted children and stepchildren under age 24. In order for the benefit to be tax free, you must be married to the parent of the stepchild.

- **Relationship:** The taxpayer’s child or stepchild (whether by blood or adoption).

- **Residence:** Has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents, temporary absences, and for children who were born or died during the year.

- More information on tuition benefit at www.luc.edu/hr

#### Requirements

<table>
<thead>
<tr>
<th>Full-Time Benefits Eligible Employees Only (FTE .80 or higher)</th>
<th>Benefits for Full-Time Faculty and Staff</th>
<th>Benefits for Spouse/LDA and Dependent Children¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service:</strong>&lt;br&gt;All employees hired on or after August 1, 2005, are eligible at the start of the first complete academic term that begins after completing one year of continuous full-time employment.</td>
<td><strong>Undergraduate Programs:</strong>&lt;br&gt;(Not Taxed)²&lt;br&gt;Tuition Benefit pays 100% of tuition which only covers 3 courses or 9 semester hours per semester or 2 courses per quarter or 8 quarter hours. Employees are financially responsible for tuition, program deposits and fees not covered by the Tuition Benefit Policy.</td>
<td><strong>Undergraduate Programs:</strong>&lt;br&gt;The Benefit pays 100% of undergraduate tuition after the copay (including Rome Center &amp; FACHEX tuition) for the spouse/LDA and dependent children of full-time benefits-eligible employees. The benefit covers tuition only and does not include student activity, copays or deposits, instructional fees, room and board, or other expenses.</td>
</tr>
<tr>
<td><strong>Admissions &amp; Academic Eligibility:</strong>&lt;br&gt;Admission into any academic program is never guaranteed and competition may be intense for a limited number of available openings.</td>
<td><strong>Graduate &amp; Professional Programs:</strong>&lt;br&gt;(Taxed)³&lt;br&gt;Tuition Benefit pays 100% of tuition which covers two courses per semester (8 semester hours) or two per quarter (8 quarter hours). The School of Medicine, The School of Law, Continuum Program Non-Credit Courses, Executive Education Programs, Executive MBA program and any other program that is not conferred at Loyola University Chicago are ineligible for the Tuition Benefit. These are specialized courses of study and involve a special time commitment from the faculty and staff member in the advancement of their career and reflect a significant investment by the University in the faculty or staff member.</td>
<td><strong>Copays:</strong>&lt;br&gt;If dependent child or spouse/LDA is enrolled in 12 or more credit hours (full-time), the student contributes a copay towards tuition.<em>&lt;br&gt;If dependent child or spouse/LDA is enrolled in 11 or fewer credit hours (part-time), the student contributes a copay towards tuition.</em>&lt;br&gt;*The copays are shown on the HR policy website and may increase each July 1.</td>
</tr>
<tr>
<td><strong>Deadlines &amp; Forms:</strong>&lt;br&gt;Strict compliance with all academic, financial and financial aid, and Human Resource policies and requirements is required. Failure to comply with stated deadlines and requirements will result in forfeiture of the tuition benefit for current or future terms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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¹ Loyola University’s definition of dependent child and spouse/LDA follows the guidelines established by the Internal Revenue Service, with a maximum age of 24 for the dependent child. For a “non-dependent” tuition is taxable income under the IRS guidelines.

² Undergraduate Tuition Benefits are not subject to income tax.

³ Graduate Tuition Benefit is subject to federal and state income tax and Social Security; additional payroll tax will be withheld each academic term.
Taxability of Graduate Tuition
Federal law currently makes graduate Tuition Benefit provided in excess of $5,250 in a calendar year subject to federal and state income tax, as well as social security withholdings. Graduate Tuition Benefit received in excess of $5,250 in a calendar year is imputed as income and taxed based on current income tax tables and tax bracket. Additional tax withholdings for this taxable Tuition Benefit will be taken from paychecks during the course of the academic term for which Tuition Benefits apply.

The IRS may still allow you to deduct “qualified educational expenses” on your individual annual tax return. The IRS regulations and their explanation on tax treatment of educational expenses can be found at the IRS website: http://www.irs.gov/pub/irs-pdf/p970.pdf. The University cannot provide tax advice, so you should consult a tax advisor for possible deductibility of any Graduate tuition benefits.

Visit www.luc.edu/hr/policy_tuition.shtml for detailed information on the tuition benefit and its restrictions and requirements.

Employee Assistance Program (EAP)
The University offers an Employee Assistance Program (EAP) to help find solutions to issues and difficulties of daily life. This program is offered, at no cost, through Perspectives, Ltd., and is available to all employees and their families. Perspectives is a professional EAP firm established in 1981.

EAP Is Voluntary, Confidential and Free
Voluntary
Most people call the EAP on their own before problems interfere with job performance. Occasionally, a referral to the EAP is made for poor job performance. In those instances, it remains your choice to use the EAP just as it is your responsibility to improve job performance.

Confidential
Perspectives follow all state and federal confidentiality laws. No information is shared without your written permission except where required by law. No record of EAP participation will appear in your personnel file. When a job performance referral is made to the EAP, with your written consent, your supervisor may be told only whether you have followed through with your EAP appointment(s) and recommendation(s).

Free
The assessment, referral and short-term counseling services described herein are free to you and your family. If a referral includes ongoing counseling for mental health or substance abuse, Perspectives will help coordinate the referral with insurance where appropriate.

With offices in and around the Chicagoland area, Perspectives can offer a wide variety of assistance to faculty, staff and their families including:
• individual counseling on a wide range of personal and work issues;
• supervisor and manager consultations;
• work-life services;
• workshops and seminars for departments; and
• wellness and educational materials and resources.

To schedule an individual appointment with one of Perspectives’ licensed professionals, call (800) 456-6327. Perspectives schedules appointments between 8:00 a.m. and 6:00 p.m. weekdays and has 24-hr/7-day-a-week emergency services. To access Perspectives from outside Loyola, go to http://www.perspectivesltd.com/login.aspx. The username is: LOY500. The password is: perspectives.

Covers a Wide Range of Issues:

<table>
<thead>
<tr>
<th>Family</th>
<th>Work-Related</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child issues</td>
<td>Career issues</td>
<td>Anger issues</td>
</tr>
<tr>
<td>Elder issues</td>
<td>Interpersonal</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Communication</td>
<td>Job “burnout”</td>
<td>Depression</td>
</tr>
<tr>
<td>Family conflict</td>
<td>Financial</td>
<td>Eating disorder</td>
</tr>
<tr>
<td>Serious illness</td>
<td>Budget control</td>
<td>Grief/loss</td>
</tr>
<tr>
<td>Parenting</td>
<td>Credit problems</td>
<td>Life transition</td>
</tr>
<tr>
<td>Marital/Relationship</td>
<td>Legal</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Child support</td>
<td></td>
</tr>
<tr>
<td>Dual career issues</td>
<td>Divorce</td>
<td></td>
</tr>
<tr>
<td>Resolving conflict</td>
<td>Substance</td>
<td></td>
</tr>
<tr>
<td>Separation/divorce</td>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Grief/loss</td>
<td>Illegal drug abuse</td>
<td></td>
</tr>
<tr>
<td>Life transition</td>
<td>Prescription drugs</td>
<td></td>
</tr>
<tr>
<td>Mood swings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Loyola Transit Benefit
The Transit Benefit Program is an employer-sponsored program that allows full-time faculty and staff members to pay for certain transportation expenses on a pre-tax basis.

The Benefits Debit Card (provided by Benefit Express) is a MasterCard, one card, that will provide ALL services for your reimbursement accounts: Transit, FSA-Health Care, and FSA-Dependent Care.

How it Works
The Transit Benefit Program offers you the opportunity to set aside money from your paycheck on a pre-tax basis which you can use for eligible transit expenses. You can elect up to $130* per month. Your transit election, by payroll deduction, is then added to your Benefits Debit card on a monthly basis. The Benefits Debit Card will allow you to purchase or fund your transit options for the Chicago Transit Authority (Ventra), Pace or Metra.

How the Program Works
Enroll in the Transit Benefit Program via the Internet at: www.LoyolaExpress.com. Using the Internet to enroll is easy and safe. Our secure website is set up to automatically take you through easy enrollment steps with instructions online. After you log on, the website will prompt you to enter your LOYOLA USERNAME and your LOYOLA PASSWORD. You may phone Benefit Express - Customer Service at (877) 837-5017 if you have questions or enrollment problems.

• You may log on at any time to view or change your elections. To change your election(s) online, the cut-off date is the 14th of each month. Your new change will be effective with the following full month's payroll deduction(s) taken from the subsequent month's transit fare media.

• A minimum of three consecutive months is required before withdrawal. If you choose to withdraw from the program, please use the form on the Benefit Express website.

Transit Questions?
Please call Benefit Express at (877) 837-5017. Customer Service Representatives are available to assist you Monday through Friday between the hours of 7:30 a.m. and 6:00 p.m.

*The maximum limits are set by the IRS and are subject to change at any time.
Loyola Credit Union

Membership is open to all faculty and staff of Loyola University Chicago, Loyola University Medical Center, and Madden Mental Health Center, and their immediate family. A savings account may be opened with a minimum balance of $25. You may authorize payroll deduction for direct deposit into your Credit Union account(s). Membership forms may be obtained in the campus HR office or by contacting the Credit Union at (708) 216-4500. Services include:

**Direct Payroll Deposit**
- Savings Account
- Free Checking
- ATM Debit Card
- CD
- IRA
- Special Savings Clubs

**Loan options**
- Signature
- New/used car
- Boat
- Motorcycle
- Home Improvement
- Computer

**Discount tickets:**
- Local movie theaters
- Great America
- Summer Salary Plan
- Visa Credit Card
**Weight Watchers® Program**
If you are a full-time benefits-eligible faculty or staff member, you can receive reimbursement of up to $200 per calendar year towards the cost of your Weight Watchers® membership.

**Here's how the program works:**
- **Join Weight Watchers®.** You can choose any payment option, but you must attend weekly sessions (online and at-home programs are not eligible).
- **Download a Weight Watchers® form from [http://luc.edu/hr/pdfs/WeightWatchers.pdf](http://luc.edu/hr/pdfs/WeightWatchers.pdf).** Use the sheet to track your attendance.
  
  (Weight Watchers® forms are subject to change at any time; please check the website regularly for any updates or changes.)
- **Attend meetings for a three-month “series”: January through March; April through June; July through September; or October through December.**
- **You can receive reimbursement at the end of each three-month series by submitting your completed form (signed by your Weight Watchers® representative) and a copy of proper receipts or documentations to Human Resources.**
- **You must attend 80% of 12 consecutive weekly sessions each quarter to be eligible for reimbursement. The maximum reimbursement per year is $200, regardless of the combination of sessions you complete.**
- **Have your Weight Watchers® leader sign and validate the reimbursement form. Your form must be received in Human Resources within 31 days of the end of the series (April 30, July 31, October 31, January 31) in order to receive reimbursement. Late forms without proper receipts or documentation will not be processed.**
- **The reimbursement cost of a Weight Watchers® type program is a Taxable Fringe Benefit that is considered taxable income by the Internal Revenue Service. Your reimbursement will be received via check; however, the amount reimbursed will be included as taxable income in your paycheck.**

**AAA Membership and Travel Services**
Loyola University Chicago employees are eligible for group savings on AAA Membership and Home & Auto Insurance. To join AAA or get a free insurance comparison quote, call (888) 203-2606. Please use group code #500AUNV006 for auto quotes, and group code UNV006 for home quotes and AAA membership.

**Membership**
- **Discounted dues for you and your Associate Members (spouse and children).**
- **Show Your Card & Save® nationwide discounts that can save you up to 20% on eyeglasses, apparel, entertainment, restaurants, auto repair and more.**
- **24-hour roadside assistance.**
- **Free TripTik® routings, Tourbook® guides and maps.**

**Auto and Home Insurance**
- **Savings on a wide selection of coverage to meet your needs and budget.**
- **Convenient, automatic premium deductions from your checking account for easy budgeting.**
  - Group-rated auto insurance with additional discounts for safety and security devise usage, and for multi-vehicle coverage.
  - Group-rated home insurance with additional discounts for security device usage, new homes and homeowners age 50 and up.
- **Multi AAA product discount.**

**Travel**
- **Exclusive member-only savings, upgrades, shipboard credits and special amenities on thousands of vacation packages when you make your reservations through AAA Travel.**
- **Full-service travel arrangements for tours, cruises and more.**
- **International driving permits and passport photos.**
- **Professional planning and advice from AAA travel consultants.**

<table>
<thead>
<tr>
<th>AAA Membership</th>
<th>Basic</th>
<th>Plus RV</th>
<th>Premier RV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Member</td>
<td>$48.45*</td>
<td>$78.45*</td>
<td>$108.45*</td>
</tr>
<tr>
<td>Associate Member</td>
<td>$21.25*</td>
<td>$38.25*</td>
<td>$58.25*</td>
</tr>
</tbody>
</table>

*Cost is not payroll deducted
University Holidays
For the University's paid holiday calendar (for FTE .80 or higher), please go to: http://www.LUC.edu/hr/holiday_calendar.shtml.

Paid Time Off – Sick and Personal Time
(Staff positions only who are paid biweekly. Staff employess who are paid monthly are not covered under this policy.)

Vacation
Paid vacation time is accrued bi-weekly according to the following schedule

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>Years of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Directors and above</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Exempt Staff</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Non-Exempt Staff</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

If you are a 9-, 10-, or 11-month exempt staff member on the monthly payroll, you do not accrue paid vacation time.

Newly-hired employees begin accruing vacation time immediately, but are not eligible to use it until they have completed 6 months of employment.

Sick Leave
In general, staff earn up to 10 days per year of paid sick time. The amount of leave and/or short-term disability benefits vary according to your classification. Sick Leave banks are limited to 30 days. If you have more than 30 sick days as of December 31, 2008, you will continue to have those days until you use them. You will not be able to accrue more sick days until your bank goes below 30 days. Details are at: www.LUC.edu/hr/policy_sickleave.shtml.

Personal/Family-Friendly Days
Each benefits-eligible, full-time staff employee (working 12 months) will receive four (4) Personal/Family-Friendly Days each year to be used for personal business. Newly hired staff employees are eligible after 90 days of employment and the amount of Personal/Family-Friendly Days may be prorated based on date of hire (see chart to right). Part-time staff, scheduled to work 20 or more hours per week, will receive two (2) days. To encourage you to use these days during the calendar year, they do not carry over from one year to the next.

Personal/Family-Friendly Days will not be paid out at termination or retirement.

Personal/Family-Friendly Days

<table>
<thead>
<tr>
<th>Hire Period</th>
<th># of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 thru March 31</td>
<td>3 days</td>
</tr>
<tr>
<td>April 1 thru June 30</td>
<td>2 days</td>
</tr>
<tr>
<td>After July 1</td>
<td>None*</td>
</tr>
</tbody>
</table>

* Full time staff hired on or after July 1st will not be eligible for Personal/Family-Friendly Days for that year.

Funeral Leave
Respecting a staff member's grief, the University allows three (3) consecutive paid days off to a staff member (after 30 days of employment) experiencing a death in the immediate family, or one (1) day if the death is in the extended family.

Jury Duty
The University supports the judicial system by paying full salary to those employees (after 30 days of employment) who serve on jury duty when the staff has informed his/her department of the call to serve. The Bailiff’s receipt should be returned to the supervisor.
Group Legal Plan

If you are benefits-eligible (.53 FTE or higher working at the Lakeside Campuses; and .50 FTE or higher working at HSD), you can enroll in The Hyatt Group Legal Services Plan. The Plan provides you, your spouse and eligible dependents access to a network of attorneys who can provide a wide range of professional legal services including:

- Wills and Codicils
- Living Wills
- Powers of Attorney
- Living Trusts
- Court Appearances
- Civil Litigation Defense
- Consumer Protection
- Juvenile Court Defense
- Name Change
- Mortgage
- Deeds
- Notes
- Demand Letters
- Affidavits
- Review of Personal Legal Documents
- Pre-Marital Agreement
- Eviction Defense
- Uncontested Adoption or Guardianship
- Debt Collection Defense
- Re-Payment Schedule
- Negotiation with Creditors
- Personal Bankruptcy
- Pre-Bankruptcy Planning
- Sale, Purchase or Refinancing of Your Primary Residence
- Restoration of Driver’s License (except DUI)
- Tenant Problems (when you are the tenant)

The Hyatt Legal Plan allows access to a nationwide network of participating attorneys. Plan attorneys have met stringent selection criteria and have an average of more than 24 years of legal experience.

Plan attorney assistance includes:

- Consultation on the telephone;
- In-person consultation;
- Document preparation; and
- Representation in many frequently necessary legal matters.

You have the flexibility to use a non-plan attorney and be reimbursed for the covered services according to a set fee schedule. If you use a non-plan attorney, you will be responsible for paying the difference between the plan payment and the out-of-network attorney’s charge for the service. There are limitations to this plan. Covered legal services do not include representation in litigation matters.

Legal advice is just a phone call away. When you face a situation that you think has legal implications, simply pick up the phone. A knowledgeable Client Service Representative will be available to assist you in locating a plan attorney near your home or workplace. Plan attorneys generally are available to meet with you on weekdays, evenings and Saturdays.

Certain areas are not covered by the plan and there is no obligation to provide legal service benefits in any matter deemed frivolous, harassing or in contravention of the rules of ethical conduct by governing attorneys. More information and a listing of available attorneys can be found on the Hyatt Legal website at: info.legalplans.com. Enter the following password: 4020226. You also may phone at: (800) 821-6400, 8:00 a.m. – 8:00 p.m., Eastern time, Monday through Friday.

This benefit is portable. If you leave the University, you need to contact Hyatt Legal Services/MetLife one month in advance. Hyatt will give you details on plan continuation.
Long-Term Care

You are benefits-eligible to enroll in this plan if you are working at an equivalent of .53 FTE or higher at the Lakeside Campuses and .50 FTE or higher working at the HSD campus. If eligible, your spouse, parents, grandparents, parents-in-law and grandparents-in-law are also eligible to participate in Loyola's Long-Term Care insurance at group rates. If you choose to enroll your parents or grandparents, or those of your spouse, you mail the enrollment form directly to CNA.

Long-Term Care is a voluntary option provided to you through CNA. Long-Term Care is the type of help you may need when you are not able to perform some Activities of Daily Living (ADLs) by yourself due to an illness, disability, or severe cognitive impairment (such as Alzheimer’s), or similar irreversible dementia.

Activities of daily living are bathing, dressing, toileting, mobility, continence and eating. You might receive care at home, in a nursing home, or in an assisted living facility, or from community-based health care that allows you to stay in your own home. Your group health plan will pay little, if anything, toward Long-Term Care.

Cost of Coverage

Premium rates are based on a choice of four fixed daily benefits and your age at the time of enrollment. When you select one of the “basic daily benefit” option levels of $100, $150, $200 or $250, this is the amount of daily benefits you may receive. For nursing home care, you will be reimbursed the daily benefit you select for each day you are confined to a nursing facility after you have satisfied the waiting period (60 Service Days). Your lifetime maximum benefit amount for any covered service (nursing facility care, community-based care) is based on the plan selected. After your application is approved by CNA, you will be advised of your monthly premium.

A “Portable Plan”

You may continue your coverage under this plan at the same premium rate even after you retire, or leave the University. You are advised to contact CNA’s Customer Service at (800) 528-4582 one month prior to leaving employment or retirement to set up direct billing to your home.

How to Enroll

To enroll in CNA’s Group Long-Term Care insurance plan, you must go to the CNA website, where you can find your premium and review your rate(s). You can download the proper forms to complete and mail to CNA; the mailing address is located on the forms. You will not be able to enroll online. Please follow these basic steps:

Step 1: Log on to: www.ltcbenefits.com.
Step 2: Enter your Password: Loyola.
Step 3: Click on “Enroll Now.”
Step 4: Click on “Find My Premium” to review your rate.
Step 5: Download and print the proper form.
Step 6: Mail the form to CNA (the mailing address is located at the bottom of the “Applying is Easy” form).

<table>
<thead>
<tr>
<th>Features and Benefits</th>
<th>Option #1</th>
<th>Option #2</th>
<th>Option #3</th>
<th>Option #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home Benefit</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
<td>$250</td>
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<tr>
<td>Community-Based Care Benefit</td>
<td>$75</td>
<td>$112.50</td>
<td>$150</td>
<td>$187.50</td>
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<tr>
<td>Lifetime Maximum Amount (5-Year Plan)</td>
<td>$182,500</td>
<td>$273,750</td>
<td>$365,000</td>
<td>$456,250</td>
</tr>
</tbody>
</table>
Long-Term Care Provisions

With all four options, the following provisions apply:

- **Waiting Period (once per lifetime).** For any combination of nursing home care and community based care, the waiting period is 60 service days.

- **Home Medical Technology.** Covers a variety of assistive devices and pays up to $1,000 per year.

- **Caregiver Training Benefit.** CNA will pay up to three times the community-based care benefit that you select for training of an informal caregiver in your home.

- **Hospice Benefits.** CNA will pay benefits for terminally ill claimants. The payment will equal either the nursing home benefit or the community-based care benefit you select depending on where the care is received.

- **Return of Premium at Death.** Refunds premiums paid if the insured person dies before age 75. If death occurs prior to age 65, 75% of premiums are refunded, less benefits received. After age 65, the amount refunded is reduced by 10% each year.

- **Temporary Bed Holding Benefit.** If you are required to leave a Long-Term Care facility for a short period of time, CNA will continue to pay the facility to hold your bed up to 21 days per year.

- **Inflation Protection Feature.** You will periodically be given opportunities to increase your benefit amount and lifetime maximum on a guarantee issue basis.

- **Worldwide Coverage.** Provided coverage for those living outside the United States.

To request a Long-Term Care kit, call CNA at (800) 528-4582.

Adoption Assistance Program

Supporting families, Loyola’s adoption assistance benefit is provided to you at no cost. This program will reimburse you at 90% for covered expenses up to a maximum of $5,000 (or $6,000 if the child has special needs). All regular full-time employees (Lakeside .80 FTE or higher; HSD .80 or higher) and part-time employees (Lakeside .53 FTE or higher; HSD .50 or higher) are eligible for this benefit. The benefit will be paid only for the adoption of children under the age of 18 or who are physically or mentally incapable of caring for themselves. Children may be related, or non-related to the employee.

Some covered expenses (which must be reasonable and necessary) include agency fees, legal fees, court costs, for the child, temporary foster care, placement fees, transportation costs and counseling fees.

Benefits are not payable for the adoption of stepchildren, for pre-natal or maternity costs of the birth mother or a surrogate parenting arrangement of the adoptive child. Benefits are payable at the time the child is placed in the home, after the legal adoption is finalized. Expenses must be submitted no later than 12 months following the adoption date, along with itemized bills or receipts substantiating the amount and nature of the adoption expenses, including a copy of the final decree of adoption. Benefits will not be paid on a retro-active basis and only expenses occurring after the original start date of the program will be considered.

Please contact Human Resources, Water Tower Campus (312-915-6175) for more information and to obtain a reimbursement claim form.

Important Tax considerations: Adoption benefits paid under the program will be excluded from your income for federal income tax purposes to the extent permitted under Internal Revenue Code section 137. The employee is responsible for understanding the tax treatment of reimbursements under this program and for claiming the applicable income exclusion by filing Form 8839 with your federal income taxes. [Form 8839 and instructions are available from the IRS and on the IRS website at www.irs.gov]. It is important for you to understand that although reimbursements are exempt from federal income tax withholding, the Employer is required to withhold federal employment taxes from reimbursements (for Social Security and Medicare). The total amount of reimbursements to the IRS will be shown on your W-2 Form in Box 12 (Code T).
University Assisted Housing Program for Faculty & Staff

When does a good deal on a home become a great deal? When Loyola helps you pay for it.

The University Assisted Housing Program can provide qualified faculty and staff members with up to $10,000 to put toward a house or condo located near one of Loyola’s Chicago-area campuses.

The amount of the 5-year forgivable loan depends on your median household income and the location of the home to be purchased. A maximum of 25 loans will be available each year.

You do not have to be a first-time buyer and there are no income limits for the program. You must, however, use the home as your primary residence.

The University Assisted Housing Program works with the Northside Community Development Corporation and the West Cook Homeownership Center to educate participants about home ownership, as well as connect faculty and staff with available funding to make home ownership a reality.

Eligibility Requirements
Must meet ALL the following criteria in order to be eligible for the housing program loan:
1. Must purchase a home (as primary residence) within the program areas.
2. Must have completed one year of full time, benefits eligible service with Loyola University Chicago.
3. Must be an employee in “good standing” and with prospects of continued full time employment.
4. Attend UAH’s Homebuyer Education and Counseling session (3 hours), attend a One-on-One Mortgage Readiness Assessment conducted by our non-profit partners and demonstrate a commitment to working with the UAH Program by meeting pertinent regulations stipulated by participating lenders, including, but not limited to credit counseling and additional education.
5. Must be able to qualify for mortgage financing with an interest rate of no more than 200 basis points above the Fannie Mae conventional 30 year mortgage rate.
6. Must be able and willing to contribute at least $1000 or 1% of the purchase price, whichever is greater from own savings.

Apply for this program at LUC.edu/Housing
Legal Notices/Premiums/Resources

- **Important Legal Notices**
  - Accountability Act of 1996 (HIPAA)
  - Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
  - Employee Rights and Responsibilities Under the Family and Medical Leave Act (FMLA)
  - USERRA: The Uniformed Services Employment and Reemployment Rights Act
  - Women’s Health and Cancer Rights Act Enrollment Notice
  - Medicaid and the Children’s Health Insurance Program (CHIP)

- **Medicaid/CHIP Resources**

- **2014 Premiums**
  - Medical Plan
  - Dental Plan
  - Vision Plan
  - Supplemental Life Insurance
  - Hyatt Legal Plan

- **Benefit Plans – Contacts/Resources**
Important Legal Notices

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 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 was effective beginning April 14, 2003. The 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 Rights Act
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](http://www.dol.gov/vets). An interactive online USERRA Advisor can be viewed at [http://www.dol.gov/elaws/userra.htm](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.
- 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 are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

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, 2013. You should contact your State for further information on eligibility.
**Medicaid/CHIP Resources**

**ALABAMA – Medicaid**  
Website: http://www.medicaid.alabama.gov  
Phone: 1-855-692-5447

**ALASKA – Medicaid**  
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

**ARIZONA – CHIP**  
Website: http://www.azahcccs.gov/applicants/  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

**COLORADO – Medicaid**  
Medicaid Website: http://www.colorado.gov/  
Medicaid Phone: 1-800-992-0900

**FLORIDA – Medicaid**  
Website: https://www.floridahealth.gov/hippapp.pdf

**IDAHO – Medicaid and CHIP**  
Medicaid Website: http://www.medicaid.idaho.gov  
Medicaid Phone: 1-800-926-2588  
CHIP Website: http://www.medicaid.idaho.gov

**ILLINOIS – Medicaid**  
Website: http://www.dhs.state.il.us/hipp/index.shtml

**INDIANA – Medicaid**  
Website: http://www.in.gov/fssa  
Phone: 1-800-889-9949

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

**KANSAS – Medicaid**  
Website: www.kdhks.gov/hcf/  
Phone: 1-800-792-4884

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

**LOUISIANA – Medicaid**  
Website: http://www.lahealthcare.com/medicaid/  
Phone: 1-888-695-2447

**MAINE – Medicaid**  
Website: http://www.main.gov/dhhs/rias/public-assistance/index.html  
Phone: 1-800-977-6740  
TTY 1-800-977-6741

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

**MINNESOTA – Medicaid**  
Website: http://www.dhs.state.mn.us/  
Click on Health Care, then Medical Assistance  
Phone: 1-800-657-3629

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

**MONTANA – Medicaid**  
Website: http://medicaidprovider.hhs.mt.gov/  
Clientpages/clientindex.shtml  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**  
Website: www.ACCESSNebraska.ne.gov  
Phone: 1-800-383-4278

**NEVADA – Medicaid**  
Medicaid Website: http://dhss.nv.gov/MedicaidPhone/1-800-992-0900

**NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: http://www.state.nj.us/  
CHIP Website: http://www.famis.org/  
CHIP Phone: 1-866-873-2647

**NEW MEXICO – Medicaid**  
Website: http://www.dhhs.state.nm.us/human-services/clients/medicaid/  
Medicaid Phone: 609-631-2392

**NEW YORK – Medicaid**  
Website: http://www.nystatehealth.gov/health_care/medicaid/  
Phone: 1-800-541-2831

**NEW HAMPSHIRE – Medicaid**  
Website: http://www.nh.gov/dhrs/documents/hippapp.pdf  
Phone: 603-271-5218

**RHODE ISLAND – Medicaid**  
Website: www.ohhs.ri.gov  
Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**  
http://www.scdhhs.gov  
Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**  
Website: http://dss.sd.gov  
Phone: 1-888-828-0059

**TEXAS – Medicaid**  
Website: https://www.geithipptexas.com/  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**  
Website: http://health.utah.gov/hipp  
Phone: 1-866-435-7144

**VERMONT – Medicaid**  
Website: http://health.hss.state.wv.gov/medicaid/  
Apply.shtm

**WISCONSIN – Medicaid**  
Website: http://www.dmas.wisconsin.gov/rcp-HIPP.htm  
Medicaid Phone: 1-800-440-0493

**WYOMING – Medicaid**  
Website: http://healthequalitycare.com/subsidies/  
Apply.shtm

**To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:**

**U.S. Department of Labor Employee Benefits Security Administration**  
www.dol.gov/ebsa  
Phone: 1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services**  
www.cms.hhs.gov  
Phone: 1-877-598-5820, HMS Third Party Liability

**Rhode Island – Medicaid**  
Website: www.ohhs.ri.gov  
Phone: 401-462-5300

**South Carolina – Medicaid**  
http://www.scdhhs.gov  
Phone: 1-888-549-0820

**South Dakota – Medicaid**  
Website: http://dss.sd.gov  
Phone: 1-888-828-0059

**Texas – Medicaid**  
Website: https://www.geithipptexas.com/  
Phone: 1-800-440-0493

**Utah – Medicaid and CHIP**  
Website: http://health.utah.gov/hipp  
Phone: 1-866-435-7144

**Vermont – Medicaid**  
Website: http://health.utah.gov/hippapp.pdf  
Phone: 603-271-5218

**Wisconsin – Medicaid**  
Website: http://www.dmas.wisconsin.gov/rcp-HIPP.htm  
Medicaid Phone: 1-800-440-0493

**Wyoming – Medicaid**  
Website: http://healthequalitycare.com/subsidies/  
Phone: 307-777-7531
## Medical Plan – Monthly Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Full-Time</th>
<th>Part-Time</th>
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<tbody>
<tr>
<td>BCBS PPO</td>
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<tr>
<td><strong>Annual Salary of $36,000 or Higher</strong></td>
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<tr>
<td>Single</td>
<td>$134.20</td>
<td>$593.98</td>
<td>$95.00</td>
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<tr>
<td>Single + Child(ren)</td>
<td>$367.20</td>
<td>$1,076.97</td>
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<td>Single + Spouse</td>
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<td>$320.00</td>
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<td>Family</td>
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<td>Single + LDA</td>
<td>$409.20</td>
<td>$1,195.16</td>
<td>$320.00</td>
<td>$1,195.16</td>
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<tr>
<td>Single + LDA + Child(ren)</td>
<td>$519.20</td>
<td>$1,774.50</td>
<td>$415.00</td>
<td>$1,774.50</td>
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<tr>
<td><strong>Annual Salary under $36,000</strong></td>
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<td>BCBS PPO</td>
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</table>

## Dental Plan – Monthly Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Full-Time</th>
<th>Part-Time</th>
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</thead>
<tbody>
<tr>
<td>Delta Dental</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Single</td>
<td>$13.00</td>
<td>$31.52</td>
<td>$6.60</td>
<td>$17.64</td>
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<tr>
<td>Single + Child(ren)</td>
<td>$31.22</td>
<td>$72.80</td>
<td>$15.24</td>
<td>$35.28</td>
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<tr>
<td>Single + Spouse</td>
<td>$27.04</td>
<td>$63.00</td>
<td>$12.60</td>
<td>$31.98</td>
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<tr>
<td>Family</td>
<td>$44.24</td>
<td>$104.30</td>
<td>$20.80</td>
<td>$51.82</td>
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<tr>
<td>Single + LDA</td>
<td>$27.04</td>
<td>$63.00</td>
<td>$12.60</td>
<td>$31.98</td>
</tr>
<tr>
<td>Single + LDA + Child(ren)</td>
<td>$44.24</td>
<td>$104.30</td>
<td>$20.80</td>
<td>$51.82</td>
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<tr>
<td>Guardian/First Commonwealth</td>
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## Vision Plan – Monthly Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td>$9.00</td>
<td>$9.00</td>
<td>$8.34</td>
<td>$8.34</td>
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<tr>
<td>Single + Child(ren)</td>
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<tr>
<td>Family</td>
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<td>$23.50</td>
<td>$21.80</td>
<td>$21.80</td>
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<tr>
<td>Single + LDA + Child(ren)</td>
<td>$23.50</td>
<td>$23.50</td>
<td>$21.80</td>
<td>$21.80</td>
</tr>
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</table>

## Summary

- **Dental Plan - Monthly Premiums**
  - Delta Dental
  - Guardian/First Commonwealth
- **Vision Plan - Monthly Premiums**
  - VSP
  - AlwaysVision
## Supplemental Life Insurance – Monthly Premiums

### Supplemental Life Insurance for You

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate per $1,000</th>
<th>Age</th>
<th>Rate per $1,000</th>
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</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$0.06</td>
<td>55-59</td>
<td>$0.62</td>
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<tr>
<td>30-34</td>
<td>$0.08</td>
<td>60-64</td>
<td>$0.88</td>
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<tr>
<td>35-39</td>
<td>$0.10</td>
<td>65-69</td>
<td>$1.38</td>
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<tr>
<td>40-44</td>
<td>$0.12</td>
<td>70-74</td>
<td>$2.06</td>
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<tr>
<td>45-49</td>
<td>$0.20</td>
<td>75-79</td>
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<tr>
<td>50-54</td>
<td>$0.34</td>
<td>&gt; 80</td>
<td>$2.06</td>
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### Spousal Life Insurance

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate</th>
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<th>Rate</th>
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<th>Rate</th>
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<tbody>
<tr>
<td>$5,000</td>
<td>$2.64</td>
<td>$35,000</td>
<td>$18.46</td>
<td>$80,000</td>
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<td>$10,000</td>
<td>$5.64</td>
<td>$40,000</td>
<td>$20.38</td>
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## Supplemental AD&D Insurance – Monthly Premiums

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<thead>
<tr>
<th>Coverage</th>
<th>Monthly Rate Per $1,000 of Coverage</th>
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<tbody>
<tr>
<td>Employee Only</td>
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<td>Employee &amp; Family</td>
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### Monthly Premiums

<table>
<thead>
<tr>
<th>Hyatt Legal Plan</th>
<th>Full-time</th>
<th>Part-time</th>
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<tbody>
<tr>
<td></td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Plan Type</td>
<td>Provider or Administrator</td>
<td>Phone #</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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<td>--------------------------------</td>
</tr>
<tr>
<td>General Benefit Questions</td>
<td>Human Resources</td>
<td>(312) 915-6175</td>
</tr>
<tr>
<td>Health Care</td>
<td>BCBS PPO</td>
<td>(866) 266-3674 Provider Finders</td>
</tr>
<tr>
<td></td>
<td>PPO</td>
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<tr>
<td>Dental Care</td>
<td>Delta Dental PPO</td>
<td>(800) 323-1743</td>
</tr>
<tr>
<td></td>
<td>Guardian/First Commonwealth - DHMO</td>
<td>(866) 494-4542</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Vision Service Plan</td>
<td>(800) 877-7195</td>
</tr>
<tr>
<td></td>
<td>Always Vision</td>
<td>(888) 729-5433 Ext. 2013</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Prudential</td>
<td>(877) 232-3619</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Benefit Express</td>
<td>(877) 837-5017</td>
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<td>Leave Management &amp; Disability</td>
<td>Prudential</td>
<td>(877) 232-3619</td>
</tr>
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<td>COBRA (Continuation of Insurance Coverage)</td>
<td>Benefit Express</td>
<td>(877) 837-5017</td>
</tr>
<tr>
<td>403(b) Retirement</td>
<td>Loyola Retirement Center</td>
<td>(773) 508-2770</td>
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<td>TIAA-CREF</td>
<td>(800) 842-2252</td>
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<td>VALIC Retirement Customer Service</td>
<td>(800) 448-2542</td>
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<td>Fidelity Investments</td>
<td>(800) 642-7131</td>
</tr>
<tr>
<td>Tuition Benefit Program</td>
<td>Human Resources</td>
<td>(312) 915-6175</td>
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<tr>
<td>Group Legal Plan</td>
<td>Hyatt Legal Services</td>
<td>(800) 821-6400</td>
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<tr>
<td>Long-Term Care</td>
<td>CNA Insurance</td>
<td>(800) 528-4582</td>
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