

## LOYOLA UNIVERSITY MARYLAND HEALTH & WELFARE BENEFIT PLAN APPENDIX

Medical OAP	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	<b>Self-Insured</b> – These benefits are funded through the general assets of the Employer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Medical OAP-IN	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	<b>Self-Insured</b> – These benefits are funded through the general assets of the Employer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Medical OAP HSA	
Third Party Administrator Information	CIGNA Health and Life Insurance Company Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	<b>Self-Insured W n BT 0 scn 0.002 Tc -0.006 Tw 10.02 -0 0 10.02 181</b>

Dental Copay Plan	
Insurer Information	Metropolitan Life Insurance Company One Madison Ave. New York, NY 10010
Contract/Group Number	113743-1-G
Funding Medium	<b>Fully Insured</b> – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Coverage will terminate on the last day of the month in which the employee ceases to be eligible, unless the Coverage Continuation provisions below apply.
Automatic Enrollment	An Eligible Employee will not be automatically enrolled in this Component Program upon completion of the Waiting Period.

Core Vision	
Insurer Information	VSP Vision Care, Inc. 3333 Quality Drive Rancho Cordova, CA 95670
Contract/Group Number	12093416
Funding Medium	<b>Fully Insured</b> – These benefits are fully insured by the above named Insurer.
Eligibility	Employees working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.

Basic Group Term Life and AD&D Insurance	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	<b>Fully Insured</b> – These benefits are fully insured by the above named Insurer.
Eligibility	Employees (other than a person who is affiliated with a religious order who has taken a vow of poverty) working a minimum of 22.5 hours per week on a regular basis are eligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employment.
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding with or following completion of the Waiting Period.
Coverage Termination	Cverage

Core Long Term Disability Insurance – Members without Pension	
Insurer Information	Principal Life Insurance Company Des Moines, IA 50392
Contract/Group Number	1092116
Funding Medium	<b>Fully Insured</b> – These benefits are fully insured by the above named Insurer.
Eligibility	Employees without pension (other than a person who is affiliated with a religious order who has taken a vow of poverty) working a minimum of 22.5 hours per week on a regular basis are eligible.

Waiting Period

