LOYOLA UNIVERSITY MARYLAND HEALTH & WELFARE BENEFIT PLAN APPENDIX

COMPONENT PROGRAMS

The following Component Programs, the terms, administrative and claims procedures for which are defined in the applicable Insurance Certificate, Evidence of Coverage, or Contract, shall be treated as part of the

MedicalOAP HSA	
Third PartyAdministratorInformation	CIGNA Health and Life Insurance Company
	Hartford, CT 06152
Contract/Group Number	3341746
Funding Medium	Self-Insur - These benefits are funded through the general assets
-	the Employer.
Eligibility	Cl96 02 (a)-5.7 (s)-12.6 (s)-0.6 (1)-10 (:96 01 ()]TJ ET Q q 270.24 5

CoreLong Term Disability Insurance	Members with Pension
InsurerInformation	Symetra Life Insurance Company
	777 108th Avenue NE, Suite 1200
	Bellevue, WA 980045135
Contract/Group Number	01 020620 00
Funding Medium	Fully Insured – These benefits are fullynsured by the above named Insurer.
Eligibility	Employees with pension ther 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. Phased Retirees expected to work a minimum of 1,000 hours during the academic year areeligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employm
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding w 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 be automatically enrolled in toemponent Program upon completion of the Waiting Period.

Core Long Term Disability InsuranceMe	mbers without Pension
InsurerInformation	Symetra Life Insurance Company
	777 108th Avenue NE, Suite 1200
	Bellevue, WA 980045135
Contract/Group Number	01 020620 00
Funding Medium	Fully Insured – These benefits are fully sured by the above named Insurer.
Eligibility	Employees without pension ther than a person who is affiliated with religious order who has taken a vow of poverty) working a minimum of 22.5 hours per week on a regular basis are eligible. Phased Retirees expected to work a minimum of 1,000 hours during the academic year areeligible.
Waiting Period	Employees are eligible to participate in the Plan at date of employm
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding w 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 be automatically enrolled in toemponent Program upon completion of the Waiting Period.

Long Term Disability BuyUp – Members with Pension		
InsurerInformation	Symetra Life Insurance Company	
	777 108th Avenue NE, Suite 1200	
	Bellevue, WA 980045135	
Contract/Group Number	01 020620 00	
Funding Medium	Fully Insured – These benefits are fully i	

AccidentIndemnityInsurance, Critical Illness	Insurance, Hospital Indemnity Insurance	
Insurer Information	Cigna Health and Life Insurance Company	
	900 Cottage Grove Road	
	Bloomfield, Connecticut 06002	
Funding Medium	Fully Insured – These benefits are fully insured by the above named	
	Insurer.	
Eligibility	Employees (other than a penswho is affiliated with a religious order	
	who has taken a vow of poverty) working a minimum of 22.5 hours p	
	week on a regular basis are eligible. Phased Retirees expected to w	vork a
	minimum of 1,000 hours during the academic year are eligible.	
Waiting Period	Employees are eligible to participate in the Plan at date of employm	
Effective Date of Coverage	Coverage will be effective on the first day of the month coinciding w	
	or following completion of the Waiting Period.	

COVERAGE CONTINUATION

If a Plan participant is on an approved leave of absence, coverage will continue for up to six months under the same terms and conditions that apply to active plan participants. The participant will be responsible for continuing to make their appropriate of the premium payments during this responsible for coverage in effect.

If an individual fails to return to work after the expiration of six months of approved leave, coverage will be terminated and COBRA will be offered (as applicable).

PARTICIPATING EMPLOYERS

There are no Participating Employers.

PHASED RETIREES

Phased Retirees are employees who are eligible for the Loyola University Maryland Phased Retirement Program for TenuredFaculty and have entered into a written agreement with the University to participate inghemP

RETIREES

There is no Retiree coverage.

EFFECTIVE DATE

This Loyola University Maryland Health & Welfare Benefit Plappendix states the Component Programs that constitute the Plan, Retiree eligibility provisions designated the Participating Employers of the Loyola University Maryland Health & Welfare Benefit Plans of July 1, 2023.