## 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

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

Dental Copay Plan	
Insurer Information	Metropolitan Life Insurance Company
	One Madison Ave.
	New York, NY 10010
Contract/Group Number	113743-1-G
Funding Medium	Fully Insured – 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 fir 387.6.8 ( )52 re W n BT5 0 10.02 0



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

Employee Assistance Program Insurer Information

KEPRO Acquisitions, Inc.