A Guide to Your

2017 LMU mybenefits

Begin Here

LMU | LA

Loyola Marymount University

Welcome

Welcome

As a valued team member of Loyola Marymount University (LMU), your health and well-being are important to us! We offer family benefits that support a healthy lifestyle and financial peace of mind. Our program includes many University-paid benefits and allows you the flexibility to choose the coverage that is most appropriate for you and your family.

Please review the "Using This Guide" box to the right to see how to navigate this guide and find the information you need.

Using This Guide

This interactive guide is designed to give you clear, easy-to-read and convenient benefits information. You can:

- Use the buttons on this page to learn about the topics you are interested in.
- Search the guide using the search tool above.
- Easily print a page — or the entire guide — if you prefer a printed version.
- Read through page-by-page, using the Back and Next buttons in the bottom left corner.

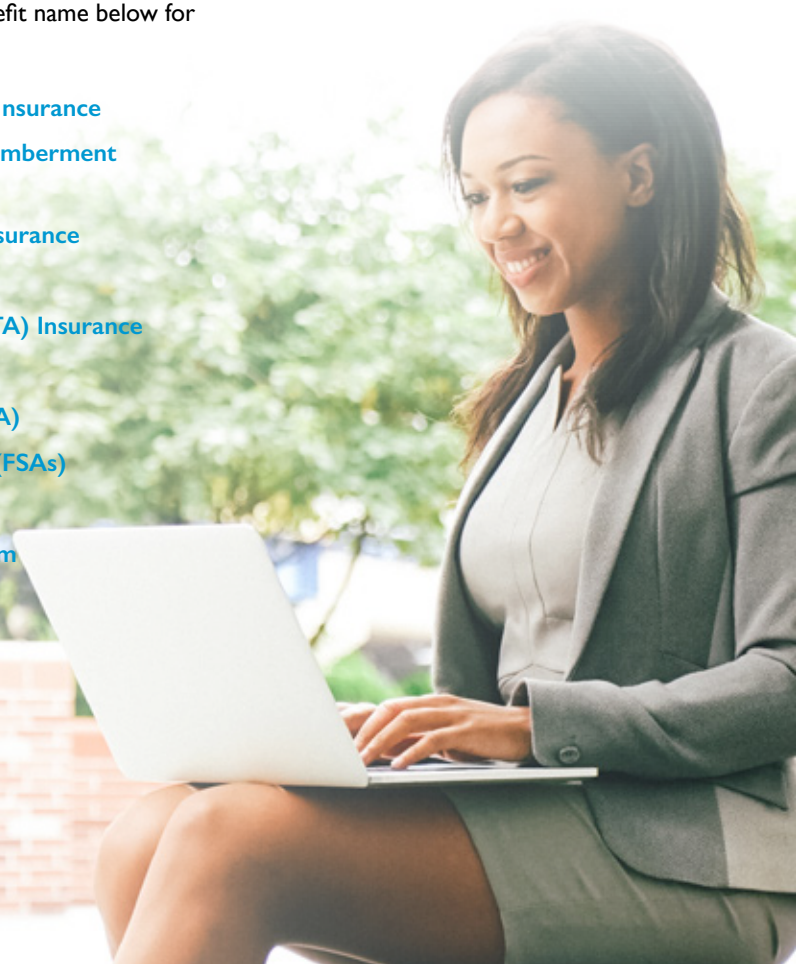
This guide describes the benefits that are effective from January 1 through December 31, 2017, and is only a summary. For details, please refer to your evidence of coverage (EOC) booklets (provided by the insurance carriers) and the LMU plan document/summary plan description available from Human Resources. If you have questions that are not answered in this guide, contact the Human Resources Office at your campus.

Your LMU Benefits

It's Your Decision

Benefits are an important part of your overall compensation, and we are proud to offer comprehensive, high-quality benefits to our eligible employees. Click the benefit name below for more information about your LMU benefits:

- Medical
  - Anthem Blue Cross PPO
  - Anthem Blue Cross HMO
  - Anthem Blue Cross HealthSave
  - Kaiser Permanente HMO
- Dental/Vision
  - Delta Dental PPO
  - DeltaCare® USA (HMO)
  - Vision Service Plan (VSP)
- Long-Term Disability (LTD) Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Faculty/Staff Member Life Insurance
- Dependent Life Insurance
- Business Travel Accident (BTA) Insurance
- Voluntary Benefits
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
- Commuter Benefits
- Employee Assistance Program



How LMU Benefits Work

LMU will pay all or a portion of the cost of your benefits:

LMU will pay 100% of the cost for...	You and LMU share the cost for...	You pay 100% of the cost for...
• Employee-only coverage under the Delta Dental PPO and Vision Service Plan (VSP) • All levels of coverage for the DeltaCare® USA (HMO) and Vision Service Plan (VSP) • Long-term disability (LTD) benefits that could replace up to 60% of your monthly base salary • Basic life insurance coverage for 1 times your annual salary (minimum of $50,000; maximum of $300,000) • Basic AD&D insurance coverage for 1 times your annual salary (minimum $50,000; maximum of $300,000) • Business Travel Accident (BTA) coverage for up to $200,000	• Medical coverage – your percentage of the total premium cost is based on your salary • Delta Dental PPO and Vision Service Plan (VSP) for coverage other than employee-only	• Dependent life insurance • Voluntary benefits

More information is available when you enroll online.

Eligibility

You are eligible for LMU benefits if you are:

- A full-time regular or full-time term LMU faculty member;
- A full-time regular or full-time term Westchester staff member working at least 40 hours a week;
- A full-time regular or full-time term Loyola Law School faculty member;
- A full-time regular or full-time term Loyola Law School staff member working at least 35 hours a week; or
- A part-time regular faculty or staff member (defined as any position that is at least 50% full-time equivalent, 50% time and effort or greater) who has been previously enrolled in the LMU plans as a full-time regular:
  - Staff member for 12 months of continuous service immediately prior to changing status to part-time regular.
  - Staff member for 12 months of continuous service, for which "breaks between terms" count toward the 12 months of continuous service (e.g., staff with a 9-, 10- and/or 11-month assignment).
  - Faculty member for one complete academic year. For purposes of these guidelines, full-time regular faculty includes tenure, tenure-track and clinical only.

Dependents eligible for certain benefits include:

- Your legal spouse;
- Your registered domestic partner;
- Your dependent children under age 26; and
- Your unmarried disabled children. (Each insurance company has special rules for children with disabilities. Ongoing proof of disability is required.)

For more information about eligibility, contact Human Resources.

LMU Options at a Glance

Medical Coverage Options	• Anthem Blue Cross PPO • Anthem Blue Cross HealthSave • Waive Coverage • Anthem Blue Cross HMO • Kaiser Permanente HMO
Dental/Vision Coverage Options*	• Delta Dental PPO/Vision Service Plan (VSP) • DeltaCare® USA (HMO)/Vision Service Plan (VSP) • Waive Coverage
Long-Term Disability (LTD) Insurance**	• Replaces 60% of your monthly base salary, up to $7,500 per month • Replaces 70% of your monthly base salary, up to $8,750 per month
Accidental Death and Dismemberment (AD&D) Insurance	• Basic faculty/staff member coverage of 1 times annual salary minimum $50,000; maximum $300,000) and supplemental coverage of $50,000 to $500,000, up to 10 times your annual base salary • Family coverage equal to a percentage of the total AD&D coverage you elect for yourself
Faculty/Staff Member Life Insurance**	• Basic coverage of 1 times annual salary (minimum $50,000; maximum $300,000) and supplemental coverage of 1 to 5 times your annual base salary, up to $700,000
Dependent Life Insurance**	• Coverage for your spouse/domestic partner equal to 50% of your supplemental life insurance coverage, up to 1 times your annual base salary or $200,000, whichever is less • Coverage for your dependent children equal to $10,000 per child
Business Travel Accident (BTA) Insurance	• Coverage equal to $200,000
Voluntary Benefits	• Accident insurance • Pet insurance • Group legal • Auto and home insurance • Critical illness insurance

* Dental/vision coverage is offered as a package; however, Delta Dental and VSP provide service to you independently.

** Evidence of good health may be required. (See Evidence of Good Health for details.)

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LMU Options at a Glance (Continued)

Health Savings Account (HSA)	• Tied to Anthem Blue Cross HealthSave Plan • LMU annual contribution of $500 for employee-only coverage, $2,000 for other coverage levels • You can contribute up to an additional $2,900 for employee-only coverage, $4,750 for other coverage levels per year. If you are age 55 or older, you can contribute up to an additional $1,000 per year.
Flexible Spending Accounts (FSAs)	• Health Care FSA — contribute up to $2,600 per year • Dependent Care FSA — contribute up to $5,000 per year ($2,500 if you are married but file separate tax returns)
Commuter Benefits	• Mass transit account • Parking expenses account

Your Medical Options

LMU offers four medical plan options:

- Anthem Blue Cross PPO
- Anthem Blue Cross HMO
- Anthem Blue Cross HealthSave
- Kaiser Permanente HMO

For more information, refer to A Comparison of Your 2017 LMU mybenefits and to the 2017 Premium Rate Sheet.

Try the Medical Plan Cost Tool

Our Medical Plan Cost Tool allows you to compare our medical plan options side by side. Find out which plan is the most cost-effective for your situation using this tool.

Leaving LMU? Consider Covered California

If you leave LMU, you may be eligible to continue health care coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act). However, with COBRA you will pay the full cost of coverage (not the reduced rates you pay as an employee). Consider the health plans available through the state marketplace as an alternative. For more information, visit www.coveredca.com.

Anthem Blue Cross PPO

With the Anthem Blue Cross PPO, you can use either in-network providers or out-of-network providers. Before the plan pays any benefits, you must first pay the deductible. After you pay the deductible (in-network office visit copays and prescription drug copays are not subject to the deductible), you generally pay:

- 20% of most in-network provider charges; and
- 40% of the PPO-negotiated rate for most out-of-network provider charges, plus any amount over the negotiated rate.

Features of the PPO Plan

Important features of the Anthem Blue Cross PPO include:

- **Out-of-pocket maximum:** The out-of-pocket maximum for in-network services is $3,000 per individual or $6,000 per family. The out-of-pocket maximum for out-of-network services is $6,000 per individual or $12,000 per family. Once you reach the out-of-pocket maximum, the plan will pay 100% of your covered expenses for the remainder of the year.
- **Deductible carryover:** If you have not yet met your in-network and/or out-of-network deductible, then any charges you incur in October, November or December of the current year will automatically be applied to the next year's deductible.
- **Prescription drug benefit:** The plan also includes a prescription drug benefit. You can purchase generic, brand-name or brand-name non-formulary prescription drugs from a retail pharmacy or through the mail-order program for most drugs.

For more information about what the Anthem Blue Cross PPO pays for covered services, refer to A Comparison of Your 2017 LMU mybenefits.

ID Cards

When you enroll in the Anthem Blue Cross PPO, you will automatically receive an ID card. This card will reflect only the employee's name, but it can be used for your covered dependents. Additional cards can be requested through Anthem Blue Cross. You will need the information on the card to make appointments, fill prescriptions and file claims

NOTE

If you are going to be on sabbatical, you may want to enroll in the Anthem Blue Cross BlueCard or Anthem Blue Cross Fee-for-Service Plan. This will allow you to have access to a wider network of health care providers. Contact Human Resources for more information.

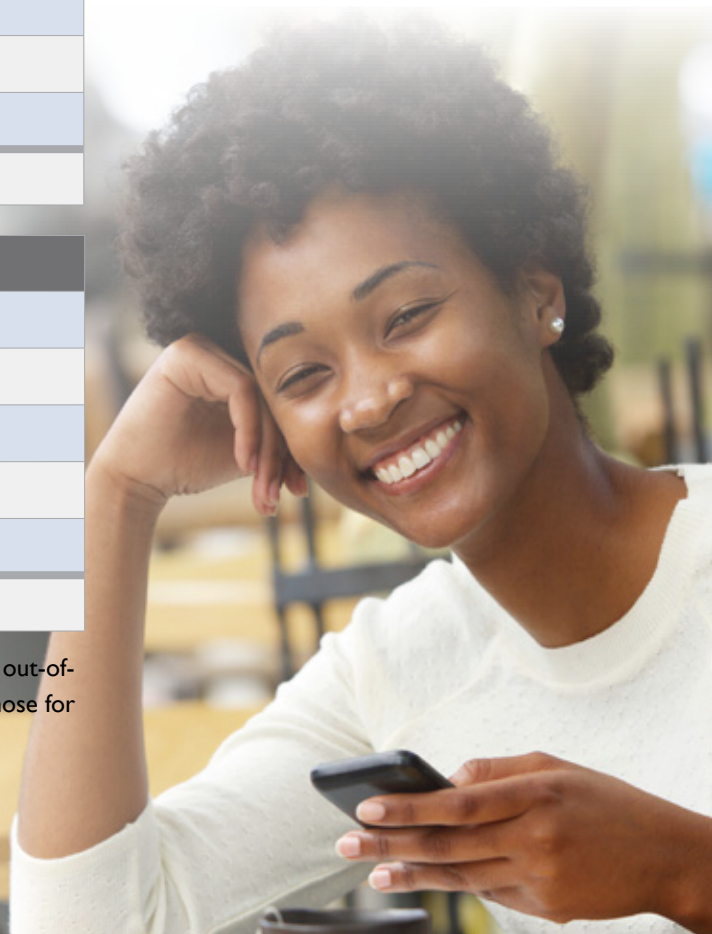
How the PPO Works

The example below compares what you pay for an office visit at an in-network provider with what you pay at an out-of-network provider. As you can see, your savings are significant when you use an in-network provider.

In-Network Primary Care Doctor	
Allowable amount	$600
You pay 20% copayment	$20
Plan pays 100% of the allowable amount after copayment	-$580
Your total out-of-pocket cost for In-network care	**$20**

Out-of-Network Doctor (after out-of-network deductible is met)	
Out-of-network doctor charges	$750
Allowable amount	$600
Plan pays 60% of the allowable amount for this procedure ($600)	-$360
You pay remaining 40%	$240
You also pay any amount over the allowable amount ($750 – $600)	+$150
Your total out-of-pocket cost for out-of-network care	**$390**

Out-of-network charges in excess of the allowable amount do not count toward the out-of-network deductible or out-of-pocket maximums. In addition, copayments, including those for prescription drugs, do not apply toward the out-of-network deductible.



Anthem Blue Cross HMO

With the Anthem Blue Cross HMO, you must live in the HMO service area to enroll in the plan, and must always use HMO primary care physicians (PCPs), specialists, hospitals and other health care facilities to receive benefits. Exceptions may be made for emergency care. HMOs determine what situations qualify as an emergency, so if possible, you should telephone your HMO before using a provider outside the HMO service area.

The Anthem Blue Cross HMO has an annual deductible ($250 per person/$500 per family) that you must pay before the plan pays any benefits. The annual deductible does not apply to preventive care services and services subject to a copayment (e.g., office visits or prescriptions). For all other covered services, you must meet the annual deductible before the plan begins to pay.

ReadyAccess Program

The Anthem Blue Cross HMO's ReadyAccess Program reduces the time it takes for you to get a specialist appointment. There are two options, including:

- **Speedy Referral (SR) Program** — If your PCP belongs to a medical group that participates in Speedy Referral, your PCP can refer you to the following 16 specialty practices without an authorization form: cardiology; dermatology; ear, nose and throat; endocrinology; gastroenterology; general surgery; hematology; neurology; OB/GYN; oncology; ophthalmology; orthopedic surgery; podiatry; routine lab; routine X-ray and urology. You pay only a $30 copayment per specialist office visit.
- **Direct Access (DA) Referral Program** — If your PCP belongs to a medical group that participates in Direct Access, you can self-refer to three specialty practices, including allergists, dermatologists and ear, nose and throat doctors. You pay only a $30 copayment per specialist office visit.

To determine if your medical group participates in one of the programs, call Anthem Blue Cross Member Services at **(877) 800-7339**.

The Anthem Blue Cross HMO includes a prescription drug benefit. You can purchase generic, brand-name or brand-name non-formulary prescription drugs from an in-network retail pharmacy or through the mail-order program for most drugs.

NOTE

If you are going to be on sabbatical in a location that is outside the HMO service area, you may want to enroll in the Anthem Blue Cross BlueCard or Anthem Blue Cross Fee-for-Service Plan. This will allow you to have access to a wider network of health care providers. Contact Human Resources for more information.

NOTE

For more information about what the Anthem Blue Cross HMO pays for covered services, refer to A Comparison of Your 2017 LMU mybenefits.

ID Cards

When you enroll in the Anthem Blue Cross HMO, you automatically receive an ID card for you and your enrolled dependents. You will need the information on the card to make appointments, fill prescriptions and file claims.

Anthem Blue Cross HealthSave

The Anthem Blue Cross HealthSave Plan offers you the security of comprehensive medical coverage but with a built-in Health Savings Account (HSA) that includes an annual contribution from LMU. The HealthSave Plan costs less per paycheck than any other 2017 Anthem medical plan. This is the only medical plan to include a Health Savings Account (HSA), which allows you to pay for out-of-pocket expenses. As a result, those electing the HealthSave Plan are not eligible to enroll in LMU's Health Care FSA.

How It Works

- Preventive care expenses are always covered at 100% under the Anthem Blue Cross HealthSave Plan. All other expenses are subject to the plan's deductible, coinsurance (or copays for prescription drugs) and out-of-pocket maximum, as described below.

1. Annual deductible

You pay the full cost of medical and prescription expenses until you meet the annual deductible. The annual deductible is based on coverage level (in-network):

- Employee only = **$2,600**
- All other coverage levels = **$5,200**

Keep in mind, if you are enrolled in family coverage, the per-person limit applies for each family member.

2. Coinsurance

Once you meet the annual deductible, you and the plan split the cost of medical expenses. Coinsurance depends on whether you use an in-network or out-of-network provider.

In-network = you pay **20%**

Out-of-network = you pay **40%**

3. Annual out-of-pocket maximum

Once your out-of-pocket expenses for in-network services add up to the annual maximum, the plan pays 100% of eligible expenses for the rest of the plan year. The in-network out-of-pocket maximums are:

- Per person = **$3,400**
- Per family = **$6,800**

Keep in mind, if you are enrolled in family coverage, the per-person limit applies for each family member.

- You can see an in-network or out-of-network provider; however, you pay less when you go to an in-network provider.
- The plan includes prescription drug coverage.
- You can see a specialist without a referral, and you do not need to select a primary care physician (PCP).

The HealthSave and HSA Working Together

The HealthSave Plan is an HSA-eligible medical plan. That means if you elect coverage under this plan, you will also have a Health Savings Account (HSA) to which you can make federal-tax-free payroll contributions to help cover your out-of-pocket expenses, including deductibles and coinsurance.

LMU makes a contribution to your HSA to help cover expenses ($500 for employee-only coverage/ $2,000 for any other coverage level.

For more information, see Health Savings Accounts (HSAs).

ID Cards

When you enroll in the Anthem Blue Cross HealthSave Option, you automatically receive an ID card for you and your enrolled dependents. You will need the information on the card to make appointments, fill prescriptions and file claims.

California Law AB1305

In order to comply with California legislation AB1305, family deductibles and out-of-pocket maximums under the Anthem Blue Cross HealthSave Plan have an embedded individual amount. This protects individuals from accruing too many charges before the plan starts to pay. If any individual member who is enrolled under family coverage meets this embedded amount, the plan will begin to pay his/her coinsurance (if the $2,600 deductible is met) or the full cost for services (if the $3,400 in-network out-of-pocket maximum is met).

HealthSave Pharmacy Benefit Program

To use your pharmacy benefits under the HealthSave Plan effectively, be aware there are four tiers to manage your prescription drugs. Prescription drug copayments apply only after the plan deductibles are met. The four prescription drug tiers are outlined below:

Tier 1 (Generic)	Tier 2 (Brand-name Formulary)	Tier 3 (Brand-name Non-formulary)	Tier 4 (Specialty)
Lowest copayment Drugs that are the greatest value and have the same active ingredients as their brand name equivalent.	Medium copayment* Drugs that are generally more affordable brand-name drugs or are considered "preferred."**	Highest copayment* Drugs that are higher-cost brand-name drugs. They may have a generic equivalent.	Medications that are considered "specialty" drugs used to treat complex, chronic conditions and may require special handling and/or management.

*You may be required to pay the Tier 1 copayment plus an additional cost share if a generic option is available.
** Drugs may be considered preferred based on their effectiveness, offering fewer side effects and lower cost.

Hospital Indemnity Benefit

Under the HealthSave Plan, if you or a family member is hospitalized, your expenses are subject to the annual deductible and coinsurance. The plan includes a special hospital indemnity benefit through MetLife to help you meet those out-of-pocket expenses. This benefit pays you $1,250 in cash when you are admitted to the hospital, plus an additional $50 for each day you remain hospitalized. There is a pre-existing condition exclusion for sickness or pregnancy of three months prior to the date you enroll in the plan. If you have a health condition or pregnancy that was diagnosed within three months of the effective date and it results in hospitalization, no indemnity benefit will be paid. The restriction is in place for 12 months.

Health Savings Accounts (HSAs)

When you enroll in the Anthem Blue Cross HealthSave Plan, you will automatically have a Health Savings Account (HSA) through Bank of America. An HSA is a bank account you use to pay for qualified health care expenses throughout the year or save money in your account for future health expenses.

HSA Eligibility

To be eligible for an HSA:

- You must be enrolled in a qualified HSA medical plan (such as the Anthem Blue Cross HealthSave Plan).
- You cannot have other medical/health coverage, including Medicare.
- You cannot be a dependent on another person's tax return.

How to Get Started

When you receive your HSA welcome kit, you can log in to the Bank of America website to access your account.

- In addition to the annual HSA contribution from LMU, you can put in your own money through payroll deductions. The maximum you can put in your HSA depends on your coverage level:
  - For employee-only coverage, the maximum is $2,900 (for a total of $3,400, including LMU's contribution of $500).
  - For all other coverage levels, the maximum is $4,750 (for a total of $6,750, including LMU's contribution of $2,000).
  - Employees age 55 or older can contribute an additional $1,000.
  - You can start, stop or change your contribution amount at any time.
- Once your HSA is set up, you will receive a Visa® debit card to access the funds in your account. Just present your card at the doctor's office, pharmacy or other merchant or service provider to pay for qualified health care expenses.

Two Rules to Remember

- You cannot use a Health Care FSA with the Anthem Blue Cross HealthSave Plan.
- An HSA is only available with the Anthem Blue Cross HealthSave Plan.

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Advantages of an HSA

- You can start, stop or change your HSA contributions at any time.
- Use your HSA to pay for qualified health care expenses for you and your covered family members.
- The money in your account rolls over each year.
- Save money for future health expenses.
- Once your HSA reaches a certain balance, you can choose how your money is invested.
- An HSA is a "tax-advantaged" account; this means that interest and earnings on your account are federal tax-free.
- Your HSA belongs to you. Take your HSA with you if you change jobs or retire.

See for yourself how the HSA can help you save big. Visit the Bank of America portal at **bankofamerica.com/benefitslogin** and check out the many tools and resources offered, like the HSA Balance and Tax Savings Calculator.

HSA vs. FSA

The Anthem Blue Cross HealthSave lets you use a Health Savings Account (HSA) to pay for qualified health care expenses. An HSA is similar to a Health Care Flexible Spending Account (FSA); however, you can only use an HSA with the Anthem Blue Cross HealthSave Plan. Other important differences are described below.

	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA)
What are eligible expenses?	• Use this account to pay for eligible expenses such as copayments and coinsurance. • You cannot use this account to pay for your medical plan premiums.	• Use this account to pay for eligible expenses such as copayments and coinsurance. • Eligible expenses apply toward meeting the plan deductible. • You cannot use this account to pay for your medical plan premiums.
What medical plans are compatible with this account?	• Anthem Blue Cross PPO • Anthem Blue Cross HMO • Kaiser Permanente HMO	• Anthem Blue Cross HealthSave
How much does LMU contribute to my account for 2017?	• $0	• Employee only = $500 • All other coverage levels = $2,000
How much can I contribute to this account in 2017?	Maximum contribution is $2,600	Maximum contribution is based on coverage level • Employee only = $2,900 • All other coverage levels = $4,750 • If you are age 55 or over, you can contribute an additional $1,000.
Does money left in the account roll over to the next year?	You can roll over up to $500 of savings to the following year.	Yes, the account balance rolls over from one year to the next.
Can I take this account with me if I change jobs or retire?	No	Yes
Does the money in this account earn interest?	No	Yes. However, a minimum balance is required.

Real-World Example: Meet the Carter Family

The Carter family enrolled in the HealthSave Plan because they liked the idea of low payroll contributions. A Health Savings Account (HSA) with contributions from LMU made the option even more attractive. They predicted what their family's health care expenses were likely to be for the coming year and were pleased to see how well the HealthSave Plan could work for them.

Estimated In-Network Expenses	How the HealthSave Plan and the HSA Work Together
Preventive care: $500	The plan pays 100% of preventive care. **Cost to the Carters: $0**
Doctor visits for illness: $1,000	The Carter children both visit their doctor for illnesses. These expenses are subject to the deductible, but the Carters can pay these expenses in full using the $2,000 HSA contribution from LMU. **Cost to the Carters: $0**
Prescription drugs: $600	The Carter children are prescribed medication for their illness. These expenses are also subject to the deductible, but there is still $1,000 of LMU money left in the HSA to cover the full cost. **Cost to the Carters: $0**
One-night hospital stay for minor inpatient procedure: $4,000	Mrs. Carter is considering having a minor inpatient procedure in 2017, but she and her doctor have not made a final decision. If she does have the procedure, Mrs. Carter will be responsible for paying for the embedded individual deductible, which is $2,600, plus 20% coinsurance on the remaining balance of $1,400 ($280) for a total of $2,880 of the hospital bill. The Carters still have $400 in LMU contributions in their HSA, plus they will receive the hospital indemnity benefit of $1,250 plus $50 for one night's stay. **Potential Cost to the Carters: $1,180**

The Carters decide to set aside $2,000 of their own money in their HSA so they can pay their portion of the hospital stay with tax-free dollars. If Mrs. Carter does not have the procedure, the HSA balance will roll over from year to year for future use.

If she does have the procedure, the Carters will have met their family deductible of $5,200 for the year, and the plan will pay 80% of any additional in-network expenses for the rest of the year.

With the payroll contribution and tax savings, as well as the LMU contribution and added protection of the hospital indemnity benefit, the Carters are confident that the Anthem Blue Cross HealthSave Plan is the right option for their family.

Kaiser Permanente HMO

If you elect the Kaiser Permanente HMO, you can receive medical care from any Kaiser Permanente facility in Southern California.

The Kaiser Permanente HMO has an annual deductible ($250 per person/$500 per family) that you must pay before the plan pays any benefits. The annual deductible does not apply to preventive care services. For all other covered services, you must meet the annual deductible before the plan begins to pay.

The Kaiser Permanente HMO includes a prescription drug benefit. You can purchase generic and brand-name prescription drugs from a Kaiser Permanente pharmacy or through the mail-order program.

ID Cards

When you enroll in the Kaiser Permanente HMO Plan, you automatically receive an ID card. Any enrolled dependents will also receive ID cards. You will need the information on the card to make appointments, fill prescriptions and file claims.

Medical Waiver Option

You have the option to waive LMU medical coverage. However, there is no financial incentive for waiving coverage, and you will not have another opportunity to elect medical coverage until the next Open Enrollment period, unless you have a **qualified status change**. If you have questions about waiving medical coverage, contact Human Resources.

NOTE

For more information about what the Kaiser Permanente HMO pays for covered services, refer to A Comparison of Your 2017 LMU mybenefits.

Remember

To join an HMO, you must live or work in the HMO service area. To receive benefits, you must always use HMO primary care physicians (PCPs), specialists, hospitals and other health care facilities. Exceptions may be made for emergency care. HMOs determine what qualifies as an emergency, so if possible, you should telephone your HMO before using a provider outside the HMO service area.

Need Help Choosing the Right Plan for You?

See How Others Chose. Having options is good. But choosing the plan that best fits your and your family's needs might not always be obvious. Here are some examples of how others made their health care plan choices.

Working parents need coverage for their whole family — wherever they live.

Keith works for LMU. He and his wife, Cheryl, are working parents of two children. Their 10-year-old daughter has been diagnosed with asthma and their son is attending college in another state.

Cheryl has coverage available through her employer and will enroll in one of those plans. Keith will cover himself and the kids under the Anthem Blue Cross PPO.

Since the PPO is not the lowest-cost option in their area, Keith knows they will pay more for this plan. But Keith and Cheryl feel it is the right option for a number of reasons. First of all, with their daughter's asthma, they will need the flexibility to self-refer to another network specialist — or even an out-of-network specialist, as a last resort, since the plan pays only 60% of out-of-network charges. In addition, Keith and Cheryl's son will have coverage while he is away at college.

Keith's family will definitely have some out-of-pocket medical expenses, especially if they use an out-of-network specialist.

Keith decides to contribute $1,000 to a Health Care FSA.

A fit, single employee may have minimal health care expenses, but also wants to be prepared for the future.

Brian is relatively active and healthy. He only sees his doctor for preventive care, so he selects the Anthem Blue Cross HealthSave Plan.

Brian can use his Health Savings Account (HSA) to pay for prescription medications and copayments.

The $500 contribution to Brian's HSA will likely cover all of his out-of-pocket expenses for the year, leaving him with a balance that will carry over to 2017 and beyond. That means no medical or prescription drug expenses, plus some money to set aside for future health care needs.

Brian's HSA balance, plus any personal contributions he makes to the account, will grow interest and be available for use toward eligible medical expenses in the future, even if he leaves LMU or changes medical plans.

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Couple values convenience and needs comprehensive care for existing health conditions.

Sue, a former LMU employee, and her husband, Paul, are empty-nesters in their early 60s. Although Sue has done a good job keeping her diabetes under control by eating well and exercising, she still needs to see her doctor on a regular basis to manage her condition. Henry, who is a tennis fanatic, recently tore his rotator cuff playing in a local senior men's tournament.

Convenience and comprehensive coverage are both important to Sue and Paul, so they chose to enroll in an HMO. Although they considered the Anthem Blue Cross HMO, they chose Kaiser since Kaiser facilities provide emergency services and routine care all under one roof. Their nearest Kaiser has an on-site pharmacy, which makes it easy to fill their prescriptions. And they can save time and money by using Kaiser's mail-order pharmacy program for long-term medications.

Sue plans to set aside $700 in a Health Care FSA to cover the small annual deductible and copayments under the plan.

Young family looks for a low-cost option that provides protection for the unexpected.

Brandon works for LMU and his wife, Anna, stays at home with Joshua, their five-year-old son.

Although doctor's visits are rare for the family, Brandon and Anna realize the importance of being protected for unexpected health issues.

But being a single-income family, they do not want to pay for more medical coverage than they need. The Anthem Blue Cross HealthSave Plan has the lowest monthly cost of all the Anthem options and provides 100% coverage for Joshua's checkups with the pediatrician, as well as preventive care for Brandon and Anna.

Although the HealthSave Plan has a $5,200 family deductible, Brandon knows that the $2,000 contribution to his Health Savings Account (HSA) from LMU will cover most, if not all, of his family's expenses for the year, and will pay a significant amount of the plan's annual deductible. If the unexpected happens and a family member is hospitalized, Brandon has added protection from the hospital indemnity benefit, which will pay $1,250 cash per admission plus $50 for each day of hospitalization.* The couple also enjoys peace of mind knowing that the plan's out-of-pocket maximums will help limit their total potential expenses in any given year.

* See more information about the hospital indemnity pre-existing condition and pregnancy exclusion.

Try the Medical Plan Cost Tool

You can also try your own scenario! Check out our Medical Plan Cost Tool to model different plan scenarios and find out which LMU medical plan is right for you.

Your Dental/Vision Options

LMU offers two combined dental/vision coverage options:

- **Delta Dental PPO/Vision Service Plan (VSP)**
- **DeltaCare® USA (HMO)/Vision Service Plan (VSP)**

When you enroll in a dental plan, you are automatically enrolled in VSP. Dental and vision benefits are offered as a package, although dental and vision coverage is provided by two separate carriers.

For more information about what the dental/vision plans pay for covered services, refer to *A Comparison of Your 2017 LMU mybenefits*. This is also available online at mylmu.

Delta Dental PPO

The Delta Dental PPO has in-network and out-of-network benefits. Before the plan pays benefits, you must pay a $25 individual or $75 family deductible during that year, except for services where the deductible is waived. When you see a Delta Dental network dentist, the plan pays 100% of routine services and 50% of more extensive procedures. When you see an out-of-network provider, the plan pays 80% of routine services — you pay 20% — and 50% of more extensive procedures. Delta Dental will pay a maximum benefit of $1,500 per person per year.

ID Cards

Once enrolled, you will receive two Delta Dental PPO plan ID cards from Delta Dental. However, you do not need an ID card to receive services. Simply provide your dentist with your group number and ID number.

DeltaCare USA (HMO)

Under DeltaCare USA, there are no deductibles and most routine dental expenses are paid in full. You must use a DeltaCare USA network dentist. Except for limited emergency situations, Delta Dental pays no benefits for dental services received outside its network.

Delta Dental D&P Maximum Waiver

If you enroll in the Delta Dental PPO, the cost of diagnostic and preventive (D&P) dental care services received in-network does not apply toward the plan year maximum benefit. This means you can get the preventive dental services (like X-rays, cleanings and exams) you need without worrying about maxing out your coverage for the year.

The example below shows you how this works. Without this feature, the maximum benefit for the year is reduced to $1,150 after two routine checkups. With this feature, the maximum benefit is still $1,500. This means you will have coverage for other dental services you may need.

Without D&P Maximum Waiver			
Coinsurance: 100% for diagnostic and preventive dental care	Delta Dental pays	You pay	Maximum remaining
Exams, X-rays, cleanings; two visits	$350	$0	$1,150

With D&P Maximum Waiver			
Coinsurance: 100% for diagnostic and preventive dental care	Delta Dental pays	You pay	Maximum remaining
Exams, X-rays, cleanings; two visits	$350	$0	$1,500

This example assumes two routine checkups and is for illustrative purposes only.

ID Cards

When you enroll in DeltaCare USA, you will receive two ID cards from Delta Dental. However, you do not need an ID card to receive services. Simply provide your dentist with your group number and ID number.

Vision Service Plan (VSP)

VSP provides benefits for eye exams, eyeglasses, contact lenses and related services furnished by participating VSP doctors. VSP also provides limited vision care benefits for certain services you receive outside the provider network.

To receive vision care services, you must:

- Call a participating VSP doctor for an appointment and identify yourself as a VSP member. If you need help finding a VSP doctor, call VSP at **(800) 877-7195**.
- Tell the provider the last four digits of your Social Security number (or the covered member's Social Security number, if you are calling for a dependent), and give them LMU as your employer's name.

The provider will call VSP to verify eligibility. See VSP's vision care brochure for more details.

Dental/Vision Waiver Option

You can waive LMU dental/vision coverage. If you waive dental coverage, you also give up vision care benefits for the year. You will not be able to re-enroll until the next Open Enrollment period, unless you have a qualified status change.

Long-Term Disability (LTD) Insurance

To help protect you from financial difficulties if you are unable to work due to an illness or injury, LMU offers two coverage options. If you become disabled, LTD benefits replace a portion of your monthly income.

LTD Coverage Options*	Maximum Monthly LTD Benefits
60%	$7,500
70%	$8,750

*Percentage of monthly base salary that LTD replaces.

Upon approval of your application, LTD benefits will begin after you have been continuously disabled for three months.

LMU pays the full cost of the 60% coverage option. You can also purchase the 70% coverage option and pay the difference with pretax payroll deductions.

If you become eligible to receive LTD benefits, they will be taxable as ordinary income. Federal and state income taxes will be deducted from LTD benefit checks. When choosing an LTD coverage level, be aware that taxes may affect the dollar amount of your benefit.

If you wish to increase your coverage, you may be required to provide evidence of good health.

NOTE

For more details about LTD coverage, please review your certificate of insurance or contact The Hartford at **(866) 945-7801**.

Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance pays all or a percentage of your coverage amount in the event of loss of life, limb(s), sight, speech or hearing due to a covered accident. You can choose employee-only coverage or family coverage.

LMU covers the cost of 1 times your annual salary (minimum of $50,000; maximum of $300,000) with employee-only AD&D coverage. If you choose more coverage, you will receive the LMU-paid coverage plus the full amount of the additional coverage. You will pay the additional cost with pretax payroll deductions.

Employee-Only AD&D Coverage

LMU provides employee basic AD&D coverage of 1 times your annual salary (minimum of $50,000; maximum of $300,000). You can also elect one of seven supplemental coverage levels, but the supplemental coverage you choose cannot exceed 10 times your your annual base salary.

AD&D Supplemental Insurance Coverage Levels			
$50,000	$150,000	$250,000	$500,000
$100,000	$200,000	$350,000	

Family AD&D Coverage

If you elect family AD&D coverage, your family members will be covered for a percentage of the total AD&D insurance coverage amount that you elect for yourself. If your spouse or domestic partner is also an LMU employee, you cannot be covered under each other's insurance, and only one of you can elect family AD&D coverage for your child(ren). Family AD&D coverage is broken down as follows:

Covered Family Member(s)	Family Member Coverage Levels (percentage of your AD&D insurance)
Spouse/domestic partner only	60%
Spouse/domestic partner and children	Spouse/domestic partner: 50% Each child: 10%
Children only	Each child: 20%

NOTE

If you increase your current coverage and you are away from work due to disability on the day the coverage is to increase, your new AD&D coverage level will start on the day you return to active full-time work.

Faculty/Staff Member Life Insurance

LMU offers life insurance to provide your survivors with some financial support in the event of your death. Because each family's financial needs are different, LMU offers you six coverage options, including:

Life Insurance Coverage Amount
Basic 1 x Annual Salary (Minimum of $50,000; Maximum of $300,000)
1 x annual salary*
2 x annual salary*
3 x annual salary*
4 x annual salary*
5 x annual salary*

*Supplemental coverage cannot exceed $700,000.

LMU will pay for basic life insurance coverage of 1 times your annual salary (minimum of $50,000; maximum of $300,000). If you elect coverage over 1 times your annual salary (minimum of $50,000; maximum of $300,000), you will receive the LMU-paid coverage plus the full amount of the additional coverage. You will pay the additional cost with pretax payroll deductions.

IRS rules require you to pay income taxes on the premium cost of any life insurance coverage amount above $50,000. This amount will be added to your W-2 income at the end of the year. Before you select your life insurance coverage amount, it is a good idea to consult with your tax advisor. You have the option to waive life insurance.

If you wish to increase your coverage, you may be required to provide evidence of good health. When you reach age 75, your life insurance benefit will be reduced as shown below:

Age	Percentage of Life Insurance Coverage Amount
75	65%

For example, if you had $50,000 in coverage before age 75, your coverage will be reduced to $32,500 upon reaching age 75.

Portability and Conversion

If you discontinue employment at LMU or are no longer in an eligible class, you have the option to port or convert your insurance coverage. Portability means you can "port" employee supplemental life insurance to a group life policy. Conversion means you can "convert" basic life, employee supplemental life and/or dependent supplemental life insurance to an individual policy.

You can port or convert your coverage without the need to provide evidence of good health. To port or convert your coverage, you must complete a Notice of Continuation of Coverage form to request a quote from The Hartford. For more information, contact The Hartford at **(800) 563-1124** or go to www.thehartfordatwork.com.

Dependent Life Insurance

If you have elected supplemental life insurance coverage for yourself, you can buy dependent life insurance coverage for your eligible dependents, including:

- Spouse or domestic partner coverage, which must equal 50% of your supplemental life insurance amount, up to 1 times your annual base salary or $200,000, whichever is less; and
- Dependent child coverage of $10,000 per child.

You may be required to provide evidence of good health for your dependents.

You can elect coverage for your spouse or domestic partner only, your children only or both your spouse or domestic partner and children. If your spouse or domestic partner is also an LMU employee, you cannot be covered under each other's insurance, and only one of you can elect life insurance coverage for your child(ren). Your cost for dependent life insurance will be deducted from your paychecks on an **after-tax** basis.

Business Travel Accident (BTA) Insurance

All full-time faculty and staff members automatically receive business travel accident (BTA) insurance equal to $200,000. The plan pays benefits if you die or are injured while traveling on authorized LMU-related business. The plan pays 100% of the coverage amount to your beneficiary(ies) if you die, or a portion of that amount to you if you suffer a covered injury.

Voluntary Benefits

LMU offers you direct access to discounts on a number of benefit offerings through MetLife. If you enroll in any of the voluntary benefits, you will pay your premiums through convenient after-tax payroll deductions on a semimonthly basis.

Accident Insurance

Accident insurance provides benefit payments to help you manage expenses when you have an accident. Benefit payments are made directly to you and you can use the money as needed. This coverage is not intended to be a substitute for medical insurance. Here are some conditions and services that are covered:

Injuries:
- Concussions
- Eye injuries
- Skin grafts
- Fractures

Other:
- Hospital admission and confinement
- Inpatient rehab unit
- Accidental death
- Dismemberment and loss

Medical services and treatments:
- Emergency care
- Ambulance
- Medical testing
- Therapy services
- Inpatient surgery

For more information, log on to www.metlife.com/mybenefits. You can enroll in accident insurance during Open Enrollment.

(Continued)

Critical Illness Insurance

MetLife critical illness insurance helps bridge the financial gap between what your medical insurance covers and the added expenses associated with a critical illness.

In the event you experience a critical illness, MetLife critical illness insurance provides a lump-sum benefit that you can use to pay for:

- Regular expenses (like your mortgage and car payments); and
- Unexpected expenses (like medical/prescription copayments, travel to treatment centers, pursuit of alternative therapies or payment for a relative's time off from work to assist you in recovery).

Critical Illness Reminders:

- Both a $10,000 and $20,000 guaranteed issue option will be offered for 2017.
- If you enroll in this coverage, you will have a health screening benefit to help cover the cost of certain tests. If you enroll in the $10,000 option, your health screening benefit is $50 per covered person per calendar year. If you enroll in the $20,000 option, your benefit is $100 per covered person per calendar year.
- Alzheimer's disease is a fully covered condition.
- There is no waiting period for cancer and other medical conditions.
- 25% coverage is available for 22 additional conditions such as Addison's disease, Huntington's disease and sickle cell anemia.

For more information, log on to www.metlife.com/mybenefits. You can enroll in critical illness insurance during Open Enrollment.

Pet Insurance

Veterinary pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. A veterinary pet insurance policy covers diagnostic tests, X-rays, prescriptions, hospitalization and more. For more information, go to www.metlife.com/mybenefits. For a quote and/or to enroll, call **(800) GET-MET8** or **(800) 438-6388**. You can enroll in the coverage (or end coverage) at any time.

(Continued)

Group Legal

With the MetLaw Legal Plan, you and your family have access to a network of over 12,000 attorneys nationwide, who can provide legal advice and representation on a wide range of legal matters, including:

- Wills and living trusts;
- Assistance with review and preparation of personal legal documents and tax returns; and
- Legal assistance with identity theft, traffic tickets (excluding DUI), real estate matters (including loan and financing issues and residential zoning applications) and family issues.

If you use an attorney in the nationwide network, you will not pay any fees, deductibles or copayments for covered legal matters. For more information, log on to www.metlife.com/mybenefits. You can enroll in the group legal plan during Open Enrollment.

Group Auto and Home Insurance

As part of the MetLife Auto & Home group insurance program, you have access to special group discounts on auto and home* insurance. In addition to auto and home, you can choose from a variety of insurance policies to meet your coverage needs, including personal excess liability, boat, condo, renter's, motor home, recreational vehicle and motorcycle insurance. For more information, log on to www.metlife.com/mybenefits. For a quote and/or to enroll, call (800) GET-MET8 or (800) 438-6388.

* Home insurance is not part of MetLife Auto & Home's benefit offerings in Florida and Massachusetts.

Flexible Spending Accounts (FSAs)

FSAs allow you to pay for certain eligible expenses with tax-free money. There are two types of FSAs:

- Health Care FSA; and
- Dependent Care FSA.

How FSAs Work

Each year, you can put money into the FSAs through pretax payroll contributions. Throughout the year, you can withdraw this money — tax-free — to reimburse yourself for eligible out-of-pocket expenses you incur.

When you incur eligible expenses, you have three payment options:

- Use your health care debit card to pay for expenses such as office visits and prescription drug copayments;
- Pay for recurring expenses using the "Pay My Provider" tool on the WageWorks website; or
- Pay your health care or dependent care provider directly, submit your receipts to WageWorks online or by using the WageWorks mobile app EZ Receipts, along with a claim form, and you will be reimbursed.

FSA contributions reduce your pay that is reported to the IRS. This saves money in FICA (Social Security) taxes, as well as federal and state income taxes. Pretax payroll deductions may also lower earnings reported for Social Security purposes. Therefore, your future Social Security benefits may be slightly reduced because they are based on your career earnings history.

NOTE

You may elect to participate in an FSA if you are enrolled in the PPO or HMO plan. You are not eligible to use LMU's FSAs if you are enrolled in the Anthem Blue Cross HealthSave Plan.

NOTE

All claims are processed through WageWorks, not LMU.

FSA Example

		With an FSA	Without an FSA
Edward earns $35,000 a year and is in a 28% tax bracket (for purposes of federal and state income tax and Social Security taxes). If Edward puts $500 in the Health Care FSA and $1,000 in the Dependent Care FSA, his tax savings are as shown to the right:	Annual Salary	$35,000	$35,000
	FSA Contributions	– 1,500	– 0
	Taxable Income	$33,500	$35,000
	28% Tax Rate	– 9,380	– 9,800
	Subtotal Net Income	$ 24,120	$25,200
	Health Care and Dependent Care Expenses	– 0	– 1,500
	Spendable Income	$24,120	$23,700
	Tax Savings	**$ 420**	**$ 0**

Health Care FSA

Most of us have out-of-pocket health care expenses. The Health Care FSA allows you to pay — with pretax money — for eligible, out-of-pocket medical, dental, vision and hearing care expenses. Your eligible dependents' expenses can also be reimbursed, even if your dependents are not enrolled in LMU's health care plans.

You can set aside up to $2,600 for reimbursement of eligible expenses incurred January 1 through December 31, 2017. Eligible expenses include:

- Medical and dental deductibles, copayments and coinsurance
- Orthodontia treatment
- Hearing aids and tests
- Special equipment for family members with mental or physical disabilities
- Prescription drugs
- Certain over-the-counter (OTC) medications prescribed by a physician
- Prescription eyeglasses (exam, lenses and frames)
- Contact lenses and contact lens solution
- LASIK (laser vision correction surgery)

Health-related expenses for which you cannot use your Health Care FSA money include, but are not limited to:

- Medical and other health care plan insurance premiums
- Cosmetic surgery (unless medically necessary)
- Vitamins and dietary supplements
- Funeral expenses
- Health club dues
- Rubbing alcohol, toothpaste, etc.

The FSA "Use It or Lose It" Rule

The "use it or lose it" rule allows those enrolled in a Health Care FSA to roll over up to $500 of savings to the following year. Any money above $500 left in the Health Care FSA at the end of the year will be forfeited. The Dependent Care FSA does not have a roll over allowance. Any money left in a Dependent Care FSA at the end of the year will be forfeited.

You still need to enroll in the FSAs each year — participation in these plans is not automatic. As always, you cannot use a Health Care FSA with the Anthem Blue Cross HealthSave Plan.

IMPORTANT IRS RULES ABOUT FSAs

Because FSAs offer tax advantages, the IRS applies the following rules to all FSAs:

- You cannot transfer money from one FSA to the other.
- You cannot begin, stop or change the amount of deposits during the year, unless you experience a qualified status change.
- Health care expenses cannot be reimbursed from your Dependent Care FSA and vice versa.
- If you terminate your employment with LMU, any eligible expenses must have been incurred before the end of the month in which you terminate.

Dependent Care FSA

You can use the Dependent Care FSA to pay for eligible dependent care expenses — with pretax money — that enable you or your spouse to work outside the home during the year. Eligible dependents are:

- Children under age 13 whom you claim as dependents on your tax return; or
- Anyone age 13 or older who is incapable of self-care, spends at least eight hours a day in your home, can be claimed by you on your federal income tax return, lives with you for more than half the year, receives more than half of his or her support from you and does not exceed IRS income limits for dependents.

The Dependent Care FSA can be used to reimburse eligible expenses you incur during the year. For 2017, here is the amount you can contribute:

For FSA Expenses Incurred	Contribution Maximum
January 1 through December 31, 2017	$5,000 pretax to a Dependent Care FSA*

*You can contribute a maximum of $2,500 annually to a Dependent Care FSA if you are married but file separate tax returns.

You cannot use a Dependent Care FSA and also take the dependent care tax credit on your income taxes. Consult with your tax advisor about which option is better for you.

If you use an FSA, you must report the name, address and tax ID (or Social Security number) of your day care provider to the IRS. Also, if you are married, your spouse must work, be a full-time student or be disabled.

FSA CLAIMS DEADLINE

The deadlines for filing claims are:

- **March 31, 2017** — For expenses incurred from January 1 through December 31, 2016.
- **March 31, 2018** — For expenses incurred from January 1 through December 31, 2017.

Commuter Benefits

Like a flexible spending account, LMU's commuter benefits program gives you the opportunity to pay for certain commuting expenses with pretax dollars. Eligible expenses include:

- **Parking** — Out-of-pocket parking fees for parking meters, garages and lots. (Parking at or near your home is not eligible.)
- **Van pooling** — Commuter highway vehicle with a seating capacity of at least seven adults, including the driver. (Not all van pool participants must work for LMU.)
- **Mass transit** — Transit passes, tokens, fare cards, vouchers or similar items entitling you to ride a mass transit vehicle to or from work.

NOTE

The mass transit/van pooling expenses and parking expense accounts are separate reimbursement accounts. You cannot transfer money between accounts.

How the Program Works

You can elect to participate in this program at any time, not just during annual Open Enrollment, and set aside pretax money to cover your commuting costs. If you elect to participate in the commuter benefits program, you will create two accounts:

- Mass transit/van pooling expenses account
- Parking expenses account.

Any money left in your commuter benefit accounts will transfer into your accounts for the following year! However, if you terminate your employment with LMU, any eligible expenses must have been incurred before your last day as an active LMU employee to receive reimbursement.

Employee Assistance Program (EAP)

To help you deal with personal issues and concerns, LMU offers an Employee Assistance Program (EAP) provided by The Hartford's GuidanceResources® program **at no cost to you**.

The EAP offered by ComPsych® provides confidential service by experienced, licensed professional counselors who can help you and your dependents deal with issues such as depression, marital and family issues and substance abuse. The program also includes services for work/life issues, such as legal and financial services, work/career conflict resources and child-care/elder care resources.

All full-time LMU faculty and staff members and their dependents are eligible for the EAP.

Simply call the EAP at **(800) 327-1850**. Counselors are available 24 hours a day, seven days a week. **The EAP is completely confidential** — no one will know that you have contacted the EAP unless you provide permission for the EAP to reveal that information. You can also visit their website at www.guidanceresources.com (enter organization Web ID: LOYOLA) for more information.

The EAP offers five office visits per occurrence per year, free of charge, for you and each of your dependents. If you or your dependent requires treatment beyond the first five covered visits, the person is responsible for any additional costs; however, his or her medical plan may provide coverage for these services.

How to Enroll

Enroll Online

Getting the benefits you need is easier than ever at mylmu.

STEP 1	Go to mylmu (my.lmu.edu) and enter your network user name and password. If you need help, call the ITS Helpdesk at **(310) 338-7777**.
STEP 2	Click the **System Logins** tab and then select **Employee Self Service** from the drop-down menu. Click **here** to "Access Employee Self Service."
STEP 3	Click **Employee Self Service**, then **My Benefits**. Read the disclaimer. Click **Accept**, then **Next**. Enter your dependents and beneficiaries and then click **Next**.
STEP 4	A list with your current benefits will appear. (**Note:** If you currently have a flexible spending account, this benefit will be excluded. To have an FSA in 2017, enter the amount you want to contribute for 2017.)
STEP 5	Click **Manage My Benefits**. Select the benefits you want for 2017.

You must enroll during Open Enrollment if you want to participate in an FSA from January 1 through December 31, 2017.

OPEN ENROLLMENT: November 7 – 18, 2016

For benefits effective January 1 through December 31, 2017

SEPARATE ENROLLMENT FOR AUTO, HOME AND PET INSURANCE

You can enroll for auto, home and/or pet insurance at any time throughout the year by calling **(800) GET-MET8** or **(800) 438-6388**.

CONFIRM YOUR ENROLLMENT

After you make your enrollment elections, a benefits confirmation statement will be available for you to print. You should retain this for your records. The statement will show your benefits elections effective January 1, 2017.

- If you made changes to your benefits during Open Enrollment, your confirmation statement will show your updated benefits coverage for 2017 and any action items that are pending.
- If you did not make any changes during the Open Enrollment period, your statement will show your current benefits coverage (which carries over to 2017) — excluding FSAs.

When Coverage Begins

If You Are a New Hire

If you are a new faculty or staff member and you enroll for coverage, most of your benefits will start on the first day of the month following your date of hire and will be effective through December 31, 2017.

If You Are Away from Work

If you are away from work due to illness or injury on the day your coverage would normally take effect, your benefit elections (except medical and dental/vision) will become effective on the day you return to active full-time work. Medical and dental/vision coverage are effective on the day coverage would normally take effect, whether or not you are at work. This applies whether you enrolled during Open Enrollment or as a new hire.

(Continued)

Evidence of Good Health

This chart shows the benefits for which you must provide evidence of good health to obtain insurance company approval. Personal Health Applications will be sent to you from The Hartford. Any costs associated with evidence of good health approval are your responsibility.

Long-Term Disability (LTD) Insurance*	You wish to increase your coverage level during Open Enrollment.
Long-Term Disability (LTD) Insurance*	• You are a newly hired employee and elect coverage of more than $425,000 or 3, 4 or 5 times your annual base salary; • You currently have life insurance and would like to increase coverage during Open Enrollment; or • You experience a qualified status change and want to increase your life insurance coverage. After you submit the *Personal Health Application*, the insurance company may request additional information from you or your doctor before making its decision. Any increase in your life insurance due to a base salary change is automatic and does not require evidence of good health. If the insurance company declines your request, your current coverage amount will continue.
Dependent Life Insurance	• You are a newly hired employee and elect coverage of more than $100,000; or • You enroll your spouse/domestic partner or increase your spouse's/domestic partner's coverage during Open Enrollment. If coverage is approved, the insurance company will determine the effective date of their coverage.

* If your increase in coverage is approved, the insurance company will determine the effective date of the increase. If you are away from work due to disability on the day your coverage is scheduled to increase, your new coverage level will start on the day you return to active full-time work.

Changing Your Benefits During the Year — Qualified Status Changes

If you have a qualified status change, the Internal Revenue Service (IRS) allows you to change certain benefit elections during the year. Qualified status changes include:

- Marriage, divorce, legal separation, annulment, entering or ending a domestic partnership or death of your spouse
- Birth, adoption, placement for adoption, death or loss of legal custody of your dependent child
- Loss of your dependent child's eligibility due to age, student status or other eligibility criteria
- A change in work status of your spouse or domestic partner (either starting or stopping work)
- A change in LMU employment status for you or your spouse or domestic partner (such as from full-time to part-time or vice versa)
- An unpaid leave of absence for you or your spouse or domestic partner
- A change of residence outside the HMO plan coverage area for you, your spouse, your domestic partner or your dependents
- A court order requiring you to provide medical and dental coverage for your legal dependent children (QMCSO).

HIPAA SPECIAL ENROLLMENT

If you lose your group health plan coverage, the Health Insurance Portability and Accountability Act (HIPAA) allows you to enroll in another group health plan for which you are eligible (such as a spouse's plan). Even if the plan generally does not accept late enrollees, you can request enrollment within 45 days of losing your previous coverage. (Federal government rules also permit changes to your benefits if you get married, have a baby or experience another qualifying life event.)

Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request enrollment as soon as possible (within 31 days of the qualifying life event).

(Continued)

Special Enrollment Events

IRS regulations require that you request changes to your coverage within 31 days after you experience a qualified status change. You must submit a new LMU enrollment form to Human Resources within 31 days. You must also provide proof of the qualified status change, such as a copy of your marriage certificate, divorce decree, birth certificate/adoption papers, etc.

All events listed in this guide as qualified status changes result in a gain or loss of eligibility under the plan. Any changes you wish to make to your coverage must be consistent with the qualified status change.

For more information about qualified status changes, contact Human Resources.

IMPORTANT

If you experience a qualified status change, you must submit the necessary forms related to your situation. Failure to do so or falsification of any documents may result in any or all of the following actions:

- A requirement that you reimburse LMU for all expenses paid while your dependent was ineligible for coverage;
- Disciplinary action; and/or
- Termination of your employment.

Things to Consider When Making Your Benefit Choices

Medical Benefits

Monthly costs and your out-of-pocket expenses are important factors when choosing a medical plan, but your lifestyle, personal preferences, family situation and health care needs also count. The following questions and ideas may help you make your decision.

Do you currently have a family doctor?
If so, is your doctor in the Anthem Blue Cross or Kaiser Permanente network? The Anthem Blue Cross PPO and HealthSave options use the same provider network. The most up-to-date information is available online at www.anthem.com/ca. Go to the Online Provider Directory and select Large Group, then Anthem Blue Cross PPO (Prudent Buyer) or Anthem Blue Cross HMO (California Care) and follow the instructions.

You can also call the Anthem Blue Cross PPO, Anthem Blue Cross HMO or Anthem Blue Cross HealthSave at **(877) 800-7339**. Kaiser Permanente members can call **(800) 464-4000** or log on to http://my.kp.org/lmu/.

Do you want to see out-of-network providers?
If so, the PPO may be the right plan for you. HMOs will not cover out-of-network services.

Do you frequently travel outside of Southern California?
If so, remember that outside their service areas, HMOs usually cover only emergency care.

Do you have eligible dependent children away at school?
If you do and you are considering an HMO, is there an HMO facility near your child's school?

Does your spouse or domestic partner or do your dependent children have group medical coverage from another source, such as an employer?

- If so, does dual coverage make financial sense? Combined benefits from both plans cannot exceed 100% of covered charges. (Benefits cannot be paid twice.)
- If you have dependent children who are eligible for coverage under your spouse's plan, in which plan should you enroll them — your plan or your spouse's?

(Continued)

Dental/Vision Benefits

Below are some things to think about when you choose a dental/vision plan.

Do you currently have a dentist you like?
If so, is your dentist in the Delta Dental network?

Do you or your covered family members need orthodontia?
Compare benefits and costs of both options. Adult orthodontia is available only under DeltaCare USA.

Do you have other dental coverage?
If so, you may want to consider waiving LMU-sponsored dental coverage.

LTD, AD&D and Life Insurance Coverage

Before making decisions about these benefits, think about how your household would manage without your income.

- Who depends on you for financial support?
- What are your current living expenses?
- How much total debt do you have?
- Other than your LMU pay, what financial resources are available to your family?
- Do you have disability, AD&D or life insurance coverage outside LMU?
- Could your family meet its expenses if you or your spouse were to die or become disabled?
- Would your current coverage provide for your children's future educational needs if you or your spouse were to die or become disabled?

(Continued)

Health Care and Dependent Care FSAs

FSAs can save you money on out-of-pocket health care and dependent care expenses. But before you sign up, there are a few things you should consider.

Is a Health Care FSA right for you?

- Does your medical plan have a deductible?
- Do you take regular medications?
- If you are married, are you covered by your spouse's health care benefits too? If so, the other plan may pay the part of your expenses that your LMU plans do not cover. Expenses that are covered by any benefit plan or insurance cannot be reimbursed by an FSA.
- Do you or any of your family members need special health care supplies or equipment that your medical plan does not cover?

Is a Dependent Care FSA right for you?

- Do you have qualified dependents in your household?
- Would the federal dependent care tax credit save you more money than the FSA? (Contact a professional tax advisor to find out.)

Using Your LMU Benefits

Seeing a Doctor

When you need to see a doctor, follow the steps below:

Anthem Blue Cross PPO*		HMO Plans (Anthem or Kaiser)	Anthem Blue Cross HealthSave*
In-Network Providers	Out-of-Network Providers		
1. Choose a doctor from a provider directory. 2. Call for an appointment and confirm that the doctor is still in the Anthem Blue Cross network. 3. Take your medical ID card to your appointment. 4. Ask the doctor if he or she will file a claim for you. 5. If the doctor will file the claim, Anthem Blue Cross will send you a bill for any expenses not covered by the plan. 6. If the doctor will not file the claim, you may be required to pay at the time of your appointment or receive a bill later. Keep a copy and submit the original bill with your claim form to Anthem Blue Cross.	1. Make an appointment with the doctor. 2. Follow steps 3 through 6 in the "In-Network Providers" column to the left.	1. Make an appointment with your Anthem Blue Cross HMO primary care physician (PCP) or with your Kaiser Permanente HMO medical facility. 2. Take your medical ID card to your appointment. You will need the information on the card. 3. Make any copayments that are required. 4. If your Anthem Blue Cross HMO PCP refers you to a specialist, you will need to wait until your referral is approved. See ReadyAccess Program for more information about accessing specialist care. 5. After the referral is approved, see the specialist.	1. Follow the same steps shown for "In-Network Providers" and "Out-of-Network Providers" under the Anthem Blue Cross PPO. 2. If you have met the plan deductible, Anthem Blue Cross will pay a percentage for your expenses. If you have not met the deductible, Anthem Blue Cross will not pay your expenses. 3. You can pay your portion of expenses out of pocket or with your Health Savings Account (HSA). No matter how you pay, expenses apply toward meeting the plan deductible.

*The Anthem Blue Cross PPO and HealthSave Plan use the same provider network.

BE PREPARED FOR YOUR APPOINTMENT

In addition to taking your medical ID card to your appointment, you may also want to take a list of your medications and a list of questions you want to ask your doctor.

GET ON-DEMAND CARE WHEREVER YOU ARE

Use services through Heal for a convenient and affordable way to see top-quality physicians wherever you are – at home, the office or a hotel – Heal comes to you with house calls and on-site care. Visit GetHeal.com for more information.

Preauthorization

If you enroll in the Anthem Blue Cross PPO or HealthSave option, you will need preauthorization from the plan at least five days prior to any non-emergency hospital admission.

Before services are performed, Anthem Blue Cross will notify you or your doctor in writing as to whether or not the procedure is covered. If you or your doctor does not hear back from Anthem Blue Cross within three days prior to your scheduled admission date, you should contact Anthem Blue Cross at **(877) 800-7339**.

Failure to obtain preauthorization from Anthem Blue Cross will likely result in lower benefits and more cost for you.

If you enroll in the Anthem Blue Cross PPO or HealthSave option, or in the Delta Dental PPO, you may have to file claims for reimbursement from the plan.

Filing a claim is ultimately your responsibility, even if someone else agrees to file it for you. Always be sure your claim is filed promptly.

Filing a Medical/Dental Claim

If you enroll in the Anthem Blue Cross PPO or HealthSave option, or in the Delta Dental PPO, you may have to file claims for reimbursement from the plan.

Filing a claim is ultimately your responsibility, even if someone else agrees to file it for you. Always be sure your claim is filed promptly.

In-Network Providers	Out-of-Network Providers
If you visit an in-network provider, your provider will file the claim for you. Anthem Blue Cross and Delta Dental will send you an Explanation of Benefits (EOB) statement that will indicate any remaining charges you may owe.	Some out-of-network providers may file the claim; others will not. Your provider may require you to pay the bill at the time of your visit. If you need to submit a claim, complete the appropriate claim form and send it with the original itemized bills to Anthem Blue Cross or Delta Dental. Be sure to keep a copy for your records. Your claim will be processed in about two to three weeks.

Frequently Asked Questions

What Do I Do If:	Answer:
I want to change my benefits?	Enroll online during Open Enrollment or complete an LMU enrollment form within 31 days of a qualified status change.
I do not want to change my benefits?	You do not need to complete an online enrollment form during Open Enrollment unless you want to change your benefit elections and/or enroll in an FSA (effective January 1, 2017).
I have questions about a bill?	Call your health plan's Member Services number. (See Important Contact Information for important phone numbers and websites.)
I lose my insurance ID card?	
I am in an HMO and require medical care out-of-area?	In an emergency, seek needed care. You will probably have to file a claim. In these situations, call your HMO's Member Services number immediately.
I am enrolled in an HMO and I do not know who my primary care physician (PCP) is?	Your PCP is the doctor or medical group you chose when you enrolled. If you have forgotten who your PCP is, call your health plan's Member Services number. For the Anthem Blue Cross HMO, your PCP's name and phone number appear on your ID card.
I have a question about a claim?	Call the health plan's claim office telephone number shown on your Explanation of Benefits (EOB) statement.
I am in an HMO and want to change my PCP?	Call your health plan's Member Services number. • For Anthem Blue Cross, you can change your PCP once a month. If you request a change before the 15th of the month, it will become effective on the first day of the following month. • For Kaiser Permanente, you can change your PCP more than once a month, if necessary. The change is effective immediately.

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Using Your LMU Benefits

Seeing a Doctor
Preauthorization
Filing a Medical/Dental Claim
Frequently Asked Questions

General Plan Information

Glossary

What Do I Do If:	Answer:
I need claim forms?	Call Human Resources, call your health plan's Member Services number or log on to mylmu.
I live in an area where the selected medical providers are unavailable or I travel outside the service area?	Arrangements can be made to enroll in the PPO Plan. Contact Human Resources for details.
I am in an HMO and I receive a bill?	Call your plan's telephone number for assistance. (See Important Contact Information for important phone numbers and websites, or call the number on the back of your ID card.)
I want to change my beneficiary for my AD&D and life insurance?	You can change your beneficiary designations at any time and for any reason. Log on to Employee Self Service to make a change.

General Plan Information

Glossary

- **Allowable Amount:** The amount that a PPO provider has agreed to accept for a certain service or procedure, as determined by the carrier. If you receive care from an in-network provider, you will not be billed more than the allowable amount. If you receive care from an out-of-network provider, you are responsible for the difference between the billed amount and the allowable amount (in addition to your deductible and coinsurance).
- **Coinsurance:** The amount, usually a percentage, that you pay after the deductible is met.
- **Contributions:** The amount deducted from your salary each pay period to purchase your benefits coverage.
- **Copayment:** The flat fee charged by a plan for services, such as doctor visits, hospital stays and prescription drugs. The payment is typically due while you are at the doctor's office, hospital or pharmacy.
- **Core Benefits:** The minimum level of benefits LMU recommends to ensure that every eligible LMU faculty and staff member has a basic level of coverage.
- **Deductible:** An amount you must pay each year before a health plan will cover expenses. All of the medical plans, including the two HMOs, have a deductible. Copays may not be subject to the deductible in all cases.
- **Evidence of Good Health:** A statement or proof of your physical condition, occupation or other factors affecting your acceptance for insurance. Also called "evidence of insurability" or "personal health application."
- **Explanation of Benefits (EOB):** The statement sent to you by a carrier that explains how your claim was paid. It shows amounts paid toward your deductible, as well as eligible expenses, what is paid to the doctor and charges for which you are responsible.
- **Health Savings Account (HSA):** An HSA is a tax-advantaged savings account that you can use to set aside money to pay current and future health care expenses, like deductibles and your coinsurance. The Anthem Blue Cross HealthSave Plan is the only medical option that includes an HSA. LMU also makes a contribution to the HSA for employees who participate in this plan.

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- **Hospital Indemnity Benefit:** This benefit is available to Anthem Blue Cross HealthSave Plan members. If you or a family member is hospitalized, the benefit pays you $1,250 in cash, plus $50 for each day you remain in the hospital.
- **Member Services:** A health plan's customer service center that answers questions about coverage and helps solve day-to-day coverage problems.
- **Out-of-Pocket Maximum:** The most you will pay toward covered expenses in a year. After you reach the out-of-pocket maximum, most covered expenses for network providers will be paid at 100% for the remainder of that year.
- **Preferred Provider Organization (PPO):** A medical plan that has negotiated rates with specific doctors, hospitals and other medical providers to create a network where members can receive care. You will pay less out of pocket when you receive care from network providers.
- **Primary Care Physician (PCP):** An HMO doctor who oversees the general care of patients. In the Anthem Blue Cross HMO, you must select a PCP when you enroll. This is optional if you enroll in the Kaiser Permanente HMO.

Important Contact Information

Important Contact Information

Benefit Plan	Phone Number	Website
Anthem Blue Cross PPO	(877) 800-7339	www.anthem.com/ca
Anthem Blue Cross HMO	(877) 800-7339	www.anthem.com/ca
Anthem Blue Cross HealthSave	(877) 800-7339	www.anthem.com/ca
Kaiser Permanente HMO	(800) 464-4000	http://my.kp.org/lmu/
DeltaCare® USA (HMO)	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	(800) 765-6003	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
WageWorks (FSA)	(877) 924-3967	www.wageworks.com
Bank of America (HSA)	(866) 791-0250	http://healthaccounts.bankofamerica.com/learn.shtml
The Hartford (Life/AD&D)	(800) 563-1124	www.thehartfordatwork.com
The Hartford (LTD)	(866) 945-7801	www.thehartfordatwork.com
MetLife (Voluntary Benefits)	(800) GET-MET8 or (800) 438-6388	www.metlife.com/mybenefits
MetLife (Hospital Indemnity)	(800) GET-MET8 or (800) 438-6388	www.metlife.com/mybenefits
ComPsych GuidanceResources (EAP)	(800) 327-1850	www.guidanceresources.com Organization Web ID: LOYOLA
Transamerica	(800) 755-5801	lmu.trsretire.com
LMU Human Resources (Westchester Campus)	(310) 338-2723	mylmu (click on Quick Links > Human Resources)
LMU Human Resources (Law School)	(213) 736-1415	mylmu (click on Quick Links > Human Resources)

Legal Notices

Federal law requires that LMU provide you with certain notices about your rights regarding health care plan eligibility, enrollment and coverage.
Click here to download a copy of the 2017 Legal Notices.

The Human Resources Office of Loyola Marymount University (LMU) publishes this guide. It provides only a summary of the LMU Benefits Program. It does not change the terms of your benefits plans or the official plan documents that control them. If there are any inconsistencies between the benefits described in this guide and the official benefits plan documents, the plan documents will govern. (Plan documents are legal papers that describe all benefits plan rules in detail. They may include insurance policies and similar kinds of contracts.) The LMU plan document/summary plan description is available from your Human Resources office.