

**LMU|LA**  
Loyola Marymount  
University

A Guide to Your 2012

# LMUBENEFITS



## **WELCOME**

Loyola Marymount University (LMU) provides students with a quality education. And, as your employer, we strive to provide you with a quality benefits program. 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.

This guide highlights your LMU Benefits Program in four easy-to-use sections:

- >Your LMU Benefits
- >How to Enroll
- >Using Your LMU Benefits
- >General Plan Information

Please carefully read this guide and share it with your family.

This guide describes the benefits that are effective from January 1, 2012 through December 31, 2012. This guide is only a summary. For details, please refer to your evidence of coverage (EOC) booklets (provided by the insurance carriers) and the LMU 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.

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 benefit plan documents, the plan documents will govern. (Plan documents are legal papers that describe all benefit plan rules in detail. They may include insurance policies and similar kinds of contracts.) Summary plan descriptions are available at your Human Resources Office. The plan documents are available at the Westchester Human Resources Office.

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# YOUR LMU **Benefits**

## **It's Your Decision**

LMU gives you the flexibility to choose a variety of benefits, including:

- > Medical
- > Dental/Vision
- > Long-Term Disability (LTD) Insurance
- > Accidental Death and Dismemberment (AD&D) Insurance
- > Faculty/Staff Member and Dependent Life Insurance
- > Long-Term Care (LTC) Insurance
- > Voluntary Benefits
- > Flexible Spending Accounts (FSAs)
- > Commuter Benefits

You can also participate in the Employee Assistance Program (EAP), which is automatically provided — you do not need to enroll.

## **How LMU Benefits Work**

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

- > 100% of the cost of employee-only coverage under the Delta Dental PPO/Vision Service Plan (VSP)
- > 100% of the cost of the DeltaCare® USA (HMO)/Vision Service Plan (VSP) for all levels of coverage
- > 100% of the cost of long-term disability (LTD) benefits that could replace up to 60% of your monthly base salary
- > 100% of the cost of 1 X your Annual Pay (minimum of \$50,000) of life insurance and 1 X your Annual Pay (minimum \$50,000) of accidental death and dismemberment (AD&D) insurance for yourself
- > 100% of the cost of \$200,000 of business travel accident (BTA) insurance

When you elect medical coverage, you will pay a percentage of the total premium cost based on your salary, and LMU will cover the remainder of the cost of your coverage. If you elect dependent life insurance coverage, you will pay the full cost.

More information about the cost of coverage is available on the new hire enrollment form or during Open Enrollment.

## Eligibility

You are eligible for LMU benefits if you are:

- > A regular full-time LMU faculty member;
- > A regular full-time Westchester staff member working at least 40 hours a week;
- > A regular full-time Loyola Law School faculty member;
- > A regular full-time 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 percent full-time equivalent, 50 percent 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 9-, 10-, and/or 11-month assignment).
  - > *Faculty member* for one complete academic year. For purposes of this policy, *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, who are not eligible to enroll in a plan offered by their own employer, (under age 21, or under age 25 if a full-time student, for dependent life insurance);
- > 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.

## Your LMU Benefits Options at a Glance

<b>Medical Coverage Options</b>	<ul style="list-style-type: none"> <li>&gt; Anthem Blue Cross PPO</li> <li>&gt; Anthem Blue Cross HMO</li> <li>&gt; Kaiser Permanente HMO</li> <li>&gt; Waive Coverage</li> </ul>
<b>Dental/Vision Coverage Options*</b>	<ul style="list-style-type: none"> <li>&gt; Delta Dental PPO/Vision Service Plan (VSP)</li> <li>&gt; DeltaCare® USA (HMO)/Vision Service Plan (VSP)</li> <li>&gt; Waive Coverage</li> </ul>
<b>Long-Term Disability (LTD) Insurance**</b>	<ul style="list-style-type: none"> <li>&gt; Replaces 60% of your monthly base salary, up to \$7,500 per month</li> <li>&gt; Replaces 70% of your monthly base salary, up to \$8,750 per month</li> </ul>
<b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b>	<ul style="list-style-type: none"> <li>&gt; Basic faculty/staff member coverage of 1 X Annual Pay (minimum of \$50,000) and supplemental coverage of \$50,000 to \$500,000, up to 10 times your annual base salary</li> <li>&gt; Family coverage equal to a percentage of the total AD&amp;D coverage you elect for yourself</li> </ul>
<b>Faculty/Staff Member Life Insurance**</b>	<ul style="list-style-type: none"> <li>&gt; Basic coverage of 1 X Annual Pay (minimum coverage of \$50,000) and supplemental coverage of one to five times your annual base salary, up to \$700,000</li> </ul>
<b>Dependent Life Insurance**</b>	<ul style="list-style-type: none"> <li>&gt; Coverage for your spouse/domestic partner equal to 50% of your supplemental life insurance coverage, up to one times your annual base salary or \$200,000, whichever is less</li> <li>&gt; Coverage for your dependent children equal to \$10,000 per child</li> </ul>
<b>Business Travel Accident (BTA) Insurance</b>	<ul style="list-style-type: none"> <li>&gt; Coverage equal to \$200,000</li> </ul>
<b>Long-Term Care (LTC) Insurance**</b>	<ul style="list-style-type: none"> <li>&gt; The plan pays benefits for nursing homes, in-home care, adult day care, and respite care</li> </ul>
<b>Voluntary Benefits</b>	<ul style="list-style-type: none"> <li>&gt; Auto &amp; home insurance</li> <li>&gt; Pet insurance</li> <li>&gt; Critical illness insurance</li> <li>&gt; Group legal</li> </ul>
<b>Flexible Spending Accounts (FSAs)</b>	<ul style="list-style-type: none"> <li>&gt; Health Care FSA — contribute up to \$5,000 per year</li> <li>&gt; Dependent Care FSA — contribute up to \$5,000 per year (\$2,500 if you are married but file separate tax returns)</li> </ul>
<b>Commuter Benefits</b>	<ul style="list-style-type: none"> <li>&gt; Mass transit account</li> <li>&gt; Parking expenses account</li> </ul>

\*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 page 21 for detailed information about evidence of good health.)

## LMU Core Benefits

LMU recommends that all eligible employees enroll for at least a minimum level of core benefits protection, including:

- > Employee-only medical coverage;
- > Basic long-term disability (LTD) protection of 60% of your monthly base salary, up to \$7,500 per month;
- > Faculty/staff member life insurance of 1 X Annual Pay (minimum of \$50,000); and
- > Accidental death and dismemberment (AD&D) coverage of 1 X Annual Pay (minimum of \$50,000).

There is an employee contribution for medical coverage, but there are no contributions for LTD, AD&D and life insurance coverage.

If you do not enroll for benefits as a new hire, LMU will automatically provide you with the same level of LTD, AD&D and life insurance coverage that is listed on page 4 — **but you will not have medical, dental or vision coverage.**

If you do not enroll for benefits, you will have to wait until the next Open Enrollment period to elect other benefits (including medical coverage), change plans, or add dependents to your coverage — unless you have a qualified status change. (See page 22 for more information regarding status changes.)

## Your Medical Plan Options

LMU offers three medical plan options:

- > Anthem Blue Cross PPO;
- > Anthem Blue Cross HMO; and
- > Kaiser Permanente HMO.

For more information, refer to *A Comparison of Your LMU Benefits*. This is available online at **mylmu**.

### Anthem Blue Cross PPO

With the Anthem Blue Cross PPO, you can use either network providers or out-of-network providers. Before the plan pays any benefits, you must pay a deductible of \$250 per individual or \$500 per family per year. After you pay the deductible, the plan generally pays:

- > 80% of most network provider charges; and
- > 60% of the PPO-negotiated rate for most out-of-network provider charges.

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

### How the PPO Plan Works (after the deductible is met)

Network Doctor	
Allowable amount	\$600
You pay \$20 copayment	\$20
Plan pays 100% of the allowable amount after copayment	-\$580
<b>Your total out-of-pocket cost for network care</b>	<b>\$20</b>
Out-of-Network Doctor	
Out-of-network doctor charges	\$750
Allowable amount	\$600
Plan pays 60% of the allowable amount for this procedure (60% of \$600)	-\$360
You pay remaining 40%	\$240
You also pay any amount over the allowable amount (\$750 – \$600)	+\$150
<b>Your total out-of-pocket cost for out-of-network care</b>	<b>\$390</b>

## WOMEN'S HEALTH AND CANCER RIGHTS

Federal law requires that group health plans provide coverage for breast reconstruction in connection with a mastectomy, as follows:

- > Reconstruction of the breast on which the mastectomy has been performed;
- > Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- > Prostheses and treatment for physical complications of all stages of a mastectomy, including lymphedema.

## NOTE

There are separate out-of-pocket maximums for in-network and out-of-network expenses. In other words, even if you satisfy the out-of-pocket maximum for in-network expenses, you must still pay your portion of the cost for any out-of-network expenses you incur, until that out-of-pocket maximum is met too.

## NOTE

If you're 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 PPO. This will allow you to have access to a wider network of health care providers. Contact Human Resources for more information.

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

### *Features of the Plan*

The out-of-pocket maximums are important features of the Anthem Blue Cross PPO. The out-of-pocket maximum for in-network services is \$2,000 per individual or \$4,000 per family, plus deductibles. The out-of-pocket maximum for out-of-network services is \$4,000 per individual or \$8,000 per family, plus deductibles. Once you reach the out-of-pocket maximum, the plan will pay 100% of your covered expenses for the remainder of the year.

Another feature of the plan is the deductible carryover. If you have not yet met your 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.

The Anthem Blue Cross PPO 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 more information about what the Anthem Blue Cross PPO pays for covered services, refer to *A Comparison of Your LMU Benefits*. This is available online at **mylmu**.

### **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.

### **HMO Plans: Anthem Blue Cross HMO and Kaiser Permanente HMO**

When you enroll in an HMO, there are no deductibles, and many services are provided at no charge or with only a small copayment.

To join an HMO, you must live 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 is an emergency, so, if possible, you should telephone your HMO before using a provider outside the HMO service area.

### *Anthem Blue Cross HMO*

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

**>Speedy Referral (SR) Program** — If your primary care physician (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 \$20 copayment per 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 \$20 copayment per 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 a network retail pharmacy or through the mail order program.

#### **ID Cards**

When you enroll in the Anthem Blue Cross HMO, 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.

### *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 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, 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 and fill prescriptions.

### **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 (see page 22 for more information about qualified status changes). If you have questions about waiving medical coverage, contact Human Resources.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION RIGHTS**

Group health plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law does not prohibit the mother's or the newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, under federal law, no authorization is required from the plan or insurance carrier for a length of stay not in excess of 48 hours (or 96 hours).

#### **NOTE**

For more information about what the Anthem Blue Cross and Kaiser Permanente HMOs pay for covered services, refer to *A Comparison of Your LMU Benefits*. This is available online at [mylmu](http://mylmu).

## 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.

Jeff works for LMU. He and his wife, Lian, are working parents of two children. Their 12-year-old son has type I diabetes, and their daughter goes to college in another state.

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

Since the PPO is not the lowest-cost option in their area, Jeff knows they'll pay more for this plan. But after reviewing the coverage provided by the plan, Jeff feels it's the right option for a number of reasons. Their son has started to suffer some side effects of his diabetes, and they'll 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, Jeff and Lian's daughter will have coverage while she attends college in another state.

They'll definitely have some out-of-pocket medical expenses, especially if they use an out-of-network specialist. Jeff decides to contribute \$1,000 to a **Health Care FSA**. He also enrolls in the **Dependent Care FSA** and sets aside \$1,500 to help pay for his son's summer day camp.

### Active 32-year-old looks for low-cost option that provides financial protection for the unexpected.

Chris is single, active and healthy. He rarely needs to see the doctor for anything other than routine physicals and an occasional athletic injury.

Chris wants to make sure he's protected for the unexpected, but he doesn't think it makes sense to pay for more medical coverage than he needs. The **Anthem Blue Cross HMO** has a low monthly cost. He sees his doctor only once or twice a year and knows his doctor is in the Anthem Blue Cross HMO's network. So is the orthopedic specialist he saw last year for a sprained tendon in his knee while playing touch football with friends.

Chris also chooses to contribute \$300 to the **Health Care FSA** to help pay for eligible health care expenses, such as prescription sunglasses and over-the-counter medications he takes to treat seasonal allergies. He kept track of his out-of-pocket health care costs last year and knows he'll easily use the \$300 while reducing his taxable income. With the extra money, Chris decides to increase his contributions to his LMU retirement savings plan.

### Couple with chronic health conditions needs comprehensive care.

Marla and her husband, Henry, are empty-nesters in their early 60s. Although Marla quit smoking years ago, she still deals with the side effects of being a smoker for nearly three decades, including living with chronic obstructive pulmonary disease (COPD). Henry, once an avid runner, now faces knee replacement surgery.

Convenience and comprehensive coverage are important for Marla, which is why she chose to enroll in the **Kaiser Permanente HMO**. Many Kaiser facilities provide emergency services and routine care all under one roof. The location nearest Marla's home also has an on-site pharmacy, which Marla really appreciates. And Henry takes advantage of the plan's mail order pharmacy program.

With the Kaiser HMO, Marla and Henry will pay only a copayment for most medical procedures, including Henry's knee replacement surgery. With that in mind, Marla plans to set aside \$800 in a **Health Care FSA**.

## 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 LMU Benefits*. This is available online at **mylmu**.

### Delta Dental PPO

The Delta Dental PPO has network and out-of-network benefits. Before the plan pays benefits, you must pay a \$25 individual or \$75 family deductible during that year. 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 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. You will need the information on your ID card for all dental plan-related services and claims.

### DeltaCare® USA (HMO)

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

#### ID Cards

When you enroll in DeltaCare USA, you will receive two ID cards from Delta Dental. You will need the information on your ID card for all dental plan-related services and claims.

### 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 LTD coverage options. If you become disabled, LTD benefits replace a portion of your monthly income.

<b>LTD Coverage Options*</b>	<b>Maximum Monthly LTD Benefit</b>
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 purchasing 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 (see page 21 for more information).

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 X Annual Pay (minimum of \$50,000) of 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 X Annual Pay (minimum \$50,000). You can also elect one of seven supplemental coverage levels, but the supplemental coverage you choose cannot exceed 10 times your annual base salary.

#### AD&D Supplemental Insurance Coverage Levels

> \$50,000	> \$250,000
> \$100,000	> \$350,000
> \$150,000	> \$500,000
> \$200,000	

### 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 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%

Here is an example of how family AD&D coverage works: Kate is a married faculty member with two children. She elects family AD&D coverage equal to \$500,000. Kate's personal AD&D coverage is a total of \$550,000. Her husband, Joseph, is covered for \$250,000 (50% of \$500,000) and each child is covered for \$50,000 (10% of \$500,000).

#### 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 you 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 Pay (Minimum \$50,000)
1 X Annual Pay *
2 X Annual Pay *
3 X Annual Pay*
4 X Annual Pay*
5 X Annual Pay*

\*Supplemental coverage cannot exceed \$700,000.

LMU will pay for life insurance coverage of 1 X your Annual Pay (minimum of \$50,000). If you elect coverage over 1 X your Annual Pay (minimum of \$50,000), 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.

If you wish to increase your coverage, you may be required to provide evidence of good health (see page 21 for more information).

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

If you elect more than \$50,000 in life insurance coverage, LMU offers a “portability” option. If you leave LMU, you can continue your optional life insurance (the amount over \$50,000 only) directly with the insurance company at a group rate. This rate is higher than the LMU group rate, but lower than if you were paying on an individual basis.

For example, if you currently have \$95,000 in life insurance coverage and you leave LMU, you can continue up to \$45,000 of your life insurance coverage (the amount over \$50,000) directly with the insurance company.

Portability applies to employee coverage only and does not require evidence of good health (see page 21 for more information).

## 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 one 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 (see page 21 for more information).

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 employees 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.

## Long-Term Care (LTC) Insurance

Long-term care (LTC) insurance provides coverage for nursing home care, in-home care, respite care, and adult day care necessary for chronic illness, injury, or the effects of aging. Premiums for you and your spouse or domestic partner (if applicable) are paid through **after-tax payroll deductions**. Your cost for coverage is based on your age and your spouse's or domestic partner's age at the time you enroll.

You can also cover the following qualifying dependents (they must be age 18 or older to be eligible):

- > Your and your spouse's/domestic partner's parents;
- > Your and your spouse's/domestic partner's grandparents;
- > Your and your spouse's/domestic partner's natural, adoptive or stepsiblings and their spouses or domestic partners; and
- > Your and your spouse's/domestic partner's natural, adoptive or stepchildren and their spouses or domestic partners.

Coverage for qualifying dependents will be billed separately (premiums will not be paid through payroll deductions). Further, coverage may be subject to John Hancock underwriting.

If you want to purchase LTC coverage, you have the choice of six plan options:

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Nursing home daily maximum benefit	\$100	\$150	\$200	\$250	\$300	\$350
Residential care facility daily maximum benefit	\$100	\$150	\$200	\$250	\$300	\$350
Home- and community-based care daily maximum benefit	\$75	\$112.50	\$150	\$187.50	\$225	\$262.50
Lifetime maximum benefit	\$182,500	\$273,750	\$365,000	\$456,250	\$547,500	\$638,750
Stay-at-home lifetime benefit amount	\$3,000	\$4,500	\$6,000	\$7,000	\$9,000	\$10,500

You may be required to provide evidence of good health (see page 21 for more information). If you leave LMU, you can continue LTC coverage by paying premiums directly to the insurance carrier (John Hancock).

## Voluntary Benefits

LMU provides 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.

### Group Auto & Home Insurance

Take advantage of MetLife's special group rates and policy discounts for auto, home, landlord's rental dwelling, condo, mobile home, renter's, recreational vehicle, boat, and personal excess liability (umbrella) policies. You can pay your premiums through convenient paycheck contributions or have them automatically deducted from your checking account. For more information, log on to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). For a quote and/or to enroll, call 1-800-GET-MET8 (1-800-438-6388).

### Critical Illness Insurance

MetLife critical illness insurance helps bridge the financial gap between what your medical insurance covers and the added expenses associated with heart attacks, strokes, cancer, kidney failures, major organ transplants or coronary artery bypass grafts.

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, pursuing alternative therapies, or allowing a relative to take time off from work to assist you in recovery).

### Pet Insurance

Veterinary Pet Insurance (VPI) protects you from the high cost of care for a sick or injured dog, cat, bird, rabbit or even an exotic pet. You choose the coverage level that best meets your needs — from vaccinations and routine care to treatments, surgery, lab fees and X-rays. For more information, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). For a quote and/or to enroll, call 1-800-GET-MET8 (1-800-438-6388). You can enroll in the coverage (or end coverage) at any time.

### Group Legal

MetLaw legal services provide you and your eligible dependents with convenient and affordable access to a variety of legal services, 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.

## 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 visit 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 along with a claim form, and 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

All claims are processed through WageWorks, not LMU.

## 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 \$5,000 for reimbursement of eligible expenses incurred January 1 through December 31, 2012. Eligible expenses include:

- > Medical and dental deductibles and copayments;
- > Routine physical exams and immunizations;
- > 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); and
- > Any medical expense that is tax-deductible.

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; and
- > Bandages, rubbing alcohol, toothpaste, etc.

## 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.

## IMPORTANT IRS RULES ABOUT FSAs

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

- > You forfeit any money left in your FSAs if you do not submit a claim by the claim deadline for expenses incurred by the "use it or lose it" deadline.
- > 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 (see page 22 for more information).
- > 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 your last day as an active LMU employee.

## FSA CLAIMS DEADLINE

The deadlines for filing claims for 2011/2012 are:

- > **March 31, 2012** — For expenses incurred from January 1 through December 31, 2011.
- > **March 31, 2013** — For expenses incurred from January 1 through December 31, 2012.

The Dependent Care FSA can be used to reimburse eligible expenses you incur during the year. For 2012, here is the amount you can contribute:

For FSA Expenses Incurred	Contribution Maximum
January 1 through December 31, 2012	\$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 Example

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:

	With an FSA	Without an FSA
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
<b>Tax Savings</b>	<b>\$ 420</b>	<b>\$ 0</b>

## 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.

## How the Program Works

You can 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

Unlike a flexible spending account, any money left in your commuter benefits accounts will transfer into your account 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 employees 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 web site at [www.GuidanceResources.com](http://www.GuidanceResources.com) 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.

## NOTE

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

# HOW TO **Enroll**

## **SEPARATE ENROLLMENT FOR LONG-TERM CARE, AUTO & HOME, AND PET INSURANCE**

You can enroll for long-term care (LTC) insurance at any time throughout the year:

> **For employee-only coverage:** You can enroll online at <http://lmu.jhancock.com> (user name: lmu; password: mybenefit) or by calling (866) 511-3087.

> **For eligible-dependent coverage:** Eligible dependents must complete and mail an application to John Hancock. To request an enrollment kit for eligible dependents, log on to <http://lmu.jhancock.com> (user name: lmu; password: mybenefit), call John Hancock at (866) 511-3087, or contact LMU Human Resources.

You can enroll for auto & home and/or pet insurance at any time throughout the year by calling 1-800-GET-MET8 (1-800-438-6388).

## **Enrollment Forms**

To enroll for benefits or to make changes to your current coverage, you must complete an enrollment form.

If you enroll in a new medical or dental plan, you must also complete a carrier enrollment application, available from Human Resources. You may also need to complete a carrier enrollment application if you change your dependent information.

Contact Human Resources for more information about how to enroll your registered domestic partner.

## **When Coverage Begins**

### **If You Enroll/Make Changes During Open Enrollment**

If you enroll or make changes during Open Enrollment, your benefits choices take effect as follows:

### **OPEN ENROLLMENT: October 3–October 14, 2011**

**For benefits effective January 1 through December 31, 2012**

> You must enroll during open enrollment if you want to participate in an FSA from January 1 through December 31, 2012.

### **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, 2012.

### **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 benefits 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.

## Evidence of Good Health

This chart shows the benefits for which you must provide evidence of good health to obtain insurance company approval. Forms are available from Human Resources. Any costs associated with evidence of good health approval are your responsibility.

The Following Benefit:	Requires Evidence of Good Health if You:
<b>Long-Term Disability (LTD) Insurance*</b>	Wish to increase your coverage level during Open Enrollment
<b>Faculty/Staff Member Life Insurance*</b>	<ul style="list-style-type: none"> <li>&gt; Are a newly hired employee and elect coverage of more than \$425,000 or three, four, or five times your annual base salary;</li> <li>&gt; Currently have life insurance and would like to increase coverage during Open Enrollment; or</li> <li>&gt; Experience a qualified status change and want to increase your life insurance coverage.</li> </ul> <p>After you submit the <i>Evidence of Good Health</i> form, the insurance company may request additional information from you or your doctor before making its decision.</p> <p>Any increase in your life insurance due to a base salary change is automatic and does not require evidence of good health.</p> <p>If the insurance company declines your request, your current coverage amount will continue.</p>
<b>Dependent Life Insurance</b>	<ul style="list-style-type: none"> <li>&gt; Are a newly hired employee and elect coverage of more than \$100,000; or</li> <li>&gt; Enroll your spouse, domestic partner, or increase your spouse's or domestic partner's coverage during Open Enrollment.</li> </ul> <p>If coverage is approved, the insurance company will determine the effective date of their coverage.</p>
<b>Long-Term Care (LTC) Insurance</b>	<ul style="list-style-type: none"> <li>&gt; Are a newly hired employee and enroll yourself after your benefits eligibility date; or</li> <li>&gt; Enroll your spouse or domestic partner or other eligible qualifying dependent.</li> </ul> <p>You will submit the <i>Evidence of Good Health</i> form to John Hancock for review and approval.</p>

\*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.

### IMPORTANT

**Make your election choices carefully. Any employee who knowingly and with intent to defraud or deceive an insurance company submits false, fraudulent, deceptive or misleading facts or information when filing a claim for payment of benefits may be guilty of a crime and subject to prosecution under state law. This may include an employee knowingly enrolling or adding coverage for an ineligible dependent under the plan.**

**Penalties may include denial of benefits, the need to repay all expenses paid on a dependent's behalf while a dependent was ineligible for coverage, disciplinary action, termination of employment, and civil or criminal penalties, as applicable.**

## HIPAA SPECIAL ENROLLMENT RIGHTS

**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're 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're eligible for coverage in another plan (such as a spouse's plan), you should request enrollment as soon as possible.**

## REVIEW YOUR BENEFITS CONFIRMATION STATEMENT

### Open Enrollment Confirmation

After Open Enrollment, you will receive a benefits confirmation statement in the mail. Make sure all information is correct. If any corrections are necessary, you must return the corrected statement to Human Resources within five days of receiving it. Remember: Federal law prohibits LMU from making changes after the close of Open Enrollment.

### New Hire Confirmation

If you are a new hire, your benefits confirmation statement shows your benefits elections that are effective on the first of the month following your date of hire through December 31. You will have five days to report any errors in the statement — in either personal information or your benefits choices.

**It is your responsibility to report errors to your benefits. Please carefully review your benefits confirmation statement!**

## 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 benefits 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;
- > Your dependent child's loss of eligibility due to age, student status, or other eligibility criteria;
- > Your spouse or domestic partner starts or stops working;
- > A change in 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, and/or your dependent children;
- > A court order requiring you to provide medical and dental coverage for your legal dependent children (QMCSO); and
- > Special enrollment events.

If you experience one of these qualified status changes, determine the benefits changes you may need to make:

- > **Medical and dental/vision** — Add, drop or change the level of coverage and type of coverage (if applicable)
- > **Flexible spending accounts** — Enroll in or change the amount you contribute
- > **Life insurance** — Increase or decrease coverage amounts and update beneficiary designations
- > **AD&D insurance** — Change coverage and update beneficiary designations
- > **Dependent life insurance** — Enroll in, change or stop coverage

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 above qualify as a status change only if they 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 (see left column for more information). 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 Benefits 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? Anthem Blue Cross directories are available from Human Resources. The most up-to-date information is available online at [www.anthem.com/ca](http://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 at (800) 877-7339 or the Anthem Blue Cross HMO at (800) 877-7339.

Kaiser members can call (800) 464-4000 or log on to <http://my.kaiserpermanente.org/cal/mu>.

#### *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're considering an HMO, is there an HMO facility near your child's school?

#### *Do you want to minimize your out-of-pocket costs?*

When you enroll in an HMO, there are no deductibles, and many services are provided at no charge or with only a small copayment.

#### *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?

## 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 coverages, 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?

## 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:

In the Anthem Blue Cross PPO		In the HMOs
Network Providers	Out-of-Network Providers	
<ol style="list-style-type: none"> <li>1. Choose a doctor from a provider directory.</li> <li>2. Call for an appointment and confirm that the doctor is still in the Anthem Blue Cross network.</li> <li>3. Bring your medical ID card to your appointment. You may also want to bring a list of the medications you're currently taking and a list of questions you want to ask your doctor.</li> <li>4. Ask the doctor if he or she will file a claim for you.</li> <li>5. If the doctor will file the claim, Anthem Blue Cross will send you a bill for any expenses not covered by the plan.</li> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>1. Make an appointment with the doctor.</li> <li>2. Follow steps 3 through 6 in the "Network Providers" column to the left.</li> </ol>	<ol style="list-style-type: none"> <li>1. Make an appointment with your Anthem Blue Cross HMO primary care physician (PCP) or with your Kaiser Permanente HMO medical facility.</li> <li>2. Bring your medical ID card to your appointment. You will need the information on the card. You may also want to bring a list of the medications you're currently taking and a list of questions you want to ask your doctor.</li> <li>3. Make any copayments that are required.</li> <li>4. If your Anthem Blue Cross HMO PCP refers you to a specialist, you will need to wait until your "referral" is approved. See page 7 for more information about accessing specialist care.</li> <li>5. After the referral is approved, see the specialist.</li> </ol>

## Preauthorization

If you enroll in the Anthem Blue Cross PPO, 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 do 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.

## Filing a Medical/Dental Claim

If you enroll in the Anthem Blue Cross PPO or 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.

Network Providers	Out-of-Network Providers
<p>If you visit a network provider, your provider may file the claim for you.</p> <p>Anthem Blue Cross and Delta Dental will send you an <i>Explanation of Benefits</i> statement that tells you if you owe any remaining charges.</p>	<p>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.</p> <p>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.</p>

### REMEMBER

The quickest way to receive payment is to include all the needed information the first time.

## Frequently Asked Questions

What Do I Do If:	Answer:
<b>I want to change my benefits?</b>	Complete an LMU enrollment form during Open Enrollment or within 31 days of a qualified status change.
<b>I do not want to change my benefits?</b>	You do not need to complete an enrollment form during Open Enrollment unless you want to change your benefits elections and/or enroll in an FSA (effective January 1, 2012).
<b>I have questions about a bill?</b>	Call your health plan's Member Services number. (See page 30 for important phone numbers and websites.)
<b>I lose my insurance ID card?</b>	Call your health plan's Member Services number. (See page 30 for important phone numbers and websites.)
<b>I'm in an HMO and require medical assistance out-of-area?</b>	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.
<b>I'm enrolled in an HMO and I don't know who my primary care physician (PCP) is?</b>	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.
<b>I have a question about a claim?</b>	Call the health plan's claim office telephone number shown on your <i>Explanation of Benefits</i> (EOB) statement.
<b>I'm in an HMO and want to change my PCP?</b>	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.
<b>I need claim forms?</b>	Visit Human Resources, call your health plan's Member Services number, or log on to <b>mylmu</b> .
<b>I live in an area where the selected medical providers are unavailable or I travel outside the service area?</b>	Arrangements can be made to enroll in the PPO plan. Contact Human Resources for details.
<b>I'm in an HMO and I receive a bill?</b>	Call your plan's telephone number for assistance. (See page 30 for important phone numbers and websites, or call the number on the back of your ID card.)
<b>I want to change my beneficiary designations for my AD&amp;D and life insurance benefits?</b>	You can change your beneficiary designations at any time and for any reason. Contact Human Resources 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 a network provider, you will not be billed more than the allowable amount. If you receive care from a non-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. There is no deductible for the Anthem Blue Cross HMO, Kaiser Permanente HMO, or DeltaCare USA HMO.

**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."

**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.

**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.

## Contact Information

Benefit Plan	Phone Number	Website
Anthem Blue Cross PPO	(877) 800-7339	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross HMO	(877) 800-7339	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Kaiser Permanente HMO	(800) 464-4000	<a href="http://my.kaiserpermanente.org/ca/lmu">http://my.kaiserpermanente.org/ca/lmu</a>
DeltaCare USA (HMO)	(800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Delta Dental PPO	(800) 765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
WageWorks (FSA)	(877) 924-3967	<a href="http://www.wageworks.com">www.wageworks.com</a>
The Hartford (Life/AD&D)	(800) 563-1124	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
The Hartford (LTD)	(866) 945-7801	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
John Hancock Life Insurance Company (LTC)	(866) 511-3087	<a href="http://lmu.jhancock.com">http://lmu.jhancock.com</a> (user name: lmu; password: mybenefit)
MetLife (Voluntary Benefits)	(800) GET-MET8	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
GuidanceResources (EAP)	(800) 327-1850	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Company/Organization ID: LOYOLA
Diversified Investment Advisors (Retirement Planning)	(888) 676-5512	<a href="http://www.divinvest.com">www.divinvest.com</a>
LMU Human Resources (Westchester Campus)	(310) 338-2723	<b>mylmu</b> (click on "Quick Links/Human Resources")
LMU Human Resources (Law School)	(213) 736-1128	Law School intranet