

Loyola University Employee Benefits Plan

Summary of Material Modifications for Dental Benefits

Effective January 1, 2007

This document is a Summary of Material Modifications to the Loyola University Employee Benefits Plan and is intended to provide you with additions and revisions to your CIGNA DPPO and DHMO Certificates effective January 1, 2007. This information together with your CIGNA Dental Preferred Provider Insurance or CIGNA Dental Care (HMO) Insurance certificate issued by Connecticut General Life Insurance Company dated January 1, 2007 comprises your Summary Plan Description (SPD) for dental coverage as required by ERISA. This information should be kept with your CIGNA dental certificate.

Cigna Dental Preferred Provider Insurance Certificate – CN001

The following provisions supplement and/or replace the information contained in the noted sections of your DPPO Group Certificate issued by Connecticut General Life Insurance Company dated January 1, 2007.

Important Information about Your Dental Plan - Change in Option Elected: The first paragraph of this section is deleted in its entirety and replaced by: If your plan is subject to Section 125 (an IRS regulation), you are allowed to change options only at Open Enrollment or when you experience a Change of Status as defined in item B. of the section entitled: Effect of Section 125 Tax Regulations on This Plan.

Class I Services – Diagnostic And Preventive: Covered expenses include the laboratory analysis/pathology report for brush biopsy.

Class II Services – Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance And Oral Surgery: Covered expenses include an in-office brush biopsy diagnostic procedure. Covered expenses also include repairs to Bridges, Crowns, Inlays and Dentures.

Termination of Insurance – Employees: The language prior to Temporary Layoff or Leave of Absence is deleted in its entirety and replaced with: Your insurance will cease on the last day of the calendar month in which the first of the following occurs:

- You cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- You last make any required contribution for the insurance.
- Your Active Service ends except as described below.

However, if the policy is cancelled, your coverage will end on that date. Any continuation of insurance must be based on a plan which precludes individual selection.

Termination of Insurance – Dependents: This section is deleted in its entirety and replaced by: Your insurance for all of your Dependents will cease on the earliest date below:

- The date your insurance ceases.
- The last day of the month in which you cease to be eligible for Dependent Insurance.
- The last day of the month for which you have made any required contribution for the insurance.
- The last day of the month in which Dependent Insurance is cancelled.

The insurance for any one of your Dependents will cease on the last day of the month that Dependent no longer qualifies as a Dependent.

Effect of Section 125 Tax Regulations on This Plan: Any and all references to Special Enrollment do not apply to this dental coverage and should be disregarded.

Eligibility for Coverage for Adopted Children: This entire section is deleted in its entirety and replaced with: Any child under the age of 21 (24 if a full-time student) who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.

If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

COBRA Continuation Rights Under Federal Law: All references to Plan Administrator, with the exception of the section entitled: You Must Give Notice of Certain Qualifying Events are revised to read COBRA Administrator. Further, a new section is added as follows:

Where to Send Notices and How To Contact the COBRA Administrator: All required notices, forms and payments should be submitted to the COBRA Administrator at the following address:

Ceridian COBRA Services Center
P.O. Box 534066
St. Petersburg, Florida 33747-4066
Telephone 1-800-877-7994

All notices, forms and payments will be considered mailed on the date of mailing (postmark).

Questions concerning the Plan or your COBRA continuation coverage rights should be addressed to the Ceridian as indicated above.

For more information about your rights under ERISA including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.).

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. If you have a qualifying event, you should also keep a copy of any notices you send to the Plan Administrator and Ceridian for your records. The Plan Administrator's address is:

Human Resources Department
Loyola University New Orleans
6363 St. Charles Avenue, Campus Box 16
New Orleans, LA 70118-6143
(504) 864-7757

You can also call Ceridian at (800) 877-7994 if you have any other questions about COBRA continuation coverage.

ERISA Required Information – Plan Modification, Amendment and Termination: Any and all references to medical expenses and/or coverage should be replaced with dental expenses and/or coverage.

Cigna Dental Care Insurance Certificate – CN002

The following provisions supplement and/or replace the information contained in the noted sections of your DHMO Group Certificate issued by Connecticut General Life Insurance Company dated January 1, 2007.

Eligibility – Effective Date - Waiting Period – Effective Date of Your Insurance: This section is deleted in its entirety and replaced with: You will become insured on the first day of the month on or after the first of the following to occur: (a) your hire date, provided you have enrolled within 30 days of your hire date, (b) the first day of January next following an Open Enrollment Period, or (c) the date so specified in the Section 125 plan sponsored by your Employer following an election change due to a Change in Status.

Eligibility – Effective Date - Waiting Period – Effective Date of Your Insurance – Late Entrant: The last sentence of this section regarding evidence of good dental health is deleted.

Eligibility – Effective Date - Waiting Period – Effective Date of Dependent Insurance:

This section is deleted in its entirety and replaced with: Insurance for your Dependents will become effective on the earliest of the following to occur: (a) your coverage date provided you enroll for Dependent coverage within 30 days of your hire date, (b) the first day of January next following an Open Enrollment Period, or (c) the date so specified in the Section 125 plan sponsored by your Employer following an election change due to a Change in Status. Your Dependents will be insured only if you are insured.

Eligibility – Effective Date - Waiting Period – Effective Date of Dependent Insurance – Late Entrant: The last sentence of this section regarding evidence of good dental health is deleted.

Important Information about Your Dental Plan – Change in Option Elected: The first paragraph of this section is deleted in its entirety and replaced by: If your plan is subject to Section 125 (an IRS regulation), you are allowed to change options only at Open Enrollment or when you experience a Change of Status as defined in item B. of the section entitled: Effect of Section 125 Tax Regulations on This Plan.

Termination of Insurance – Employees: The entire section prior to Temporary Layoff or Leave of Absence is deleted in its entirety and replaced with: Your insurance will cease on the last day of the calendar month in which the first of the following occurs:

- You cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- You last make any required contribution for the insurance.
- There is a permanent breakdown of your relationship with your Dentist as determined by CDH, after at least two opportunities to transfer to another Participating Dental Facility.
- You relocate to an area where the Dental plan is not offered.
- There is a continuing lack of Participating Dental Facilities in your area as determined by CG.
- Upon a determination of fraud or misuse of dental services and/or dental facilities.
- Your Active Service ends except as described below.

However, if the policy is cancelled, your coverage will end on that date. Any continuation of insurance must be based on a plan which precludes individual selection.

Termination of Insurance – Dependents: This section is deleted in its entirety and replaced with: Your insurance for all of your Dependents will cease on the earliest date below:

- The date your insurance ceases.
- The last day of the month in which you cease to be eligible for Dependent Insurance.
- The last day of the month for which you have made any required contribution for the insurance.

- There is a permanent breakdown of your Dependent's relationship with the Dentist as determined by CDH, after at least two opportunities to transfer to another Participating Dental Facility.
- Your Dependent relocates to an area where the Dental plan is not offered.
- There is a continuing lack of Participating Dental Facilities in your area as determined by CG.
- Upon a determination of fraud or misuse of dental services and/or dental facilities.
- The last day of the month in which Dependent Insurance is cancelled.

The insurance for any one of your Dependents will cease on the last day of the month that Dependent no longer qualifies as a Dependent.

Effect of Section 125 Tax Regulations on This Plan: Any and all references to Special Enrollment do not apply to this dental coverage and should be disregarded.

Eligibility for Coverage for Adopted Children: This entire section is deleted in its entirety and replaced with: Any child under the age of 21 (24 if a full-time student) who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.

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COBRA Continuation Rights Under Federal Law: All references to Plan Administrator, with the exception of the section entitled: You Must Give Notice of Certain Qualifying Events are revised to read COBRA Administrator. Further, a new section is added as follows:

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Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

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ERISA Required Information – Plan Modification, Amendment and Termination: Any and all references to medical expenses and/or coverage should be replaced with dental expenses and/or coverage.

ERISA Required Information – Provisions – Dental Conversion Privilege: This section is deleted in its entirety.

CIGNA Dental Health Plan for residents of the following States: AZ, CO, DE, FL, KS/NE, KY, MD, MO, ND, OH, PA, VA

Section III. Eligibility/When Coverage Begins: All references to evidence of good dental health are deleted.

CIGNA Dental Health Plan for residents of California

Section III. Eligibility/When Coverage Begins: All references to evidence of good dental health are deleted.