

2020 BENEFITS GUIDE



HEALTH



FINANCIAL



WORK-LIFE

CONTENTS

welcome

Benefits-at-a-Glance	3
Eligibility & Enrollment	4
Benefit Costs	5

health

Medical & Prescription	6
Dental	9
Vision	10

financial

Flexible Spending Accounts (FSA)	11
Life and AD&D	12
Disability	12

work-life

Life Assistance Program (LAP)	13
Voluntary Legal Plan	13
Auto and Home Insurance	13
Bright Horizons Care Advantage	13

valuable extras

ThrivePass Wellness Program	14
My Secure Advantage	14
Healthy Rewards	14
Travel Assistance	14
ScholarShare 529 Program	14
Retirement Plans	14

contact list	15
--------------------	----

important notices	16
-------------------------	----

YOUR BENEFITS

Your benefits are an important part of your overall compensation. Chapman University is pleased to offer a comprehensive selection of quality benefits to protect your health, your family and your way of life.

Be a Responsible Health Care Consumer

While Chapman University is committed to sharing the cost of health care for our employees, you can help keep costs down by being a responsible health care consumer. It's about maintaining a healthy lifestyle, choosing in-network providers when appropriate, evaluating your health care choices when care is needed and using available resources wisely. You can make a difference!

About This Guide

This guide contains links to useful websites, tools and resources. Use your mouse or touchpad to click on the buttons along the top and bottom of the page to move around the guide.



BENEFITS-AT-A-GLANCE

BENEFITS	COVERAGE OPTIONS
Medical & Prescription	<ul style="list-style-type: none"> • Kaiser HMO (CA only) • Cigna SELECT HMO <ul style="list-style-type: none"> – Los Angeles County: Health Care Partners – Orange County: Providence St. Joseph Hoag Health – San Diego County: Scripps • Cigna FULL HMO (CA only) • Cigna PPO + HSA (Consumer Driven Health Plan) • Cigna PPO
Health Savings Account (HSA)	<ul style="list-style-type: none"> • Available to Cigna PPO + HSA medical plan members
Dental	<ul style="list-style-type: none"> • Delta Dental DeltaCare USA HMO • Delta Dental PPO
Vision	<ul style="list-style-type: none"> • VSP Basic • VSP Premier
Flexible Spending Accounts (FSA)	<ul style="list-style-type: none"> • Health Care FSA • Limited-Purpose Health Care FSA for HSA participants • Dependent Care FSA
Life/AD&D	<ul style="list-style-type: none"> • Basic coverage for employee only • Supplemental coverage for employee plus family
Disability	<ul style="list-style-type: none"> • Long-term disability
Life Assistance Program (LAP)	<ul style="list-style-type: none"> • Counseling and work & life services through Cigna
Voluntary Legal Plan	<ul style="list-style-type: none"> • Pre-paid legal services through Hyatt Legal
Bright Horizons Care Advantage	<ul style="list-style-type: none"> • Back-up child and adult/elder care; find babysitters, nannies, senior care resources, pet care and more
Auto & Home Insurance	<ul style="list-style-type: none"> • Special rates and generous discounts on auto and home insurance through California Casualty
Valuable Extras	<ul style="list-style-type: none"> • ThrivePass Wellness Program • My Secure Advantage • Healthy Rewards • Travel Assistance • ScholarShare 529 Program • Retirement Plans



ELIGIBILITY & ENROLLMENT

Eligible Employees

- Full-time Faculty and regular status employees who are regularly scheduled to work 30 or more hours per week may participate in all benefit programs offered by Chapman University.
- Full-time Faculty and regular status employees who are regularly scheduled to work 20 - 29 hours per week may participate in the Life Assistance Program and Bright Horizons.

Eligible Family Members

Your eligible family members include:

- Legal spouse or registered domestic partner (RDP)
- Children under age 26, regardless of student or marital status
- Children age 26 or older who are disabled, unmarried and financially dependent on you may continue on your health coverage. You must provide certification of the child's disability annually.

How to Enroll

Log in to [My Chapman](#) and enter your username and password. If you've forgotten your username or password, please contact the IT Service Desk.

When Coverage Begins

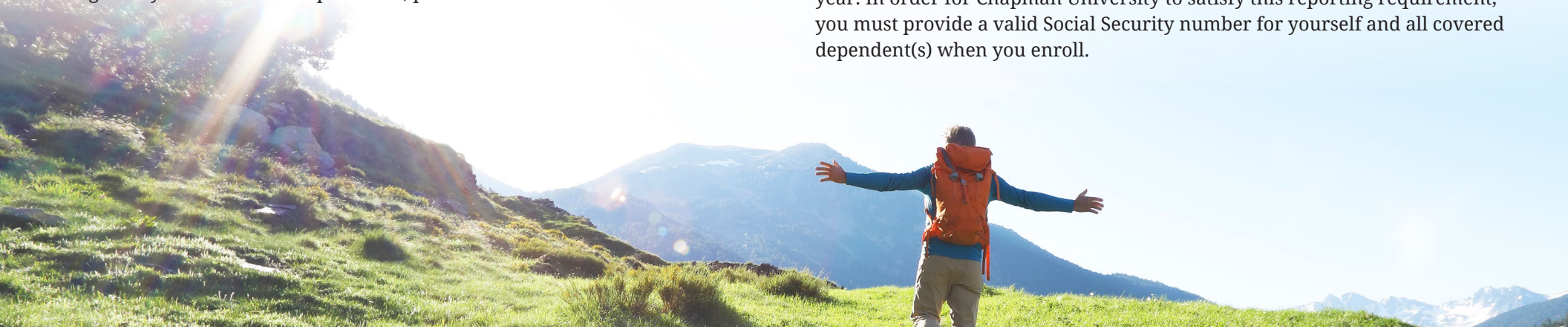
Benefits become effective on the first day of the month following the date of regular status employment. Supplemental life elections that require Evidence of Insurability become effective on the date of approval by the insurance carrier date.

Making Election Changes

The choices you make during enrollment will stay in place through December 31, 2020 (assuming you continue to meet eligibility requirements). Your elections cannot be changed until the next Open Enrollment (usually held in November each year) unless you have a qualifying event as defined by the IRS, such as marriage, divorce, birth/adoption of a child or gain/loss of other coverage.

Proof of Eligibility

To provide employees and their families with affordable, quality health coverage, Chapman University requires [documentation](#) demonstrating all covered dependents meet the eligibility criteria. In addition, as part of the Affordable Care Act (health care reform), Chapman University is required to report health plan information to the Internal Revenue Service (IRS) each year. In order for Chapman University to satisfy this reporting requirement, you must provide a valid Social Security number for yourself and all covered dependent(s) when you enroll.



BENEFIT COSTS (Monthly)

Chapman University is committed to providing you with quality benefits at affordable costs.

- **University-paid benefits:** Chapman pays 100% of the premium costs for basic vision coverage, basic life/AD&D, long-term disability, My Secure Advantage, Healthy Rewards, travel assistance, Bright Horizons and the Life Assistance Program (LAP).
- **Cost-shared benefits (pre-tax*):** Chapman pays the majority of your medical, dental and premier vision premium costs.
- **Employee-paid benefits:** You pay 100% of the costs for FSAs (pre-tax*), supplemental life/AD&D, auto and home insurance, and the legal plan (after-tax**).

MEDICAL					
Coverage Tier	Kaiser HMO (CA only)	Cigna Select HMO (Los Angeles County, Orange County, San Diego County only)	Cigna Full HMO (CA only)	Cigna PPO + HSA (Consumer Driven Health Plan)	Cigna PPO
Employee Only	\$6.00	\$6.00	\$45.00	\$90.00	\$355.00
Employee + 1	\$95.00	\$95.00	\$425.00	\$410.00	\$1,045.00
Employee + 2 or More	\$195.00	\$195.00	\$605.00	\$585.00	\$1,485.00

DENTAL			VISION	
Coverage Tier	Delta Dental DeltaCare USA	Delta Dental PPO	VSP Basic	VSP Premier
Employee Only	\$7.24	\$28.27	\$0.00	\$4.21
Employee + 1	\$18.00	\$62.70	\$0.00	\$6.64
Employee + 2 or More	\$24.62	\$89.83	\$0.00	\$10.07

Registered Domestic Partner Rates: Be aware that there are [tax consequences](#) of covering a registered domestic partner on your health coverage benefits.

* Pre-tax means that the deduction is made before taxes are withheld from your paycheck. This process reduces your taxable earnings, resulting in a tax break.

** After-tax means that the deduction is made after taxes are withheld from your paycheck, and therefore, does not reduce taxable income.

SUPPLEMENTAL LIFE	
Employee & Spouse/DP	
Age	Rate per \$1,000
Under 25	\$0.05
25 - 29	\$0.06
30 - 34	\$0.08
35 - 39	\$0.09
40 - 44	\$0.09
45 - 49	\$0.14
50 - 54	\$0.22
55 - 59	\$0.42
60 - 64	\$0.64
65 - 69	\$1.23
70+	\$2.01
Child(ren)	

\$0.20 per \$1,000
(covers all your eligible children)

SUPPLEMENTAL AD&D

Employee Only:
\$0.027 per \$1,000
Employee + Family:
\$0.046 per \$1,000

VOLUNTARY LEGAL PLAN

\$16.50 per month

MEDICAL PLANS

Chapman University offers you a choice of **FIVE** different medical plans. Review our [2020 Decision Making Flyer](#) to help you decide which plan is best for you. The following table provides a high-level overview of the most commonly used medical benefits.

- **Kaiser HMO (CA only)**
- **Cigna SELECT HMO**
 - Los Angeles County: Health Care Partners
 - Orange County: Providence St. Joseph Hoag Health
 - San Diego County: Scripps
- **Cigna FULL HMO (CA only)**
- **Cigna PPO + HSA (Consumer Driven Health Plan)**
- **Cigna PPO**

KEY MEDICAL BENEFITS	KAISER HMO (CA only)	CIGNA SELECT NETWORK HMO (Los Angeles County, Orange County, San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA PPO + HSA (Consumer Driven Health Plan)		CIGNA PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Physician (PCP) Selection Required	Yes	Yes	Yes	No		No	
Chapman's Annual Health Savings Account (HSA) Contribution	N/A	N/A	N/A	\$750/Employee Only \$1,500/Employee + Family		N/A	
Annual Deductible	None	None	None	\$1,500/Individual ¹ \$2,800/Individual in Family ¹ \$3,000/Family ¹		\$1,000/ Individual ² \$2,000/ Family ²	\$2,000/ Individual ² \$4,000/ Family ²
Net Annual Deductible (Deductible minus Chapman's HSA contribution)	N/A	N/A	N/A	\$750/Individual ¹ \$1,200/Individual in Family ¹ \$1,500/Family ¹		N/A	

1. If you enroll one or more family members, each covered family member only needs to meet the "individual in family" deductible (\$2,800) before the plan will begin paying benefits for any one individual. Once the "family" deductible has been met, all family members will be considered as having met their deductible for the remainder of the year.
2. If you enroll one or more family members, each covered family member only needs to meet the "individual" deductible (\$1,000 in-network / \$2,000 out-of-network) before the plan will begin paying benefits for any one individual. Once the "family" deductible has been met, all family members will be considered as having met their deductible for the remainder of the year.

Medical Plans (continued)

KEY MEDICAL BENEFITS	KAISER HMO (CA only)	CIGNA SELECT NETWORK HMO (Los Angeles County, Orange County, San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA PPO + HSA (Consumer Driven Health Plan)		CIGNA PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Out-of-Pocket Maximum	\$1,500/ Individual ³ \$3,000/ Family ³	\$1,000/ Individual ³ \$2,000/ Family ³	\$2,000/ Individual ³ \$4,000/ Family ³	\$3,000/ Individual ³ \$6,000/ Family ³	\$5,100/ Individual ³ \$10,200/ Family ³	\$4,000/ Individual ³ \$8,000/ Family ³	\$8,000/ Individual ³ \$16,000/ Family ³
Office Visit (Physician & Specialist)	\$15 copay	\$15 copay	\$20 copay	10%*	30%*	\$15 copay	40%*
Routine Preventive Care Services	No charge	No charge	No charge	No Charge	30%*	No charge	40%*
Outpatient Diagnostic Lab & X-ray	No charge	No charge	No charge	10%*	30%*	20%*	40%*
Outpatient Advanced Imaging (MRI, MRA, CAT Scan, PET Scan, etc.)	No charge	\$100 copay	\$100 copay	10%*	30%*	20%*	40%*
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	10%*		\$150 copay*	
Urgent Care Facility (Copay waived if admitted, excluding Kaiser)	\$15 copay	\$20 copay	\$20 copay	10%*		\$20 copay*	
Inpatient Hospital Admission	\$100 copay	\$100 copay	\$200 copay	10%*	30%*	20%*	40%*

* Deductible must be met before the Plan begins to pay.

Coinsurance percentages and copay amounts shown in the above plan descriptions represent the amount that the member is responsible for paying.

- If you enroll one or more family members, each member only needs to meet the "individual" out-of-pocket maximum before the plan starts to pay 100% of eligible expenses for any one individual. Once the "family" out-of-pocket maximum has been met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the year.

Medical Plans (continued)

KEY MEDICAL BENEFITS	KAISER HMO (CA only)	CIGNA SELECT NETWORK HMO (Los Angeles County, Orange County, San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA PPO + HSA (Consumer Driven Health Plan)		CIGNA PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Surgery	\$15 copay	No charge	No charge	10%*	30%*	20%*	40%*
Chiropractic Care	Not covered	\$15 copay (PCP referral required)	\$20 copay (PCP referral required)	10%*	30%*	\$15 copay	40%*
Mental Health & Substance Abuse							
• Inpatient	\$100 copay	\$100 copay	\$200 copay	10%*	30%*	20%*	40%*
• Outpatient Visit	\$15 copay	\$15 copay	\$20 copay	10%*	30%*	\$15 copay	40%*
Outpatient Rehab Visit	\$15 copay	\$15 copay	\$20 copay	10%*	30%*	\$15 copay	40%*
PRESCRIPTION DRUGS (30-day supply at retail pharmacy)							
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay*	30%*	\$10 copay	Not covered
Preferred Brand-Name	\$25 copay	\$20 copay	\$20 copay	\$30 copay*	30%*	\$20 copay	Not covered
Non-preferred Brand-Name	\$25 copay (subject to approval)	\$35 copay	\$35 copay	\$50 copay*	30%*	\$35 copay	Not covered
Specialty	20% to a \$150 maximum copay	\$100 copay	\$100 copay	\$100 copay*	30%*	\$100 copay	Not covered
Mail Order Service	2x Retail copay (100-day supply)	2x Retail copay (90-day supply)	2x Retail copay (90-day supply)	2x Retail copay* (90-day supply)	N/A	2x Retail copay (90-day supply)	N/A

* Deductible must be met before the Plan begins to pay.

Coinsurance percentages and copay amounts shown in the above plan descriptions represent the amount that the member is responsible for paying.

DENTAL PLANS

Chapman University offers you a choice between two different dental plans through Delta Dental.

DeltaCare USA HMO Plan

Under the DeltaCare USA HMO plan, you choose a primary dental provider to manage your care. If you are a new member, Delta will automatically assign a provider to you and your enrolled family members based on your zip code. You can change your dentist by contacting Delta Member Services. With this plan, there are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges (copays) apply to services.

PPO Plan

With the PPO plan, you have the freedom to use the provider of your choice, with greater cost savings in-network. PPO providers have agreed to charge members reduced, contracted fees and will file all claims for you. You may also go out-of-network and use Delta Dental Premier dentists or non-Delta dentists but you will have higher out-of-pocket costs.



KEY DENTAL BENEFITS	DELTACARE USA HMO	PPO	
	In-Network Only	In-Network ¹	Out-of-Network ¹
Annual Deductible	None	\$50/Individual - \$150/Family	
Office Visit Copay	\$5 for observation only	None	
Annual Maximum Benefit	N/A	\$2,000 per Individual	
Diagnostic & Preventive Procedures • Exams, cleanings, X-rays, fluoride	No charge for most preventive services	Plan pays 100%	Plan pays 100%
Basic Procedures • Fillings, extractions, sealants, periodontics, root canals, oral surgery	You pay copays ranging from \$0 - \$220, depending on service received	Plan pays 90%*	Plan pays 80%*
Major Procedures • Crowns, inlays, onlays, cast restorations, bridges, dentures, implants (PPO plan only)		Plan pays 60%*	Plan pays 50%*
Orthodontia • Comprehensive treatment	\$1,900 (adult) \$1,700 copay (under age 19)	Children only: Plan pays 50%* up to a lifetime maximum of \$1,000 per child	

* Deductible must be met before the Plan begins to pay.

1. Reimbursement is based on PPO contracted fees for PPO dentists; Delta Dental Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

The table above provides a high-level overview of the most commonly used dental benefits. Keep in mind that certain exclusions and limitations may apply.

VISION PLANS

Chapman University offers you a choice between two different vision plans through VSP.

Vision services can be provided by any VSP participating provider or from a provider of your choice; however, you receive the highest level of benefits and save on out-of-pocket costs when you use VSP Signature providers. VSP has one of the largest networks of private practicing optometrists, ophthalmologists and opticians. Additionally, VSP's network includes retail chain affiliate provider Costco Optical.



KEY VISION BENEFITS	BASIC PLAN		PREMIER PLAN	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Vision Exam	\$25 copay One exam every 12 months	Up to \$50	\$15 copay One exam every 12 months	Up to \$50
Lenses	Covered in full One pair every 24 months	Up to \$50 - \$125, depending on lenses	Covered in full One pair every 12 months	Up to \$50 - \$125, depending on lenses
Frame	<ul style="list-style-type: none"> \$130 - \$150 allowance, depending on frame \$70 allowance at Costco 20% off amount over the allowance One set every 24 months	Up to \$70	<ul style="list-style-type: none"> \$150 - \$170 allowance depending on frame \$80 allowance at Costco 20% off amount over the allowance One set every 24 months	Up to \$70
Contact Lenses Contacts are in lieu of lenses & frames benefit	<ul style="list-style-type: none"> Up to \$60 copay for contact lens exam \$130 allowance for contacts Once every 24 months	Up to \$105 for contacts and contact lens exam	<ul style="list-style-type: none"> Up to \$60 copay for contact lens exam \$150 allowance for contacts Once every 12 months If you choose contacts instead of eyeglasses, you will be eligible for a frame 12 months from the date the contacts were obtained.	Up to \$105 for contacts and contact lens exam
Laser Vision Correction (LASIK)	15% off the regular price, or 5% off the promotional price	Not covered	15% off the regular price, or 5% off the promotional price	Not covered

Hearing Aids through TruHearing — TruHearing offers VSP members free membership and deep discounts on some of the most popular digital hearing aids on the market. Visit www.truhearing.com/vsp/ to learn more.

The table above provides a high-level overview of the most commonly used vision benefits. Keep in mind that certain exclusions and limitations may apply.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Chapman provides you with an opportunity to participate in the health care and/or dependent care flexible spending accounts (FSAs) administered through Discovery Benefits.

An FSA is a tax-favored program that lets you set aside money for eligible health care and/or dependent day care expenses. IRS rules allow you to contribute to your account(s) through payroll deductions on a pre-tax basis. The end result is that you decrease your taxable income and increase your take-home pay. Use the [FSA calculator](#) to estimate your expenses and calculate your savings. Here's how the FSAs work:

- 1 You estimate how much you think your health care and/or dependent care expenses might be for the 2020 calendar year (or portion thereof, depending on your effective date of coverage). Then you decide how much you want to put into your account(s), subject to the plan limit.
- 2 Your contributions will be deducted from your paycheck in equal installments throughout the year and deposited into your account(s).
- 3 As you incur eligible expenses throughout the year, fill out an FSA claim form and attach proper documentation and fax, email or mail it to Discover Benefits. Your claim will be processed and you will be reimbursed from your account.

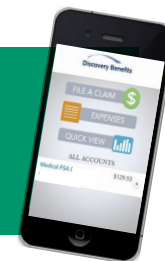
FSA Debit Card: For health care expenses, you may also use your Discovery Benefits FSA Debit Card to pay at the point of sale. You will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement.

The "Use It Or Lose It Rule"

If you have unused funds in your account at the end of the year, the IRS requires that you claim them—or they will be forfeited.



GET THE APP! Use the [Discovery Benefits mobile app](#) to manage your FSA from your smartphone. Check your account balance, file a claim, upload a photo of your receipt, view account activity, plus much more!



Health Care FSA

For 2020, you may contribute **up to \$2,700** in pre-tax dollars to cover a variety of eligible health care expenses that are not reimbursed by any other source and are not claimed on your income tax return. You may be reimbursed for expenses incurred by you, your spouse and your children up to age 26. **The entire amount you set aside will be available to use on your coverage effective date.** View the [searchable list of eligible health care expenses](#) to see what kinds of expenses are eligible.

NOTE: If you enroll in the PPO + HSA medical plan and elect the health savings account (HSA), you may only participate in the **Limited Purpose Health Care FSA**. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Day Care FSA

For 2020, you may contribute **up to \$5,000** in pre-tax dollars to cover eligible dependent day care expenses. If you are married and filing separate tax returns, your maximum contribution is \$2,500; if your spouse also participates in a dependent care FSA, your combined contribution for both accounts is \$5,000. **Unlike the health care FSA, funds are available as they are deducted from your paycheck.** View the [searchable list of dependent day care expenses](#) to see what kinds of expenses are eligible.

LIFE AND AD&D

Life insurance provides your named beneficiary(ies) with a financial benefit in the event you pass away. **Accidental death and dismemberment (AD&D) insurance** provides specified benefits for a covered accidental bodily injury that directly causes dismemberment.

BASIC LIFE/AD&D (University-Paid)

Two (2) times your annual base salary up to a maximum of \$800,000.*

SUPPLEMENTAL LIFE (Employee-Paid)

Employee: \$10,000 increments up to \$500,000, not to exceed five (5) times your annual salary.* (Guarantee Issue Limit: \$200,000)**

Spouse/RDP: \$5,000 increments up to \$200,000, not to exceed 50% of employee amount. (Guarantee Issue Limit: \$50,000)**

Child(ren): \$2,500 increments up to \$10,000 (live birth up to age 26; benefit is limited to \$1,000 for children under age six months)

SUPPLEMENTAL AD&D (Employee-Paid)

Employee: \$10,000 increments up to a maximum of \$1,250,000 (not to exceed 10 times your annual salary)*

Employee+ Family: Spouse/RDP: Coverage is 60% of the amount you choose for yourself (50% if you have eligible children). Child(ren): Coverage is 15% of the amount you choose for yourself (10% if you have a Spouse/DP). The maximum benefit per child is \$50,000.

Premium Rates – The supplemental life and supplemental AD&D premium rates can be found in the [Cigna Benefit Summary](#) and on [page 5](#).

* Benefit amounts are subject to age reduction.

** During your initial eligibility period only, you are guaranteed supplemental life coverage up to the Guarantee Issue Limit amounts without having to submit Evidence of Insurability (proof of good health). If your supplemental life election exceeds the Guarantee Issue Limit, please see an HR Total Rewards Representative to assist you in completing the Evidence of Insurability Form.

DISABILITY

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. You are provided with long-term disability (LTD) coverage at **NO COST** to you.

LONG-TERM DISABILITY

Monthly Benefit

60% of your monthly covered earnings, up to a maximum of \$16,000. Benefit payments are subject to reduction by deductible sources of income such as state disability benefits payments, Social Security and Workers' Compensation. The premium for this benefit is taxable as imputed income on your paycheck to enable benefits to be received as non-taxable income.

When Benefits Begin

On 91st day of disability.

Maximum Benefit Duration

Benefits will be paid up to a maximum of 24 months. If you are disabled more than 24 months, you will continue to receive benefits if you are unable to engage in any occupation as outlined in the policy.



WORK-LIFE

Life Assistance Program

You and all the members of your household are provided with the Cigna Life Assistance Program (LAP) at **NO COST** to you. The LAP offers confidential support, guidance and resources that can help you resolve personal issues and meet life's challenges. You may access the LAP 24 hours a day, 365 days a year. You and your household family members also receive **up to three (3) free face-to-face confidential counseling sessions each year**, per issue. To access the LAP, call **800-538-3543** or visit www.cignalap.com.

The LAP can help you with the following, plus much more!

- Child care and elder care
- Alcohol and drug abuse
- Difficulties in relationships
- Stress and anxiety
- Depression
- Personal achievement
- Emotional well-being
- Grief and loss
- Education
- Financial concerns
- Adoption
- Empty-nesting
- Pet care
- Daily living
- Travel

Voluntary Legal Plan

You have the option of enrolling in the voluntary legal plan at a low monthly premium of \$16.50. The plan gives you and your family members access to legal assistance for matters concerning estate planning, real estate, family law, consumer protection and more. For more information, visit www.info.legalplans.com/Home (access code: 7090001).

Auto & Home Insurance

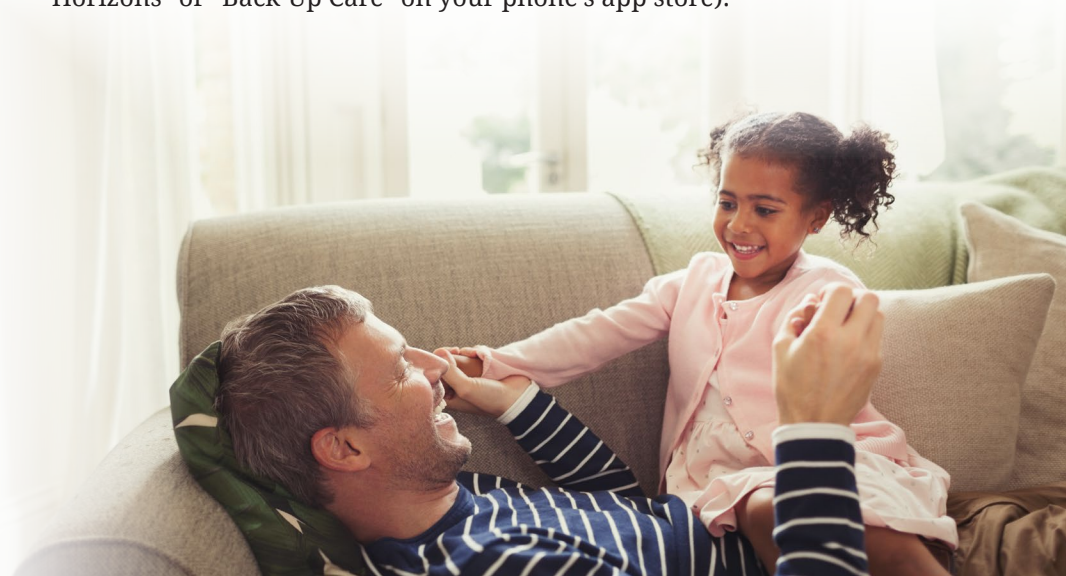
You have an opportunity to purchase auto and home insurance through California Casualty at discounted rates. To learn more and receive a quote, call **866-680-5142**, Monday through Friday, 6 a.m. to 6 p.m. and Saturday, 8 a.m. to 12 p.m. PT. To learn more, view the [auto and home insurance program flyer](#).

Bright Horizons Care Advantage

The Bright Horizons Care Advantage program is available to you whenever you experience a breakdown in your normal child or adult care arrangement, such as when your regular caregiver is unavailable or your child's school unexpectedly closes. The program includes:

- Up to 10 days of backup child and elder care services per calendar year. Center-based care is \$15 per child or \$25 per family per day. In-home care is \$6 per hour.
- Access to a comprehensive database of background-checked babysitters, nannies, pet sitters, senior care resources and more
- Registration fee discounts or waivers and preferred enrollment access to Bright Horizons centers

To register, go to www.careadvantage.com/Chapman (username: Pantherpride, password: care4you) or call **877-BH-CARES** (242-2737). You can also download the app to your phone (search for "Bright Horizons" or "Back-Up Care" on your phone's app store).



VALUABLE EXTRAS

ThrivePass Wellness Program

ThrivePass is an innovative platform focused on well-being, benefits and rewards. We've partnered with ThrivePass to offer wellness benefits, which includes a Wellness Savings Account (WSA). We will deposit money into your WSA to spend on discounted wellness activities, services and products on the ThrivePass platform. You can also apply to be reimbursed for wellness purchases made outside of the ThrivePass marketplace through their reimbursement feature. Vendor partners include (but are not limited to) Corepower Yoga, 24-Hour Fitness and Lifetime Athletic.

You will receive a registration email from ThrivePass with instructions. If you do not receive an email or if you have questions, reach out to support@thrivepass.com.

My Secure Advantage

Cigna's My Secure Advantage is a full-service financial wellness program that offers solutions to all types of personal financial challenges. The program includes access to expert "money coaching" for many types of financial needs, identity theft resolution and protection, online will preparation, educational webinars, access to a library of financial tools, forms and tips, and more. To learn more, review the [My Secure Advantage flyer](#) or visit cigna.mysecureadvantage.com.

Healthy Rewards

Cigna's Healthy Rewards program offers discounts up to 40% off on a range of health and wellness related services and products such as fitness club memberships, weight loss programs, tobacco cessation, pharmacy and vitamins. Visit cigna.com/rewards (password: savings) or call 800-258-3312 to get information on participating providers.

Travel Assistance

Cigna's Secure Travel is **FREE** for you and provides emergency medical and travel services, as well as helpful pre-trip planning assistance when you are traveling 100 miles or more away from home. To learn more, view the [travel assistance flyer](#).

ScholarShare 529 Program

Many parents and families today worry their child or grandchild will begin their adult lives burdened with crippling school loan debt. But it doesn't have to be that way. Whether your son or daughter is getting ready for pre-school or high school, the time to figure out your options and make a plan is now. Visit www.scholarshare.com to learn how the ScholarShare College Savings Plan can be a part of your college savings strategy.

Retirement Plans

The University offers two retirement plans to eligible employees. They are the Tax Deferred Annuity (TDA) 403b and the Defined Contribution (DC) 401a Retirement Plans. Both plans provide tax-deferred retirement savings.

Chapman University Tax Deferred Annuity (TDA) 403b Plan

- The Tax Deferred Annuity Plan consists of employee contributions only.
- Eligibility is immediate, there is no waiting period and participation is voluntary.
- Pre-tax and after-tax Roth contributions are available.
- Authorized fund sponsors are TIAA and Fidelity Investments.

Chapman University Deferred Contribution (DC) 401a Plan

- Eligibility for the Defined Contribution Plan follows the completion of 90 days of continuous service with the university.
- The waiting period will be waived if you have an existing 403b or 401a account with TIAA or Fidelity.
- The DC Plan consists of employer contributions only. The employer contribution consists of two contribution levels. First, a 3% mandatory employer contribution (no employee contributions are required), and second, a 1% to 6% employer matching contribution (employee contribution required).

Vesting of employer contributions is delayed over a four-year period, 25% per anniversary year.

CONTACT INFORMATION

- **Benefits Department:** 714-997-6749 or 714-628-2734 hroffice@chapman.edu
- **Online Enrollment Portal:** [My Chapman](#)

COVERAGE	CARRIER	POLICY #	PHONE # / EMAIL	WEBSITE
Medical	Cigna	3336415	800-244-6224	www.mycigna.com
	Kaiser	102313 (S. CA)	800-464-4000	www.kp.org
Health Savings Account (HSA)	Cigna/HSA Bank	3336415	800-244-6224	www.mycigna.com
Dental	Delta Dental	DeltaCare USA: 01795 PPO: 7583	DeltaCare USA: 800-422-4234 PPO: 800-765-6003	www.deltadentalins.com
Vision	VSP	00113078	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSA)	Discovery Benefits	23972	866-451-3399	www.discoverybenefits.com
Life/AD&D and Long Term Disability	Cigna	Life: FLX966245 AD&D: OK967785 LTD: LK964312	800-362-4462	www.cigna.com
Life Assistance Program (LAP)	Cigna		800-538-3543	www.cignalap.com
Voluntary Legal Plan	Hyatt Legal	7090001	800-821-6400	www.legalplans.com
Bright Horizons Care Advantage	Bright Horizons	N/A	877-BH-CARES (242-2737)	www.careadvantage.com/Chapman Back-Up Username: Pantherpride Back-Up Password: care4you
Auto & Home Insurance	California Casualty		866-680-5142	Auto and home insurance program flyer
ThrivePass Wellness Program	N/A	N/A	support@thrivepass.com	N/A
Healthy Rewards	Cigna	N/A	800-258-3312	www.cigna.com/rewards Password: savings
Travel Assistance	Cigna	OK967785	From the US and Canada: 888-226-4567 From other locations: 202-331-7635 (call collect)	
My Secure Advantage	Cigna	N/A	888-724-2262	cigna.mysecureadvantage.com
ScholarShare 529 Program	TIAA	N/A	Mike Diephouse: 949-809-2695 mdiephouse@tiaa.org	www.scholarshare.com

IMPORTANT NOTICES

Please review the [2020 important notices document](#) containing the following annual notices:

- Medicare Part D
- Medicaid and the Children's Health Insurance Program (CHIP)
- Privacy Rights
- Qualified Medical Child Support Order
- Women's Health and Cancer Rights Act (WHCRA)
- Special Open Enrollment Rights
- Proof of Eligibility
- Continuation of Benefits Under COBRA
- Wellness Programs
- Newborns' and Mothers' Health Protection Act Notice

Additional laws and rules concerning your health plans are also located in the Summary Plan Documents for your specific health plan carrier.

DISCLAIMER: This 2020 Benefits Guide is intended to provide an overview only of the benefits offered by Chapman University. It is not an offer of coverage or intended to offer medical advice. It does not contain all plan provisions, limitations and exclusions. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Insurance Certificate, Booklet, Booklet-Certificate, Group Policy) to determine governing contractual provisions relating to your plan. In the event of a conflict between this Benefits Guide and your plan documents, the plan documents will always govern. Chapman University reserves the right to change, amend or terminate any benefit plan, with or without notice.



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