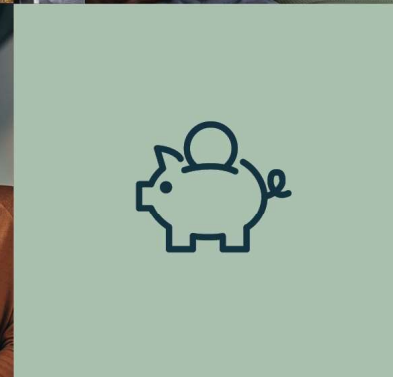
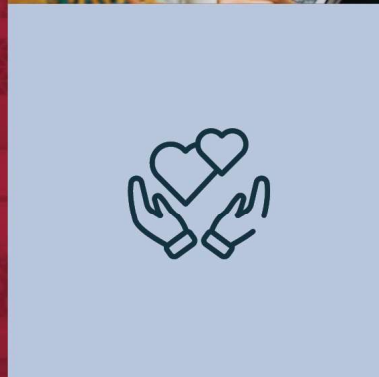
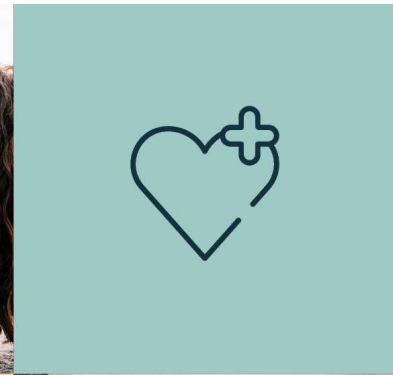
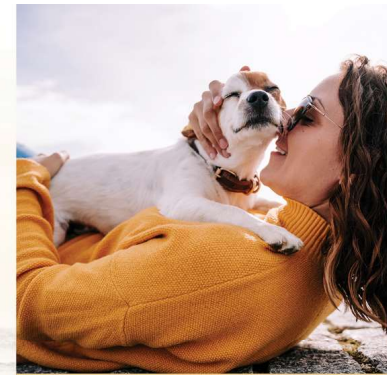




# 2025 BENEFITS OPEN ENROLLMENT

OCT. 30–NOV. 20

HEALTH BENEFITS  
LIFE AND FAMILY



# Eligibility

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You are eligible for benefits if you are a full-time Faculty or regular-status employee who is regularly scheduled to work 30+ hours per week.



## Eligible Family Members

- Legal spouse or registered domestic partner (RDP)
- Children under age 26
- Children age 26+ who are disabled and financially dependent may continue health coverage



## Benefits Effective Date

- Elections made during Open Enrollment are effective January 1, 2025
- If you have a qualifying life event mid-year, you must make changes within 30 days

# Medical Plan Options

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- **Kaiser HMO** (Southern CA only)
- **Cigna Select HMO** (Southern CA only)
  - Inland Empire: Heritage Provider Network
  - Los Angeles: Memorial Care, Heritage Provider Network and Providence St. Joseph Health Center
  - Orange County: Providence St. Joseph Hoag Health
  - San Diego: Scripps
- **Cigna Full HMO** (CA only)
- **Cigna Open Access Plus HDHP + HSA**
- **Cigna PPO**





# Medical Plan Comparison

| Key Medical Benefits   | Kaiser HMO<br>(Southern CA only) | Cigna Select HMO<br>(Southern CA only) | Cigna Full HMO<br>(CA only) | Cigna HDHP + HSA                                      | Cigna PPO         |
|--|----------------------------------|--|-----------------------------|---|-------------------|
| In-Network Benefits   Preventive care covered at 100% on all plans |                                  |  |                             |   |                   |
| Annual Deductible<br>Individual / Family                           | None                             | None                                   | None                        | \$1,650 / \$3,300<br>(\$3,300 individual in a family) | \$1,000 / \$2,000 |
| Annual Out-of-Pocket Maximum<br>Individual / Family                | \$1,500 / \$3,000                | \$1,000 / \$2,000                      | \$2,000 / \$4,000           | \$3,100 / \$6,200<br>(\$3,300 individual in a family) | \$4,000 / \$8,000 |
| Office Visit   | \$15 copay                       | \$15 copay                             | \$20 copay                  | 10%*  | \$15 copay        |
| Outpatient Diagnostic Lab & X-ray                                  | No charge                        | No charge                              | No charge                   | 10%*  | 20%*              |
| Outpatient Advanced Imaging  | No charge                        | \$100 copay                            | \$100 copay                 | 10%*  | 20%*              |
| Urgent Care  | \$15 copay                       | \$20 copay                             | \$20 copay                  | 10%*  | \$20 copay        |
| Emergency Room   | \$100 copay                      | \$100 copay                            | \$150 copay                 | 10%*  | \$150 copay*      |
| Inpatient Hospital   | \$100 copay                      | \$100 copay                            | \$200 copay                 | 10%*  | 20%*              |
| Out-of-Network Coverage  | No                               | No                                     | No                          | Yes   | Yes               |

\*after deductible

Refer to the 2025 Benefits Guide for full plan details, including HDHP and PPO out-of-network benefits.



# Prescription Coverage Comparison

| Key Prescription Benefits                           | Kaiser HMO<br>(Southern CA only)  | Cigna Select HMO<br>(Southern CA only) | Cigna Full HMO<br>(CA only)      | Cigna HDHP + HSA                  | Cigna PPO                        |
|---|-----------------------------------|--|----------------------------------|-----------------------------------|----------------------------------|
| In-Network Benefits   Based on retail 30-day supply |                                   |  |                                  |                                   |                                  |
| Generic   | \$10 copay                        | \$10 copay                             | \$10 copay                       | \$10 copay*                       | \$10 copay                       |
| Preferred Brand-Name                                | \$25 copay                        | \$20 copay                             | \$20 copay                       | \$30 copay*                       | \$20 copay                       |
| Non-Preferred Brand-Name                            | \$25 copay                        | \$35 copay                             | \$35 copay                       | \$50 copay*                       | \$35 copay                       |
| Specialty   | 20% (max. \$150)                  | \$100 copay                            | \$100 copay                      | \$100 copay*                      | \$100 copay                      |
| Mail Order  | 2x retail copay<br>100-day supply | 2x retail copay<br>90-day supply       | 2x retail copay<br>90-day supply | 2x retail copay*<br>90-day supply | 2x retail copay<br>90-day supply |

\*after deductible

Refer to the 2025 Benefits Guide for full plan details, including HDHP and PPO out-of-network benefits.



# Health Savings Account (HSA)

- Available to Cigna Open Access Plus HDHP + HSA participants
- Set aside **pre-tax** funds for eligible health care expenses, such as:
  - Deductibles, copays and coinsurance
  - Prescriptions, dental and vision expenses
- Chapman contributes annually
- Contribute **pre-tax** dollars through payroll deductions, change contributions at any time



| Coverage Level                | Chapman’s Contribution | Your Contribution | 2025 IRS Limit |
|-------------------------------|------------------------|-------------------|----------------|
| Employee Only                 | \$750                  | up to \$3,550     | \$4,300        |
| Employee + 1 or more          | \$1,500                | up to \$7,050     | \$8,550        |
| Age 55+ Catch-up Contribution | N/A                    | up to \$1,000     | \$1,000        |

# Benefits of an HSA

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## Triple-tax advantage\*

- Pre-tax contributions
- Tax-free interest, plus investments once you reach \$1,000 balance
- Tax-free withdrawals for eligible health care expenses

## It's your account

- You decide when to use your savings to pay for eligible health care expenses
- Unused funds roll over from year to year
- Take the account with you if you retire, change plans\*\* or leave your job

\*Refers to federal taxes. State taxation rules vary.

\*\*You must be enrolled in an HSA-qualified high-deductible health plan to contribute to an HSA.





# Dental Plan Options

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- Two plan options through **Delta Dental**
- **DeltaCare USA HMO Plan**
  - You choose a primary dental provider from the HMO network to manage your care
  - Out-of-network care is not covered
- **PPO Plan**
  - Freedom to use the provider of your choice
  - Greater cost savings in-network





# Dental Plan Comparison

| Key Dental Benefits  | Delta Dental<br>DeltaCare USA HMO  | Delta Dental<br>PPO  |
|--|--|--|
| In-Network Benefits  |  |  |
| Annual Deductible<br>Individual / Family   | None   | \$50 / \$150   |
| Annual Maximum Benefit   | None   | \$2,000 per person   |
| Office Visit Copay   | \$5 copay for observation only   | None   |
| Preventive Care (exams, cleanings, X-rays)   | No charge for most preventive services   | Plan pays 100%   |
| Basic Procedures (fillings, extractions, sealants, periodontics, root canal, oral surgery) | You pay copays from \$0 – \$220, depending on service (see plan documents for copay details) | Plan pays 90%*   |
| Major Procedures (crowns, inlays, onlays, cast restorations, bridges, dentures, implants)  |  | Plan pays 60%*   |
| Orthodontia  | Adults: \$1,900 copay<br>Under age 19: \$1,700 copay   | Children under age 19 only:<br>Plan pays 50%* up to lifetime max. of \$1,000 per child |
| Out-of-Network Coverage  | No   | Yes  |

\*after deductible

Refer to the 2025 Benefits Guide for full plan details, including PPO out-of-network benefits.



# Vision Plan Options

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- Two plan options through **VSP**
  - **Basic Plan** (no-cost option)
  - **Premier Plan** (buy-up option)
- Freedom to use the provider of your choice
- Greater cost savings in-network
- Large network of private practicing optometrists, ophthalmologists and opticians
- Network includes retail chain affiliate provider Costco Optical



# Vision Plan Comparison

| Key Vision Benefits                         | VSP<br>Basic Plan  | VSP<br>Premier Plan  |
|---|--|--|
| In-Network Benefits                         |  |  |
| Vision Exam                                 | \$25 copay<br>One exam every <b>12 months</b>  | \$15 copay<br>One exam every <b>12 months</b>  |
| Eyeglass Lenses                             | Covered in full<br>One pair every <b>24 months</b>   | Covered in full<br>One pair every <b>12 months</b>   |
| Eyeglass Frames                             | \$150 – \$170 allowance<br>\$80 allowance at Costco<br>20% off additional cost<br>One set every <b>24 months</b> | \$175 – \$195 allowance<br>\$95 allowance at Costco<br>20% off additional cost<br>One set every <b>24 months</b> |
| Contact Lenses (in lieu of eyeglass lenses) | \$150 allowance for contacts<br>Once every <b>24 months</b>  | \$175 allowance for contacts<br>Once every <b>12 months</b>  |
| Laser Vision Correction (LASIK)             | 15% off regular price or 5% off promotional price  | 15% off regular price or 5% off promotional price  |

**Hearing aids through TruHearing:** If enrolled in a vision plan, you'll also receive free membership and deep discounts on popular hearing aids at no additional cost.

Refer to the 2025 Benefits Guide for full plan details, including out-of-network reimbursement.





# Health Care FSA

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- **Available to participants in all plans except Cigna HDHP + HSA\***
- Set aside **pre-tax** funds to cover eligible health care expenses, such as:
  - Deductibles, copays and coinsurance
  - Prescriptions, dental and vision expenses
- Contribute up to the 2025 IRS limit
- The entire amount you set aside will be available to use on your coverage effective date
- Elections can only be made during Open Enrollment or due to a qualifying life event
- You are unable to make contribution changes during the year (unless you have a qualifying life event)
- **Unused funds do not roll over to the next plan year**

\*High deductible health plan members can enroll in a limited-purpose FSA, which is used for dental and vision expenses only.

# Dependent Care FSA

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- Set aside **pre-tax** funds to cover dependent care expenses, such as:
  - Day care, before/after school programs, etc., for dependent children under age 13
  - Eldercare expenses for dependent adults that are unable to care for themselves
- Contribute up to the 2025 IRS limit: **\$5,000** (or \$2,500 if married and filing separate tax returns)
- Elections can only be made during Open Enrollment or due to a qualifying life event
- Funds are available to use as they are deposited into your account
- **Unused funds do not roll over to the next plan year**



# Supplemental Life Insurance

- You can enroll or increase your supplemental life insurance; however, you will need to complete an evidence of insurability (EOI) form and receive approval from our insurance carrier, The Standard.

| Coverage Level            | Coverage Options   | Guaranteed Issue Limit |
|---------------------------|--|------------------------|
| Employee                  | \$10,000 increments<br>Max: 5x salary / \$500,000            | \$200,000              |
| Spouse / Domestic Partner | \$5,000 increments<br>Max: \$200,000 / 50% employee coverage | \$50,000               |
| Child(ren)                | \$2,500 increments<br>Max: \$10,000                          | \$10,000               |





# Voluntary Benefits

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## Accident Insurance

- Pays a cash benefit amount based on the type of injury you have and the type of treatment you need
- Covers accidents that occur on and off the job
- Includes a range of incidents, from common injuries to more serious events

## Critical Illness Insurance

- Pays a cash benefit amount if you are diagnosed with a covered disease or condition, such as cancer, a heart attack or stroke
- Employee options: \$10,000 or \$20,000
- Spouse/DP and children options: 50% of the employee coverage amount

## Whole Life Insurance with a Long-Term Care Option

- Life insurance coverage that builds cash value
- Employee options: \$10,000, \$20,000 or \$30,000
- Spouse/DP options: \$10,000 or \$20,000
- Child options: \$5,000 or \$10,000
- You may also be able to use your benefit to pay for long-term care

# 2025 Benefit Costs (Monthly)

| Medical Plans        | Kaiser HMO<br>(Southern CA) | Cigna Select HMO<br>(Southern CA) | Cigna Full HMO<br>(CA) | Cigna HDHP<br>+ HSA | Cigna PPO  |
|----------------------|-----------------------------|-----------------------------------|------------------------|---------------------|------------|
| Employee Only        | \$7.00                      | \$7.00                            | \$51.00                | \$105.00            | \$400.00   |
| Employee + 1         | \$110.00                    | \$110.00                          | \$480.00               | \$460.00            | \$1,200.00 |
| Employee + 2 or more | \$220.00                    | \$220.00                          | \$680.00               | \$660.00            | \$1,700.00 |

| Dental Plans         | Delta Dental<br>DeltaCare USA | Delta Dental<br>PPO | Vision Plans         | VSP<br>Basic | VSP<br>Premier |
|----------------------|-------------------------------|---------------------|----------------------|--------------|----------------|
| Employee Only        | \$7.24                        | \$28.28             | Employee Only        | \$0.00       | \$4.00         |
| Employee + 1         | \$18.00                       | \$62.70             | Employee + 1         | \$0.00       | \$6.30         |
| Employee + 2 or more | \$24.62                       | \$89.84             | Employee + 2 or more | \$0.00       | \$9.56         |



CHAPMAN  
UNIVERSITY

# Next Steps

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## Learn More

Review your 2025 Benefits Guide and any other enrollment materials you receive



## Enroll

Visit Working@Chapman at [working.chapman.edu](https://working.chapman.edu) and click the Employee Self Service Link



## Questions?

Email the benefits department at [benefits@chapman.edu](mailto:benefits@chapman.edu)





