





CHAPMAN UNIVERSITY

2027 BENEFITS GUIDE

Health Benefits
Life and Family
Finance and Savings
Wellness Benefits

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YOUR BENEFITS

As a community committed to personalized education of distinction, we extend the same care to employees with resources that help you learn, lead and feel connected. From day one, you'll find guidance and a team invested in your success. Explore our benefits to see how we help you do your best work and live well.

Be a Responsible Healthcare Consumer

At Chapman, we believe that healthcare is a shared responsibility. Employers, healthcare providers and employees all play a part in keeping care effective and affordable. We're committed to providing high-quality benefits, and you contribute by sharing in the costs and making thoughtful choices about your healthcare. Because when you flourish, our students and the entire Chapman Family do, too.

About This Guide: This guide includes links to helpful websites, tools and resources.
Click the buttons at the top or bottom of each page to navigate through the guide.



BENEFITS-AT-A-GLANCE

BENEFITS	COVERAGE OPTIONS
Medical & Prescription	• Kaiser HMO Plan (Southern CA only) • Cigna Select HMO Plan – Inland Empire: Heritage Provider Network – Los Angeles County: Memorial Care, Heritage Provider Network and Providence St. Joseph Health Center – Orange County: Providence St. Joseph Hoag Health – San Diego County: Scripps • Cigna Full HMO Plan (CA only) • Cigna Open Access Plus HDHP + HSA Plan • Cigna PPO Plan
Health Savings Account (HSA)	• Available to Cigna HDHP + HSA medical plan members
Dental	• Delta Dental DeltaCare USA HMO Plan • Delta Dental PPO Plan
Vision	• VSP Basic Plan • VSP Premier Plan
Flexible Spending Accounts (FSAs)	• Healthcare FSA • Limited-Purpose Healthcare FSA (for HSA participants) • Dependent Care FSA • Commuter Benefit
Life/AD&D	• Basic coverage for employee only • Supplemental coverage for employee plus family
Disability	• Long-Term Disability
Voluntary Benefits	• Accident Insurance • Critical Illness Insurance
Employee Assistance Program (EAP)	• Counseling and work-life services through Lincoln Financial Group
Voluntary Legal Plan	• Prepaid legal services through MetLife legal plans
Auto and Home Insurance	• Special rates and generous discounts on auto and home insurance through California Casualty
Back-up Care	• Back-up childcare and adult/eldercare; find babysitters, nannies, senior care resources and more
Pet Insurance	• Coverage for your pet's veterinary care
Total Life Wellness	• Wellness Program • Bereavement Support • Healthy Rewards • Travel Assistance • ScholarShare 529 Program • Retirement Plans

EDUCATIONAL VIDEOS

Learn more about the following topics by visiting our Benefits Education Video Library:

- Benefits Terminology
- Qualifying Life Events
- Open Enrollment
- Comparing Medical Plan Types
- Choosing Your Provider
- Preventive Care
- Telehealth
- Where to Go for Care
- Benefits of Seeing a PCP Regularly
- Mental Health
- Prescription Drug Coverage
- GoodRx
- How to Read an EOB
- Health Savings Account (HSA)
- HSA Qualified Healthcare Expenses
- Flexible Spending Accounts (FSAs)
- HSA vs FSAs
- Commuter Benefit
- Life Insurance
- Accident Insurance
- Critical Illness Insurance
- Employee Assistance Program (EAP)

ELIGIBILITY & ENROLLMENT

Eligible Employees

- Full-time faculty or staff member who is regularly scheduled to work 30 or more hours per week may participate in all benefit programs offered by Chapman University.
- Full-time faculty or staff member who is regularly scheduled to work 20 - 29 hours per week may participate in the Employee 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.

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 (healthcare 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.

How to Enroll

- Review the resources and information on Chapman's Open Enrollment website.
- Go to inside.chapman.edu (click the Employee Self Service link) to make changes. You can also review and confirm your current selections and beneficiaries.
- If you are not making any changes, you do not need to take any action, with the exception of participation in a Flexible Spending Account (FSA), which requires reenrollment each year.

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, 2027 (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.

BENEFIT COSTS (Biweekly)

Chapman University is committed to providing a range of high-quality benefit options at a variety of price points.

- **University-paid benefits:** Chapman pays 100% of the premium costs for basic vision coverage, basic life/AD&D, long-term disability, Healthy Rewards, travel assistance and the employee assistance program (EAP).
- **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*), commuter benefit (pre-tax*), supplemental life/AD&D, auto and home insurance, and the legal plan (after-tax**).

MEDICAL					
Coverage Tier	**Kaiser HMO** (Southern CA only)	**Cigna Select HMO** (Inland Empire, Los Angeles, Orange and San Diego County only)	**Cigna Full HMO** (CA only)	**Cigna Open Access Plus HDHP + HSA**	**Cigna PPO**
Employee Only	$17.50	$29.00	$60.50	$89.00	$312.00
Employee + 1	$97.00	$144.00	$311.50	$344.00	$843.50
Employee + 2 or more	$169.00	$222.50	$445.50	$492.00	$1,205.00

DENTAL			VISION	
Coverage Tier	**Delta Dental DeltaCare USA HMO**	**Delta Dental PPO**	**VSP Basic**	**VSP Premier**
Employee Only	$3.62	$13.72	$0.00	$1.78
Employee + 1	$9.00	$30.39	$0.00	$2.82
Employee + 2 or more	$12.31	$43.48	$0.00	$4.26

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	$0.025
25 - 29	$0.030
30 – 34	$0.040
35 – 39	$0.045
40 – 44	$0.045
45 – 49	$0.070
50 – 54	$0.110
55 – 59	$0.210
60 – 64	$0.320
65 – 69	$0.615
70+	$1.005

Child(ren)

$0.10 per $1,000
(covers all your eligible children)

SUPPLEMENTAL AD&D

Employee Only:
$0.014 per $1,000

Employee + Family:
$0.023 per $1,000

VOLUNTARY LEGAL PLAN

$8.25 per month

BENEFIT COSTS (Monthly)

Chapman University is committed to providing a range of high-quality benefit options at a variety of price points.

- **University-paid benefits:** Chapman pays 100% of the premium costs for basic vision coverage, basic life/AD&D, long-term disability, Healthy Rewards, travel assistance and the employee assistance program (EAP).
- **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*), the commuter benefit (pre-tax*), supplemental life/AD&D, auto and home insurance, and the legal plan (after-tax**).

MEDICAL					
Coverage Tier	**Kaiser HMO** (Southern CA only)	**Cigna Select HMO** (Inland Empire, Los Angeles, Orange and San Diego County only)	**Cigna Full HMO** (CA only)	**Cigna Open Access Plus HDHP + HSA**	**Cigna PPO**
Employee Only	$35.00	$58.00	$121.00	$178.00	$624.00
Employee + 1	$194.00	$288.00	$623.00	$688.00	$1,687.00
Employee + 2 or more	$338.00	$445.00	$891.00	$984.00	$2,410.00

DENTAL			VISION	
Coverage Tier	**Delta Dental DeltaCare USA HMO**	**Delta Dental PPO**	**VSP Basic**	**VSP Premier**
Employee Only	$7.24	$27.44	$0.00	$3.56
Employee + 1	$18.00	$60.78	$0.00	$5.64
Employee + 2 or more	$24.62	$86.96	$0.00	$8.52

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. The following table provides a high-level overview of the most commonly used medical benefits.

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



KEY MEDICAL BENEFITS	KAISER HMO (Southern CA only)	CIGNA SELECT NETWORK HMO (Inland Empire, Los Angeles, Orange and San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA OPEN ACCESS PLUS HDHP + HSA		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	$1,750/Individual[1] $3,500/Individual in Family[1] $3,500/Family[1]	$1,750/Individual[1] $3,500/Individual in Family[1] $3,500/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	$1,000/Individual[1] $2,000/Individual in Family[1] $2,000/Family[1]		N/A	

1. If you enroll one or more family members, each member only needs to meet the "individual in family" deductible 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 member only needs to meet the "individual" deductible 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 (cont.)

KEY MEDICAL BENEFITS	KAISER HMO (Southern CA only)	CIGNA SELECT NETWORK HMO (Inland Empire, Los Angeles, Orange and San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA OPEN ACCESS PLUS HDHP + HSA		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]	$1,500/Individual[3] $3,000/Family[3]	$2,500/Individual[3] $5,000/Family[3]	$3,900/Individual[4] $3,900/Individual in Family[4] $7,800/Family[4]	$5,800/Individual[4] $5,800/Individual in Family[4] $11,400/Family[4]	$4,500/Individual[3] $9,000/Family[3]	$8,500/Individual[3] $17,000/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	No charge	$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	$15 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.

3. 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.
4. If you enroll one or more family members, each member only needs to meet the "individual in family" 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 (cont.) AND PRESCRIPTION DRUGS

KEY MEDICAL BENEFITS	KAISER HMO (Southern CA only)	CIGNA SELECT NETWORK HMO (Inland Empire, Los Angeles, Orange and San Diego County only)	CIGNA FULL NETWORK HMO (CA only)	CIGNA OPEN ACCESS PLUS HDHP + HSA		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	$15 copay	No charge	10%*	30%*	20%*	40%*
Chiropractic Care	$15 copay (30 visits per year)	$15 copay (30 visits per year)	$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 Choice network 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	• **$150 - $170** allowance, depending on frame • **$80** allowance at Costco • 20% off amount over the allowance **One set every 24 months**	Up to $70	• **$175 - $195** allowance depending on frame • **$95** 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	• Up to $60 copay for contact lens exam • **$150** allowance for contacts **Once every 24 months**	Up to $105 for contacts and contact lens exam	• Up to $60 copay for contact lens exam • **$175** 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 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 (FSAS)

Chapman provides you with an opportunity to participate in the healthcare and/or dependent care FSAs administered through WEX.

An FSA is a tax-favored program that lets you set aside money for eligible healthcare 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:

❶ You estimate how much you think your healthcare and/or dependent care expenses might be for the 2027 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.

❷ Your contributions will be deducted from your paycheck in equal installments throughout the year and deposited into your account(s).

❸ 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 WEX. Your claim will be processed and you will be reimbursed from your account.

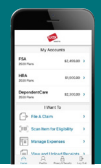
FSA Debit Card: For healthcare expenses, you may also use your WEX FSA Debit Card to pay at the point of sale. You will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement.

The "Use It Or Lose It Rule"

Healthcare FSA/Limited-Purpose FSA: You can carry over up to $700 in unused funds from the 2027 plan year into 2028. Any amount above that limit will be forfeited.

Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.

GET THE APP! Use the Benefits by WEX 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!



Healthcare FSA

You may contribute up to the 2027 IRS maximum of $3,500 in pre-tax dollars to cover a variety of eligible healthcare 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 healthcare 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 healthcare 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

You may contribute up to the 2027 IRS maximum of $7,500 in pre-tax dollars to cover eligible dependent day care expenses for your children under age 13, as well as adults who are physically or mentally incapable of caring for themselves and are your tax dependents. If you are married and filing separate tax returns, your maximum contribution is $3,750; if your spouse also participates in a dependent care FSA, your combined contribution for both accounts is $7,500. **Unlike the healthcare 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.

COMMUTER BENEFIT

The commuter benefit through WEX lets you set aside pre-tax dollars from your paycheck for work-related transit expenses.

Transit Account

You may have up to the 2027 IRS monthly limit of $350 deducted from your paycheck pre-tax to pay for qualified, work-related mass transit expenses.

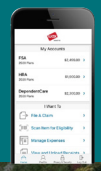
Eligible transit expenses include:

- Transportation in a commuter highway vehicle (for example, a vanpool)
- Transportation through mass transit facilities such as bus, train, subway or ferry
- Expenses for any pass, token, fare card or similar item that entitles you to use mass transit

Not eligible: Bridge tolls, toll roads and costs associated with driving your own vehicle to and from work.

View the searchable list of commuter expenses to see what kinds of transit expenses are eligible.

GET THE APP! Use the Benefits by WEX mobile app to manage your commuter benefit from your smartphone. Check your account balance, file a claim, upload a photo of your receipt, view account activity, plus much more!





Commuter Benefit Rules to Know

- **Funds roll over from month to month and year to year.**
- **Elections and contribution changes can be made at any time.**
- **If your employment ends or you unenroll from the plan, any unused funds will be forfeited.**
- **You must use your WEX debit card to purchase eligible transit passes.**

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)	
Employee	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 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)
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/RDP). The maximum benefit per child is $50,000.

Premium Rates – The supplemental life and supplemental AD&D premium rates can be found 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.



VOLUNTARY BENEFITS

You have an opportunity to enroll in voluntary benefits through The Standard during your new hire eligibility period or during annual Open Enrollment. Benefit options include:

- Accident insurance pays cash benefits for specific injuries and events resulting from a covered accident, such as a fracture, dislocation, burn, concussion, laceration or torn ligaments.
- Critical illness insurance pays a cash benefit if you are diagnosed with a covered disease or condition, such as cancer, a heart attack or stroke.

ACCIDENT INSURANCE MONTHLY RATES	
Employee Only	$6.54
Employee + Spouse/ Registered Domestic Partner	$12.02
Employee + Child(ren)	$16.69
Employee + Family	$25.33

CRITICAL ILLNESS INSURANCE MONTHLY RATES		
Age Range	**Employee**	**Spouse/Registered Domestic Partner**
Under 29	$0.354	$0.354
30–39	$0.503	$0.503
40–49	$0.959	$0.959
50–59	$1.917	$1.917
60–69	$3.491	$3.491
Above 70	$8.783	$8.783

LIFE AND FAMILY

Employee Assistance Program (EAP)

You, your dependents (including children under age 26) and all household members are provided with the EAP through Lincoln Financial Group at **NO COST** to you. The EAP offers confidential support, guidance and resources that can help you resolve personal issues and meet life's challenges. You can access the EAP 24/7 through the mobile app or via a toll-free call. The program includes **up to five free face-to-face confidential counseling sessions each year, per person, per issue.**

The EAP can help you with the following topics:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Child and eldercare
- Substance use
- Legal information
- Financial guidance
- And much more

To register and get started, visit guidanceresources.com (web ID: LFGSupport) and follow the prompts to create your username and password. You can also download the GuidanceNow mobile app for on-the-go EAP access.

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 info.legalplans.com/home.

Auto and 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.

LIFE AND FAMILY (cont.)

Back-Up Care

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 five 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, senior care resources and more.
- Registration fee discounts or waivers and preferred enrollment access to Bright Horizons centers.

Enhanced Family Support is also available with Primary Child Care Solutions, Academic Support, Tutoring and Enrichment Programs.

To register, go to clients.brighthorizons.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).

Pet Insurance

Pet insurance is a financial safety net from high vet bills in case any accidents, injuries or illnesses were to occur to your pets. Spot's coverage allows you to visit any vet and helps protect your pet (and your wallet) by reimbursing up to 90% on covered conditions.

You can create the plan that best meets your needs and budget with accident-only coverage, illness coverage and/or wellness coverage. You can also customize your deductible, annual limit and reimbursement amount.

Rates are based on coverage, pet age, breed and location. You can get a quote any time at spotpet.link/chapman.



WELLNESS

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 benefits@chapman.edu.

Bereavement Support

Empathy helps you and your family through all the emotional and practical challenges of losing a loved one. Logistics can feel challenging after a loss, so Care Managers offer one-on-one guidance to help you navigate funeral arrangements, benefit claims support, ID theft prevention and more. To get started, visit empathy.com.

Healthy Rewards

Cigna's Healthy Rewards program offers Cigna medical members discounts of 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. To access Healthy Rewards, log into your account at mycigna.com or call **800-258-3312**.

Travel Assistance

TravelConnect provided by Lincoln Financial Group is free for AD&D insurance members. TravelConnect provides 24/7 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, visit myoncallportal.com (group ID: LFGTravel123).

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 scholarshare.com to learn how the ScholarShare College Savings Plan can be a part of your college savings strategy.



WELLNESS (cont.)

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.
- You are eligible the first of the month following date of hire.
- Pre-tax and after-tax Roth contributions are available.
- Authorized fund sponsors are TIAA and Fidelity Investments.

Chapman University Defined Contribution (DC) 401a Plan

- You may be eligible the first of the month following date of hire.
- The Defined Contribution Plan consists of employer contributions in two layers:
  1. A 3% discretionary employer contribution (no employee contributions are required)
  2. A 1% to 6% discretionary employer matching contribution (employee contribution required)

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



CONTACT INFORMATION



Benefits Department: benefits@chapman.edu **Online Enrollment Portal:** inside.chapman.edu

COVERAGE	CARRIER	POLICY #	PHONE	WEBSITE/EMAIL
Medical	Cigna Kaiser	3336415 102313 (S. CA)	800-244-6224 800-464-4000	mycigna.com kp.org
Health Savings Account (HSA)	Cigna/HSA Bank	3336415	800-244-6224	mycigna.com
Dental	Delta Dental	HMO: 01795 PPO: 7583	HMO: 800-422-4234 PPO: 800-765-6003	deltadentalins.com
Vision	VSP	00113078	800-877-7195	vsp.com
Flexible Spending Accounts (FSAs) and Commuter Benefit	WEX	23972	866-451-3399	benefitslogin.wexhealth.com
Life/AD&D	Lincoln Financial Group	Basic Life: 000010299891 Supplemental Life: 000400001000-31282 Supplemental AD&D: 000403009273-00000	Claims: 800-423-2765	lincolnfinancial.com
Long-Term Disability	Lincoln Financial Group	000010299892	888-408-7300	lincolnfinancial.com disabilityclaims@lfg.com
Voluntary Benefits (Accident and Critical Illness)	Lincoln Financial Group	Accident: ACC-0001739174 Critical Illness: CI-0001739172	Claims: 800-423-2765	lincolnfinancial.com Company code: 1364248
Employee Assistance Program (EAP)	Lincoln Financial Group	—	888-628-4824	guidanceresources.com Web ID: LFGSupport
Voluntary Legal Plan	MetLife Legal Plans	7090001	800-821-6400	legalplans.com

CONTACT INFORMATION (cont.)

Benefits Department: benefits@chapman.edu **Online Enrollment Portal:** inside.chapman.edu

COVERAGE	CARRIER	POLICY #	PHONE	WEBSITE/EMAIL
Back-up Care	Bright Horizons	—	877-BH-CARES (242-2737)	clients.brighthorizons.com/chapman Back-up username: Pantherpride Back-up password: care4you
Pet Insurance	Spot	—	800-905-1595	spotpet.link/chapman
Auto and Home Insurance	California Casualty		866-680-5142	N/A
Wellness Program	ThrivePass	—		thrivepass.com support.thrivepass.com/support/home
Healthy Rewards	Cigna	—	800-258-3312	mycigna.com
Travel Assistance	Lincoln Financial Group	—	603-328-1955	myoncallportal.com Group ID: LFGTravel123 mail@oncallinternational.com
Bereavement Support	Lincoln Financial Group	—	855-891-3684	guidanceresources.com Web ID: LifeKeys
ScholarShare 529 Program	TIAA	—	Heath Polzer: 949-623-2916	scholarshare.com Heath.Polzer@tiaa.org



IMPORTANT NOTICES

Please review the 2027 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 2027 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.

HUB

This Benefits Guide was prepared for you by HUB International
hubinternational.com
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