

BENEFIT COSTS (Monthly)

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

FINANCE AND SAVINGS

- · 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, Bright Horizons 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*), 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	\$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		VISI	ON
Coverage Tier	Delta Dental DeltaCare USA	Delta Dental PPO	VSP Basic	VSP Premier
Employee Only	\$7.24	\$28.28	\$0.00	\$4.00
Employee + 1	\$18.00	\$62.70	\$0.00	\$6.30
Employee + 2 or More	\$24.62	\$89.84	\$0.00	\$9.56

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

SUPPLE	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
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
Ch	ild(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

^{*} 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.



DENTAL PLANS





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		
REI DENIAL DENEMO	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%	
Fillings, extractions, sealants, periodontics, root canals, oral surgery	You pay copays ranging from	Plan pays 90%*	Plan pays 80%*	
Major Procedures Crowns, inlays, onlays, cast restorations, bridges, dentures, implants (PPO plan only)	\$0 - \$220, depending on service received	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 chil		

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

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.

^{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.