

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, 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			VISION	
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.

* 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

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"> • \$150 - \$170 allowance, depending on frame • \$80 allowance at Costco • 20% off amount over the allowance One set every 24 months	Up to \$70	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.