

# 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 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

Coverage Tier	DENTAL		VISION	
	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