

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	

MEDICAL PLANS

Chapman University offers you a choice of FIVE different medical plans. Review our [Selecting Your Medical Plan](#) flyer to help you decide which plan is best for you. 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
 - Orange County: Providence St. Joseph Hoag Health
 - San Diego County: Scripps
- **Cigna 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	\$1,600/Individual ¹ \$3,200/Individual in Family ¹ \$3,200/Family ¹	\$1,600/Individual ¹ \$3,200/Individual in Family ¹ \$3,200/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	\$850/Individual ¹ \$1,700/Individual in Family ¹ \$1,700/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 (continued)

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	\$1,000/Individual ³ \$2,000/Family ³	\$2,000/Individual ³ \$4,000/Family ³	\$3,100/Individual ⁴ \$3,200/Individual in Family ⁴ \$6,200/Family ⁴	\$5,200/Individual ⁴ \$5,300/Individual in Family ⁴ \$10,400/Family ⁴	\$4,000/Individual ³ \$8,000/Family ³	\$8,000/Individual ³ \$16,000/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	\$100 copay	\$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	\$20 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.

Coinurance percentages and copay amounts shown in the above plan descriptions represent the amount that the member is responsible for paying.

- 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.
- 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 (continued)

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	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Surgery	\$15 copay	No charge	No charge	10%*	30%*	20%*	40%*
Chiropractic Care	\$15 copay (30 visits per year)	\$15 copay (PCP referral required)	\$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.