CHAPMAN UNIVERSITY

IT'S TIME

Open Enrollment for Your 2026 Benefits Is Happening Now!

OCT. 29–NOV. 14

ABOUT OPEN ENROLLMENT

Open Enrollment is your **once-a-year opportunity** to review and make changes to your benefit elections without a qualifying event—so don't miss out!

During this Open Enrollment, you can:

- ✔ Add, cancel or change coverage
- ✔ Enroll or re-enroll in a health care and/or dependent care flexible spending account (FSA)
- ✔ Elect or modify your health savings account (HSA) employee contributions
- ✔ Add or drop eligible family members to or from coverage
- ✔ Increase your supplemental life insurance coverage by up to $50,000—up to the guaranteed issue amount of $200,000—without completing Evidence of Insurability (proof of good health)

WHAT YOU NEED TO DO

- Go to Working@Chapman (click the Employee Self Service link) from **October 29 – November 14.**
- Review, make any updates and confirm your benefit elections for 2026 **even if you don't want to make changes**.
- It's also a good time to make sure your beneficiary designation is up to date.

BENEFIT UPDATES FOR 2026

- **NEW! Commuter benefits program:** contribute pre-tax dollars through payroll deductions for work-related **transit** expenses. Watch the commuter benefits video to learn more.
- **NEW! Health Care FSA rollover:** lets participants carry over unused funds into the new plan year instead of losing them. This applies to unused funds up to the IRS maximum of $680 for the 2026 plan year and will continue in future years, subject to IRS limits.
- Accident and critical illness insurance will move from Unum to The Standard.
- Whole life insurance with long term care through Unum is terminating. Members currently covered will receive information directly from Unum on continuing coverage.

WANT TO LEARN MORE?

- View your 2026 Benefits Guide
- Watch our Open Enrollment presentation
- Watch our Health Savings Account (HSA) presentation
- Watch our Voluntary Benefits presentation
- Visit our Benefits Education Video Library

2026 BENEFITS AT-A-GLANCE

BENEFITS	COVERAGE OPTIONS
Medical & Prescription	• 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 • Cigna Full HMO (CA only) • Cigna Open Access Plus HDHP + HSA • Cigna PPO
Health Savings Account (HSA)	• Available to Cigna HDHP + HSA medical plan members
Dental	• Delta Dental DeltaCare USA • Delta Dental PPO
Vision	• VSP Basic • VSP Premier
Flexible Spending Accounts (FSA)	• Health Care FSA • Limited-Purpose Health Care FSA for HSA participants • Dependent Care FSA • Commuter Benefits
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 Health Advocate / The Standard
Voluntary Legal Plan	• Pre-paid legal services through MetLife Legal Plans
Bright Horizons Care Advantage	• Back-up childcare and adult/eldercare; find babysitters, nannies, senior care resources and more
Spot Pet Insurance	• Veterinary care coverage for pets
Auto & Home Insurance	• Special rates and generous discounts on auto and home insurance through California Casualty
Total Life Wellness	• ThrivePass Wellness Program • Life Services Toolkit • Healthy Rewards • Travel Assistance • ScholarShare 529 Program • Retirement Plans

2026 MONTHLY BENEFIT COSTS

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	$24.00	$44.00	$90.00	$142.00	$593.00
Employee + 1	$161.00	$251.00	$539.00	$596.00	$1,604.00
Employee + 2 or More	$284.00	$391.00	$771.00	$851.00	$2,292.00

	DENTAL		VISION	
Coverage Tier	**Delta Dental DeltaCare USA**	**Delta Dental PPO**	**VSP Basic**	**VSP Premier**
Employee Only	$7.24	$27.56	$0.00	$4.00
Employee + 1	$18.00	$61.10	$0.00	$6.30
Employee + 2 or More	$24.62	$87.54	$0.00	$9.56

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