



STETSON
UNIVERSITY



Employee Benefits Guide

January 1, 2024 - December 31, 2024

IMPORTANT INFORMATION ENCLOSED

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Welcome

Welcome to the Stetson University, Inc. Benefits Guide for the 2024 plan year. Inside you will find all the information you need to evaluate benefits for you and your dependents.

Please review the information carefully and contact our Benefits Team with any questions.

What's New for 2024?

- ❖ Florida Blue will be our new medical carrier. You will have two (2) plans to choose from, a BlueCare HMO plan and a Blue Options PPO plan.
- ❖ Prescription Drug benefits will be provided by RxBenefits - CVS/Caremark.
- ❖ Basic Life, Voluntary Life, Short Term Disability (STD) & Long Term Disability (LTD) will be offered through USABLE.
- ❖ Employee Assistance Program (EAP) is available through USABLE.
- ❖ There have been no changes to the Dental & Vision product offerings. Dental will continue to be managed by Delta Dental & Vision will continue to be managed by VSP.

If you have questions, please contact your Human Resources office:

Human Resources DeLand Campus

(386) 822 - 8710

humres@stetson.edu

Human Resources Gulfport Campus

(727) 562 – 7345

hr@law.stetson.edu

Benefits Eligibility

Stetson University, Inc. employees regularly scheduled to work at least 32 hours per week are benefits eligible.

Your Eligible Dependents Include

- Your spouse or domestic partner
- Your children, stepchildren, children of your domestic partner, or children in your guardianship up to age 26 for Voluntary Life and age 26 for Medical, Dental & Vision. Coverage can be extended to age 30 for Medical, Dental & Vision if the following requirements are met:
 - unmarried and no dependent of his or her own; AND
 - resident of Florida or a full-time or part-time student; AND
 - Not provided coverage under any other health insurance policy, including Medicare or Medicaid.
- Adult children, stepchildren, children of your domestic partner, or children in your guardianship of any age who are deemed disabled
- Grandchild, only if the employee's dependent child (parent of grandchild) is under age 18

New Hires/Newly Eligible

New hires or newly benefits-eligible employees are eligible for coverage starting on the first day of the month following date of hire (DOH).

Enrollment must be made within the first 31 days of the hire or eligibility date.

Changing Your Benefits Outside Of Open Enrollment

The benefits you elect during the 2024 benefits plan year will remain in effect through December 31, 2024 . By law, you can only make changes to your coverage during the year if you experience a qualifying life event, and notify Human Resources within 31 days.

Qualifying Life Events

A qualifying event is a personal event that may require you to either add or remove coverage for yourself and/or your dependents. These events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a dependent child
- Death of a dependent spouse or child
- Gain or loss of coverage for you or your eligible dependents
- Reaching age 30 for dependent children
- Gain or loss of a domestic partner

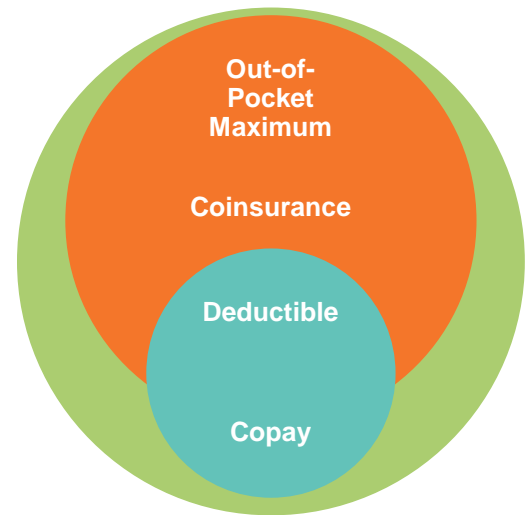
Important Deadline For Qualifying Event Changes

You must make any coverage change within 31 days of the qualifying event. Report this change to your appropriate Human Resources Department, with as much information as you have, within the 31 day deadline.

You must include documentation to substantiate your qualifying event. If you miss the deadline, or do not provide the supporting documentation, changes will not be approved.

Definitions

- **Accidental Death and Dismemberment (AD&D):** Insurance that is a rider to a life insurance policy that covers the accidental death or dismemberment of the insured.
- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for that service, usually paid after the deductible has been satisfied.
- **Copay:** A fixed amount you pay for a covered health care service.
- **Deductible:** The amount you owe for covered health care services before your health insurance begins to pay.
- **Dismemberment:** Typically, the AD&D policy pay a percentage for the loss of a limb, partial or permanent paralysis, or the loss of use of specific body parts, such as the loss of sight, hearing or speech.
- **Health Maintenance Organization (HMO):** A plan that provides comprehensive medical services within its network, which typically covers a particular geographic area, and features no coverage for services obtained outside the network except for emergencies.
- **In-network:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.



Definitions

- **Life insurance:** A contract between an insurer and a policyholder in which the insurer guarantees payment of a death benefit to named beneficiaries upon the death of the insured.
- **Out-of-network:** Treatment received from doctors, clinics, hospitals and other providers who are not in network. A health plan may cover these costs, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- **Out-of-Pocket Maximum (OOPM):** The most you pay during a policy period. When you've reached your OOPM, the Plan will pay 100% of covered health care services for the remainder of the plan year. OOPM includes: deductible, coinsurance, and copays.
- **Preferred Provider Organization (PPO):** A plan that provides coverage through a network of participating health care providers, as well as coverage outside of the network. PPO enrollees receive more generous benefits for services within the network and benefits are less generous for care received outside the network.
- **Premium:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, and deducted from his or her paycheck.
- **Primary Care Physician (PCP):** A physician who is usually the first health professional to examine a patient and who recommends secondary care physicians, medical or surgical specialists with expertise in the patient's specific health problem, if further treatment is needed.



Medical Benefits

Plan Name	BlueCare HMO Base Plan*	BlueOptions PPO Buy-Up Plan
Name of Network	BlueCare	BlueOptions
Calendar Year Deductible		
Individual	\$1,000	\$1,500
Family	\$2,000	\$4,000
Annual Out-of-Pocket Maximum (Includes deductible, copays, coinsurance)		
Individual	\$8,000	\$8,000
Family	\$16,000	\$16,000
Coinsurance (Coins) (Amount paid after deductible is met)		
You pay.....	20%	20%
Physician Services		
Office Visit	\$25 Copay	\$25 Copay
Specialist	\$50 Copay	\$50 Copay
Teladoc	\$10 Copay	\$10 Copay
Mental Health Office Visit:	\$20 Copay	\$20 Copay
Chiropractic Care	\$50 Copay	\$50 Copay
<u>Adult and Child Wellness Exams</u>	<u>100% Covered</u>	<u>100% Covered</u>
Hospital Services		
Inpatient Hospital Per Admission	\$1,000 per day (days 1-5)	Deductible & Coinsurance
Emergency Room	\$400 Copay	Deductible & Coinsurance
Urgent Care	\$75 Copay	\$75 Copay
Diagnostic Services		
Lab & X-ray (Outpatient)	\$100 Copay	\$75 Copay
Advanced Imaging Services (MRI, MRA, Pet, CT)	\$400 Copay	\$300 Copay
Prescription Drugs (CVS Caremark Advanced Control Specialty Formulary)		
Retail (1 month supply)		
Preferred Generic	\$5 Copay	\$5 Copay
Preferred Brand	\$75 Copay	\$75 Copay
Non-Preferred Brand	\$150 Copay	\$150 Copay
Specialty	\$250 Copay	\$250 Copay
Mail Order (3 month Supply)	2.5x Copay	2.5x Copay
Non-Network		
Calendar Year Deductible (Individual/Family)		\$4,000 / \$9,000
Out of Pocket Max (Individual/Family)	N/A	\$12,000 / \$24,000
Coinsurance		30%

* You must select a PCP. Referrals are not required to see a Specialist.

Welcome to Florida Blue!
We're glad you're here.



Get off to a good start

- **Sign up for an account at floridablue.com and download the Florida Blue mobile app.**

This will give you 24/7 access to benefit coverage, claims information, ID cards, and nearby doctors and hospitals.

- **Use CareCentrix if you need special medical care or equipment.**

CareCentrix coordinates home health care, home infusion and specialized (called “durable”) medical equipment for Florida Blue members. If you currently use these services or supplies, please call us at the number on the back of your member ID card to get set up. Or you can call the CareCentrix team directly at 866-776-4617 for help.

Ways to take charge of your own health

- **Better You Strides**

Sign up for this health and wellness program at floridablue.com or by downloading the AlwaysOn Wellness app on your phone. Answer a few questions, and Better You Strides will build a program around your needs, your goals and your interests. You'll quickly be on your way to earning rewards and being a healthier you!

- **Virtual Visits**

See a doctor from home. If your plan includes virtual visits, you may get care via phone or video chat. Virtual visits connect you to a primary care doctor, specialist or behavioral health provider in your network or through Teladoc by online video.

Get personalized care and support

- **Care Consultants & Nurseline**

Planning ahead can make important decisions easier, especially when you're dealing with a new diagnosis or managing a serious health condition. Call our Care Consultants for help with how your benefits work, find specialists and learn about helpful services to help you get better care and save money.

Call 888-476-2227. A 24/7 Nurseline is available to you whether you or your family members have health concerns or general health questions and need answers right away. Call 877-789-2583.

- **Physical, Mental and Emotional Well-Being**

Florida Blue members get behavioral health and substance dependency support through New Directions Behavioral Health—through a local provider or online through Teladoc. They are committed to helping people achieve balance in both their personal and work lives. Just call 800-352-2583 to find out more, or visit teladoc.com to get started.

Ways to help you save money

- **Cost Comparison Tool**

Know your costs and be sure you're getting the right treatment at the right place. Use our cost comparison tool online at floridablue.com or on the Florida Blue mobile app to look up patient reviews and see how much you'll pay.

- **Blue365[®]**

Through our members-only national discount program, take advantage of exclusive offers on gym memberships, vision care, hearing aids, weight management programs and more for everyday health and wellness.

Need Care & Don't Know Where to Go?

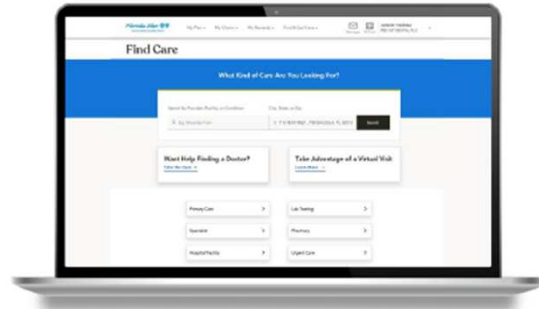
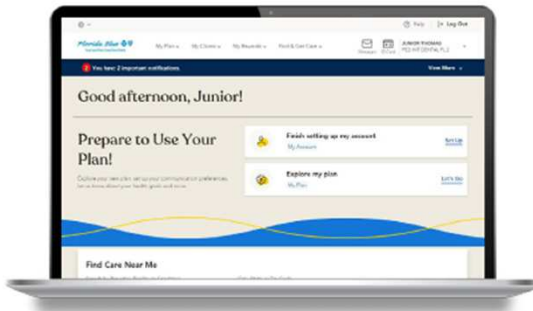
Find Care In Florida

Online

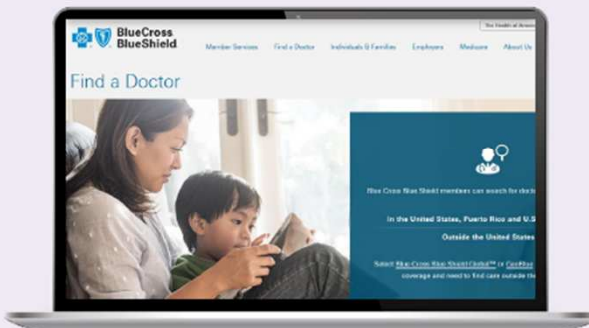
Step 1. Log in to floridablue.com.

Step 2. At the top of the screen, click **Find & Get Care** or **Tools** and select **Find A Doctor & More**.

Step 3. Simply enter the name of a provider, facility or condition and click the **Search** button. At the bottom of the screen, you can also search by the type of provider.

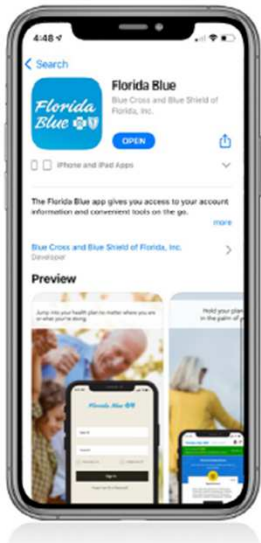


Step 4. If your plan includes Virtual Visits, click **Learn More** under **Take Advantage of a Virtual Visit**.



**Outside Florida?
Find Care From Anywhere!**
(For members who have out-of-state benefits*)

1. Log in to bcbs.com/find-a-doctor or call **800-810-2583**.
2. Click on **In the United States**.
3. Enter a **Location** and **Plan** to find care anywhere in the U.S.

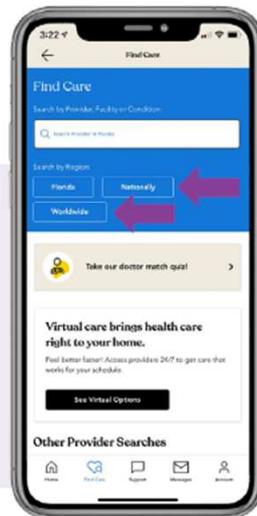


Step 1. Download the **Florida Blue mobile app** from the iTunes or Google Play app store.

Step 2. Open the app and log in to reach your member dashboard. On the navigation bar at the bottom of the screen, click **Find Care**.

Step 3. At the **Find Care** screen, enter the name of a provider, facility or condition to start your search.

If your plan includes Virtual Visits, scroll down and click **See Virtual Options**.



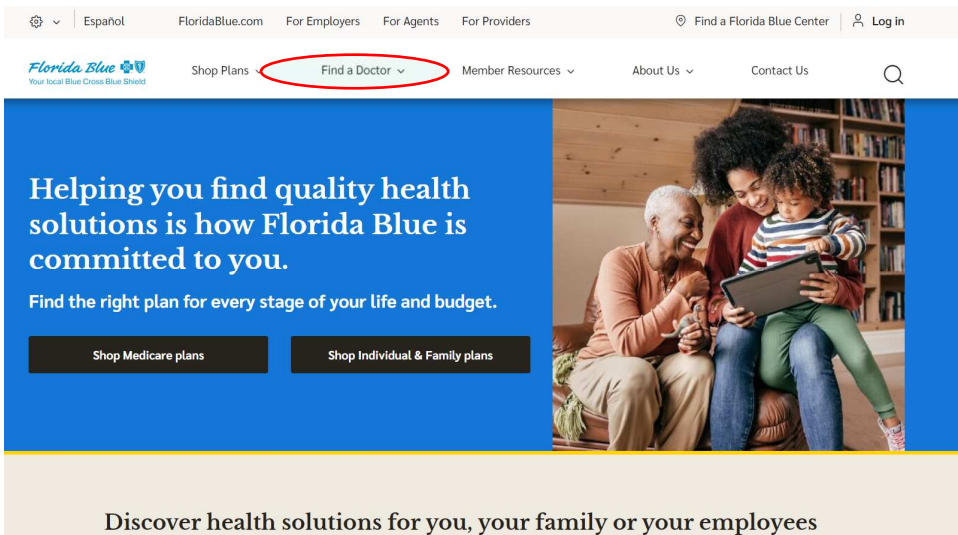
Outside Florida? Find Care From Anywhere!

You're always covered for urgent and emergency care outside of Florida. Some plans have additional out-of-state benefits.*

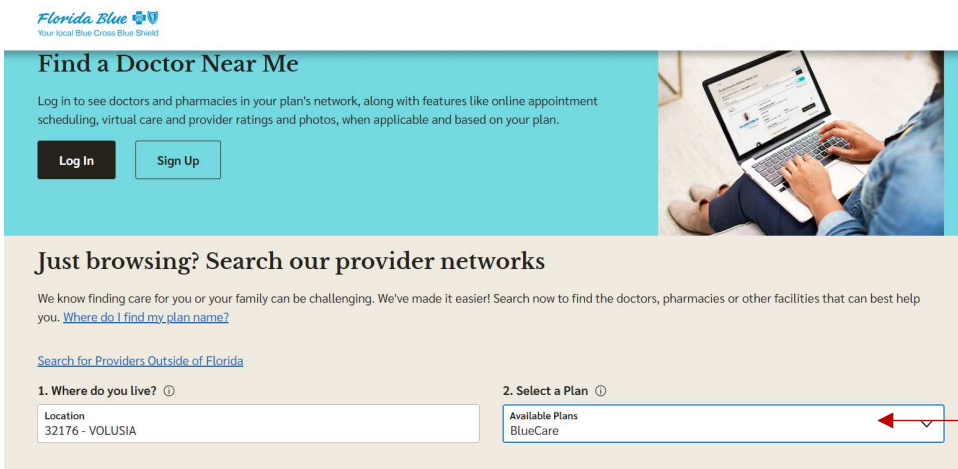
1. Open the app and login. Click **Find & Get Care** on the navigation menu.
2. Click on **Find a Doctor & More**.
3. Select **Nationally** (within the U.S.) or **Worldwide** to find a provider outside of Florida

Selecting a Primary Care Physician (PCP)

The Blue Care HMO Plan requires all members to select a PCP when enrolling. Each member of a household can select a different PCP. If you do not select one when enrolling, one will be assigned to you. You can change your PCP by calling Florida Blue or by using the member portal. While you do not need a referral to see a specialist, you can only go to the PCP you select or are assigned to.




Go to floridablue.com and select Find a Doctor



Enter your zip code, then Select BlueCare or BlueOptions under Select a Plan

Selecting a Primary Care Physician (PCP)



HEUBLUM-COLTON, RONA
RIVKA MD

Internal Medicine
★★★★★ 0.0 (0 Reviews) |
[Rate this provider](#)

Accepting New Patients

Located at **FLORIDA HEALTH CARE PLAN INC** &
350 N CLYDE MORRIS BLVD , Daytona Beach, Florida 32114
[6.60 Miles Away](#)

Phone:
[386-238-3200](#)

Already a member?
Log in to your member account or create one now to see more details.

Click on a doctor's name to get their NPI number

Located at **FLORIDA HEALTH CARE PLAN INC** &
[350 N CLYDE MORRIS BLVD , Daytona Beach, Florida 32114](#)
[\(386\) 238-3200](#)

[About](#) [Cost Details](#) [Location\(s\)](#) [Reviews](#) [Plans Accepted](#)

About

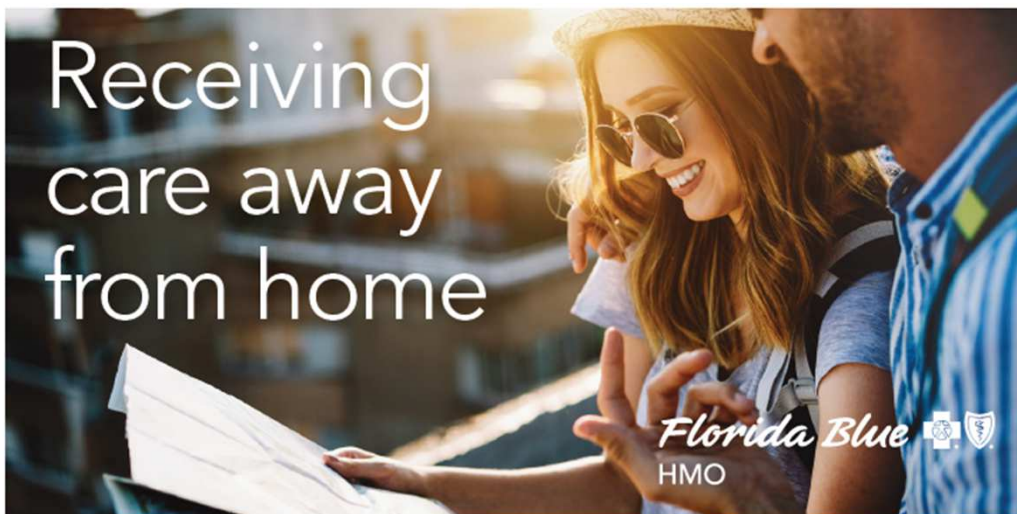
Basics

Provider Number 7J6B2	Doctor Speaks English	NPI No. 1578556502
Gender Female		

Specialties

Contracted Specialties <ul style="list-style-type: none">Internal Medicine	Credentialed Specialties <ul style="list-style-type: none">Internal Medicine
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Enter the NPI number in the Benefits Portal when enrolling



Always remember to carry your current HMO ID card. It contains helpful information for accessing health care when you're away from home.

Your health care coverage goes with you.

As a Florida Blue HMO member, you and your covered dependents have coverage for certain services when you're away from home. Florida Blue HMO offers separate programs for short trips and long-term stays.

For short trips, your coverage is accepted worldwide by doctors and hospitals that participate in our BlueCard Program. Emergency care doesn't require an authorization first, but it's important that you follow up with your primary care physician as soon as possible. **Non-emergency medical care provided outside the Florida Blue HMO Service area must be authorized in advance. Simply call your primary care physician to request a prior authorization.**

For longer trips (90 consecutive days or longer), ask about the Away From Home Care® Guest Membership program. This program works well for dependents attending school out-of-state, family members living in different service areas or a long-term work assignment in another state. Whatever the reason, this program can extend your coverage when you're away from home for at least 90 days. Coverage is limited to Blue Cross and Blue Shield plans that participate in the Away From Home Care program.

*For eligibility information and specific locations where the Guest Membership program is available, please contact Human Resources or call the customer service number on your Florida Blue HMO ID card.

Short Trips (BlueCard® Program)

If you need care while away from home, follow these easy steps:

1. Always carry your member ID card for easy reference and access to service.
2. In an emergency, go directly to the nearest hospital.
3. Call your primary care physician for prior authorization and/or pre-certification. Non-emergency services rendered outside the Florida Blue HMO Service Area must be authorized in advance by Florida Blue HMO in order to be covered services.
4. You can locate doctors and hospitals in the BlueCard network at bcbs.com or call BlueCard Customer Service at 1-800-810- BLUE (2583).
5. When you arrive at the doctor's office or hospital, simply present your member ID card.

After you receive care from a BlueCard health provider, you should not have to complete any claim forms. Nor should you have to pay more than your usual out-of-pocket expenses which may include non-covered services, deductible, copayment and coinsurance.



Extended Stays (Away From Home Care Program)

If you will be in a different service area for at least 90 consecutive days, the Guest Membership program may provide ongoing access to the care you need. Here's how it works:

1. Before you or a covered dependent leave, call the customer service number on your member ID card to see if a participating HMO is in the area where you'll be staying.
2. If a participating HMO is in the area where you will be going (called a Host HMO), Florida Blue HMO will work with you to complete a Guest Membership application. The application will be mailed to you for your signature. After you sign, date and return the application, Florida Blue HMO will forward it to the Host HMO in your destination location.
3. The Host HMO will provide you with a member ID card, a primary care physician (you may be asked to choose your own primary care physician) and details on how your coverage and benefits work in the Host HMO service area.
4. When you need medical care, you call the primary care physician located in the Host HMO service area.
5. Coverage is limited to 6 months for the policyholder and up to 12 months for dependents, with annual renewal.

You won't have to complete a claim form and you'll only have to pay for your usual out-of-pocket expenses, which may include non-covered services, deductible, copayment and coinsurance.
(Please note that these payment amounts may be different from those required by Florida Blue HMO. The Host HMO will communicate this information to you upon acceptance of your Guest Membership application.)

To learn more about your health care coverage when you are away from home, visit floridablue.com. Always remember to carry your current HMO ID card. It contains helpful information for accessing health care when you're away from home.

Who is RxBenefits?

We are your Pharmacy Benefits Optimizer. We have partnered with CVS/Caremark to bring you greater discounts, better access, and improved member services.

RxBenefits[®] Member Services

Our Member Services representatives have access to the same system utilized by CVS/Caremark and are equipped to help you, your physician, and your pharmacy with questions such as:

- “Is my pharmacy in the network?”
- “Is my drug covered?”
- “How do I start using Mail Order for my medications?”
- “How do I get a Prior Authorization?”
- “Can you assist me with general benefit questions?”

No matter what the issue or need, members can always expect RxBenefits to:

- Act with urgency
- Remain responsive to change
- Follow all issues to Resolution

Contact the RxBenefits Member Services Team at **800.334.8134** or CustomerCare@rxbenefits.com

RxBenefits Member Services Team members are available from 7:00 AM to 8:00 PM CST, Monday – Friday. On weekends, after hours, and on holidays, members are given the option to speak with a CVS/Caremark representative or leave a message for the RxBenefits Member Services Team to return their call.



Mobile app

Manage your Rx on your own time



We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Keep an eye on drug costs and check for lower-cost alternatives that may save you money.

Order and track refills – even get timely refill reminders – so you never miss a dose.

Stay on top of order status so you know when to pick up your medication or watch for delivery by mail.

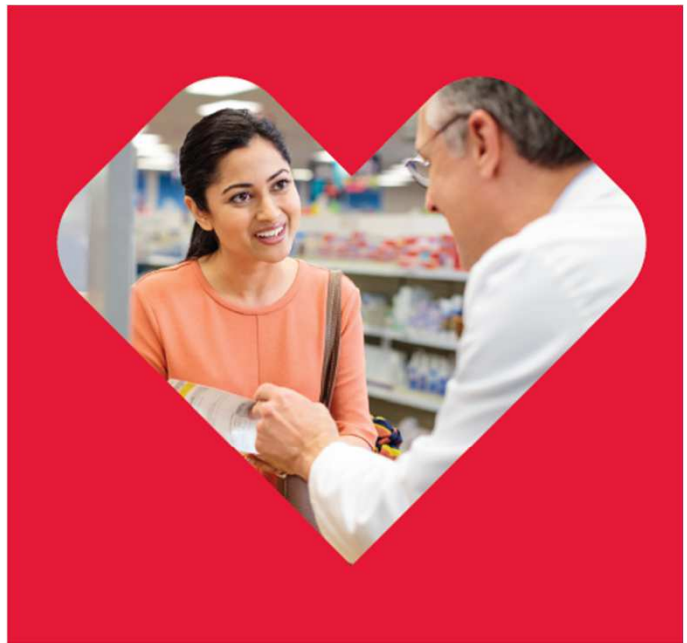
Access your Rx list, member ID cards and Rx history at your doctor's office or anytime you need them.

For savings opportunities and personalized support, visit [Caremark.com](https://www.caremark.com) (after your benefits begin).



CVS Specialty®

More than medication



CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

A team of pharmacists and nurses specially trained in your condition

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at [CVSpecialty.com/EducationCenter](https://www.cvspecialty.com/EducationCenter).

A choice of pick up at CVS Pharmacy® or home delivery at no extra cost

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.*

Digital tools let you manage your prescriptions on your own time

We make it easy to manage your medications and stay on track at [CVSpecialty.com/go](https://www.cvspecialty.com/go) or with our mobile app.



What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

High-Dollar Claim Review

Guarding You Against High-Cost Prescriptions

With tens of thousands of medications on the market, prescribers are challenged with prescribing the right medication for the right patient for the right reason. Not only that, in the past 10 years, the average gross cost per prescription has increased 75%¹. Due to this increase, many employers have stopped covering certain medications when there is a lower cost medication available. It is no surprise that inappropriate utilization of medications, known as “off-label” prescriptions, and misuse is on the rise.

High-Dollar Claim Review (HDCR) provides umbrella protection to guard against inappropriate use of high-cost medications. If a medication reaches the threshold dollar amount, there is a review of the prescription to protect against inappropriate medicine use, misuse, errors, or fraud.

If you are prescribed a medication that triggers a High-Dollar Claim Review, it will be initially denied at the pharmacy counter. You will then need to follow the steps listed on the right.

What Triggers a HDCR Review?

A medication that reaches the threshold dollar of \$1,000 or more for less than 34-day supply or \$3,000 or more for 35-day supply or more.

Threshold Amount for High-Dollar Claim Review (HDCR)



Questions?

Contact RxBenefits Member Services at 800.334.8134 or customer@RxBenefits.com.



What to Do if Your Medication Requires a High-Dollar Claim Review

Follow these steps:

1 Call your doctor
Let them know your medication needs a Prior Authorization. Your doctor will need to file paperwork for your prescription.



2 Your doctor may start the Prior Authorization:
Your doctor can submit the information to start the Prior Authorization process. Your prior authorization will then be approved or denied based on the information that is submitted. You will be notified by mail of the decision.

After your doctor properly completes step 2:

Typical reviews take 24-72 hours.

OR

3 You may switch medications:
Your doctor may decide to switch your medication to one that does not require a prior authorization.

Dental Benefits

Below is an overview of your dental plans through Delta Dental . There are three (3) dental plans to choose from, a Standard & Enhanced PPO plan and a DHMO Low plan. The PPO plans give you freedom to use in-network or out of network dentists. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to “reasonable and customary” fees. Any amount that exceeds the dental carrier’s “reasonable and customary” amounts is the patient’s responsibility. The DHMO Low plan provides coverage for in-network providers only. You can access the dental provider’s network and find a dentist near you at www.deltadental.com or by calling Delta Dental at 1-800-521-2651.

DHMO Plan		PPO Dental Services	Standard Plan	Enhanced Plan
DHMO Dental Services	In-Network Only	Annual Maximum Benefit	\$1,000	\$1,500
Office Visit Copay	\$0	Calendar Year Deductible:		
Preventative Procedures:		Individual	\$50	\$50
Teeth Cleaning	No Charge	Family	\$150	\$150
Fluoride Treatments	No Charge	Preventative Procedures	Deductible Waived	
Bitewing X-Ray	No Charge	Routine Exams	Plan pays 100%	Plan pays 100%
Full Mouth X-Ray	No Charge	Teeth Cleaning		
Sealant (per tooth)	No Charge	Bitewing X-rays Full		
Basic Procedures:		Mouth X-rays		
Fillings (permanent teeth):		Fluoride Treatments		
Amalgam (1 surface)	No Charge	Basic Procedures:	Deductible Applies	
Amalgam (2 surfaces)	No Charge	Sealants	Plan pays 80%	Plan pays 80%
Amalgam (3 surfaces)	No Charge	Periodontal Scaling/Surgery Root		
Simple Extraction	\$45 Copay	Canal Therapy		
Surgical Extraction	\$30 Copay	Fillings		
Major Procedures:		Major Procedures:	Deductible Applies	
Single Root Canal-Anterior	\$110 Copay	Crowns	Plan pays 50%	Plan pays 50%
Periodontal Deep Scaling	\$50 Copay	Fixed Bridges & Repairs		
Osseous Surgery	\$285 Copay	Full & Partial Dentures & Repairs		
Crowns	\$410 Copay	Oral & Periodontal Surgery		
Bridges	\$465 Copay	Orthodontic Procedures:	Deductible Waived	
Denture	\$510 Copay	Lifetime Maximum	50% up to \$1,000	50% up to \$1,500
Orthodontic Procedures:		*Dependent Children to Age 19		
Dependent Children	\$2,150	Out Of Network:	Based on 80th percentile	
Adult Children	\$2,250	Deductible (Ind./Family)	\$100/\$300	\$50/\$150
		Preventive	80%	100%
		Basic	60%	80%
		Major	40%	50%
		Orthodontic	50%	50%

Vision Benefits

Stetson University, Inc. offers a vision plan through VSP. This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.

To find a participating provider log on to www.vsp.com or call 1-800-877-7195.

Vision Services	In-Network	Out-of-Network
Eye exams	\$10 Copay	Up to \$45
Frequency	Every Calendar Year	Every Calendar Year
Basic lenses		
Frequency	Every Calendar Year	Every Calendar Year
Single vision	\$30 Copay	Up to \$30
Bifocal vision	\$30 Copay	Up to \$50
Trifocal vision	\$30 Copay	Up to \$65
Frames		
Frequency*	\$130 Allowance (20% off balance)	Up to \$70
Benefit	Every Other Calendar Year	Every Other Calendar Year
Contacts		
Frequency*	\$130 Allowance	Up to \$105
Benefit	Every Calendar Year	Every Calendar Year

*Contacts and eyeglasses cannot be purchased in the same year

Employee Monthly Rates

MEDICAL		
	BlueCare HMO Base Plan*	BlueOptions PPO Buy-Up Plan*
Employee	\$250.88	\$ 348.44
Employee/Spouse	\$742.40	\$ 875.22
Employee/Child(ren)	\$616.88	\$ 694.57
Family	\$935.72	\$1,064.47

*Employees may be eligible for a reduced rate based on salary level

DENTAL			
	DHMO	Standard Plan	Enhanced Plan
Employee	\$10.18	\$ 40.99	\$ 54.10
Employee + 1	\$17.50	\$ 79.51	\$104.95
Employee + Family	\$25.95	\$129.68	\$171.17

VISION	
Employee	\$ 7.45
Family	\$16.01

Life & AD&D

Stetson University, Inc- Provided Benefit (at no cost to you):

Life and Accidental Death And Dismemberment (AD&D) Insurance:

Life insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. Stetson University provides basic life insurance of 1x Salary to a maximum of \$250,000 through **USable** at **no cost**.

Employees have an opportunity to purchase additional Voluntary Life Insurance & Voluntary AD&D with **USable** for you alone, you and your spouse, and/or your dependents at a group rate (located on the next page). It includes the features of waiver of premium, accelerated life benefit, portability as described in the USable summary of coverage.

Stetson University, Inc.- Summary of Voluntary Life Insurance & Voluntary AD&D

If you chose to enroll in the additional Voluntary life insurance and/or Voluntary AD&D, you may insure you alone or you and your spouse, and/or your dependents. If you choose to elect both Voluntary Life & Voluntary AD&D, the elected amount must be the same. A summary of this coverage is listed in the table below, if you should have questions on this policy see your USable Certificate of Benefits or visit www.usable.com. Please note, all voluntary insurance is portable.

This is a One Time True Open Enrollment where you can elect up to or increase up to the Guarantee Issue amount with Evidence of Insurability (EOI). Any amounts over the GI amount will require EOI. Those currently enrolled in amounts over the GI amount will be grandfathered in at their current amount, any increases will require EOI.

Summary of Insurance	
Guarantee Issue	\$200,000 (under 70)
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$350,000 or 5x salary (whichever is less)
Increments of...	\$10,000
Spouse Coverage	
Spouse Guarantee Issue	\$50,000
Minimum Benefit Amount	\$5,000
Maximum Benefit Amount	\$100,000 or 100% of employees amount (whichever is less)
Increments of...	\$5,000
Dependent Coverage	
Child Guarantee Issue (6 months - 26 years)	\$10,000 (\$1,000 for children birth - 6 months)
Maximum Benefit Amount	\$10,000

Voluntary Life & AD&D RATES

Additional Information:

- Age reduction:**
 - 35% of original amount at age 65
 - 50% of original amount at age 70
- Age-bracketed premiums:**
 - Premiums increase on plan anniversary after you enter next 5 year age group
- Evidence of Insurability (EOI) Form**
 - Is required for employees who do not enroll during their initial eligibility period or during this One Time True Open Enrollment.

Employee/Spouse Life Monthly Cost:

Age of you or your spouse (spouse premium based off your employee's age)	Your cost for each \$1,000
	Employee
<25	\$0.05
25-29	\$0.05
30-34	\$0.06
35-39	\$0.07
40-44	\$0.10
45-49	\$0.18
50-54	\$0.30
55-59	\$0.47
60-64	\$0.73
65-69	\$1.30
70-74	\$2.09
75-79	\$3.30
80-84	\$5.15
85-89	\$7.86
90+	\$13.86
Employee AD&D	\$0.02
Spouse AD&D	\$0.015

Dependent Children Monthly Cost:

If your coverage level is...	Your cost for each \$1,000
Child Life	\$0.189
Child AD&D	\$0.030

How to figure your voluntary life cost per paycheck:

- Indicate your elected benefit amount (EBA)
- Divide EBA by \$1,000
- Find age rate from cost table
- Multiply answer of Step 2 by answer of Step 3
- Multiply answer of Step 4 by 12 then divide by 26 to calculate your cost per paycheck

Important: Rates and cost per paycheck is calculated in Bswift during the enrollment process.

Disability Benefits & EAP

Short-Term Disability

If you become disabled because of a non-occupational illness or injury and cannot work, you can be covered by the short-term disability insurance policy. Benefits can begin on the 31st day following an accident or illness. The short-term disability plan replaces up to 80% of your basic weekly earnings, with a maximum weekly benefit of \$2,309. You can receive short-term disability benefits for up to 60 days.

Long-Term Disability

If you become unable to perform your regular job duties for an extended period of time due to sickness, or accidental injury, you can be covered by the long-term disability (LTD) policy.

Your income replacement benefit would equal 60% of your basic monthly earnings. The maximum monthly benefit you can receive is \$10,000. Benefits begin after you have been unable to work for 90 days due to a covered sickness or accident and will continue to be paid for up to 2 years if you are disabled in your own occupation.

The LTD plan contains a pre-existing condition exclusion. The exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought care within the 3 month period prior to the effective date of coverage and the disability begins within 12 months of the effective date of coverage.

Employee Assistance Program (EAP)

Life can be challenging. When your responsibilities start to feel overwhelming and showing up each day seems difficult, it's important to reach out for help. You can lean on your confidential Employee Assistance Program (EAP) through New Directions, for support at no-cost to you.

The EAP can help you or anyone in your household:

- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Improve personal relationships
- Receive care after a traumatic event or diagnosis
- Legal advice or questions
- And so much more!

Keep an eye out for additional details on how to access the EAP program via phone, online or through a mobile app.

Other Benefits

Travel Assistance Program

Congratulations! You and your dependents now have access to the Travel Assistance Program provided by USABLE. This program offers you a broad range of valuable travel and medical support services 24 hours a day, 365 days a year. With one simple phone call to our response center, you will be connected to a global network of providers to assist you when you travel 100 miles or more from home. one semester (optional coverage for longer trips available) . The program vendor is AXA Travel Assistance as provided through USABLE Life.

Travel Assistance

- Lost Documents and Luggage assistance
- Emergency cash/bail assistance
- Telephone interpretation
- General travel information

Medical Assistance

- Medical and dental referrals
- Medical evacuation or repatriation
- Hospital admission and critical care monitoring
- Dispatch of prescription medications

If you have any questions about the services or require assistance, please contact us at: 1 (866) 384.2786 OR +1 (630) 616.4536 (collect) OR medassist-usa@axa-assistance.us

The Dignity Planner

FUNERAL PLANNING MADE PERSONAL The Dignity Planner allows you to create a personalized funeral plan for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details. n for yourself or a loved one. We all have unique passions and personal stories, and whether you're planning a memorial for yourself or for a loved one, The Dignity Planner allows you to create a plan simply by answering a few questions. Dignity will take care of the rest of the details.

VISIT WWW.USABLELIFE.COM/DIGNITYPLANNER TO LEARN MORE.

AXA Identity Theft Assistance

Identity Theft Assistance helps you understand the growing threat of identity theft in our country. AXA Assistance will assist you in understanding the growing concern by promoting awareness of identity theft; Answering your questions regarding identity theft and how to recognize if you have become a victim and provide you with educational information and a guide to help you understand how you and your dependents can avoid having your identity stolen. If your identity is compromised, AXA Assistance will provide recovery assistance by personal guidance. If you need assistance or have questions about the services, call AXA Assistance at (866) 384-2786 or (630) 616-4536 (collect) or medassist-usa@axa-assistance.us.

Flexible Spending Accounts (FSA)

What is Flexible Spending Account?

Allows you to set aside pre-tax dollars to pay for eligible medical and dependent care expenses. Each pay period, your contribution is deducted from your paycheck and deposited into your FSA Account-pre-tax. Depending on your tax bracket, you may save from 25% to 40% by using this pre-tax benefit. The FSA is administered by Health Equity. The customer support number is (866) 242-3458 and member site is <http://www.healthequity.com/wageworks>.

Medical FSA

· Contribution range: \$120—\$3,200

Dependent Care FSA

· Contribution range: \$120 - \$5,000

Use it or Lose it benefit

Make sure you do not over contribute to your Flexible Spending Account. Your unused money in your Flexible Spending Account should be forfeited so it is a good idea to use the entirety of your tax-free funds before the end of each plan year, to avoid the risk losing that money. If you remain with Stetson University and remain enrolled in the Medical FSA for the entire plan year, you are eligible to roll over up to \$640 of the remaining funds in your 2024 Medical FSA over into the 2025 Plan Year.

Qualified Medical Expenses

You can use your Flexible Spending Account on qualified medical expenses below is a list of some qualified medical expenses. To find the full list go to publication 502 of the IRS website www.irs.gov:

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only warranties are not reimbursable)
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Certain OTC Medicines with Prescription
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

MetLaw Coverage

\$21.75 per month covers you, your spouse and dependents. Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice. To learn more, visit info.legalplans.com and enter access code: LegalCM or call our Client Service Center at 1-800-821-6400 Monday-Friday, 8am-8pm (EST Time).

Money Matters	<ul style="list-style-type: none"> - Debt Collection Defense - Identity Theft Defense - Identity Management Services*1 	<ul style="list-style-type: none"> - Negotiations with Creditors - Personal Bankruptcy - Promissory Notes 	<ul style="list-style-type: none"> - Tax Audit Representation - Tax Collection Defense - Triple Bureau Credit Monitoring*1
Home & Real Estate	<ul style="list-style-type: none"> - Boundary & Title Disputes - Deeds - Eviction Defense - Foreclosure - Mortgages 	<ul style="list-style-type: none"> - Property Tax Assessment - Refinancing & Home Equity Loans of Primary, Second or Vacation Home 	<ul style="list-style-type: none"> - Sale or Purchase of Primary, Second or Vacation Home - Security Deposit Assistance - Tenant Negotiations - Zoning Applications
Estate Planning	<ul style="list-style-type: none"> - Codicils - Complex Wills - Healthcare Proxies - Living Wills 	<ul style="list-style-type: none"> - Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> - Revocable & Irrevocable Trusts - Simple Wills
Family & Personal	<ul style="list-style-type: none"> - Adoption - Affidavits - Conservatorship - Demand Letters - Garnishment Defense - Guardianship 	<ul style="list-style-type: none"> - Immigration Assistance - Juvenile Court Defense, Including Criminal Matters - Name Change - Parental Responsibility Matters - Personal Property Protection 	<ul style="list-style-type: none"> - Prenuptial Agreement - Protection from Domestic Violence - Review of ANY Personal Legal Document - School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> - Administrative Hearings - Civil Litigation Defense - Incompetency Defense 	<ul style="list-style-type: none"> - Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> - Pet Liabilities - Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for your Parents: - Deeds - Leases 	<ul style="list-style-type: none"> - Medicaid - Medicare - Notes - Nursing Home Agreements 	<ul style="list-style-type: none"> - Powers of Attorney - Prescription Plans - Wills
Vehicle & Driving	<ul style="list-style-type: none"> - Defense of Traffic Tickets*2 - Driving Privilege Restoration 	<ul style="list-style-type: none"> - License Suspension Due to DUI 	<ul style="list-style-type: none"> - Repossession
E-Services	<ul style="list-style-type: none"> - Attorney Locator - Financial Planning 	<ul style="list-style-type: none"> - Insurance Resources - Law Firm E-Panel 	<ul style="list-style-type: none"> - Self-Help Legal Documents - Work/Life Resources

Get help with expenses health insurance doesn't cover



Aflac for Stetson University

Like many Americans, you may have been blindsided by an unexpected medical bill. Did you think, “But I have health insurance. I should be covered?” That’s why there’s Aflac. We help with expenses health insurance doesn’t cover, so those we insure can care more about everything else.

Help when you need it most

Aflac has been helping to keep people healthy and protected for more than 66 years. We can help protect your financial security with the following Aflac supplemental insurance policies:



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you, unless assigned otherwise cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Cancer/Specified-Disease: Aflac’s cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.



Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

To learn more, contact your Aflac agent, Jennie Hawkins, at jennie_hawkins@us.aflac.com or 386-547-3265.



Retirement Plan

Stetson University is committed to helping employees reach their retirement goals and provides an employer-funded Defined Contribution 403(b) Retirement Plan through TIAA. A 457(b) plan is also available for qualified employees.

Staff employee participation in the plan begins after one year of meeting eligibility requirements and the University will contribute 5% of the employee's gross base annual salary; after two years of meeting eligibility requirements the University will contribute 10% of the employee's gross base annual salary.

Administrative and full-time Faculty employee participation begins the first of the month following date of hire. The University will contribute 5% of the employee's gross base annual salary. With proof of prior participation with a qualifying institution that shows employer contributions, the University will contribute 10% of the employee's gross base annual salary. A Qualifying Institution means an educational institution; a teaching institution; an institution of higher learning; or a non-profit research institution.

These contributions are provided on a bi-weekly or monthly basis.

TIAA offers a variety of retirement planning resources such as online tools, webinars, and personal counseling to help employees make informed decisions and enhance their financial wellness.



Employee Tuition Benefit

As part of the Total Rewards benefits package, Stetson University faculty, staff, and their eligible dependents* can receive tuition benefits equaling 100 percent of the regular tuition charge for attendance in certain programs at the University. The amount of tuition benefit eligibility will be reduced commensurate with any award for tuition costs the student is eligible to receive.

*For purposes of tuition benefits eligibility, immediate family members include the employee's spouse, children, and stepchildren who have not reached their 24th birthday, and on a space available basis, children who have reached their 24th birthday and who, as defined by the IRS, are dependent on the employee.

Tuition benefits are available to full-time faculty and administrative officers (and their eligible dependents) immediately upon employment. Tuition benefits for other regular full-time employees begin after completion of the 90-day probationary period.

Tuition Exchange Benefits

Stetson University participates in two Tuition Exchange programs: the CIC (Council of Independent Colleges) and TEP (Tuition Exchange Program). Tuition exchange is a reciprocal scholarship opportunity for the dependents of eligible faculty and staff at consortium member schools. Each member institution has specific guidelines for imports and exports. Please visit <https://www.stetson.edu/administration/financial-aid/tuition-exchange.php> for detailed information on the program, including the application process and deadlines.

Questions can be directed to:
Office of Student Financial Aid
(386) 822-7100, Option #2
finaid@stetson.edu



Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates (“Company”) in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.



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This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

