



EMPLOYEE BENEFITS GUIDE



January 1, 2027 – December 31, 2027

B | Brown & Brown

Welcome!

At Stetson University, we're committed to supporting you with tools and resources that make it easier to understand and get the most out of your health benefits.

This guide was created to walk you through the coverages and programs available to you in a clear and simple way. Inside, you'll find quick tips, easy-to-follow explanations, and guidance to help you make confident decisions.

Whether you're reviewing this guide during our annual Open Enrollment or as a new hire,

we recommend keeping it handy throughout the plan year. For support, visit the Contact Information page at the back of this guide.

Your benefits are just a page away—explore, learn, and take advantage of what's offered. For additional information scan the QR code or visit the [Stetson Employee Benefits](#) page.



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Open Enrollment Updates

Open Enrollment Dates

Open Enrollment will take place from **October 1 through October 30**. During this time, all employees must log in to the Benefit Portal and make their benefit elections for the upcoming plan year, even if no changes are desired.

During Open Enrollment, you will have the opportunity to review your benefit options, elect or update coverage, and enroll or re-enroll in a Flexible Spending Account (FSA).

You must complete your enrollment and submit your elections by October 30 to ensure you have the correct benefit coverage for the new plan year.



Medical Insurance

Florida Blue will continue as our medical insurance carrier, with one change for the upcoming plan year. The High Deductible Health Plan (HDHP) will no longer be offered. Employees will continue to have a choice between a PPO plan and an HMO plan, both of which have plan design changes for 2027.

Health Savings Accounts

Because the High Deductible Health Plan is being discontinued, you will no longer be eligible to contribute to a Health Savings Account (HSA). However, any funds already in your HSA remain yours and can continue to be used for eligible healthcare expenses until the account balance is exhausted.

Flexible Savings Accounts

Optum will takeover administration of the Flexible Saving Account. Those who elect a Healthcare Flexible Spending Account will receive a new debit card from Optum.

Dental Insurance

Dental insurance will continue to be offered through Delta Dental. The DHMO plan has an updated plan design for 2027, the PPO options remain unchanged.

Life & Disability Insurance

The Hartford is replacing USABLE as our carrier for Life and Disability Insurance. In addition, The Hartford will offer a one-time True Open Enrollment for Voluntary Life Insurance for the 2027 plan year, allowing you to elect up to the guarantee issue amount without completing a medical questionnaire.

Voluntary Products

Hospital Indemnity, Accident, and Critical Illness coverage will transition from Aflac to Transamerica. Critical Illness Insurance will also feature a one-time True Open Enrollment opportunity for the 2027 plan year.

Aflac Cancer Plan

Employees currently enrolled in the Aflac Cancer Plan may keep their existing coverage and continue paying premiums through payroll deduction.

The information in this Employee Benefits Guide was sourced from benefit summaries and certificates of coverage to provide a clear overview of your benefits. If you have questions or need more specific details about your benefits, please refer to those official documents or contact the appropriate resource listed on the Contact Information page. While every effort has been made to ensure accuracy, errors can occur. In case of a discrepancy between this guide and the official documents, the plan documents will take precedence.

Eligibility & Enrollment

Benefits Eligibility

You and your eligible family members may participate in the benefits outlined in this guide if you are a full-time employee working at least 32 hours per week.

New hires or newly benefits-eligible employees are eligible for benefits on the 1st of the month following date of employment or date of eligibility.

Dependent Eligibility

Family members eligible for coverage include:

- Legal spouse
- **Domestic partner**
- **Children** (Natural, adopted, foster, step children, children for whom court-appointed or legal guardianship has been awarded)

Documentation may be required to verify dependent eligibility.

Eligible dependent children may be covered until:

- **Medical, Dental & Vision:** end of the calendar year they turn age 30.
- **Voluntary life:** age 26 (end of calendar month)
- **Worksite Products:** age 26 (date of birth)

A dependent child with a disability may continue coverage beyond the plan's age limit if they meet the plan's eligibility requirements.

Employees are responsible for notifying People Operations if a dependent child no longer meets these requirements.

Quick Tip



After your coverage starts, check your paycheck to ensure all payroll deductions and benefit elections are accurate. If you find any discrepancies, contact HR for assistance.



How to Enroll

Enrollment will take place in MyStetson via the Benefits Portal.

All employees are required to log in to the Benefits Portal to make their elections during the Open Enrollment period.

Please prepare to enter or re-confirm full names, dates of birth, Social Security numbers, and home addresses for yourself and any dependents you're enrolling in coverage. Don't forget to review or update your beneficiaries and complete an Evidence of Insurability (EOI) form, if required.

Benefits Portal

Step 1: Go to [MyStetson](#) and click on the Benefits Portal tile

Step 2: Once you are logged in, you will receive a message announcing your enrollment event, click on "Start Your Enrollment"

Step 3: Review and Elect your benefits. Make sure to review your personal and dependent information to verify everything is displayed correctly, then select your benefit elections

Step 4: Designate your beneficiary(ies) for Basic and Voluntary Life

Step 5: Submit your final elections for the 2027 plan year

Qualifying Life Events

Benefit elections can generally only be changed during Open Enrollment. However, life doesn't always go according to plan. If you experience a qualifying life event, you may be eligible to make certain benefit changes during the year.



QUALIFYING LIFE EVENTS



Marriage or Divorce

Getting married or divorced may allow you to add, remove or change coverage for yourself and your newly eligible or ineligible dependents.



Birth or Adoption

The birth or adoption of a child allows you to enroll your new dependent and make certain coverage changes for yourself and your family.



Change in Dependent Eligibility

A dependent may gain or lose eligibility due to events such as reaching the plan's age limit, becoming eligible for other coverage, death or other circumstances.



Gain or Loss of Other Coverage

You, your spouse, or an eligible dependent gains or loses other health coverage, including coverage through a spouse's employer, Medicare, Medicaid, or other eligible group health plans.



Other Qualifying Life Events

Additional events may qualify under your benefit plans. Contact People Operations if you experience a life change and are unsure whether it qualifies.



YOU HAVE 30 DAYS

If you experience a qualifying life event, you must notify People Operations and submit any eligible benefit changes within **30 days** of the event.

Requests received after the **30-day** deadline cannot be processed and must wait until the next Open Enrollment period.



PROOF MAY BE REQUIRED

You may be asked to provide documentation to verify your life event - such as a marriage license or birth certificate.



QUESTIONS?

Contact People Operations

Medical Insurance



Stetson University offers two comprehensive medical plan options through Florida Blue, which includes prescription coverage through RxBenefits.

	BlueCare HMO		BlueOptions PPO	
IN-NETWORK BENEFITS	BlueCare		BlueOptions	
Employee Primary Residence	Florida		Nationwide	
DEDUCTIBLE Calendar Year	Embedded		Embedded	
Individual Family	\$2,000	\$4,000	\$4,000	\$8,000
After Deductible, the Plan Pays	80%		80%	
OUT OF POCKET MAX Calendar Year (Includes Coinsurance, Copays & Deductible)	Embedded		Embedded	
Individual Family	\$8,000	\$16,000	\$8,000	\$16,000
PHYSICIAN & EMERGENT CARE				
Virtual Visits	\$10		\$10	
Preventive Care	\$0		\$0	
Primary Care Physician (PCP)	\$25		\$25	
Specialist	\$50		\$50	
PCP Selection Required Referral Required	Yes	No	No	No
Mental Health	\$20		\$20	
Chiropractic Care	\$50		\$50	
Urgent Care	\$100		\$100	
Emergency Room (In or out of network)	\$1,000		20% after deductible	
HOSPITALIZATION & OUTPATIENT CARE				
Inpatient	\$1,500 per day (max \$7,500)		20% after deductible	
Inpatient Physician Fees	\$0		20% after deductible	
Outpatient	\$500		\$500	
Outpatient Physician Fees	\$50		\$50	
INDEPENDENT FACILITY CARE				
Labs and X-rays	\$250		\$250	
Complex Diagnostic Imaging	\$500		\$500	
PRESCRIPTION DRUGS				
Prescription Drug List/Formulary	CVS Caremark Advanced Control Specialty		CVS Caremark Advanced Control Specialty	
Tier 1	\$5		\$5	
Tier 2	\$75		\$75	
Tier 3	\$150		\$150	
Specialty	30% coinsurance		30% coinsurance	
Home Delivery – 90-day supply	2.5x retail copay		2.5x retail copay	
OUT-OF-NETWORK BENEFITS				
Deductible Individual Family	Emergency Benefits Only		\$8,000	\$16,000
After Deductible, the Plan Pays			70%	
Out of Pocket Max			\$16,000	\$32,000
Balance Billing			Yes	

floridablue.com | Florida Blue App

Access your medical plan information and resources by creating an account online or through the Florida Blue app. Once logged in, you can:

- Find in-network providers
- Manage and track your claims
- Check your deductible and out-of-pocket maximum
- View your digital member ID card
- Live chat with a representative (M-F, 8am-6pm EST)
- Compare costs for medications and treatments
- Explore wellness and mental health resources
- Read patient reviews for doctors and other providers



Finding a Medical Provider

To get the most value from your health plan and avoid unexpected bills, visit doctors and facilities in your plan's network. Your plan's network is called **BlueCare** or **BlueOptions**.

To find in-network providers, log in to your member portal at floridablue.com or through the Florida Blue app.

If your Florida Blue coverage hasn't started yet, you can still check if your doctor is in-network:

1. Visit floridablue.com and click "Find a Doctor"
2. If you're searching for a provider in Florida, enter your zip code and choose "BlueCare" or "BlueOptions" from the drop-down
3. When a pop-up question appears, click "No" to continue as a guest and begin your search
4. If you're searching for a provider outside of Florida, click "Search for Providers Outside of Florida." You'll be redirected to provider.bcbs.com, where you'll be prompted to enter the three-letter prefix from your ID card.

If you enroll in the **BlueCare HMO** plan, you are required to choose a Primary Care Physician (PCP). Should you skip this step, Florida Blue will assign one on your behalf. You may update your PCP at any time during the plan year by contacting Florida Blue.

Care Away From Home

As a Florida Blue BlueCare member, you and your covered dependents have access to certain healthcare services when traveling. For short-term travel, coverage is available nationwide and worldwide through the BlueCard® Program network. Emergency services are covered without prior authorization, but follow-up care should be coordinated with your primary care physician. Non-emergency services received outside the service area generally require prior authorization through your primary care physician.

Extended Stays Away From Home

If you'll be away from your home service area for 90 or more consecutive days, Florida Blue's Guest Membership Program may help you access routine care while you're away. Before you leave, contact the customer service number on your member ID card to determine whether a participating HMO is available in your destination. If eligible, you will be required to complete and sign a Guest Membership application, which Florida Blue will coordinate with the host HMO in your temporary location. Once approved, the host HMO will provide a local member ID card, a primary care physician, and information about how your coverage works while you are away.

Coverage is available for up to 6 months for policyholders and 12 months for dependents, with annual renewal. You'll generally pay applicable deductibles, copays, coinsurance, and any non-covered services.

Remember to always carry your Florida Blue ID card!

Prescription Benefits

Prescription coverage is through RxBenefits using the CVS Caremark Advanced Control Formulary.

WHO IS RXBENEFITS?

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

WHAT ID CARD DO I USE AT THE PHARMACY?

Your FloridaBlue ID card is also your Pharmacy ID card.

HOW DO I CONTACT RXBENEFITS?

Contact RxBenefits Member Services at 800.334.8134 or email at customercare@rxbenefits.com. Download the mobile app or visit caremark.com.

WHAT ARE SOME OF THE QUESTIONS THEY CAN HELP ME WITH?

- Is my pharmacy In-Network?
- Is my drug covered?
- How do I start using Mail Order for my medications?
- How do I get Prior Authorization?
- Can you assist me with general benefit questions?

WHO DO I CONTACT ABOUT SPECIALTY MEDICATION?

CVS Specialty provides specialized care and support along with your specialized medication for complex conditions or medications requiring injections or infusions.

WHAT IS A HDCR?

A HDCR is a High-Dollar Claim Review. HDCR provides umbrella protection to guard against inappropriate use of high-cost medications. If a medication reaches the threshold amount, there is a review of the prescription to protect against inappropriate medicine use, misuse, error, or fraud. A HDCR is triggered when a medication reaches the threshold dollar of \$1,000 or more for less than a 34-day supply or \$3,000 or more for 35-day supply or more.

WHAT DO I DO IF MY MEDICATION REQUIRES A HIGH DOLLAR CLAIM REVIEW?

Step 1: Call your doctor – Let them know your medication needs a prior authorization. Your doctor will need to file paperwork for your prescription.

Step 2: Your doctor files the Prior Authorization. Your Prior Authorization will then be approved or denied based on the information that was submitted. You will be notified by mail of the decision. Reviews typically take 24-72 hours.

OR

Step 3: You may switch medications. Your doctor may decide to switch your medication to one that does not require a Prior Authorization.

PrudentRx

WHO IS PRUDENTRx?

PrudentRx has collaborated with CVS/Caremark to offer a third-party (manufacturer) copay assistance program that may help you save money on your specialty prescriptions.

HOW IT WORKS

On the BlueCare HMO & BlueOptions PPO plan, you'll pay nothing out of pocket, \$0 for medications on your plan's specialty drug list dispensed by CVS Specialty, as well as select high-cost limited distribution drugs (LDD's) as outlined within the PrudentRx Copay Program drug list.

HOW TO GET STARTED

Your enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment. You can choose to opt out at any time.

Stay on track with
specialty medications at
cvsspecialty.com/go



Medical Plan Member Resources

Florida Blue members have access to the following resources. Log in to your member account at floridablue.com or through the Florida Blue app to explore these resources and more!

Care Consultants

Your health plan includes personalized care and support to help you make confident health decisions for yourself and your family. Whether you're managing a chronic condition, expecting a baby, or facing an unexpected health concern, extra help is just a call away—at no cost to you.

Care Consultants can help with:

- Understanding your benefits or claims
- Cost estimates and quality treatment options based on your plan benefits
- Finding in-network providers or centers
- Assistance coordinating care among multiple doctors
- Maximizing your health savings

Contact a Care Consultant by calling 1-888-476-2227.

No Cost 24/7 Nurseline

Health questions can come up at any time and you don't have to wait for answers. With Florida Blue's Nurseline*, you'll get answers, plus helpful resources that you can use. Whether you have an immediate health concern, or a general question—the nurseline is always open. **Contact Nurseline 24/7 at 877-789-2583.**

Pregnancy & Postpartum Program

Expecting a baby? The Healthy Addition Pregnancy and Postpartum Program is here to support you with one-on-one guidance, educational resources, and help getting a free breast pump. Enroll as soon as you know you're pregnant by emailing healthyaddition@floridablue.com or calling 800-955-7635, Option 6.

Mental Health Support

Florida Blue members have access to mental and behavioral health services through Lucet Health. Their team can help you find in-network providers, understand your benefits, and access programs or resources to support your mental well-being. Licensed clinicians are available 24/7 by calling 866-287-9569, or you can visit lucethealth.com/members/resources for articles, videos, and self-help tools.

Blue365 Discount Program

Florida Blue members have access to exclusive savings through the Blue365 Discount Program. Enjoy discounts on health and wellness products and services designed to help you live well every day.

You can save on:

- Fitness and gym memberships
- Weight-loss programs
- Hearing aids and vision products
- Fitness gear and wearable devices
- Meal delivery, vitamins, and supplements
- Hotels and car rentals
- Apparel and footwear

To get started, visit blue365deals.com/BCBSFL and click Join in the top left corner of the page. Have your member ID card ready.

Better You Strides

Better You Strides is Florida Blue's digital health and wellness platform designed to support members on their personal health journey. Through the Better You Strides experience, members can access tools, resources, and activities focused on improving overall health and wellbeing.

You can use the Better You Strides platform to:

- Track health and wellness activities
- Access personalized wellness content
- Explore programs focused on nutrition, exercise, stress management, and overall wellbeing

Members can access Better You Strides by logging in to their Florida Blue [member account](#) and navigating to the Health & Wellness section.

*Florida Blue partners with Health Dialog to offer the 24/7 Nurseline. This program does not replace your doctor's care—always follow your physician's advice.

Florida Blue 

Virtual Visits

Virtual visits let you connect with a certified medical professional from your phone or computer—no appointment needed, 24/7. Most visits last about 10 to 15 minutes, and if necessary, the provider can send a prescription to your local pharmacy.

Virtual care is a great option for treating common, non-emergency conditions such as:

- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches and migraines
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Sinus infections
- Skin infections
- Sore throats
- Stomachaches
- UTIs



Benefits of Using a Virtual Visit

- **Visits anywhere** – Install the mobile app and access healthcare from anywhere, at any time.
- **Open 24 hours** – Doctors are available 24 hours a day, 365 days a year.
- **No appointments** – Just sign in and have your visit. No more germ-y waiting rooms.
- **Prescriptions** – Prescriptions are sent electronically to the pharmacy of your choice.

How to Access **Teladoc**

Florida Blue provides access to virtual care services through Teladoc.

To get started, log in at floridablue.com or the Florida Blue app. Go to "Find & Get Care", then select "Find a Doctor & More", click on "Find Virtual Care".

For additional assistance call **800-352-2583** or visit teladoc.com.

24/7 urgent care visits are the lowest-cost option for virtual care. Additional services such as primary care, therapy, psychiatry, dermatology, and more are also available, typically at a higher cost.



Preventive Care

Routine preventive screenings and services with an in-network provider are fully covered by your health plan, meaning there are no out-of-pocket costs to you. Regular visits to your doctor for preventive care can help detect these conditions early, or even prevent them altogether.

What is Preventive Care?

Preventive care refers to healthcare services that focus on preventing diseases, detecting potential health issues early, and maintaining overall well-being. These services help you avoid illnesses or catch them in their early stages when they are often more treatable.

Examples of preventive care include:

- Physical examinations
- Standard immunizations
- Blood pressure test
- Diabetes screening
- Cholesterol tests
- Cancer screenings
- Well-child visit
- Mental health screening
- Well-women visit

Can Preventive Care Save You Money?

Preventive care can be a cost-effective approach to managing your health by addressing issues before they escalate into more serious and expensive conditions. By catching potential problems early, such as high blood pressure or diabetes, you have the opportunity to make lifestyle changes that can prevent costly treatments and hospitalizations in the future.

Common Conditions Detected During Preventive Care:

- High blood pressure
- High cholesterol
- Diabetes and prediabetes
- Breast cancer
- Colon cancer
- Cervical cancer
- Prostate cancer
- Obesity and weight concerns
- Hepatitis C
- Mental health conditions
- Vitamin and nutrient deficiencies
- Osteoporosis

Take Action!

Don't wait to prioritize your health—schedule your annual checkup today and take advantage of the benefits for both your body and your wallet. Call your doctor to set up an appointment and take a proactive step toward better health.

If you don't yet have a primary care physician, finding one is easier than you might think. Check out the medical insurance pages in this guide for information on locating a provider. Remember, it's never too late to start focusing on preventive care.

For additional information regarding preventive care and what is covered, log in to your member account on the carrier's website or visit healthcare.gov/coverage/preventive-care-benefits.

Healthcare Tips



Brand vs. Generic Drugs

Many people mistakenly believe that brand name prescription drugs are significantly different from generics. In reality, the Food and Drug Administration (FDA) approves generic drugs only if they match the brand name version in active ingredient, strength, dosage form, and route of administration. Generics offer the same health benefits as brand name drugs but at a lower cost. The next time you're prescribed medication, ask your doctor if a generic equivalent is available. Choosing a generic can help you save money without sacrificing quality.

GoodRx Prescription Discounts GoodRx

GoodRx is a free and user-friendly prescription discount service that allows you to compare prices of medications and obtain coupons for prescriptions. Download the [GoodRx app](#) or visit [goodrx.com](#) today to check if your prescriptions have a lower out-of-pocket cost compared to using your medical plan. Keep in mind that when using GoodRx for your prescriptions, your cost may not be applied to your medical plan's deductible or out-of-pocket maximum.

Choose the Right Type of Care

When you need medical care, take a moment to consider your options. Making the wrong choice could result in spending significantly more time and money than you would have by choosing the most appropriate type of care for your situation.

	COST	WAIT TIME	SEVERITY
VIRTUAL VISITS	\$ \$ \$ \$	   	   
CONVENIENCE CARE CLINIC	\$ \$ \$ \$	   	   
PRIMARY CARE PHYSICIAN	\$ \$ \$ \$	   	   
URGENT CARE	\$ \$ \$ \$	   	   
EMERGENCY ROOM	\$ \$ \$ \$	   	   

Understanding Your Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a statement from your medical insurance plan that details the cost of your medical care, what the plan covers, and any amount you may owe. An EOB is not a medical bill, but a summary of how your insurance was applied to your care. Get into the habit of reviewing your EOBs to better understand your health plan and catch any potential billing errors. Below is an example EOB with key definitions.

1. Phone Number

Call the number on your EOB if you have any questions or concerns.

EXPLANATION OF BENEFITS

Statement Date: XXXXXX

Document Number: XXXXXX

THIS IS NOT A BILL

Subscriber number: XXXXXX

1 Customer Service Number: 1-800-123-4567



Patient Name: XXXXXX

Group Number: XXXXXX

Claim Number: XXXXXX

Group Name: XXXXXX

2. Amount Billed

Total charge from the healthcare provider for the service BEFORE your insurance is applied.

3. Allowed Amount

The discounted rate your insurance carrier has contracted with your in-network provider for the service.

4. Your Plan Paid

The total amount your insurance is paying towards the service after applying your coverage.

5. Copay

A fixed dollar amount you pay for services, typically collected by your provider at the time of service.

Claim Details

What Your Provider is Charging

Your Responsibility

Date of Service	Service Description	2 Amount Billed	3 Allowed Amount	4 Your Plan Paid	5 Copay	6 Deductible	7 Coinsurance	8 Amount You Owe
5/1/2025	Office Visit	\$250	\$150	\$130	\$20	\$0	\$0	\$20
5/19/2025	Emergency Room	\$2,000	\$1,200	\$0	\$0	\$1,000	\$40	\$1,040

6. Deductible

The amount you must pay out of pocket, which will be applied toward your deductible. After you meet your deductible, your insurance will begin paying for deductible-driven services.

7. Coinsurance

A portion of the service cost that you pay. You and your insurance share the cost of the services based on a predetermined percentage outlined in your plan.

8. Amount You Owe

The total amount you owe for the service. Remember, this is not a bill so you may have paid a portion of this amount already.

Healthcare Flexible Spending Account (FSA)

A Healthcare Flexible Spending Account (FSA) lets you use tax-free money to pay for eligible medical, dental, and vision expenses. It covers you, your legal spouse, and tax-eligible dependents (even if they aren't enrolled in your medical plan!). To explore eligible products, visit FSAsite.com.



Doctor visits & prescriptions: office copays, urgent care, labs, prescription medications, over-the-counter medicine



Dental care: fillings, braces, clear aligners, crowns, dentures, oral surgery, periodontal treatment



Vision care: eye exams, glasses, prescription sunglasses, contact lenses, contact solution, laser eye surgery



Medical products: bandages, thermometers, blood pressure monitors, menstrual care products, sunscreen, heating pads

How does it work?



Choose your annual election: During Open Enrollment, estimate your medical, dental, and vision expenses for the plan year. This is the amount you should elect for your FSA. The maximum election amount is **\$3,500***.



Payroll deductions: Your election is divided evenly across your paychecks and taken out pre-tax. Once the plan year begins, you cannot change your election unless you experience a qualifying life event.



Funds are available immediately: Your full annual election amount is available to you on the first day of the plan year, giving you immediate access to cover larger expenses right away.



Use your Optum account: Check your balance, submit claims, and get reimbursed at optumbank.com or in the Optum Bank app.



Use it or lose it: Be sure to use your FSA funds before the end of the plan year. Under IRS rules, most unused funds are forfeited and cannot be refunded. However, you may roll over up to \$700* of unused funds into the next plan year.

*Amount shown is based on the projected 2027 IRS limit and may change upon IRS release of final limits.



See how Jared saves with an FSA

Meet Jared. He is taxed 29.65%* on each paycheck. That means for every \$100 he earns, he only takes home \$70.35.

With
FSA

Without
FSA

\$100

\$70.35

\$30.75

Jared saves \$30.75 in taxes for every \$100 he contributes to his Healthcare FSA.

*Based on 22% federal income tax and 7.65% FICA. Your savings will vary based on your personal tax situation.

Dependent Care FSA

The Dependent Care Flexible Spending Account (DCFSA) allows employees to use pre-tax dollars to pay for eligible care expenses for qualifying dependents. This includes children under age 13 and adult dependents, such as a spouse or parent, who live with the employee and are unable to care for themselves.

Eligible Dependent Care FSA Expenses

Below are examples of eligible DCFSA expenses. For a full list of eligible expenses, visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503).



Daycare



**Summer Day
Camp**



Preschool



**Before or
After School
Programs**



**Elder Day
Care**



**In-home
caregiver**

How does it work?

During Open Enrollment, estimate your annual dependent care expenses and choose your contribution amount. **You may elect up to \$7,500 (or \$3,750 if married and filing separately).** Your contributions are divided evenly across your paychecks, and funds become available after each payroll deduction. The account follows the “**use it or lose it**” rule, which means any unused balance at the end of the plan year will be forfeited. Check your balance and get reimbursed at optumbank.com or in the Optum Bank app.



See how Jasmine saves on child care

Meet Jasmine. She works full-time and has a 4-year-old daughter. Each month, Jasmine pays \$580 for daycare. She also sends her daughter to summer camp for \$500. She contributed \$7,460 to her DCFSA.



Daycare
\$580/month

+



Summer Camp
\$500

Annual Tax Savings*
\$1,641

*Based on 22% federal income tax. Your savings will vary based on your personal tax situation. Dependent Care FSA contributions are exempt from federal income tax only (not FICA).

Dental Insurance



Stetson University offers three dental plan options through Delta Dental.

	Standard PPO Plan		Enhanced PPO Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum Benefit Per individual per calendar year	\$1,000		\$1,500	
Orthodontic Maximum Per child (up to age 30) per lifetime	\$1,000		\$1,500	
Delta Dental covers...				
Preventive	100%	80%	100%	100%
Basic	80%	60%	80%	80%
Major	50%	40%	50%	50%
Orthodontia	50%	50%	50%	50%
Benefits Based on	Contracted Rates	Usual & Customary	Contracted Rates	Usual & Customary
Balance Billing	No	Yes	No	Yes
Calendar Year Deductible	\$50 per person (family max: \$150)	\$100 per person (family max: \$300)	\$50 per person (family max: \$150)	
Deductible Waived for Preventive Services	Yes		Yes	
SCHEDULE OF BENEFITS				
Routine Exams (2 per calendar year)	Preventive		Preventive	
Cleanings (2 per calendar year)	Preventive		Preventive	
Bitewing X-Rays	Preventive		Preventive	
Full Mouth X-Rays	Preventive		Preventive	
Sealants (up to age 16)	Basic		Basic	
Fillings	Basic		Basic	
Oral Surgery	Basic		Basic	
Root Canal	Basic		Basic	
Periodontal Maintenance	Basic		Basic	
Periodontal Surgery	Major		Major	
Crowns/Bridges/Dentures	Major		Major	
Implants	Not Covered		Major	

	15B DHMO PLAN
	IN-NETWORK BENEFITS ONLY
Annual Maximum Benefit	Unlimited
Orthodontic Maximum	You pay \$1,900 (Child) / \$2,100 (Adult) <i>Per individual per lifetime</i>
Benefits Based on	Contracted Rates
Balance Billing	No
Calendar Year Deductible	N/A (no deductible)
SCHEDULE OF BENEFITS	
Routine Exams, Cleanings and X-Rays	You pay \$0-\$5
Fillings	You pay \$8-\$95
Root Canal	You pay \$125-\$365
Periodontics	You pay \$50-\$385
Crowns/Bridges/Dentures	You pay \$185-\$445

Finding a Dentist

To get the most value from your dental plan and avoid unexpected bills, visit a dentist in your plan’s network. Your plan’s network is called **Delta Dental PPO (Standard and Enhanced)** and **DeltaCare USA (DHMO)**.

To find an in-network dentist, visit www1.deltadentalins.com/find-a-dentist-members.html.

Member Portal

Register for your member account on deltadentalins.com once your dental coverage is active and get access to your dental plan information 24/7. Find an in-network dentist, print your member ID card, view past claims and find other helpful tools and information.

Download the [Delta Dental Mobile App](#) and get instant access to your dental benefits right from your phone. You can view and download your member ID card, find in-network dentists, check your claims status and view your plan details—all in one place.



See how Alex saves by choosing an in-network dentist

Meet Alex. He needs a cavity filled. On his dental plan, a filling is a basic service covered at 80%. His plan reimburses out-of-network charges up to the 80th Percentile, which means it covers what most dentists in the area typically charge. Here’s how Alex’s costs compare in-network vs. out-of-network:

	IN-NETWORK	OUT-OF-NETWORK
Dentist’s Bill	\$100 <i>(contracted rate)</i>	\$200 <i>(sets own rate)</i>
Allowed Amount	—	\$150 <i>(the typical cost most dentists in the area charge)</i>
Plan Pays (80%)	\$80	\$120
Alex Pays...	\$20	\$80 <i>(\$30 + \$50 balance billing)</i>

Alex’s example shows how out-of-network percentile reimbursement works: your plan pays up to what most dentists in the area typically charge, and you’re responsible for anything above that. Like Alex, you’ll save the most — and avoid surprise bills — by choosing an in-network dentist.

Vision Insurance



Stetson University offers two vision plan options through VSP Vision.

	Base Plan	Enhanced Plan
IN-NETWORK BENEFITS		
Vision Examination	\$10	\$10
Glasses		
Single, Bifocal & Trifocal Lenses	\$30	\$30
Frames	\$130 allowance + 20% off balance	\$200 + 20% off balance
Contact Lenses (instead of glasses/frames)		
Contact Lens Exam & Fitting	Up to \$60 allowance	Up to \$60 allowance
Contact Lenses	\$130 allowance	\$200 allowance
Available Discounts		
Laser Vision Correction	Average of 15% off the regular price at contracted facilities	
Hearing Aids	Up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details	
OUT-OF-NETWORK BENEFITS		
	Reimbursement up to	Reimbursement up to
Vision Examination	\$45	\$45
Single Lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal Lenses	\$65	\$65
Frame	\$70	\$70
Elective Contact Lenses (in lieu of lenses/frames)	\$105	\$105
FREQUENCY		
Exams	Once every calendar year	Once every calendar year
Eyeglass Lenses/Contacts Lenses	Once every calendar year	Once every calendar year
Frames	Once every other year	Once every other year

Finding a Vision Provider

To receive discounts and preferred member pricing, visit vision facilities in your plan's network. Your plan's network is called **VSP Choice**.

To find an in-network vision provider, visit vsp.com and click on "Find an Eye Doctor".

Member Portal

Register for your member account on vsp.com once your vision coverage is active and get access to your vision plan information 24/7. Find an in-network vision provider, print your member ID card, view past claims and find other helpful tools and information.

Download the VSP Vision Care app and get instant access to your vision benefits right from your phone. You can access your member ID card, find in-network providers and view your plan details—all in one place.

Medical, Dental and Vision Rates

	Bi-Weekly	9-Months	Monthly
Florida Blue Medical Insurance and RxBenefits Prescription Coverage			
BlueCare HMO			
Employee Only	\$136.09	\$362.91	\$272.18
Employee + Domestic Partner/Spouse	\$459.79	\$1,226.09	\$919.57
Employee + Child(ren)	\$328.07	\$874.85	\$656.14
Employee + Family	\$626.98	\$1,671.93	\$1,253.95
BlueOptions PPO			
Employee Only	\$189.01	\$504.03	\$378.02
Employee + Domestic Partner/Spouse	\$540.57	\$1,441.51	\$1,081.13
Employee + Child(ren)	\$369.38	\$985.00	\$738.75
Employee + Family	\$729.04	\$1,944.09	\$1,458.07
Delta Dental Insurance			
DHMO Plan			
Employee Only	\$5.22	\$13.91	\$10.43
Employee + One	\$8.97	\$23.92	\$17.94
Employee + Family	\$13.30	\$35.47	\$26.60
Standard PPO Plan			
Employee Only	\$21.01	\$56.01	\$42.01
Employee + One	\$40.75	\$108.67	\$81.50
Employee + Family	\$66.46	\$177.23	\$132.92
Enhanced PPO Plan			
Employee Only	\$27.73	\$73.93	\$55.45
Employee + One	\$53.79	\$143.43	\$107.57
Employee + Family	\$87.73	\$233.93	\$175.45
VSP Vision Insurance			
Base Plan			
Employee Only	\$3.74	\$9.96	\$7.47
Employee + Family	\$8.03	\$21.40	\$16.05
Enhanced Plan			
Employee Only	\$4.89	\$13.04	\$9.78
Employee + Family	\$10.52	\$28.04	\$21.03

Employees may be eligible for a reduced rate for health insurance based on their salary level. The correct rate will be reflected in the Benefits Portal.

Life Insurance



Life insurance offers peace of mind by providing financial protection to your loved ones in the event of your death. If you have family members who depend on you for financial support, life insurance can protect them from the unknown and help them through an otherwise difficult time of loss.

Please add, review or update your beneficiary information each year to ensure your loved ones are protected. If you leave the company or lose eligibility, you may be able to continue coverage; contact The Hartford for more information.

Basic Life/AD&D (Employer Paid)

Stetson University provides **1x your Annual Salary (up to \$250,000)** worth of Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through The Hartford to all full-time employees at no cost to the employee. The basic life/AD&D insurance benefit reduces by 35% at age 65 and 50% at age 70.

Voluntary Life/AD&D

Employees can purchase life insurance to supplement their basic coverage. If you purchase coverage for yourself, you can also purchase coverage for your dependents. Employee coverage reduces by 35% at age 65 and by 50% at age 70. Spouse coverage reductions are based on the employee's age, reducing by 35% at age 65 and by 50% at age 70.

VOLUNTARY LIFE INSURANCE BENEFIT OVERVIEW			
	EMPLOYEE	SPOUSE	CHILDREN
MINIMUM ELECTION	\$10,000	\$5,000	
MAXIMUM ELECTION	\$350,000 or 5x annual salary, whichever is less	\$100,000 not to exceed 100% of employee's benefit amount	\$10,000 (Birth to 6 months: \$1,000)
BENEFIT INCREMENTS	\$10,000	\$5,000	--
GUARANTEE ISSUE You may elect up to this amount without EOI.	\$200,000	\$50,000	\$10,000



Rates and cost per paycheck is calculated in the Benefits Portal during the enrollment process, based on the employee's age as of the first day of the plan year for both the employee and spouse.

Evidence Of Insurability (EOI)

Evidence of Insurability (EOI) is a medical questionnaire used by The Hartford to determine eligibility for voluntary life insurance.

It is the employee's responsibility to complete and submit an EOI when required. Benefit coverage and payroll deductions for any amount subject to EOI will not take effect until the EOI is approved by The Hartford.



Disability Insurance



If you are unable to work due to an injury, illness, or childbirth, disability insurance replaces a portion of your income. This benefit can help you stay on top of everyday expenses like your mortgage or rent, groceries, childcare, and other bills while you're out of work. Disability payments are offset by other income sources. You must be actively at work on the day this coverage begins.

	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
PLAN TYPE	Employer-Paid: Stetson University provides Short-Term Disability and Long-Term Disability coverage to all full-time employees at no cost.	
BENEFIT OVERVIEW		
ELIMINATION PERIOD The length of time you must be unable to work before benefits begin.	29 days (Accident/Sickness, Non-work-related)	90 days (Accident/Sickness)
PAYABLE BENEFIT DURATION The maximum length of time you can receive disability benefits.	9 weeks	Own Occupation: 2 years Any Occupation: Reducing Benefit Duration (RBD) to Social Security Normal Retirement Age
INCOME REPLACEMENT The percentage of your pre-disability earnings the plan will pay while you receive benefits.	80% of your weekly income, up to a maximum \$2,309	60% of your monthly income, up to a maximum \$10,000
PRE-EXISTING CONDITION LIMITATION A rule that may deny benefits for conditions treated shortly before your coverage began.	None	During the first 12 months of the plan, claims may be denied for conditions related to an illness or injury treated within 3 months prior to your coverage start date.

Employees in the states of CA, HI, NJ, NY, and RI may have access to state disability programs, which may provide additional benefits or coverage options. For more information, visit your state's official website or contact People Operations.

Additional Benefits



When you enroll in Life and/or Disability Insurance through The Hartford, your coverage includes additional services to help with challenges that come before and after a claim. The Hartford wants to be there when you need them.

Ability Assist® & HealthChampion

Ability Assist Counseling Services offers 24/7 access to masters clinicians, Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

HealthChampion offers health care navigation support if You've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Call: 800-964-3577

Visit: guidanceresources.com

Company ID: HLF902

Company Name: Abili

Travel Assistance and Identity Theft Support Services

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document

Identity Theft Support Services provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs. Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance. Then, contact Travel Assistance:

U.S. & Canada: 800-243-6108

Outside U.S.: 202-828-5885

email: assist@imglobal.com

Funeral Planning

Our Funeral Planning Services offer a suite of online tools to help guide you through key decisions. It allows for pre-planning and entails a step-by-step checklist, an expert care team, will preparation and burial arrangements.

Will Prep

Whether you have a few assets or many, help protect your family's future by creating a will. Our online will preparation service is backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Register online for Funeral Planning and Will Prep services at join.empathy.com/hartfordcare. Once registered, you can access these services by calling **229-544-2332**.

Bereavement

Bereavement Services provide a personalized bereavement solution built to help families deal with the many challenges that loss can bring. Empathy provides high-quality, complimentary, on-demand support for every Group Life beneficiary anticipating or dealing with loss, so that they and their families have everything they need during this difficult time.

This includes grief support services, estate and probate services, helpful planning tools, digital app document storage, after-loss support, and access to online content designed to assist with the grieving process.

To access these services:

Visit: empathy.com/partner/hartford

Register: join.empathy.com/hartfordcare

Access Code: EMP-HART

Contact: hartford@empathy.com

Call: 270-681-1364

Voluntary Products



Stetson University offers Accident, Hospital Indemnity, and Critical Illness insurance through Transamerica. In the event of a covered claim, these plans pay cash benefits directly to you, which you can use any way you choose—whether it's for medical bills, groceries, rent or mortgage, childcare, or other everyday expenses.

Accident Insurance

Accident Insurance provides cash benefits paid directly to you in the event of a covered accidental injury. Benefit frequency limits may apply. Covered benefits include, but are not limited to:

EXAMPLES OF INCLUDED ACCIDENT BENEFITS			
Urgent Care & Emergency Room Visits			
Initial Treatment and Diagnosis Benefits			
Hospitalization Benefits			
Dislocations and Fractures			
X-rays, CT Scans and MRIs			
Surgery			
Follow-up Visits & Physical Therapy			
Accidental Death & Dismemberment			
ACCIDENT PAYROLL DEDUCTIONS			
	Bi-Weekly	9-Months	Monthly
Employee	\$3.35	\$8.92	\$6.69
Employee + Spouse	\$5.85	\$15.60	\$11.70
Employee + Child(ren)	\$7.98	\$21.27	\$15.95
Employee + Family	\$10.49	\$27.96	\$20.97

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides cash benefits paid directly to you in the event of a covered hospitalization. Benefit frequency limits may apply. Covered benefits include (but are not limited to):

COVERED HOSPITALIZATIONS & BENEFIT AMOUNTS			
Hospital Admission	\$1,250		
Daily In-Hospital Stay	\$100		
HOSPITAL PAYROLL DEDUCTIONS			
	Bi-Weekly	9-Months	Monthly
Employee	\$5.89	\$15.69	\$11.77
Employee + Spouse	\$12.34	\$32.91	\$24.68
Employee + Child(ren)	\$8.58	\$22.88	\$17.16
Employee + Family	\$13.96	\$37.23	\$27.92

Evidence of Insurability may be required if you do not enroll when first eligible for insurance.

Critical Illness Insurance

Critical illness insurance provides a lump-sum cash benefit when an insured person is diagnosed with a covered critical illness or other specified health event. Covered critical illnesses include (but are not limited to):

- Heart Attack or Stroke
- Invasive Cancer, Benign Brain Tumor
- End Stage Renal Failure or Coronary Artery Disease
- Childhood (Cerebral Palsy | Down Syndrome)
- Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS)
- Alzheimer's or Parkinson's Disease (25% benefit)

If you purchase coverage for yourself, you can also purchase coverage for your dependents. The critical illness coverage amount options are as follows:

- **Employee:** You can elect up to \$25,000 in coverage, in \$5,000 increments
- **Spouse:** Covered at 50% of employee's benefit
- **Child(ren):** Covered at 50% of employee's benefit

Log into the Benefit Portal to view cost of coverage



\$50 Wellness Benefits

The accident and critical illness plans include a \$50 wellness benefit each.

This benefit is available after you receive a preventive service during the year. Remember, preventive screenings and services received from an in-network provider are covered at **NO COST** to you under the Stetson University medical plans.

To earn the wellness benefit, simply complete a preventive screening or test and file a wellness claim. You can file the claim online at transamerica.com/login, download a paper form and submit it via mail or email at tebclaimsscanning@transamerica.com or call 888-763-7474.

Identity & Fraud Protection

MetLife Legal Plans offers comprehensive and proactive identity theft, financial fraud and online protection through Aura. Aura is an all-in-one digital safety solution that helps keep employees' assets, identity, family, and tech safe from online threats.

Together, MetLife and Aura go beyond traditional identity theft solutions to provide the protection employees need, with none of the complexity.

Aura monitors your personal info, accounts, and online reputation and alerts you if we detect threats. We'll also automatically request removal of your info from online sources to help keep it out of the hands of identity thieves and spammers.



Credit Monitoring & Alerts - Review three bureau credit monitoring of credit activities, including credit inquiries, delinquencies, judgments, and more.



Annual Credit Report - Easily monitor your overall credit health with convenient one-click access to your annual credit reports



Dark Web Monitoring - Get notified if your personal information, registered IDs (passport numbers, Social Security number (SSN), etc.), or online account credentials have been exposed on the dark web so that you can take action to secure your accounts



\$5 Million Identity Theft Insurance* for each Enrolled Adult - Each adult member is backed by a \$5M insurance policy to cover eligible losses and expenses due to identity theft including: 401(k) & HSA, home title identity theft, senior / deceased family member identity theft and cyber extortion.

MetLife Legal Plans

The MetLife Legal Plans provides access to a national network of 14,000+ experienced attorneys, with an average attorney experience of 25 years. Coverage includes legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms, when using a Network Attorney for a covered matter.

Legal topics include:

- Money Matters
- Home and Real Estate
- Estate Planning
- Family and Personal
- Civil Litigation
- Eldercare Issues
- Vehicle and Driving

Legal experts on your side, whenever you need them.

How to use the Plan

1. **Find an attorney** - Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter. Or, give us a call at 800-821-6400 for assistance.
2. **Make an Appointment** - Call the attorney you select and schedule a time to talk or meet.
3. **That's it!** - There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

MONTHLY PAYROLL DEDUCTIONS	
Employee + Family	\$21.75

Questions about the Legal Plan?

To learn more, visit info.legalplans.com or call 800-821-6400

Monday through Friday 8:00 am – 8:00 pm EST.

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.

ELIGIBILITY

All eligible employees may participate in the non-matching contribution retirement plan the first of the month following the date of hire.

Eligible Staff: After one year of meeting eligibility requirements, 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.

Eligible Administrative and full-time Faculty: 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.

Vesting

Employees hired before January 1, 2026 are 100% vested immediately in all employer contributions. Employees hired on or after January 1, 2026 are subject to a three year vesting schedule and become 100% vested in employer contributions after completing three years of eligible service. Employee contributions are always 100% vested.

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.

Contact TIAA for more information at 800-732-8353



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. Employees eligible for this benefit must complete and submit a Tuition Benefits form at least 30 days prior to the start of each semester.

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 the [Tuition Exchange page](#) 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



Additional Perks

Vacation and Sick Days

All full-time (non-faculty) employees will accrue vacation time on the first of each month. The vacation pay rate will be based on the employee's normal rate of pay. Any vacation time exceeding 30 days on December 31st will be removed from the individual's record.

Years of Employment	Rate Per Month	Annual Days
1-2	6.25 hours	10
3-4	7.5 hours	12
5-9	9.38 hours	15
10+	12.5 hours	20

Sick leave will accrue based on the employee's normal rate of pay at the rate of 7.5 hours per month which begins the first of each month. Accrued sick time may be allowed to exceed 30 days; however, all accrued sick time over 30 days will be removed from the books on December 31 of each year.

Flex Work Arrangement

Eligible employees have the option for the following work arrangements, if the option is available for their position/department.

- **Hybrid:** A flexible approach that allows employees to split their time between working on-campus and at an approved remote location
- **Remote:** Working solely off campus at an approved alternate location
- **Temporary Work Arrangement:** A short-term work arrangement with a specified end date

Stetson Community Perks

A variety of discounts from our community partners to national retailers are available to Stetson Employees. Take advantage of these perks simply by showing your employee identification card.

- Two complimentary tickets to all Stetson Athletic's regular-season home games
- Access to Hollis Center Facilities
- Up to 20% discount at Stetson Bookstore
- Discounts at a variety of establishments around DeLand
- Complimentary School of Music concerts

Holidays

The university acknowledges the following holidays for full-time and part-time employees with regular status, and they are paid only if the holiday occurs during a period of time the employee is normally scheduled to work. The rate of pay will be based on the regular hours the employee is scheduled to work.

Employees on leave will not be eligible for holiday pay. Full-time, non-exempt employees who are entitled to a paid holiday and who are required to work during the holiday period, will be paid double-time for that day. Full-time exempt employees who are required to work during the holiday should work with their supervisors to identify an alternate day off. Holidays include:

UNIVERSITY HOLIDAY SCHEDULE 2027

Friday, January 1, 2027	New Year's Day
Monday, January 18, 2027	Martin Luther King Jr. Day
Friday, March 26, 2027	Good Friday
Monday, May 31, 2027	Memorial Day
Friday, June 18, 2027	Juneteenth
Monday, July 5, 2027	Independence Day
Monday, September 6, 2027	Labor Day
Thursday, November 11, 2027	Veterans Day
Thursday, November 25, 2027	Thanksgiving Day
Friday, November 26, 2027	Day After Thanksgiving
Friday, December 24, 2027 - Thursday, December 30, 2027	Holiday Break
Friday, December 31, 2027	New Year's Eve

For more information on all of the perks offered to you as a Stetson Employee, scan the QR code or visit stetson.edu/other/benefits



Healthcare Glossary

General

APPLICABLE COST SHARE:

The portion of the cost you are responsible for paying for a covered medication or service. This may be a copay, coinsurance, or deductible amount, depending on your plan. You must contact your insurance carrier for more information.

BALANCE BILLING: When an out-of-network provider bills you for the difference between their charge and the amount your insurance will pay. For example, if the provider's charge is \$100 and your insurance pays \$70, the provider may bill you the remaining \$30. In-network providers will not balance bill you for covered services.

COPAY: Fixed dollar amount that you pay for services, usually collected by your provider at the time of the service.

EXPLANATION OF BENEFITS:

A statement from your insurance carrier showing what was billed, what the plan paid, and what you may owe.

IN-NETWORK: Care you receive from doctors, hospitals, or other providers who have a contract with your insurance company to provide services at discounted rates.

OPEN ENROLLMENT: The annual period when you can elect or change benefits.

OUT-OF-NETWORK: Care you receive from doctors, hospitals, or other providers who do not have a contract with your insurance company.

OUT-OF-POCKET EXPENSE:

Amount you pay toward the cost of healthcare services, may include deductibles, copays and/or coinsurance.

QUALIFYING LIFE EVENT: A major life change (marriage, birth, loss of coverage, etc.) that allows you to make mid-year benefit changes.

Medical

COINSURANCE: Percentage of a healthcare service that you pay, usually after you hit your deductible. For example, if your plan states "20% after deductible," you would pay 20% of the bill, while the plan covers the remaining 80% (after you met your deductible).

DEDUCTIBLE: When you see "after deductible" listed in the medical chart, that means you'll need to pay out-of-pocket for that care until you've paid enough to hit your deductible. Once you hit your deductible, the insurance will start to pay. Keep in mind that when you visit an in-network provider, your care is provided at a discounted rate.

EMBEDDED DEDUCTIBLE: An embedded deductible means that each family member has their own deductible within a family plan. For example, if the family deductible is \$3,000 and the individual deductible is \$1,500, coverage starts for a family member as soon as they've met their \$1,500 deductible, even if the total family amount hasn't been met.

MANDATORY GENERIC: When you request a brand name drug when there is a generic equivalent, you pay the generic copay plus the cost difference between the brand and generic drug.

NON-EMBEDDED DEDUCTIBLE: A non-embedded deductible means the entire family deductible must be met before coverage begins to pay toward you and your family's deductible-driven medical care.

OUT OF POCKET MAXIMUM: This is the maximum amount you'll pay in a plan or calendar year for in-network medical care. Once you reach this limit, your plan will cover 100% of your remaining in-network care for the rest of the plan or calendar year. This maximum includes copays, your deductible, and coinsurance.

Dental

ANNUAL MAXIMUM: The most your dental plan will pay for covered services during a plan or calendar year. Once you reach this limit, you are responsible for all additional dental costs for the rest of the year.

COINSURANCE: Coinsurance is the percentage of the cost you pay for covered dental services. For example, the plan might pay 80% for basic services and you would pay the remaining 20%.

DEDUCTIBLE: The deductible is the amount you pay out of pocket before the dental plan begins to cover costs for basic and major dental services.

MAXIMUM ALLOWABLE CHARGE:

The most your dental plan will pay for a covered service when you visit an out-of-network dentist. If your dentist charges more than the MAC, you will be responsible for paying the difference in addition to your deductible and coinsurance.

PERCENTILE: When you see an out-of-network dentist, your plan may base its payment on a "percentile." For example, at the 90th percentile, the plan pays up to the amount that 90% of dentists in your area charge for the same service. If your dentist charges more, you pay the difference.

Life

BENEFICIARY: The person or people who will receive the life insurance benefit in the event of your death.

EVIDENCE OF INSURABILITY: A medical questionnaire used by the carrier to determine eligibility for voluntary life insurance.

GUARANTEE ISSUE: The amount of life insurance coverage available without providing an Evidence of Insurability (EOI) for new hire or during special enrollment periods.

Contact Information



Your care advocate is here to help you understand your coverage, resolve issues with claims, order ID cards, make mid-year plan changes, assist with prior authorizations and more!

Laurie Roche

Brown & Brown Insurance Care Advocate

stetsonquest@bbrown.com



Stetson University		
People Operations		386-822-8725 humres@stetson.edu 727-562-7945 hr@law.stetson.edu
Insurance Plans		
Medical	Florida Blue	800-664-5295 (Member Service) 844-730-2583 (Care Consultant Team) 800-967-8938, option 1 (Benefits Hotline) Group Number: 78164 floridablue.com
Prescription	RxBenefits	800-334-8134 customercare@rxbenefits.com
Flexible Spending Accounts	Optum Bank	866-234-8913 optumbank.com
Dental	Delta Dental	800-521-2651 deltadentalins.com
Vision	VSP	800-877-7195 vsp.com
Life/AD&D and Disability	The Hartford	800-523-2233 stetson.pasito.ai/r/benefits_package_page
Voluntary Products	Transamerica	855-244-8318 transamerica.com
Legal Plan	MetLife	800-821-6400 legalplans.com
Retirement Plan	TIAA	800-732-8353 tiaa.com
Medicare Consultation	MediQuest Plus	316-305-8955 mediquestplusllc.com



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