STETSON UNIVERSITY

2026 Employee Benefit Guide

January 1, 2026 - December 31, 2026

WELCOME

Welcome to Stetson University's Benefits Guide for the 2026 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. Stetson offers a comprehensive and competitive benefit package for you and your family that includes options suitable for all needs.

WHAT'S NEW FOR 2026?

- An additional medical plan has been added to the benefits offerings – **BlueCare HDHP** plan along with a Health Savings Account (HSA). An HSA allows you to contribute money pre-tax into a Health Savings Account to use for qualified expenses. Stetson will also be contributing $250 for employee only coverage or $500 for employee/dependent coverage. The HSA is administered by Medcom.
- Dependent Care Flexible Spending Account maximum has increased to $7,500.

HELPFUL TIPS

- **Benefit ID Cards:**
  - **Medical only:** New enrollees and those who elect a different plan will receive an ID card. If you do not change plans for 2026, you will not receive a new card automatically. Separate ID cards are not sent for dependents. You can request additional cards on Florida Blue's member portal www.floridablue.com or on the mobile app.
  - **Rx:** Your Florida Blue ID card is also your Pharmacy ID card
  - **Dental:** ID cards can be downloaded on the Delta Dental member portal. Delta Dental member portal. The plan does not mail cards.
  - **Vision:** ID cards can be downloaded on the VSP member portal at vsp.com. The plan does not mail cards.
- **Life Insurance:**
  - Remember to make sure your beneficiary information is up to date.
- **Prescription Coverage:**
  - Prescription coverage is through Rx Benefits using the CVS Caremark Advanced Control Formulary.

MEDICARE & ANNUAL NOTICES

MEDICARE ALERT! PLEASE NOTE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, you have more choices for your prescription drug coverage.

QUESTIONS ABOUT MEDICARE AND YOUR OPTIONS? Contact MediQuest Plus at (316) 305-8955 or mediquestplusllc.com.

CLICK HERE FOR ANNUAL NOTICES 2026
https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:c9314b81-221b-4232-863c-3c68732f1640

INSIDE THIS GUIDE

SCAN ME
The QR code gives you access to the Employee Benefits site.

CONTACTS

CARRIER	WEBSITE/EMAIL	PHONE NUMBER
FloridaBlue Health Insurance BlueCare HMO BlueOptions PPO BlueCare HDHP	www.floridablue.com	**Customer Service** 1.800.664.5295 TTY/TDD Call 711 **Care Consultant Team** 844.730.2583
RxBenefits Prescriptions	customercare@rxbenefits.com	800.334.8134 205.449-.225 FAX
Delta Dental	www.deltadentalins.com	800.521.2651
Vision Service Plan	www.vsp.com	800.877.7195
Medcom - FSA Flexible Spending Accounts	www.medcombenefits.com	800.523.7542 Option 1
USAble Life & Disability	www.usablelife.com	800.370.5856
Lucent - EAP Employee Assistance Program	**eap.lucethealth.com** Code: Stetson	800.624.5544
AFLAC Supplemental Insurance	jennie_hawkins@us.aflac.com	386.547.3265
MetLaw	info.legalplans.com access code: LegalCM	800.821.6400
TIAA Retirement Plan	www.tiaa.com	800.732.8353
BENEFIT RESOURCES		
Brown & Brown (broker)	stetsonquest@bbrown.com	
People Operations/Human Resources	humres@stetson.edu or hr@law.stetson.edu	386.822.8725 or 727.562.7945
MediQuest Plus LLC Medicare Consultation	www.mediquestplusllc.com	316.305.8955

Scan the QR code to visit the Employee Benefits site or go to www.stetson.edu/other/benefits/.

ELIGIBILITY & ENROLLING

WHO IS ELIGIBLE?

- Employees regularly scheduled to work at least 32 hours per week.
- 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 & Vison 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.

HOW TO ENROLL?

Employees must login to the **Benefits Portal** found in the **myStetson** to enroll, decline or make changes to benefits.

WHEN DOES COVERAGE BECOME EFFECTIVE?

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

Enrollment must be made within the first 30 days of the hire or eligibility date.

CHANGING YOUR BENEFITS OUTSIDE OF OPEN ENROLLMENT

The benefits you elect for the 2026 benefits plan year will remain in effect through **December 31, 2026 .** By law, you can only make changes to your coverage during the year if you experience a qualifying life event and process your change within 30 days of the event. Your qualifying life event is processed through Benefits Portal at myStetson.

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 LIFE EVENT CHANGES

You must make any coverage change within 30 days of the qualifying life event. You will process your change request in your Benefits Portal on myStetson. Once you have made your changes, you will need to supply Human Resources with documentation to substantiate your qualifying life event.

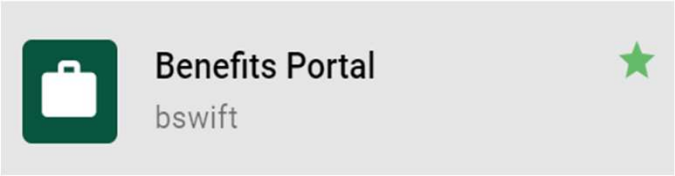
If you are past 30 days of your qualifying life event, or do not provide the supporting documentation within this timeframe, changes will not be approved.

BENEFITS PORTAL (Bswift)

EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THE BENEFITS PORTAL

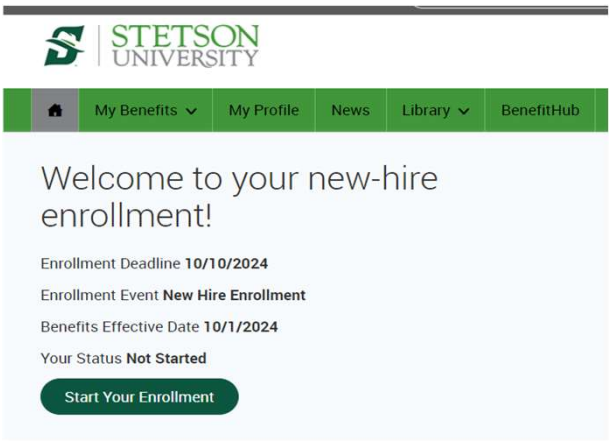
Step 1. Logging In

Go to myStetson and click on Benefits Portal.



Step 2. Start Enrollment

Once you are logged in, you will receive a message to "Start Your Enrollment"



Step 3. Review and Elect Benefits

- Review your personal and dependent information.
- Choose your elections.
- Designate beneficiary(ies)
- Once complete, review disclaimers and submit elections.

DEFINITIONS

- **Allowed Amount:** This is the maximum payment the plan will pay for a covered health care service. May also be called "eligible expense", "payment allowance" or "negotiated rate."
- **Balance Billing:** When a provider bills you for the balance remaining on the bill that is not covered by your plan. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. This happens most often when you see an out-of-network provider (non-preferred provider). A preferred provider may not bill you for covered services.
- **Copayment:** A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.
- **Deductible:** An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay.
- **Embedded Deductible:** Has both an individual and family deductible, allowing coverage to begin for a family member once their individual deductible is met.
- **Embedded Out of Pocket Maximum**: Limits what any single person in a family plan must pay to the individual out of pocket maximum.
- **Formulary:** A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may place drugs at different cost sharing levels or tiers.
- **In-network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
- **Medically Necessary:** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, including habilitation, and that meet accepted standards of medicine.

DEFINITIONS

- **Non-Embedded Deductible:** Has only a family deductible; coverage begins only after the total family deductible is met by any combination of family members expenses.
- **Non-Embedded Out of Pocket Maximum**: Requires the entire family to collectively meet the family maximum before the plan covers 100% of eligible expenses for everyone.
- **Out-of-Pocket Limit:** The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount.
- **Out-of-network:** A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider.
- **Preauthorization:** A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.
- **Preventive Care:** Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems. There are restrictions based on age and gender.
- **UCR (Usual, Customary and Reasonable):** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

MEDICAL & RX

Florida Blue
Your Health Solutions Partner

Medical coverage under the Florida Blue plans includes prescription coverage through RxBenefits using the CVS Caremark Advanced Control Specialty Formulary.

Plan Name/Network	BlueCare HMO* BlueCare	BlueOptions PPO BlueOptions
Calendar Year Deductible – Embedded		
Individual	$1,000	$2,500
Family	$2,000	$6,250
Coinsurance (Coins) (Amount paid after deductible is met)		
Coinsurance - You pay…	20%	20%
Annual Out-of-Pocket Maximum (Includes deductible, copays, coinsurance) - Embedded		
Individual	$8,000	$8,000
Family	$16,000	$16,000
Physician Services		
Office Visit	$25 Copay	$25 Copay
Specialist	$50 Copay	$50 Copay
Teladoc	$10 Copay	$10 Copay
Mental Health Office Visit Teladoc PCP / Specialist	 $10 Copay $20 Copay	 $10 Copay $20 Copay
Chiropractic Care	$50 Copay	$50 Copay
Preventative Care Services		
See Preventative Care Schedule	100% Covered	100% Covered
Routine / Preventative Labs – Quest	100% Covered	100% Covered
Hospital Services		
Inpatient Hospital Per Admission	$1,500 per day (days 1-5)	Deductible & Coinsurance
Emergency Room	$750 Copay	Deductible & Coinsurance
Outpatient Hospital	$500 Copay	Deductible & Coinsurance
Ambulatory Surgical Center	$500 Copay	$500 Copay
Urgent Care	$75 Copay	$75 Copay
Diagnostic Services		
Lab & X-ray (Outpatient) *Quest Diagnostic is preferred*	$100 Copay	$100 Copay
X-rays at Freestanding Radiology Center	$100 Copay	$100 copay
Advanced Imaging Services (MRI, MRA, Pet, CT)	$500 Copay	$500 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	30% coinsurance	30% Coinsurance
Mail Order (3-month Supply)	2.5x Copay	2.5x Copay
Non-Network		
Calendar Year Deductible (Individual/Family)	N/A	$5,000 / $11,250
Out of Pocket Max (Individual/Family)		$12,000 / $24,000
Coinsurance		30%

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

MEDICAL & RX

Florida Blue
Your Health Solutions Partner

Medical coverage under the Florida Blue plans includes prescription coverage through RxBenefits using the CVS Caremark Advanced Control Specialty Formulary.

Plan Name/Network	BlueCare HDHP* BlueCare
Calendar Year Deductible – Non-Embedded	
Individual	$2,750
Family	$6,500
Coinsurance (Coins) (Amount paid after deductible is met)	
Coinsurance - You pay…	20%
Annual Out-of-Pocket Maximum (Includes deductible, copays, coinsurance) – Embedded	
Individual	$8,000
Family	$16,000
Physician Services	
Office Visit	Deductible + Coinsurance
Specialist	Deductible + Coinsurance
Teladoc	$10 Copay
Mental Health Office Visit Teladoc PCP / Specialist	 $10 Copay $20 Copay
Chiropractic Care	Deductible + Coinsurance
Preventative Care Services	
See Preventative Care Schedule	100% Covered
Routine / Preventative Labs – Quest	100% Covered
Hospital Services	
Inpatient Hospital Per Admission	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance
Outpatient Hospital	Deductible + Coinsurance
Ambulatory Surgical Center	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance
Diagnostic Services	
Lab & X-ray (Outpatient) *Quest Diagnostic is preferred*	Deductible + Coinsurance
X-rays at Freestanding Radiology Center	Deductible + Coinsurance
Advanced Imaging Services (MRI, MRA, Pet, CT)	Deductible + Coinsurance
Prescription Drugs (CVS Caremark Advanced Control Specialty Formulary)**	
Retail (1 month supply)	Calendar Year Deductible then
Preferred Generic	$10 Copay
Preferred Brand	$75 Copay
Non-Preferred Brand	$150 Copay
Specialty	30% Coinsurance
Mail Order (3-month Supply)	2.5x Copay

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

**** Certain HDHP Generic Preventative medications are available for a $0 copay (deductible waived). Contact Rx Benefits for additional information.**

HEALTH SAVINGS ACCOUNT

A health savings account (HSA) combines high-deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep. **The Health Savings Account is administered by MEDCOM and is only available if enrolled in the BlueCare HDHP Plan.**

- Employee-Owned Account
- Pre-tax contributions
- Pay for any qualified medical expenses. (See IRS Publication 502 for a list of qualified medical expenses).

Stetson University will contribute up to a maximum of $250 for Employee only coverage or $500 for Employee/Dependent coverage to an HSA for employees who enroll in the BlueCare HDHP plan.**

****NOTE: If you have funds in your Healthcare Flexible Spending Account at the end of the calendar year, contributions will not be available until April of the following year. For example, you have a balance in your FSA as of 12.31.25, you will not receive contributions until 4.26.**

CALENDAR YEAR MAXIMUM ANNUAL CONTRIBUTIONS	2026
EE Only Contribution Limit	$4,400
Family Contribution Limit	$8,750
Catch-up Contribution (Age 55 & Older)	$1,000

To be HSA-eligible for a month, an individual must:

- Be covered by an HDHP on the first day of the month;
- Not be covered by other health coverage that is not an HDHP (with certain exceptions);
- Not be enrolled in Medicare; and
- Not be eligible to be claimed as a dependent on another person's tax return.

Why might an HSA be the right choice for you?

¨ It **saves you money**. For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. Plus, HSAs are basically "cash" accounts, so you may be able to negotiate pricing on many medical services.

¨ It's **portable**. Even if you change jobs, you get to keep your HSA.

¨ It's a **tax saver**. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.

¨ It allows for an **improved retirement account**. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.

¨ It puts **money in your pocket**. You never lose unused HSA funds. They always roll over to the next year.

MEDICAL – FIND A PROVIDER

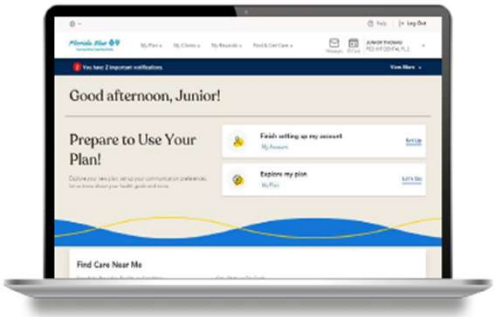
The BlueCare HMO& BlueCare HDHP Plan requires all members to select a PCP when enrolling. Each member of a household can select a different PCP. If you do not select one when enrolling, one will be assigned to you. You can change your PCP by calling Florida Blue or by using the Florida Blue member portal.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

FIND A PROVIDER

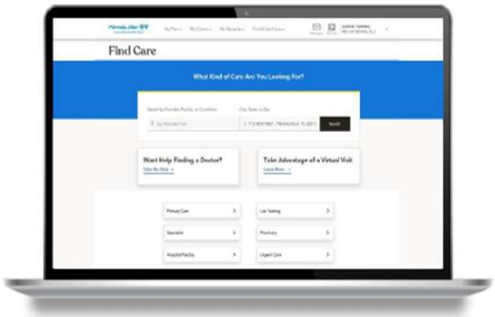
Find Care In Florida Online

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**.

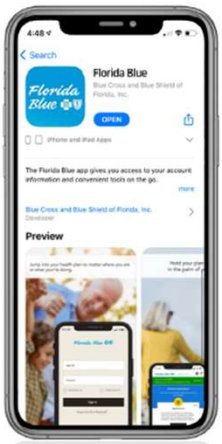


Step 3. Simply enter the name of a provider, facility or condition and click the **Search** button. At the bottom of the screen, you can also search by the type of provider.



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

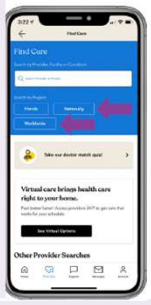
DOWNLOAD THE MOBILE APP FROM ITUNES OR GOOGLE PLAY.



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



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.

MEDICAL – AWAY FROM HOME

CARE AWAY FROM HOME – BlueCare HMO & BlueCare HDHP Plan

As a Florida Blue BlueCare member, you and your covered dependents have coverage for certain services when you're away from home. Florida Blue BlueCare 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 BlueCare Service area must be authorized in advance. Simply call your primary care physician to request a prior authorization**. **ALWAYS CARRY YOUR FLORIDABLUE ID CARD.**

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.) **ALWAYS CARRY YOUR FLORIDABLUE ID CARD.**

PRESCRIPTION BENEFIT

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

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

WHAT ID CARD DO I PRESENT 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 www.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?

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

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 us 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 you doctor – Let them know your medication needs a prior authorization. You 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. You doctor may decide to switch your medication to one that does not require a Prior Authorization.

PRUDENTRX

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

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. On the BlueCare HDHP plan, you will have the same options once your deductible has been satisfied. Rx Benefits/PrudentRx will work with you to obtain third-party copay assistance for your medication, if available.

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.

FLORIDA BLUE RESOURCES

As an added bonus with your FloridaBlue coverage, you have access to the resources below.

- **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.

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 through the DeltaCare network. You can access the dental provider's network and find a dentist near you at www.deltadentalins.com or by calling Delta Dental at 1-800-521-2651.

DHMO Plan	
DHMO Dental Services	**In-Network Only**
Office Visit Copay	$0
Preventative Procedures:	
Teeth Cleaning	No Charge
Fluoride Treatments	No Charge
Bitewing X-Ray	No Charge
Full Mouth X-Ray	No Charge
Sealant (per tooth)	No Charge
Basic Procedures:	
Fillings (permanent teeth):	
Amalgam (1 surface)	No Charge
Amalgam (2 surfaces)	No Charge
Amalgam (3 surfaces)	No Charge
Simple Extraction	$45 Copay
Surgical Extraction	$30 Copay
Major Procedures:	
Single Root Canal-Anterior	$110 Copay
Periodontal Deep Scaling	$50 Copay
Osseous Surgery	$285 Copay
Crowns	$410 Copay
Bridges	$465 Copay
Denture	$510 Copay
Orthodontic Procedures:	
Dependent Children	$2,100
Adult Children	$2,250

PPO Dental Services	Standard Plan	Enhanced Plan
Annual Maximum Benefit	$1,000	$1,500
Calendar Year Deductible: Individual	$50	$50
Family	$150	$150
Preventative Procedures	**Deductible Waived**	
Routine Exams Teeth Cleaning Bitewing X-rays Full Mouth X-rays Fluoride Treatments	Plan pays 100%	Plan pays 100%
Basic Procedures:	**Deductible Applies**	
Sealants Periodontal Scaling/Surgery Root Canal Therapy Fillings	Plan pays 80%	Plan pays 80%
Major Procedures:	**Deductible Applies**	
Crowns Fixed Bridges & Repairs Full & Partial Dentures & Repairs Oral & Periodontal Surgery	Plan pays 50%	Plan pays 50%
Orthodontic Procedures:	**Deductible Waived**	
Lifetime Maximum *Dependent Children to Age 19	50% up to $1,000	50% up to $1,500
Out Of Network:	**Based on 80th percentile**	
Deductible (Ind./Family)	$100/$300	$50/$150
Preventive	80%	100%
Basic	60%	80%
Major	40%	50%
Orthodontic	50%	50%

VISION

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 - Base	In-Network - Enhanced	Out-of-Network - All Plans
Eye exams	$10 Copay	$10 Copay	Up to $45
Frequency	Every Calendar Year	Every Calendar Year	Every Calendar Year
Basic lenses			
Frequency	Every Calendar Year	Every Calendar Year	Every Calendar Year
Single vision	$30 Copay	$30 Copay	Up to $30
Bifocal vision	$30 Copay	$30 Copay	Up to $50
Trifocal vision	$30 Copay	$30 Copay	Up to $65
Frames			
Frequency*	Every Other Calendar Year	Every Other Calendar Year	Every Other Calendar Year
Benefit	$130 Allowance (20% off balance)	$200 Allowance (20% off balance)	Up to $70
Contacts			
Frequency*	Every Calendar Year	Every Calendar Year	Every Calendar Year
Benefit	$130 Allowance	$200 Allowance	Up to $105

***Contacts and eyeglasses cannot be purchased in the same year.**

EMPLOYEE RATES

Type of Coverage		Bi-weekly	9 Months	Monthly
Florida Blue Health Insurance and RxBenefits Prescription*				
BlueCare HMO	Employee Only	$131.40	$350.41	$262.81
	Employee + Domestic Partner/Spouse	$443.95	$1,183.88	$887.91
	Employee + Child(ren)	$316.77	$844.73	$633.55
	Employee + Family	$605.39	$1,614.37	$1,210.78
BlueOptions PPO	Employee Only	$182.50	$486.67	$365.00
	Employee + Domestic Partner/Spouse	$521.96	$1,391.88	$1,043.91
	Employee + Child(ren)	$356.66	$951.10	$731.32
	Employee + Family	$703.94	$1,877.16	$1,407.87
BlueCare HDHP	Employee Only	$152.18	$405.82	$304.36
	Employee + Domestic Partner/Spouse	$475.20	$1,267.20	$950.40
	Employee + Child(ren)	$333.57	$889.52	$667.14
	Employee + Family	$655.36	$1,747.64	$1,310.73
Delta Dental Insurance				
DHMO Option	Employee Only	$5.22	$13.91	$10.43
	Employee + One	$8.97	$23.92	$17.94
	Employee + Family	$13.30	$35.47	$26.60
Mid - PPO Option	Employee Only	$21.01	$56.01	$42.01
	Employee + One	$40.75	$108.67	$81.50
	Employee + Family	$66.46	$177.23	$132.92
PPO Option	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 Vision Plan	Employee Only	$3.74	$9.96	$7.47
	Employee + Family	$8.03	$21.40	$16.05
Enhanced Vision 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 salary level. The correct rate will be reflected in the Benefits Portal.**

FLEXIBLE SPENDING ACCOUNTS

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 Medcom. The customer support number is (800) 523-7542 Option 1 and member site is https://medcom.wealthcareportal.com

Medical FSA

· Contribution range: $120—$3,300

Dependent Care FSA

· Contribution range: $120 - $7,500

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 2026 Medical FSA over into the 2027 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

LIFE & AD&D

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.

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

USAble Life

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**
  Annual Enrollment: You can increase your current election by 1 increment without having to complete an EOI form. All new elections, amounts above the GI or amounts higher than 1 increment require an EOI form.

  New Hires: You can elect up to the Guarantee Issue amount without completing an EOI form. Any amount over the Guarantee Issue requires EOI.

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 the Benefits Portal during the enrollment process.

USAble Life

DISABILITY & 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.**

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 **Lucet**, 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!

Contact Information:

eap.lucethealth.com
Code: STETSON
800-624-5544

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.

Stetson University provided benefits

ADDITIONAL RESOURCES

Travel Assistance Program

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: 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 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.

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 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.

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.

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SUPPLEMENT INSURANCE

Click here to watch and learn more:

Accident | Critical Illness | Hospital Indemnity

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.

Click Here For Forms:

. *Accident
*Critical Illness
*Hospital Indemnity
*Wellness

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

Aflac

Simply log in to Aflac.com/login or download the MyAflac app to file a claim online.

METLAW – LEGAL RESOURCE

$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 the Client Service Center at 1-800-821-6400 Monday-Friday, 8am-8pm (EST Time).

Money Matters	- Debt Collection Defense - Identity Theft Defense - Identity Management Services*1	- Negotiations with Creditors - Personal Bankruptcy - Promissory Notes	- Tax Audit Representation - Tax Collection Defense - Triple Bureau Credit Monitoring*1
Home & Real Estate	- Boundary & Title Disputes - Deeds - Eviction Defense - Foreclosure - Mortgages	- Property Tax Assessment - Refinancing & Home Equity Loans of Primary, Second or Vacation Home	- Sale or Purchase of Primary, Second or Vacation Home - Security Deposit Assistance - Tenant Negotiations - Zoning Applications
Estate Planning	- Codicils - Complex Wills - Healthcare Proxies - Living Wills	- Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	- Revocable & Irrevocable Trusts - Simple Wills
Family & Personal	- Adoption - Affidavits - Conservatorship - Demand Letters - Garnishment Defense - Guardianship	- Immigration Assistance - Juvenile Court Defense, Including Criminal Matters - Name Change - Parental Responsibility Matters - Personal Property Protection	- Prenuptial Agreement - Protection from Domestic Violence - Review of ANY Personal Legal Document - School Hearings
Civil Lawsuits	- Administrative Hearings - Civil Litigation Defense - Incompetency Defense	- Disputes Over Consumer Goods & Services	- Pet Liabilities - Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your Parents: - Deeds - Leases	- Medicaid - Medicare - Notes - Nursing Home Agreements	- Powers of Attorney - Prescription Plans - Wills
Vehicle & Driving	- Defense of Traffic Tickets*2 - Driving Privilege Restoration	- License Suspension Due to DUI	- Repossession
E-Services	- Attorney Locator - Financial Planning	- Insurance Resources - Law Firm E-Panel	- Self-Help Legal Documents - Work/Life Resources

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

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MORE PERKS

VACATION

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

Accrue one day per month

FLEX WORK ARRANGEMENT

Option for the following work arrangements if option is available for positions/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

HOLIDAYS 16+ Days

STETSON UNIVERSITY

UNIVERSITY HOLIDAY SCHEDULE 2026

DATE OBSERVED	HOLIDAY
Thursday, January 1st, 2026	New Year's Day
Monday, January 19th, 2026	Martin Luther King Jr. Day
Friday, April 3rd, 2026	Good Friday
Monday, May 25th, 2026	Memorial Day
Friday, June 19th, 2026	Juneteenth
Friday, July 3rd, 2026	Independence Day
Monday, September 7th, 2026	Labor Day
Wednesday, November 11th, 2026	Veterans Day
Thursday, November 26th, 2026	Thanksgiving Day
Friday, November 27th, 2026	Day After Thanksgiving
Thursday, December 24th, 2026 - Wednesday, December 30th, 2026	Holiday Break (Includes Christmas Eve and Christmas Day)
Thursday, December 31st, 2026	New Year's Eve

UNIVERSITY PERKS

- Free admission to home athletic games
- Discount at Bookstore
- Free access to campus gym
- Community discounts

Scan the QR code to visit the Employee Benefits site or go to www.stetson.edu/other/benefits/ for more details.

DISCLAIMER

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

NOTES

STETSON UNIVERSITY

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.