

Benefits at a Glance 2026



Medical with Blue Cross Blue Shield	\$2,500 PPO In-Network	\$6,500 PPO In-Network	\$4,000 HDHP In-Network
Coinsurance (Member pays)	20%	20%	20%
Calendar Year Deductible			
Individual	\$2,500	\$6,500	\$4,000
Family	\$5,000	\$13,000	\$8,000
Out-of-Pocket Maximum (Deductible included)			
Individual	\$7,000	\$8,500	\$7,750
Family	\$14,000	\$17,000	\$15,500
Office Visit			
Primary	\$30 Copay	\$35 Copay	20% after Deductible
Specialist	\$50 Copay	20% after Deductible	20% after Deductible
Preventive	100% Covered	100% Covered	100% Covered
Inpatient Services	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Services	20% after Deductible	20% after Deductible	20% after Deductible
Emergency Room Services (Waived if admitted)	\$250 Copay, then 20% after Deductible	20% after Deductible	20% after Deductible
Urgent Care	\$50 Copay	20% after Deductible	20% after Deductible
Prescription Coverage (31-Day Supply)	\$2,500 PPO	\$6,500 PPO	\$4,000 HDHP
Deductible	N/A	N/A	Subject to Medical Deductible
Tier 1 (Generic)	\$20 Copay	\$20 Copay	20% after Deductible
Tier 2 (Preferred Brand)	\$50 Copay	\$50 Copay	20% after Deductible
Tier 3 (Non-Preferred Brand)	\$100 Copay	\$100 Copay	20% after Deductible
Tier 4 (Specialty)	\$200 Copay	\$200 Copay	20% after Deductible
Employee Rates (Monthly/Bi-Weekly)	\$2,500 PPO Base Rate	\$6,500 PPO Base Rate	\$4,000 HDHP Base Rate
Employee Only	\$236.24/\$109.03	\$119.21/\$55.02	\$58.59/\$27.04
Employee + Spouse	\$647.73/\$298.95	\$292.35/\$134.93	\$159.76/\$73.74
Employee + Child(ren)	\$491.29/\$226.75	\$165.94/\$76.59	\$105.53/\$48.70
Family	\$956.26/\$441.35	\$444.52/\$205.16	\$249.16/\$115.00

The medical rates within this document are the wellness discounted rates. Please review the full benefits guide to see non-wellness and partial wellness rates.

Health Savings Account (HSA) with Accrue Health

Take advantage of tax savings through an HSA. For 2026, the annual contribution limit for an HSA is \$4,400 for individuals and \$8,750 for family coverage. The additional contribution or "catch-up" amount for individuals aged 55 and older is \$1,000. Any unused HSA dollars will roll over to the next plan year.

Flexible Spending Accounts (FSAs) with Flores

Flexible Spending Accounts (FSAs) provide opportunities to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax payroll deductions. For 2026, the limit for the Health Care FSA is \$3,400, Limited Purpose FSA is \$3,400 and \$7,500 for Dependent Care FSA.

Dental with Blue Cross Blue Shield Plan Pays	Standard Plan	Premium Plan
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100% Covered	100% Covered
Basic Services	80% after Ded.	80% after Ded.
Major Services	50% after Ded.	50% after Ded.
Orthodontia (Child only*)	50% after Ded.	50% after Ded.
Orthodontia Lifetime Maximum	\$750	\$1,500
Annual Benefit Maximum	\$750	\$1,500

Vision with Unum	Low Plan	High Plan
Eye Exam	\$20 Copay	\$10 Copay
Lenses		
Single	\$25 Copay	\$25 Copay
Bifocal	\$25 Copay	\$25 Copay
Trifocal	\$25 Copay	\$25 Copay
Lenticular	\$25 Copay	\$25 Copay
Frames	\$130 Retail Allowance	\$200 Retail Allowance
Contacts		
Elective	\$130 Allowance	\$200 Allowance
Medically Necessary	100% Covered	100% Covered

Employee Rates (Monthly/Bi-Weekly)	Standard Plan	Premium Plan
Employee Only	\$33.38/\$15.41	\$45.34/\$20.93
Employee + Spouse	\$73.64/\$33.99	\$100.01/\$46.16
Employee + Child(ren)	\$88.28/\$40.74	\$119.88/\$55.33
Family	\$111.98/\$51.68	\$152.08/\$70.19

Frequency of Services	Standard Plan	Premium Plan
Exam/Lenses/Frames/Contacts		12/12/24/12 Months

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.

Employee Rates (Monthly/Bi-Weekly)	Low Plan	High Plan
Employee Only	\$8.89/\$4.10	\$16.68/\$7.70
Employee + Spouse	\$14.25/\$6.58	\$26.68/\$12.31
Employee + Child(ren)	\$14.56/\$6.72	\$27.25/\$12.58
Family	\$23.48/\$10.84	\$43.70/\$20.17

Worksite Benefits* with Unum

Accident Insurance provides members with a cash benefit if they are injured by an off-the-job accident.

\$50 Wellness Benefit

Critical Illness Insurance provides a cash benefit if you are affected by a covered illness.

\$50 Wellness Benefit

Hospital Indemnity complements your present medical coverage by providing cash benefits to help pay out-of-pocket expenses associated with hospital confinement.

\$50 Wellness Benefit

Whole Life Insurance provides cash to your beneficiary upon your passing. Election is made contacting Unum directly. Not eligible for wellness benefit.

Short Term Disability with Unum

Option 1

Weekly Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Benefit Waiting Period	7 Days
Benefit Duration	12 Weeks

Option 2

Weekly Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Benefit Waiting Period	30 Days
Benefit Duration	9 Weeks

100% Employee Paid

Long Term Disability with Unum

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$12,000
Benefit Duration	SSNRA
Elimination Period	90 Days

100% Employee Paid

Basic Life & AD&D with Unum

Employee Option One

1.5x annual earnings up to a maximum of \$400,000. Furman will pay for the entire premium and the employee will be responsible for the imputed tax on coverage amounts over \$50,000.

Employee Option Two

Flat \$50,000 benefit. Furman will pay the entire premium with no imputed tax.

Spouse

Flat \$10,000 benefit.

Dependent

14 Days - 6 Months: Flat \$500 benefit.
6 - Months - 26 Years: Flat \$10,000 benefit.

Voluntary Life and AD&D* with Unum

Employee Coverage	\$10,000 increments, 5x annual earnings up to a \$500,000 maximum
Guaranteed Issue	\$400,000 (Under Age 70), \$260,000 (Ages 70 - 74), \$200,000 (Ages 75 & Over)
Spouse Coverage	\$5,000 increments, Up to a maximum of \$150,000 not to exceed employee election.
Guaranteed Issue	\$50,000
Dependent Coverage	Flat \$500 Benefit. (14 Days to 6 Months)
Guaranteed Issue	\$2,500 increments, up to a \$10,000 maximum. (6 Months to Age 26)

Employee amounts are subject to Evidence of Insurability for late entrants. *Please be advised that at age 65, your coverage will reduce by 35%. At age 70, your coverage will be reduced by 50%.*

**If your spouse is also a benefits-eligible employee at Furman University, then you may not be eligible to purchase spousal coverage for critical illness and accident benefits. If both spouses are employed at Furman University, only one spouse can elect critical illness and accident coverage for their child(ren). Please refer to the plan documents for more details.*

Telemedicine with Blue CareOnDemand

Telemedicine gives you and your covered dependents 24/7/365 access to U.S. Board Certified Physicians who can consult, diagnose, and prescribe medication for many common and acute illnesses over the phone or by video technology.

Employee Assistance Program (EAP) with Health Advocate

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential program designed to provide counseling, support, and resources for various personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more.

Smart Shopper with Blue Cross Blue Shield

The cost of health care services vary based upon where you go. From routine care to more complex procedures, SmartShopper rewards you when you choose better-value care. It gives you more control over your out-of-pocket costs. When you use SmartShopper to choose a more cost-effective provider, you'll get a reward check in the mail. It could range from \$15 to \$750, depending on the procedure and provider.

Contacts

Meet your dedicated OneDigital Client Advocates!



Marilyn Harris-Davis



Candace Ballard



Lorette Vivar
¡Hablo español!

Direct: 1.888.617.7644

furmanbenefits@onedigital.com

Medical & Dental - Blue Cross Blue Shield

Member Services: 1.855.819.0960
www.southcarolinablues.com

Vision - Unum (EyeMed Network)

Member Services: 1.855.652.8686
www.member.eyemedvisioncare.com/unum/en

Life & Disability - Unum

Member Services: 1.800.421.0344
www.unum.com

Worksite Benefits - Unum

Member Services: 1.800.635.5597
www.unum.com

Health Savings Account (HSA) - Accrue Health

Member Services: 1.844.643.3099
www.accruehealth.com

Flexible Spending Accounts (FSAs) - Flores

Member Services: 1.844.643.3099
www.flores247.com

Legal Services and Identity Theft - MetLife

Member Services: 1.800.821.6400
www.info.legalplans.com

Employee Assistance Program (EAP) - Health Advocate

Member Services: 1.866.799.2485
www.healthadvocate.com/members



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.