Benefits at a Glance
2027

FURMAN UNIVERSITY

Medical | Blue Cross Blue Shield	$2,500 PPO In-Network	$6,500 PPO In-Network	$4,000 HDHP (HSA Eligible) 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 Visits			
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 (30-Day Supply)	$2,500 PPO	$6,500 PPO	$4,000 HDHP (HSA Eligible)
Deductible	N / A	N / A	Subject to Medical Deductible
Tier 1 (Generic)	$20 Copay	$20 Copay	20% after Deductible
Tier 2 (Preferred Name Brand)	$50 Copay	$50 Copay	20% after Deductible
Tier 3 (Non-Preferred Name Brand)	$100 Copay	$100 Copay	20% after Deductible
Tier 4 (Specialty)*	$200 Copay	$200 Copay	20% after Deductible
Mail Order Coverage (90-Day Supply)	**$2,500 PPO**	**$6,500 PPO**	**$4,000 HDHP (HSA Eligible)**
Tier 1 (Generic)	$30 Copay	$30 Copay	20% after Deductible
Tier 2 (Preferred Name Brand)	$110 Copay	$110 Copay	20% after Deductible
Tier 3 (Non-Preferred Name Brand)	$200 Copay	$200 Copay	20% after Deductible

**Tier 4 (Specialty) is not available for a 90-day supply.*

Health Savings Account (HSA) with Accrue Health

Take advantage of tax savings through an HSA. For 2027, the annual contribution limit for an HSA is $4,500 for individuals and $9,000 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 2027, the limit for the Health Care FSA is $3,500, Limited Purpose FSA is $3,500 and $7,500 for Dependent Care FSA**.

***Under IRS rules, you are not eligible to enroll in a Dependent Care FSA if you have a non-working spouse, unless that spouse is a full-time student or is physically or mentally incapable of self-care.*

Dental with Blue Cross Blue Shield	Standard Plan	Premium Plan
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Coinsurance (Member Pays)		
Preventive Services	100% Covered	100% Covered
Basic Services	20% after Ded.	20% after Ded.
Major Services	50% after Ded.	50% after Ded.
Orthodontia (Child Only, up to Age 19)	50%	50%
Orthodontia Lifetime Maximum	$750	$1,500
Annual Benefit Maximum	$750	$1,500
Employee Rates (Monthly / Bi-Weekly)		
Employee	$34.72 / $16.02	$47.15 / $21.76
Employee + Spouse	$76.59 / $35.35	$104.01 / $48.00
Employee + Child(ren)	$91.81 / $42.37	$124.68 / $57.54
Employee + Family	$116.46 / $53.75	$158.16 / $73.00

Vision with Unum (EyeMed Network)	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
Frequency of Services		
Exam / Lenses / Frames / Contacts	12 / 12 / 24 / 12 Months	
Employee Rates (Monthly/Bi-Weekly)		
Employee	$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
Employee + Family	$23.48 / $10.84	$43.70 / $20.17

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

Medical Rates

Bi-Weekly Rates

Under $50,000 Annual Base Salary									
Coverage Tier	$2,500 PPO			$6,500 PPO			$4,000 HDHP		
	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing
Employee	$109.03	$347.20	76%	$55.02	$356.33	87%	$27.04	$358.36	93%
Employee + Spouse	$298.95	$750.38	72%	$134.93	$811.17	86%	$73.74	$813.41	92%
Employee + Child(ren)	$226.75	$503.22	69%	$76.59	$581.57	88%	$48.70	$568.44	92%
Employee + Family	$441.35	$927.34	68%	$205.16	$1,028.89	83%	$115.00	$1,061.92	90%

Bi-Weekly Rates

$50,000 - $154,999 Annual Base Salary									
Coverage Tier	$2,500 PPO			$6,500 PPO			$4,000 HDHP		
	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing
Employee	$115.58	$340.65	75%	$58.32	$353.03	86%	$28.67	$356.74	93%
Employee + Spouse	$316.89	$732.44	70%	$143.03	$803.07	85%	$78.16	$808.98	91%
Employee + Child(ren)	$240.35	$489.62	67%	$81.18	$576.97	88%	$51.63	$565.51	92%
Employee + Family	$467.83	$900.86	66%	$217.47	$1,016.58	82%	$121.90	$1,055.02	90%

Monthly Rates

Under $50,000 Annual Base Salary									
Coverage Tier	$2,500 PPO			$6,500 PPO			$4,000 HDHP		
	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing
Employee	$236.24	$752.26	76%	$119.21	$772.05	87%	$58.59	$776.46	93%
Employee + Spouse	$647.73	$1,625.82	72%	$292.35	$1,757.53	86%	$159.76	$1,762.38	92%
Employee + Child(ren)	$491.29	$1,090.31	69%	$165.94	$1,260.07	88%	$105.53	$1,231.61	92%
Employee + Family	$956.26	$2,009.25	68%	$444.52	$2,229.25	83%	$249.16	$2,300.82	90%

Monthly Rates

$50,000 - $154,999 Annual Base Salary									
Coverage Tier	$2,500 PPO			$6,500 PPO			$4,000 HDHP		
	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing
Employee	$250.42	$738.08	75%	$126.37	$764.89	86%	$62.11	$772.94	93%
Employee + Spouse	$686.59	$1,586.96	70%	$309.89	$1,739.99	85%	$169.35	$1,752.79	91%
Employee + Child(ren)	$520.77	$1,060.83	67%	$175.90	$1,250.11	88%	$111.86	$1,225.28	92%
Employee + Family	$1,013.64	$1,951.87	66%	$471.19	$2,202.58	82%	$264.11	$2,285.87	90%

Monthly Rates

$155,000+ Annual Base Salary									
Coverage Tier	$2,500 PPO			$6,500 PPO			$4,000 HDHP		
	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing	Employee Pays	Furman University Pays	University Cost Sharing
Employee	$290.86	$697.64	71%	$146.78	$744.48	84%	$72.14	$762.91	91%
Employee + Spouse	$797.47	$1,476.08	65%	$359.94	$1,689.94	82%	$196.70	$1,725.44	90%
Employee + Child(ren)	$604.87	$976.73	62%	$204.31	$1,221.70	86%	$129.93	$1,207.21	90%
Employee + Family	$1,177.34	$1,788.17	60%	$547.29	$2,126.48	80%	$306.76	$2,243.22	88%

The medical rates within this document are the wellness discounted rates.

Basic Life & AD&D with Unum

Employee Benefit Amount: 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 Benefit Amount: Option Two
Flat $50,000 benefit
Furman will pay the entire premium with no imputed tax.

Spouse Benefit Amount
Flat $10,000 benefit
Furman pays 50% of the monthly premium.

Dependent Benefit Amount
14 Days - 6 Months: Flat $500 benefit
6 Months - 26 Years: Flat $10,000 benefit
Furman pays more than 50% of the monthly premium.

Voluntary Life and AD&D with Unum

Employee Coverage	$10,000 Increments, up to 5x earnings or $500,000
Guaranteed Issue	$400,000 (Under Age 70), $260,000 (Ages 70 - 74), and $200,000 (Ages 75 & Over)
Spouse Coverage	$5,000 Increments, up to a $150,000 maximum, not to exceed employee election
Guaranteed Issue	$50,000
Dependent Coverage	$2,500 Increments, up to a $10,000 maximum
Guaranteed Issue	$10,000

Employee amounts are subject to Evidence of Insurability EOI) for late entrants.

Please be advised that at age 70, your coverage will reduce by 35%. At age 75, your coverage will be reduced by 50%.

Short Term Disability with Unum

Option 1	
Weekly Benefit Percentage	60%
Maximum Weekly Benefit	$1,000
Elimination Period	7 Days
Benefit Duration	12 Weeks
Pre-Existing Limitation	3 / 12
Option 2	
Weekly Benefit Percentage	60%
Maximum Weekly Benefit	$1,000
Elimination Period	30 Days
Benefit Duration	9 Weeks
Pre-Existing Limitation	3 / 12

100% Employee-Paid

Long Term Disability with Unum

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	$12,000
Elimination Period	90 Days
Benefit Duration	SSNRA
Pre-Existing Limitation	3 / 12

100% Employee-Paid

Worksite Benefits with Unum

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

$50 Wellness benefit

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

$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.

100% Employee-Paid

**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 doctors 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.

SmartShopper with Blue Cross Blue Shield

The cost of health care services may 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!



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, & 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: 1.800.523.3327
www.flores247.com

Legal Services & 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

ONEDIGITAL

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.