

Benefits at a Glance

Medical Coverage	Consumer Driven (CDHP)	Base PPO	Buy-Up PPO
Calendar Year Deductible			
Individual	\$3,500	\$2,500	\$1,000
Family	\$7,000	\$6,500	\$3,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum			
Individual	\$6,000	\$6,000	\$5,000
Family	\$12,000	\$11,500	\$9,000
Office Visit			
Primary	20% after Deductible	\$30 Copay	\$25 Copay
Behavioral	20% after Deductible	\$30 Copay	\$25 Copay
Specialist	20% after Deductible	\$50 Copay	\$45 Copay
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)	20% after Deductible	\$250 Copay	\$150 Copay
Urgent Care	20% after Deductible	\$50 Copay	\$45 Copay
TeleHealth	20% after Deductible	\$10 Copay	\$10 Copay
Prescription Coverage	Consumer Driven Health Plan	Base PPO	Buy-Up PPO
Tier 1 (Generic)	20% after Deductible	\$15 / \$30 Copay	\$15 / \$30 Copay
Tier 2 (Preferred Brand)	20% after Deductible	\$50 / \$100 Copay	\$40 / \$80 Copay
Tier 3 (Non-Preferred Brand)	20% after Deductible	\$75 / \$150 Copay	\$65 / \$130 Copay
Tier 4 (Specialty)	20% after Deductible	\$150 Copay / N/A	\$130 Copay / N/A

Medical Rates (Monthly / Bi-Weekly)

Consumer Driven (CDHP) Plan				
Salary Tier	Employee Only	Employee + Spouse	Employee+Child(ren)	Family
<=\$30,000	\$98.28 / \$45.36	\$195.00 / \$90.00	\$188.76 / \$87.12	\$265.20 / \$122.40
\$30,000 - \$40,000	\$121.68 / \$56.16	\$244.92 / \$113.04	\$232.44 / \$107.28	\$336.96 / \$155.52
\$40,001 - \$55,000	\$145.08 / \$66.96	\$293.28 / \$135.36	\$274.56 / \$126.72	\$407.16 / \$187.92
\$55,001 - \$70,000	\$168.48 / \$77.76	\$343.20 / \$158.40	\$318.24 / \$146.88	\$478.92 / \$221.04
\$70,001 - \$85,000	\$191.88	\$391.56	\$360.36	\$549.12
\$85,001 - \$125,000	\$215.28	\$441.48	\$404.04	\$620.88
>=\$125,001	\$230.88	\$474.24	\$432.12	\$667.68
Base PPO Plan				
Salary Tier	Employee Only	Employee + Spouse	Employee+Child(ren)	Family
<=\$30,000	\$156.00 / \$72.00	\$375.96 / \$173.52	\$327.60 / \$151.20	\$544.44 / \$251.28
\$30,000 - \$40,000	\$179.40 / \$82.80	\$425.88 / \$196.56	\$371.28 / \$171.36	\$616.20 / \$284.40
\$40,001 - \$55,000	\$202.80 / \$93.60	\$474.24 / \$218.88	\$413.40 / \$190.80	\$686.40 / \$316.80
\$55,001 - \$70,000	\$226.20 / \$104.40	\$524.16 / \$241.92	\$457.08 / \$210.96	\$758.16 / \$349.92
\$70,001 - \$85,000	\$249.60	\$572.52	\$499.20	\$828.36
\$85,001 - \$125,000	\$273.00	\$622.44	\$642.88	\$900.12
>=\$125,001	\$288.60	\$655.20	\$570.96	\$946.92
Buy-Up PPO Plan				
Salary Tier	Employee Only	Employee + Spouse	Employee+Child(ren)	Family
<=\$30,000	\$215.28 / \$99.36	\$502.32 / \$231.84	\$438.66 / \$202.32	\$726.96 / \$335.52
\$30,000 - \$40,000	\$238.68 / \$110.16	\$552.24 / \$254.88	\$480.48 / \$221.76	\$798.72 / \$368.64
\$40,001 - \$55,000	\$262.08 / \$120.96	\$600.60 / \$277.20	\$524.16 / \$241.92	\$868.92 / \$401.04
\$55,001 - \$70,000	\$285.48 / \$131.76	\$650.52 / \$300.24	\$566.28 / \$261.36	\$940.68 / \$434.16
\$70,001 - \$85,000	\$308.88	\$700.44	\$609.96	\$1,010.88
\$85,001 - \$125,000	\$332.28	\$748.80	\$652.08	\$1,082.64
>=\$125,001	\$347.88	\$781.56	\$681.72	\$1,129.44

CDHP Health Savings Account (HSA) with Flores

Employer Monthly Contribution	Tax Advantaged
Employee Only	\$100 2026 limits: Up to \$4,400 (you only) or
Employee + Spouse	\$150 \$8,750 (family)
Employee + Child(ren)	\$150 Age 55+? Add \$1,000 more.
Family	\$200 Unused money rolls year to year.

Flexible Spending Account (FSA) with Flores

An FSA lets you use pre-tax dollars for eligible costs. **Two types:** Health Care FSA (medical, dental, vision) and Dependent Care FSA (child care under 13, after-school, or adult day care so you can work). **2026 Limits:** \$3,400 (Health Care) and \$7,500 (Dependent Care). Money deducted pre-tax and used to pay those expenses.

Dental with Delta Dental	
Calendar Year Deductible	
Individual	\$50
Family	\$150
Preventive Services	100% Covered
Basic Services	80%
Major Services	50%
Orthodontia (child only)	50%
Orthodontia Lifetime Maximum	\$1,000
Annual Benefit Maximum	\$1,000
Monthly / Bi-Weekly Rate	
Employee Only	\$30.80 / \$15.40
Employee + Spouse	\$55.08 / \$27.54
Employee + Child(ren)	\$56.79 / \$28.40
Family	\$93.83 / \$46.92

Basic Life & AD&D Insurance with USABLE Life	
100% University Paid	
Benefit Amount	Equal to Annual Base Salary
Age Reduction	Reduced 35% at 65, 50% at 70

Long-Term Disability Insurance with USABLE Life	
100% University Paid	
Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$7,000
Benefit Duration	SSNRA
Elimination Period	6 Months

Employee Assistance Program (EAP) with New Directions	
100% University Paid	
Life throws curveballs. Our confidential support program offers counseling, guidance, and resources for stress and anxiety, relationship issues, substance use, eldercare, financial worries, and more. You don’t have to handle it alone.	

Retirement Plan with TIAA	
Employer Contributions	Equal to 7.5% of Base Salary
Contribution Timing	per payroll
Waiting Period	One Year of Service*
Vesting	Immediate
Employee Contributions	Pre-Tax or ROTH up to IRC Limits

Staff Leave (see staff handbook for details)	
Vacation Leave	
Paid Salary	25 Days per Year
Paid Hourly	
0-3 Years of Service	13 Days per Year
3-5 Years of Service	15 Days per Year
5-8 Years of Service	18 Days per Year
8-12 Years of Service	20 Days per Year
12+ Years of Service	25 Days per Year
Holiday Leave	12 Days per Year
Sick Leave	12 Days per Year
Short-Term Medical Leave	22 Days per Year
Monthly Benefit Percentage	100%
Maximum Monthly Benefit	Base Salary
Benefit Duration	Lesser of Accrual or 110 Work Days
Elimination Period	22 Work Days

Other Benefits (see staff handbook or benefits guide)	
Education Courses & Programs	
GED	Employees
Undergraduate (UoS)	Employees / Spouses / Dependents
Undergraduate (Other)	Employees / Spouses / Dependents
Graduate (School of Theology)	Employees / Spouses
Graduate (School of Letters)	Employees
Secondary School	Dependents
Education Loan	Employees / Spouses / Dependents

Vision with Delta Vision	
Eye Exam	\$10
Lenses	
Single Vision	100% Covered (less copay)
Bifocal	100% Covered (less copay)
Trifocal	100% Covered (less copay)
Lenticular Lenses	100% Covered (less copay)
Frames	\$130-\$150 Retail Allowance
Contacts (medically necessary)	100% Covered
Frequency (Exam/Lenses/Frames)	12/12/24 Months

Monthly / Bi-Weekly Rate	
Employee Only	\$6.75 / \$3.38
Employee + Spouse	\$13.50 / \$6.75
Employee + Child(ren)	\$14.45 / \$7.23
Family	\$23.09 / \$11.55

Voluntary Life & AD&D Insurance with USABLE Life	
100% Employee Paid	
Employee Coverage	\$10,000 increments up to 5x earnings or \$500,000
Guaranteed Issue (newly eligible)	\$200,000
Spouse Coverage	\$5,000 increments up to half of employee coverage amount
Guaranteed Issue (newly eligible)	\$50,000
Dependent Coverage	\$10,000
Guaranteed Issue (newly eligible)	\$10,000
<i>Premiums are age banded and may increase over time.</i>	

Confidential Medicare Advising with Path-to-Gov	
100% University Paid	
Path to Gov is a Medicare assistance service. They explain the rules, compare plan options, and show how these programs work with your benefits. Their team can guide you to cost-smart choices that fit your needs without losing coverage.	

Confidential Financial Advising with CAPTRUST	
100% University Paid	
Get the most from your pay and benefits. Our partner, an independent advisory firm, can provide clear, unbiased guidance. Get help with your retirement plan or other money goals—budgeting, debt, credit, or college savings	

Human Resources Contacts		
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Benefits & Leave Specialist		Director, HR Innovation
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Partner Contacts		
Medical —tbd	tbd	tbd
Dental —Delta Dental	deltadentaltn.com	800.223.3104
Vision —Delta Vision	vsp.com	800.877.7195
FSA/HSA —Flores	flores247.com	800.532.3327
Life & AD&D —USABLE	usablelife.com	800.370.5856
LTD —USABLE	usablelife.com	800.370.5856
EAP —New Directions	eap.ndbh.com	800.624.5544
Retirement —TIAA	tiaa.org/sewanee	800.842.2252
Financial Advising —CAPTRUST	captrustadvice.com	
Medicare Advising —Path-to-Gov	pathtogov.com/sewanee	

Disclaimer	
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.	