

BENEFITS ENROLLMENT PACKET

New Employee Guide — 2026 Plan Year

ENROLLMENT DEADLINE

You have **30 calendar days** from your start date to enroll in or waive benefits. If the 30th day falls on a weekend or holiday, the deadline extends to the next business day. Elections made during this window are binding for the remainder of the plan year unless you experience a qualifying life event.

AVAILABLE BENEFIT PLANS

Health Insurance (Medical)

Plan	Network	Annual Deductible	OOP Max	Employee Premium/Mo
BlueCross PPO Plus	PPO (broad)	\$500 individual / \$1,000 family	\$3,500 / \$7,000	\$148.00
BlueCross HMO Select	HMO	\$250 individual / \$500 family	\$2,500 / \$5,000	\$112.00
High-Deductible Health Plan (HDHP)		\$1,500 individual / \$3,000 family	\$5,000 / \$10,000	\$74.00

Dental Insurance

Plan	Preventive	Basic/Major	Orthodontia	Employee Premium/Mo
Delta Dental PPO	100%	80% / 50%	50% (child, \$1,500 lifetime)	\$24.00
Delta Dental Basic	100%	70% / 0%	Not covered	\$14.00

Vision Insurance

VSP Vision Plan: \$10 copay for exam (annually), \$150 frame allowance, \$0 copay for standard lenses.
Employee premium: \$8.00/month.

Life & Disability Insurance

Benefit	Coverage	Employee Cost
Basic Life Insurance	1× annual salary (university-paid)	No cost
Supplemental Life	Up to 5× salary (employee-elected)	Varies by age
Short-Term Disability	60% of salary, up to 12 weeks	University-paid
Long-Term Disability	60% of salary after 90-day elimination	\$9.50/month

Retirement — 403(b) Plan

Crestwood University offers a 403(b) retirement savings plan through TIAA. The university provides a 5% employer contribution for all eligible employees after 90 days of service, regardless of employee contribution. Employees may elect additional voluntary contributions up to IRS limits (\$23,500 in 2026; \$31,000 if age 50+). Enrollment is administered through the Benefits Office — contact benefits@crestwood.edu.

Flexible Spending Accounts (FSA)

Healthcare FSA: Up to \$3,200 annually. Funds available day one of plan year. Dependent Care FSA: Up to \$5,000 per household annually. Note: FSAs are not available if enrolled in the HDHP + HSA combination.

HOW TO ENROLL

Complete this enrollment form and return it to the HR office (hr@crestwood.edu or in person at Main Campus, Administration Building Room 104) within 30 days of your start date. You may also enroll online through the Employee Self-Service portal at *hr-portal.crestwood.edu*.

ENROLLMENT FORM

Employee Name: _____ Employee ID: _____
Department: _____ Start Date: _____
Campus: _____ Supervisor: _____

Medical Coverage Election

- ☐ BlueCross PPO Plus — \$148.00/mo
☐ BlueCross HMO Select — \$112.00/mo
☐ HDHP — \$74.00/mo
☐ Waive medical coverage

Dental Coverage Election

- ☐ Delta Dental PPO — \$24.00/mo
☐ Delta Dental Basic — \$14.00/mo
☐ Waive dental coverage

Vision Coverage Election

- ☐ VSP Vision Plan — \$8.00/mo
☐ Waive vision coverage

Life Insurance — Supplemental

- ☐ 1× salary
☐ 2× salary
☐ 3× salary
☐ Waive supplemental life

Dependent Coverage (if applicable)

List dependents to be covered under medical/dental/vision:

Dependent Name	Relationship	Date of Birth	SSN (last 4)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I acknowledge that I have read and understand the benefits information provided in this packet, and that my elections are effective as of my benefits eligibility date. I understand that I may only change my elections during the annual Open Enrollment period or upon a qualifying life event.

Employee Signature: _____ Date: _____

Questions? Contact HR: hr@crestwood.edu | (555) 814-2200 option 2 | Main Campus, Admin Building Room 104