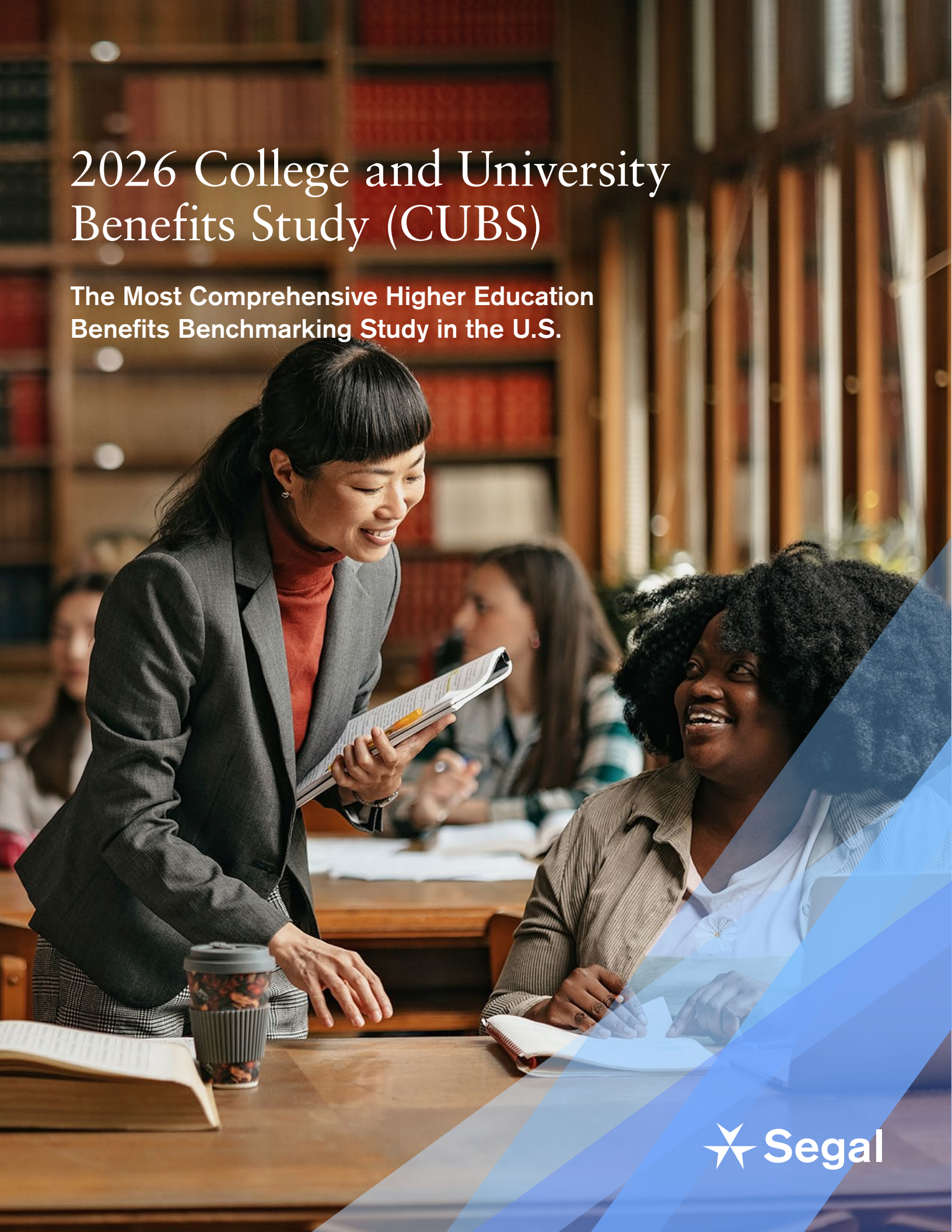
2026 College and University Benefits Study (CUBS)

The Most Comprehensive Higher Education Benefits Benchmarking Study in the U.S.



Segal

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Introduction

Colleges and universities are operating in an uncertain socioeconomic and political environment, with budget planning made more difficult by fluctuating revenues, enrollment pressures, regulatory shifts and ongoing cost escalation.

In our discussions with clients, we hear consistent concerns about heightened volatility across operating budgets and limited visibility into future expenses, particularly for benefits and other fixed costs. As institutions seek to manage risk and maintain financial flexibility, we are helping leaders identify opportunities to drive efficiency and control costs while preserving the most significant benefit programs that support their competitive position in the talent market.

Benefits, especially health and well-being offerings, remain a critical component of the employee value proposition (EVP). Faculty and staff continue to expect competitive benefits, even as fiscal constraints tighten. Institutions can balance benefit design and employee contributions in a way that manages costs while sustaining an attractive and competitive total rewards package.

Higher education institutions are also navigating a complex and challenging federal policy environment. Recent actions and proposed measures have introduced new financial and operational pressures, including efforts that affect critical funding streams relied upon to support institutional missions. Responding to regulatory changes, compliance requirements and legal challenges has required significant leadership attention and, in many cases, added legal and administrative costs. Collectively, these dynamics place further strain on institutional budgets and complicate institutions' ability to operate efficiently and focus resources on their core academic and student-centered priorities.

Segal clients are increasingly recognizing that achieving long term sustainability and affordability in their total rewards programs requires a shift in how to approach decisions about benefits. As cost pressures intensify, institutional boards of directors are playing a more active role in requiring institutions to explore alternative benefits strategies and funding models. What were once primarily operational considerations are now rising to the level of governance, reflecting the strategic importance of benefits to an institution's financial health, workforce stability and overall risk management.



About Segal's *College and University Benefits Study*

CUBS is the most comprehensive higher education employee benefit benchmark study in the U.S.

Segal has conducted CUBS biennially since 2012. CUBS draws information from our proprietary database of over 400 private and public higher education institutions.

This edition of CUBS uses 2025 benefits data offered to these employee groups: faculty, administrative staff, and clerical and support staff.

How will colleges and universities be able to attract and retain the highest quality faculty and staff given fiscal constraints? To position themselves as an employer of choice, institutions will need to continue to offer a total rewards package that's more attractive than what employers in other industries offer. This is particularly important for roles (e.g., administration and IT) that are also in high demand in other industries that offer better pay. Additionally, colleges and universities must clearly communicate the advantages of working in higher education while highlighting the unique benefits and opportunities that distinguish their institution from other employers.

How can CUBS help you? Colleges and universities know better than most that knowledge is power. It is their stock in trade. Understanding how an institution's benefits compare to those who are competing for the same faculty and staff talent allows them to position themselves better in the market. A custom CUBS benchmarking study will help you see the strengths and weaknesses of your entire benefits package as it compares to your college and university peers. It will break down the components of the package, benefit by benefit, so you'll know which benefits may need some redesign. It can identify benefits that are too rich compared to what other institutions offer, so you can reduce your overall spending on benefits in order to operate within ever-tightening budget constraints. A CUBS benchmarking study can also be expanded to consider the other regional or national competition for talent that your institution faces.



Summary of CUBS Findings

These are the key findings of this year's CUBS with our observations:

- Benefits packages are not contracting. They remain strong to help protect faculty and staff, encourage them to stay and attract new talent. We do not believe that this steady state will continue, as many institutions are actively seeking ways to save money on benefits.
- Institutions are keeping health benefit costs at a reasonable level and are holding the line on contribution increases so faculty and staff do not feel additional pain as inflation continues to be a problem. This practice may not be sustainable for much longer given the financial pressures institutions are facing and the rapid rise in healthcare costs.
- The cost of prescription drug coverage continues to be an issue. The design for this benefit needs to be very tightly managed, particularly for institutions that cover GLP-1s for weight loss and various FDA-approved conditions. In some cases, we see management of GLP-1s offered alongside a direct-to-consumer GLP-1 discount plan. We expect this area to continue to evolve rapidly going forward.
- Behavioral health benefits are evolving to include multiple ways of providing care, including virtual point solutions, to give faculty and staff greater access to more personalized care. Digital options will continue to be important given the ongoing shortage of mental health providers and the increasing demand for behavioral health services.
- Retirement benefits that have been historically far richer than what employers in other industries offer are contracting slightly to absorb some of the economic stressors that institutions and their total rewards packages face. At the same time, institutions should carefully evaluate any retirement plan changes, as these benefits remain a key differentiator in attracting and retaining talent within higher education.
- The prevalence of personal benefit statements suggests that institutions recognize the importance of helping employees understand the full value of their benefits. Making the value of benefits more transparent helps institutions differentiate themselves in a competitive talent market while reinforcing the substantial contribution benefits make to employees' total compensation.
- There's continued expansion of, and communications promoting, voluntary ("affiliation") benefits, offerings that can make a difference in how much better life can be at one institution over another.

This report also includes observations, insights and outlooks from our subject matter experts

In addition to presenting data on the state of higher ed benefits based on 2025 data, this report covers real-time anecdotal information based on what we have seen in our work throughout 2025 and early 2026 with higher education clients that are struggling with how to better position their institutions. Our subject matter experts share what we can expect to see in the benefits arena and offer thoughts on how to address this fast-paced, changing environment.

While change is inevitable, how institutions deal with it will determine whether, and how, they succeed.

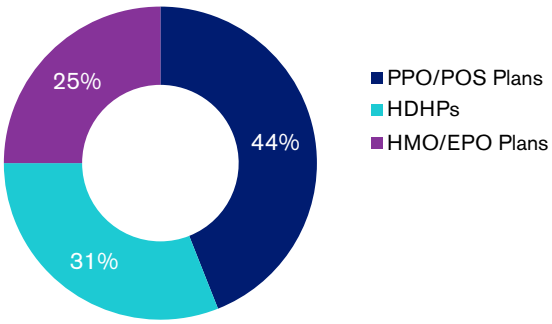


Health and Well-Being Benefits

Medical coverage

Health benefits remain the most important and popular employee benefit, which likely explains why strong health plan offerings have not yet significantly weakened in the face of extreme economic pressures.

PPO/POS Plans Are the Most Prevalent Plan Type



Source: Segal's 2026 *College and University Benefits Study*

PPO/POS plans are the most prevalent design, as employees tend to prefer having coverage that allows them the option to seek care out of network if needed. Most HDHPs are PPO plans.

One strategy being used is to ensure that employees understand the economic importance of staying in-network for care.

PPO/POS Plan Provisions Are Still Robust (Not Diminishing)

Key Plan Provisions	Median In Network	Median Out of Network	Average In Network	Average Out of Network
Individual Deductible	$500	$825	$505	$1,228
Individual Out-of-Pocket Maximum	$3,000	$5,000	$3,764	$5,382
PCP Copayment/Coinsurance	$20	30%	$24	30%
Specialist Copayment/Coinsurance	$35	30%	$37	30%
Coinsurance for Hospital/Surgical Services	10%	30%	11%	33%
Emergency Room Copayment	$150	$150	$168	$168

Source: Segal's 2026 *College and University Benefits Study*

The minimum required HDHP deductibles increase as the federal government indexes plans that are HSA-eligible. HSAs have attracted many employers to HDHPs because they allow employees to alleviate the impact of the high deductible and enable employees to save for healthcare needs in retirement.

The Federal Government Indexes HDHP Deductibles and Out-of-Pocket Maximum Costs in These Plans, Driving Those Provisions Higher Each Year

Key Plan Provisions	Median In Network	Median Out of Network	Average In Network	Average Out of Network
Individual Deductible	$2,000	$3,500	$2,277	$3,694
Individual Out-of-Pocket Maximum	$4,000	$7,000	$4,582	$7,712
PCP Copayment/Coinsurance	$25	40%	$26	37%
Specialist Copayment/Coinsurance	$50	40%	$51	37%
Coinsurance for Hospital/Surgical Services	20%	40%	16%	37%
Emergency Room Coinsurance	20%	20%	14%	14%

Source: Segal's 2026 Colle*ge and University Benefits Study*

The Median and Average Institution Contribution to HSAs* Are Twice as Much for Family Coverage as Employee-Only Coverage

	Median	Average
Employee Only	$500	$637
Family	$1,000	$1,245

* HSAs where institutions do not contribute are included.

Source: Segal's 2026 *College and University Benefits Study*

We have seen continued decline in the use of Health Reimbursement Arrangements (HRAs) among health plans for active employees, down from 8 percent in 2023 to 3 percent in 2025.

Only 42 percent of HMO/EPO plans have a deductible, which is similar to the past two years, but the average deductible has increased by more than two-thirds over that period (up from an average of nearly $160).

Although HMO/EPO Plan Provisions* Are Still Robust, CUBS Found an Increase in the Employee Cost Share Through the Deductible

	Median	Average
Individual Deductible	$0	$215
Individual Out-of-Pocket Maximum	$2,400	$3,116
PCP Copayment	$25	$23
Specialist Copayment	$35	$37
Hospital Copayment	$300	$366
Outpatient Hospital Copayment	$150	$183
Emergency Room Copayment	$150	$162

* These provisions only apply to in-network services because the plan design does not cover out-of-network services.

Source: Segal's 2026 *College and University Benefits Study*

CUBS found that from 2024 to 2025, after taking into account plan design changes, health plan cost trend (medical and Rx combined) increased close to 4 percent for both PPO/POS plans and HMO/EPO plans and almost 5 percent for HDHPs. Of course, the higher increase in trend for HDHPs tends to be on a lower starting premium cost than the traditional plan types. The average employee contribution increase across all three plan types was approximately 4.8 percent, which is about the same level as the cost increase.

Opt-out benefits and spousal surcharges have not increased in prevalence and generally have remained at similar levels to previous years. Based on legislation allowing children to remain on their parents' health plan once they have their own jobs and could elect their own healthcare coverage, opt-out benefits are not something that will save an employer any money. Similarly, spousal surcharges are not used more often because they are difficult to administer and enforce.





Outlook for medical plans

Healthcare affordability will remain the primary challenge. Healthcare costs are expected to continue rising faster than general inflation and salary growth, putting ongoing pressure on institutional budgets and employee household finances. While 2025 results generally reflect a relatively stable benefits environment, many employers are beginning to experience pressures that are expected to accelerate over the next several years. More than half of Segal higher education clients are now actively exploring changes to their benefits program as cost pressures mount. According to the *2027 Segal Health Plan Cost Trend Survey*, medical and pharmacy trend projections for 2027 are among the highest seen in more than a decade, driven by increasing specialty drug utilization, GLP-1 demand, high-cost therapies, provider price inflation and continued healthcare workforce shortages. In addition, stop-loss insurance renewal increases are trending above historical norms, signaling heightened concern regarding catastrophic claim exposure. As a result, the most significant impacts of these trends may not yet be visible in current benchmark data but are expected to influence employer benefit strategies and costs more substantially in 2027 and beyond.

Rather than broad-based benefit reductions, employers are expected to focus first on improving purchasing efficiency, strengthening utilization management and adopting innovative funding strategies; however, continued cost acceleration could lead to greater employee cost sharing and more significant plan design changes if trend levels persist through 2027.

HDHPs and HSA funding may continue to expand. As institutions seek lower-cost plan alternatives, HDHPs are likely to remain an important component of medical plan offerings. HSAs offer a valuable opportunity for employees to save on a tax-advantaged basis for future healthcare expenses, including those incurred during retirement, making them particularly attractive for institutions with limited retiree health benefits. However, employers will need to maintain meaningful HSA contributions to encourage employee adoption and remain competitive.

PPO/POS plans are expected to remain the market leader. Although HDHPs have gained traction, employee demand for provider choice and out-of-network access suggests PPO/POS plans will continue to dominate higher education healthcare offerings for the foreseeable future. Growth in HDHPs is more likely to occur through expanded plan choice than through replacement of PPO/POS plans.



Plan designs may become more focused on high-value care. Institutions and carriers are increasingly emphasizing preventive care, chronic condition management, centers of excellence and navigation tools to improve outcomes and control costs. Future plan innovations are likely to focus on improving healthcare utilization decisions rather than shifting substantially more costs to employees. We expect health concierge services and decision-support tools to become more prevalent, as there is a clear need to help guide individuals and their families when they need to access healthcare.

Opt-out incentives and spousal surcharges are unlikely to expand significantly. The study findings indicate little momentum behind these strategies. Administrative complexity, limited savings opportunities and changing dependent coverage dynamics make them less attractive than other cost-management approaches.

Artificial intelligence will influence employer healthcare strategies over the next several years. Health plans, providers and healthcare vendors are increasingly using AI-powered tools to improve care navigation, identify gaps in care, support chronic condition management, detect fraud and waste and help employees make more informed healthcare decisions. While these technologies have the potential to improve health outcomes and reduce unnecessary costs, their impact on overall healthcare spending remains uncertain. While AI has the potential to improve healthcare efficiency and decision-making, it is unlikely to significantly change the structure of employer-sponsored medical plans in the near future. Instead, institutions will likely use AI-powered tools to help employees make better healthcare choices and improve access to care.

Medical benefits continue to be the highest-priority employee benefit. Despite ongoing financial challenges facing higher education, institutions have largely preserved robust plan designs and appear willing to absorb higher healthcare costs and premium increases rather than significantly reduce coverage levels, reflecting the importance employees place on health benefits and the competitiveness of the labor market. Looking ahead, employers will continue to balance affordability with competitiveness, focusing on strategies that improve healthcare value and consumer engagement while maintaining access to comprehensive coverage.

Prescription drug coverage

Over the two years since the last CUBS, there has not been any significant change in prescription drug plan cost-sharing provisions.

PPO/POS Plan Cost-Sharing Provisions for Retail Drug Tiers Are Still Robust and Affordable

	Median Copayment/Coinsurance	Average Copayment/Coinsurance
Generic	$10/20%	$11/21%
Brand Formulary	$30/25%	$32/27%
Brand Non-Formulary	$50/40%	$53/38%
Specialty/Biotech	$45/25%	$63/28%

Source: Segal's 2026 *College and University Benefits Study*

About 89 percent of PPO/POS plans use copayments for the generic drug tier, while almost 78 percent of PPO/POS plans use copayments for the brand formulary and brand non-formulary tiers. Not all PPO/POS plans have a specialty/biotech drug tier, but when a specialty tier exists, more than two-thirds (67 percent) use copayments for that tier. On average, copayments for mail-order drugs are two times the copayments for the retail tier (does not apply to coinsurance).

HDHP Cost-Sharing Provisions for Retail Drug Tier Tends to Be Coinsurance Rather Than Copayments

	Median Copayment/Coinsurance	Average Copayment/Coinsurance
Generic	$10/20%	$12/20%
Brand Formulary	$30/20%	$36/22%
Brand Non-formulary	$50/20%	$59/27%
Specialty/Biotech	$38/20%	$56/26%

Source: Segal's 2026 *College and University Benefits Study*

HSA-eligible HDHPs are more likely than the two other plan types to use coinsurance instead of copayments. Only 51 percent of HDHPs use copayments for the generic tier, while 44 percent of HDHPs use copayments for the brand formulary and brand non-formulary tiers. For HDHPs that have a specialty/biotech drug tier, 32 percent use copayments for that tier. On average, the copayments for mail-order drugs are two times the copayments for the retail tier (does not apply to coinsurance).

HMO/EPO Plan Cost-Sharing Provisions for Retail Drug Tiers Are in Line with PPO/POS Plan Provisions

	Median Copayment/ Coinsurance	Average Copayment/ Coinsurance
Generic	$10/20%	$12/24%
Brand Formulary	$30/28%	$33/30%
Brand Non-Formulary	$50/45%	$53/44%
Specialty/Biotech	$35/30%	$51/32%

Source: Segal's 2026 *College and University Benefits Study*

Most HMO/EPO plans (93 percent) use copayments for the generic tier, while 80 percent of HMP/EPO plans use copayments for brand formulary and brand non-formulary tiers. Among HMO/EPO plans with a specialty/biotech drug tier, 70 percent uses copayments for that tier. On average, copayments for mail-order drugs are two times the copayments for the retail tiers (does not apply to coinsurance).

CUBS found that although the level of copayments does not vary much among the plan designs, the degree to which coinsurance is used instead of copayments does, particularly for HDHPs. Further, 80 percent of HDHPs use the medical plan coinsurance and deductibles for prescription drugs. That is not the case for the two other plan types.

Prescription drug cost-management tools, such as mandatory generics, step therapy, prior authorizations, quantity limits and split fills, have become standard practice in the prescription drug industry. Despite the use of these tools, prescription drug trends are now higher than they have been in many years. Drivers of double-digit trends include higher utilization, particularly for specialty medications and GLP-1s for weight loss, diabetes and other comorbid conditions of obesity.

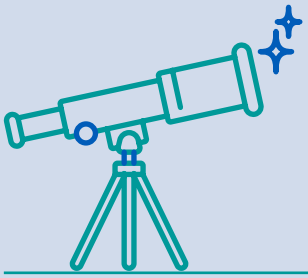
The 2027 *Segal Health Plan Cost Trend Survey* report points out these reasons (among many) for high Rx trend. The report also notes that plans that covered GLP-1s for obesity management had a prescription drug trend rate of 18.3 percent in 2025, with 7.8 percent of that trend attributable to GLP-1s. Comparatively, among plans that did not cover GLP-1s for obesity management, prescription drug trend was 10.5 percent, with 1.2 percent attributable to GLP-1s (covered for diabetes), according to data in Segal's SHAPE data warehouse representing more than 4 million covered lives from self-insured plan sponsors.

Given their high cost, if GLP-1s are covered it's important to ensure that they are used effectively. Segal's SHAPE database has revealed the discontinuation rate for GLP-1s is high. eClinicalMedicine published a clinical health study on GLP-1 success issued in March 2026 and noted that at year one after the cessation from the medication, 60 percent of the weight lost was regained, and it continued beyond that first year until the weight regain plateaued at about 75 percent of the original weight lost.

Anti-obesity medication (AOM) success is important because it will avoid health spending on comorbid conditions of obesity (e.g., diabetes, hypertension, sleep apnea and hyperlipidemia). Studies have shown that diet and exercise regimens are needed to keep weight off and make sure there is no loss of muscle mass and bone density. It's helpful to offer a GLP-1 management program that includes a registered dietician/nutritionist, a physician who specializes in obesity management, a coach to ensure exercise is happening regularly and access to a behavioral health specialist to help avoid or overcome depression, eating disorders and other comorbid psychological conditions.

GLP-1 management programs are also valuable if GLP-1s are only covered for those diagnosed with diabetes. Additionally, there are many cardio-metabolic point solutions that seek to manage the whole health of those who need GLP-1s.





Outlook for prescription drug coverage

Prescription drug trend will likely continue to outpace medical trend. The focus of healthcare cost management is shifting from medical plan design to managing prescription drug spending, which is becoming a leading driver of healthcare inflation. Specialty drugs, gene therapies, biologics and GLP-1 medications are likely to continue placing upward pressure on employer healthcare costs.

Institutions will prioritize high-cost drug management over increased employee cost sharing. Given the relatively stable cost-sharing provisions observed in the benchmarking data, institutions appear reluctant to substantially increase prescription drug copayments. Instead, employers will likely focus on:

- Enhanced prior authorization requirements
- Clinical review and utilization-management programs
- Specialty pharmacy management
- High-cost drug carve-out strategies using direct-to-consumer purchasing and employer-funded accounts
- Biosimilar adoption and formulary management
- Copayment-assistance programs
- Outcomes-based contracts and other value-based purchasing arrangements

GLP-1 strategy will become a major benefits decision. Few prescription drug issues currently carry greater financial implications than GLP-1 coverage. Institutions will increasingly need to determine:

- Whether to cover GLP-1s for obesity management
- Which clinical criteria should apply
- Whether to require participation in a weight-management program
- How to evaluate long-term return on investment

The institutions that achieve the greatest success are likely to pair GLP-1 coverage with comprehensive obesity-management programs that include nutrition counseling, exercise support, behavioral health resources and ongoing clinical monitoring. The growing evidence regarding treatment discontinuation and weight regain suggests that medication alone may not be sufficient to achieve lasting outcomes. Institutions may increasingly favor integrated obesity-management programs over standalone drug coverage to maximize health improvement and protect healthcare investments.





Biosimilars may provide some cost relief. Although specialty drug spending is expected to continue growing, increased availability of biosimilar alternatives may help moderate some future cost increases. Institutions should be asking their pharmacy benefit manager (PBM) about how aggressive they can be to switch over to a biosimilar-first approach to prescribing medications. In particular, the anti-inflammatory class of drugs (includes brands such as Humira®, Embrel® and Skyrizi®) has biosimilar alternatives that are just as effective as and far less expensive than the brand drugs. Institutions and pharmacy benefit managers will likely continue encouraging biosimilar adoption where clinically appropriate.

Artificial intelligence may enhance pharmacy management. AI-powered tools are expected to play a growing role in identifying inappropriate utilization, predicting medication adherence risks, supporting prior authorization reviews and helping employees navigate lower-cost treatment alternatives. While AI is unlikely to materially reduce prescription drug inflation on its own, it may improve utilization management and clinical decision-making. AI has also become more widely used in fraud, waste and abuse (FWA) programs to detect inappropriate billing practices and other activities that drive unnecessary costs for employers and employees. Employers should ensure their PBM and medical insurer are using the most advanced systems possible. Institutions that are bidding their drug plans should ensure that requirements for strong FWA capabilities are part of the evaluation criteria.

Regulatory reforms are expected to increase PBM transparency and provide opportunities to optimize PBM contracting strategies. The drug industry is also undergoing changes that will lead to new contracting arrangements for institutions that carve out pharmacy benefits through PBMs. The Consolidated Appropriations Act's PBM provisions, generally effective for plan years beginning on or after August 3, 2028, are expected to increase transparency within the pharmacy benefit marketplace by requiring greater disclosure of PBM pricing and compensation arrangements. As these requirements take effect, institutions that carve out pharmacy benefits may have greater visibility into the drivers of prescription drug costs and additional opportunities to negotiate contracting arrangements that better align with their financial and clinical objectives. Get our PBM Contracting Tips to Help Manage Prescription Drug Costs, including a checklist.

Employers will perform more frequent competitive PBM market reviews and evaluate emerging pharmacy benefit models. In addition to seeking greater transparency through regulatory changes and enhanced PBM oversight, many organizations are taking their pharmacy benefits to market more frequently. Emerging solutions, such as transparent pass-through PBMs, cost-plus pharmacy programs, manufacturer-direct purchasing arrangements and specialty drug carve-out strategies, are gaining traction as employers seek greater control over pharmacy spending. As the pharmacy marketplace evolves, employers are increasingly focused on balancing cost management, pricing transparency and employee access to high-quality medications.

Employee cost sharing for medical and prescription drug plans

CUBS found that employee contributions as a percentage of premium cost for the various types of medical and drug plans have changed little, if at all, from year to year.

The Average Contribution Percentage Range for Both Individual and Family Coverage is Highest for PPO/POS Plans

	Individual Coverage	Family Coverage
PPO/POS Plans	19–23%	25–30%
HDHPs	10–15%	16–21%
HMO/EPO Plans	15–18%	19–23%

Source: Segal's 2026 *College and University Benefits Study*

These contribution percentages for employers in all industries are similar to, and in some cases a little lower than the percentages reported in the Kaiser Family Foundation (KFF) 2025 *Employer Health Benefits Annual Survey*:

- PPO/POS plans range from 13 percent to 21 percent for individual coverage and 22 percent to 41 percent for family coverage, depending on geographic region. The CUBS data is on the high end for individual coverage, but family coverage falls right into the lower-middle portion of those wider ranges (and shows far less variation by region).
- Likewise, HMO/EPO plans in the KFF survey range from 11 percent to 18 percent for individual coverage and 22 percent to 34 percent for family coverage, depending on region. In CUBS, like contribution levels for PPO/POS plans, contribution levels for HMO/EPO plans are on the higher end of the range for individual coverage, while contributions for family coverage fall on the low end of the KFF range and can often be below that range.
- For HDHPs in the KFF survey, the plans range from 16 percent to 17 percent for individual coverage and 21 percent to 26 percent for family coverage, depending on region. In this instance, CUBS contributions come in lower than employers in other industries. We would hypothesize that this is because corporate America adopted these plans faster and thus no longer needs to provide incentives for employees to consider enrolling. Higher education has not offered these plans for as long and is often still incentivizing faculty and staff to consider enrolling in these plans.



Outlook for employee cost sharing

Institutions may not be able to absorb healthcare cost increases at current levels. Colleges and universities have largely shielded employees from significant cost increases to date, but that approach may become increasingly difficult to sustain given projected 2026 and 2027 trends. While current benchmark data indicates that employee contribution strategies have remained relatively stable, much of the data predates the significant cost pressures emerging in the healthcare marketplace. As a result, institutions may find it increasingly difficult to continue absorbing the majority of these cost increases. Rather than implementing broad benefit reductions, employers are likely to first pursue strategies such as more aggressive vendor procurement, enhanced plan management, pharmacy benefit optimization and targeted plan design changes. However, if elevated healthcare trends persist, a greater share of costs may ultimately be shifted to employees through higher payroll contributions, increased cost sharing at the point of care, or both.

Contribution strategies may continue to move toward broader market practice. We also expect more institutions to expand HDHP offerings and gradually align contribution strategies with those commonly seen in other industries. Consistent with broader market practice, future contribution increases are likely to be concentrated on dependent and family coverage tiers, while contributions for employee-only coverage may remain comparatively stable to support workforce recruitment and retention objectives.

Behavioral health benefits

Use of EAPs and behavioral healthcare have both increased significantly. We continue to see the bolstering of EAP and related mental health benefits by institutions. We also see that accessibility to behavioral healthcare has been expanded to capture all forms of media, including computers, telephone calls, email, texts and live services. Different generational groups feel most comfortable finding help in different ways.

CUBS has consistently shown that five services are key to institutions' mental health offerings.

Top 5 Mental Health Services Offered by the Percentage of Institutions Offering the Service



Source: Segal's 2026 *College and University Benefits Study*

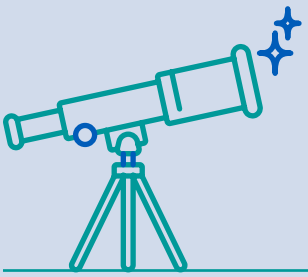
As already noted, the greatest change in behavioral health is digital access to specialty providers. While some employers have implemented standalone point solutions, most major insurers now offer a coordinated suite of digital behavioral health resources within their healthcare ecosystem. This approach expands provider access while increasing the range of specialized care options covered by the plan. This can include pediatric care, geriatric care, veteran care, trauma recovery, addiction treatment, eating disorders, gender identity, LGBTQ+ care, group therapy, one-on-one therapy, family therapy, applied behavior analysis for child autism and virtual crisis counseling, to name a few. These virtual specialty service organizations fill a vital gap in access to care now that there are not enough mental health counselors to cover all the patients who need help in a given location.

We often find that many employers are not fully aware of the range of solutions employees may already be able to access through their current health plans. What will become more important are ways to manage this growing digital/virtual ecosystem and how to best communicate with employees that these services exist. It is also important for institutions to make managers aware of these programs, including when and how to discuss their availability with employees in crisis.

Although virtual platforms have improved access and convenience, behavioral health still requires human interaction. Psychiatrists, psychologists and therapists providing ongoing treatment will not be easily replaced. Empathy and emotional support still need to come from other humans.

The success of behavioral health benefits depends on how effectively they are communicated and promoted, as well as how easy they are to access. Even with the best plans, we know that negative stigma remains around behavioral healthcare, especially among older generations. Conversely, we have seen that the vast majority of college students are comfortable utilizing mental health services, and those students are quickly moving into the workforce, which will heighten the challenges regarding timely access to appropriate care.





Outlook for behavioral health benefits

Demand will continue to grow. As mental health concerns become more openly discussed and accepted across all generations in the workforce, demand for behavioral health and substance use disorder services is expected to remain elevated. While institutions have significantly expanded behavioral health resources over the past several years, access to timely and appropriate care remains a challenge due to ongoing provider shortages.

Focus will shift from expansion to engagement. We expect institutions to continue investing in virtual behavioral health platforms, expanded provider networks and specialty programs. However, the next phase of behavioral health strategy will be less about adding new point solutions and more about helping employees navigate the resources that already exist. Many institutions offer a wide range of programs, but employee awareness and use often fall short of what is available.

Care coordination and advocacy will become increasingly important. We anticipate growing interest in concierge and care-navigation models that help employees identify appropriate resources and access care more quickly. These services can improve employees' experience, reduce unnecessary emergency room utilization and help employees receive support early for a behavioral health condition.

Outcomes will matter more. Looking ahead, behavioral health benefits will increasingly be evaluated not only on the breadth of services offered but also on their ability to improve access, connect employees to appropriate care, demonstrate measurable outcomes and support overall workforce well-being.

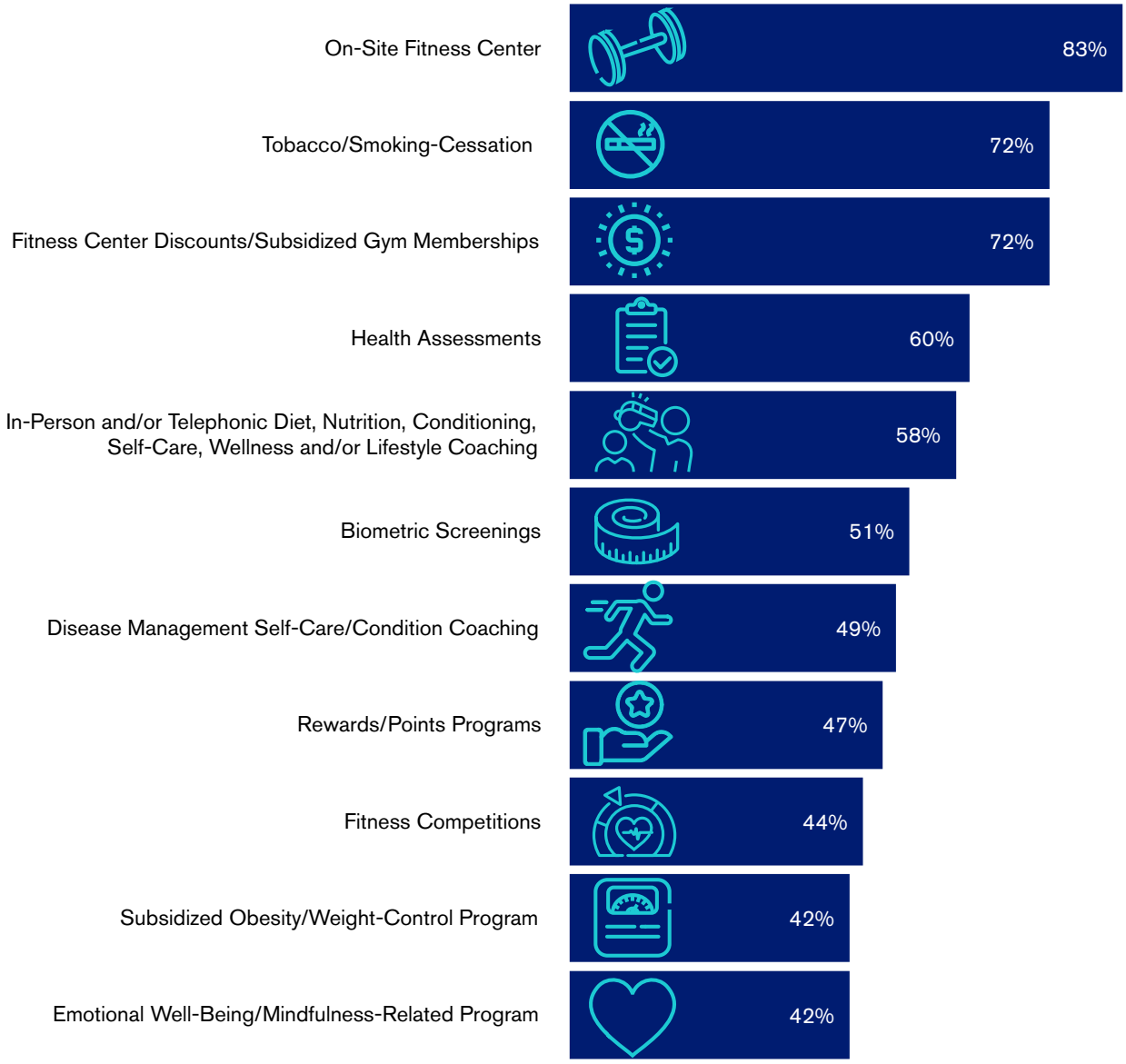
To learn more about mental health benefit strategies, see our insights.



Well-being programs

For most institutions certain well-being programs remain mainstays of the wellness toolkit.

10 Non-Financial Well-Being Programs Offered by Institutions



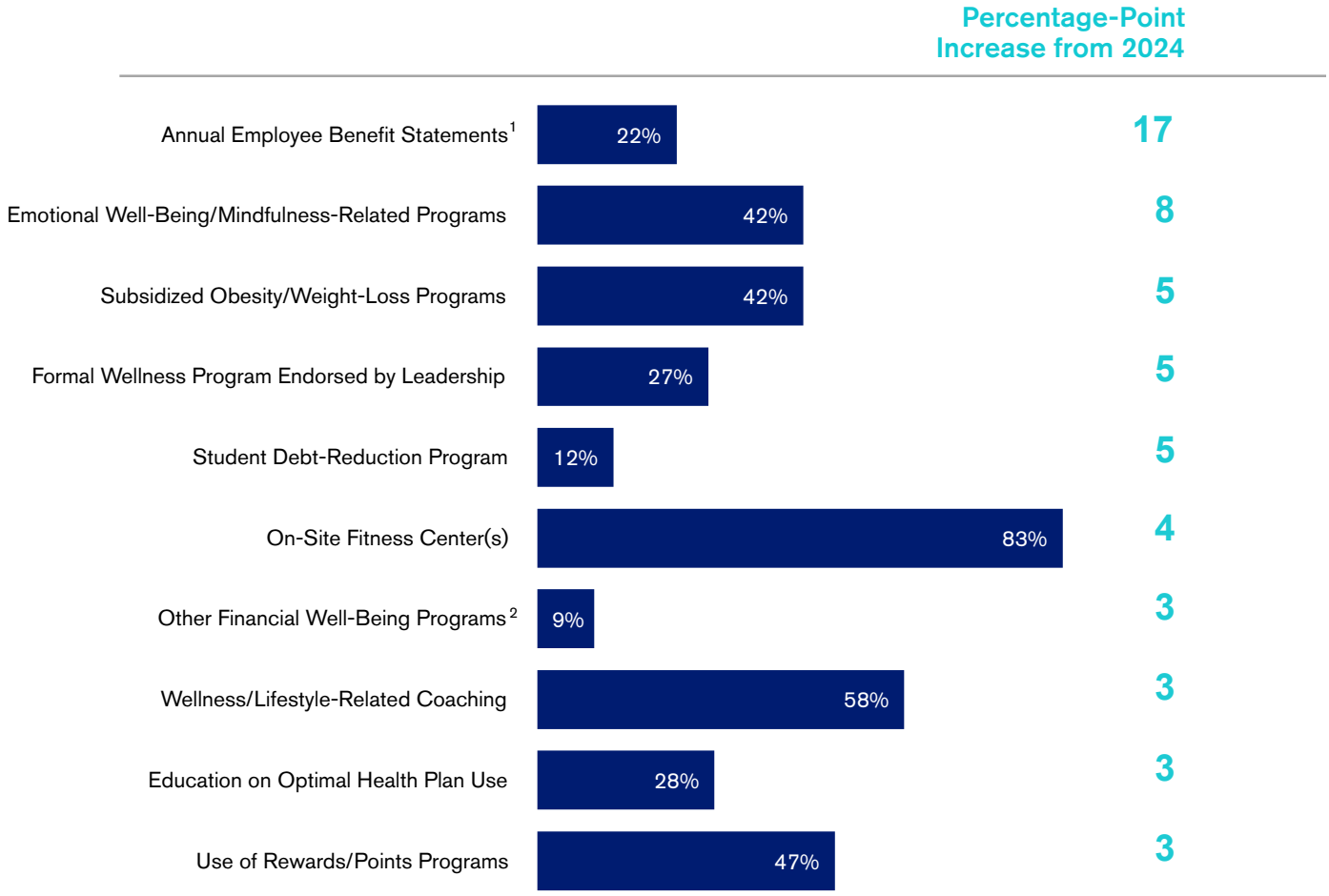
Source: Segal's 2026 *College and University Benefits Study*

CUBS found that more institutions are promoting well-being programs that extend beyond traditional health management programs, including financial wellness resources, recognizing the significant impact that financial stress can have on overall well-being.

There were significant increases in the percentages of institutions offering fitness center discounts/subsidized gym memberships, computer hardware and software discounts, travel insurance and assistance, identity theft insurance and more. Programs such as student debt reduction have moved from single-digit to double-digit prevalence. Given the economic environment today, it seems every effort is being made to find ways to enhance the value and diversity of benefit packages without breaking the bank.

CUBS also found that more institutions are offering telemedicine and wellness program digital platforms to monitor people's health and more digital behavioral health solutions that augment mental health networks and address various specialty care needs. The greatest increase has been in digital tools for behavioral health. There is also growth in the use of obesity and cardio-metabolic health solutions that seek to manage the care for those who are clinically overweight and suffer from many of the comorbid conditions associated with obesity. These solutions also help manage the GLP-1 use (in some cases they can prescribe these medications) and their side effects.

Well-Being Offerings That Are at Least 3 Percentage Points More Prevalent in 2025 than 2024



[1] Annual employee benefit statements contribute to financial well-being because they help employees understand the importance and financial value of their benefits.

[2] These can include additional ways for faculty and staff to save money via various business discounts, service discounts and other employer subsidies of benefits.

Source: Segal's 2026 *College and University Benefits Study*

The list shows an emphasis on emotional/behavioral health and mindfulness, obesity control and financial well-being. These initiatives meet the highest concerns of institutions and their faculty and staff. Behavioral and emotional health will come up again when talking about EAPs and related benefits. Financial well-being programs can include student debt reduction programs, and a host of other discount programs and voluntary group insurances, which are all offered to save money for faculty and staff. Obesity control can be found in the form of weight-loss programs (including GLP-1 management), digital therapeutic weight-loss solutions, fitness-related benefits and lifestyle coaching.

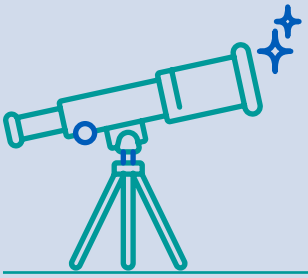
The double-digit increase in the percentage of institutions offering benefit statements is noteworthy. It is partly attributable to some combination of clearer and more pointed communications available on institutions' websites and a true increase in the use of this tool for promoting total rewards. Often faculty and staff do not realize just how much their benefits cost. Seeing the value in combination with compensation (as a total rewards picture) can have a strong impact and may inspire them to stay with their institution, reducing turnover.

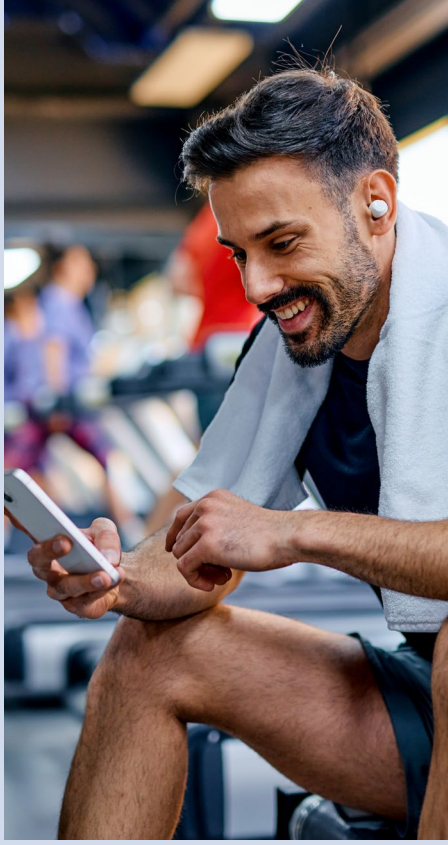
Two years ago, CUBS emphasized the importance of education on optimal health plan use to save money, but the prevalence of that offering is still far too low. Many employees don't understand how plans work and which plan to select. Consequently, when they get sick, they don't understand the optimal way to access the healthcare system. If an employee goes to an emergency room when they could have gone to an urgent care center, called a nurse hotline to find out that they can wait to see a physician the next day or used telemedicine to see a doctor immediately, the cost is far greater to the plan and the member and results in unnecessary expense.

Healthcare concierge services have been increasing in number. CUBS found that at least 12 percent of institutions in 2025 are currently using some form of healthcare concierge or navigation services. These can include nurse triage hotlines. Concierge services have intake protocols that allow the concierge to determine the callers' needs and match them up with the optimal service provider (whether virtual or live, often by preference). By guiding patients to appropriate resources and facilitating appointment scheduling, this approach reduces barriers to care and accelerates access to support, which increases the likelihood that individuals receive assistance when they are most receptive to seeking treatment.

Concierge services may be offered either as a standalone solution or through a medical insurer. Because service models and outcomes can vary, it is important for institutions to identify a solution that best aligns with the needs of their population and benefits strategy. Ideally, a concierge service should be able to guide faculty and staff across the full spectrum of healthcare resources available within the benefit, including behavioral health services. The most effective programs are supported by knowledgeable, well-trained staff who understand the available plans, providers and care options, and who have significant experience assisting individuals facing stressful, emotional or complex medical or behavioral health situations.

Well-being platforms that offer virtual health monitoring are another growing service, now offered by 13 percent of institutions. These offerings require the healthcare system to proactively engage employees who are showing signs of illness or non-compliance with treatment regimens, such as widely fluctuating blood sugar levels, and provide guidance on managing their condition and accessing the most appropriate care, including health coaches, telemedicine services, physicians, clinics and other available support resources.





Outlook for well-being programs

Well-being will continue to expand beyond traditional wellness. Institutions are increasingly viewing well-being through a holistic lens that encompasses physical, emotional, behavioral, financial and social well-being. The growth in financial wellness resources, student debt assistance, benefit statements, mindfulness programs and other support services reflects a broader recognition that employee well-being extends beyond healthcare utilization alone. We expect institutions to continue expanding programs that support employees' overall quality of life while seeking cost-effective ways to enhance the value of their total rewards package.

Chronic condition and obesity management will remain a priority. The rapid growth of obesity-management programs, lifestyle coaching, digital therapeutics and virtual care solutions demonstrates the increasing focus on preventing and managing chronic conditions. Institutions will continue evaluating solutions that improve health outcomes while helping to manage the long-term costs associated with obesity, diabetes, cardiovascular disease and other prevalent conditions. For employers that continue to cover GLP-1 medications for weight loss, participation in structured weight-management and lifestyle-support programs may increasingly become a requirement to promote appropriate utilization, improve outcomes and support long-term behavior change.

Digital engagement and personalized support will grow. Virtual health platforms, remote monitoring tools, telemedicine, digital therapeutics and AI-enabled support tools are expected to play an increasingly important role in well-being strategies. However, the most successful programs will be those that integrate human support with technology rather than relying solely on digital solutions. Institutions will continue to seek vendors that can demonstrate measurable outcomes, strong engagement levels and a clear return on investment while addressing the conditions that drive the largest health and productivity costs.

Navigation and communication will become strategic priorities. As benefit ecosystems become more complex, helping employees understand and utilize available resources will become increasingly important. Many institutions already offer a broad range of well-being programs, but utilization often lags because employees are unaware of available services or are unsure how to access them. We expect growing interest in healthcare navigation services, concierge solutions and AI-powered tools that simplify the employee experience and guide individuals to the most appropriate resources. Institutions that effectively communicate, integrate and promote their well-being offerings will be better positioned to maximize employee engagement, improve health outcomes and realize the full value of their investment in well-being programs.

Dental coverage

All institutions offer dental coverage. Most institutions (96 percent) offer a dental PPO plan. Three-quarters of higher ed dental plans are dental PPOs. This is usually the case because dental networks are not as extensive as medical networks, so there is often a greater need to go out of network. Consequently, dental PPOs tend to have utilization that reflects greater out-of-network use than medical PPOs. The second most prevalent plan type is a scheduled dental HMO, offered by 26 percent of institutions.

Of the dental PPOs offered, only 8 percent are low-option plans, where major/restorative services and orthodontia are not covered. Further, 81 percent of the plans cover orthodontia.

CUBS found that 34 percent of all dental PPO plans are voluntary (employee-pay-all) plans. Some institutions are recognizing that dental plans are affordable enough to not subsidize them and let employees determine for themselves whether to purchase the coverage.

Provisions in the Most Typical Dental PPO Plan Design

	Median In Network	Median Out of Network*
Deductible	$50	$50
Maximum Annual Benefit	$1,500	$1,500
Preventive Services Coinsurance	0%	0%
Basic Services Coinsurance	20%	20%
Major/Restorative Coinsurance	50%	50%
Orthodontia Coinsurance	50%	50%
Orthodontia Lifetime Maximum	$1,500	$1,500

* Out-of-network coverage amounts are typically based on the in-network schedule, and patients are subject to any charges over these levels.

Source: Segal's 2026 *College and University Benefits Study*

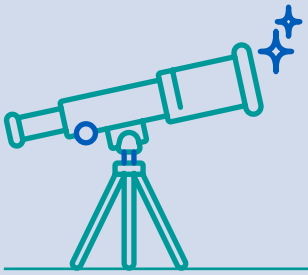
Among the dental PPOs offered, 96 percent do not apply the deductible before preventive services. For orthodontia, 98 percent of plans cover children, 51 percent cover the employee and 48 percent cover the spouse.

Average Employee Contributions (Excluding Voluntary Plans) as a Percentage of Premium Fall in a Narrow Range for Individual Coverage and Are 26 Percent to 43 Percent Higher for Non-Individual Coverage

Individual Coverage	Non-Individual Coverage
37%–38%	48%–53%

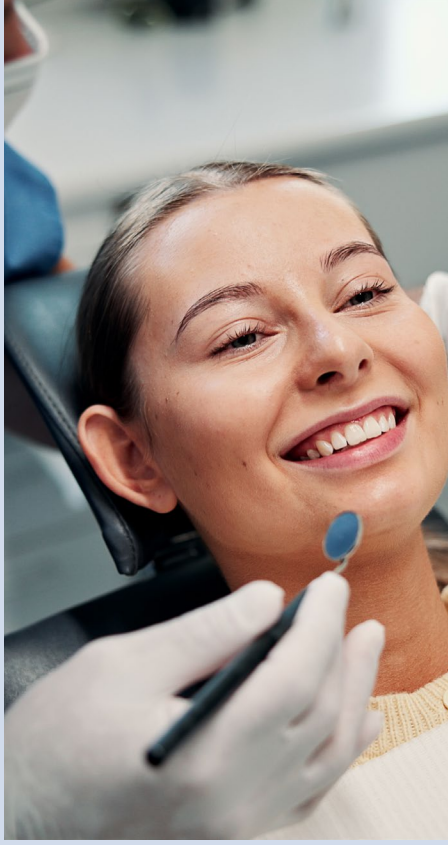
Source: Segal's 2026 *College and University Benefits Study*

Year-over-year dental premium increases and employee contribution increases were in lock step: premiums increased by 1.5 percent and employee contributions increased by 1.4 percent. These increases are somewhat lower than what we typically see, but it is important to point out that dental plans often have multi-year contracts where either administrative fees or premium rates can be held flat for several years. Further, because dental plans have capped maximum benefits, they do not have trends as high as medical plans.



Outlook for dental plans

Dental plan designs are likely to remain relatively stable. Trends for dental plans remain similar to or lower than the CPI, and we do not anticipate major changes to this benefit. Institutions are likely to respond to modest annual increases in premiums through adjustments to employee contributions and plan funding arrangements than through significant reductions in coverage. Additionally, more employers may opt to make this benefit voluntary in the future as they shift limited benefit dollars to higher-cost benefits, such as medical, retirement or retiree health coverage. Some may consider lowering the maximum annual benefit or reducing the orthodontia benefit instead of reducing the employer subsidy for the coverage.



Vision coverage

All institutions in CUBS offer a vision plan. Even more than dental benefits, vision benefits are often a voluntary benefit (75 percent were voluntary in 2025). It is a fairly low-cost benefit and, anecdotally, has historically not been valued by employers and employees (based on low-enrollment statistics).

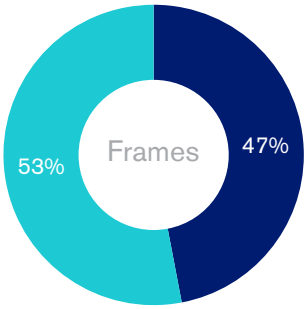
Most of these plans are standalone plans, meaning they are not connected to the medical or any other benefit plan. The designs have remained mostly consistent from year to year, as costs remain low, generally trending close to 3 percent, according to Segal's annual *Health Plan Cost Trend Survey*.

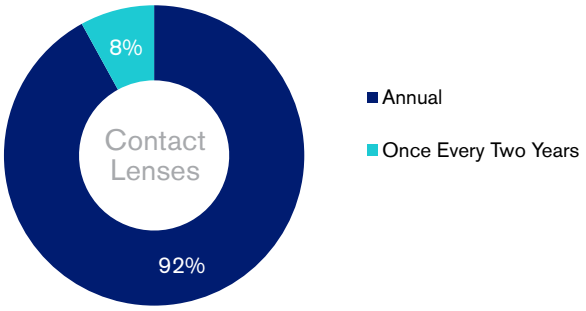
Vision Plan Provisions: The Median Eye Exam Copayment Is Low; Median Allowances Are the Same for Frames and Contact Lenses

	Copayment for an Eye Exam	Frames Allowance	Contact Lenses Allowance
Median	$10	$130	$130
Percentage of Institutions that Offer Discounts to Employees for Costs Above Allowances	N/A	77%	59%

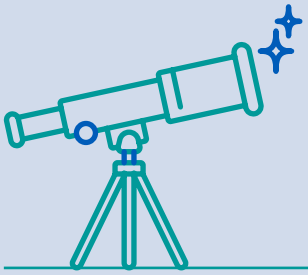
Source: Segal's 2026 *College and University Benefits Study*

While a Large Majority of Institutions Cover Contact Lenses Annually, Fewer than Half Cover Frames That Often





Source: Segal's 2026 *College and University Benefits Study*



Outlook for vison plans

Vision benefits are likely to see little change over the next several years. Their low-cost, largely voluntary structure and near-universal availability make them an efficient way for institutions to enhance their benefits package without materially increasing expenses. As a result, vision coverage is expected to remain a standard offering rather than an area of significant innovation or cost reduction. Similar to dental benefits, vision benefits could become voluntary for even more institutions in the future as a way to reallocate resources to higher-cost benefits.



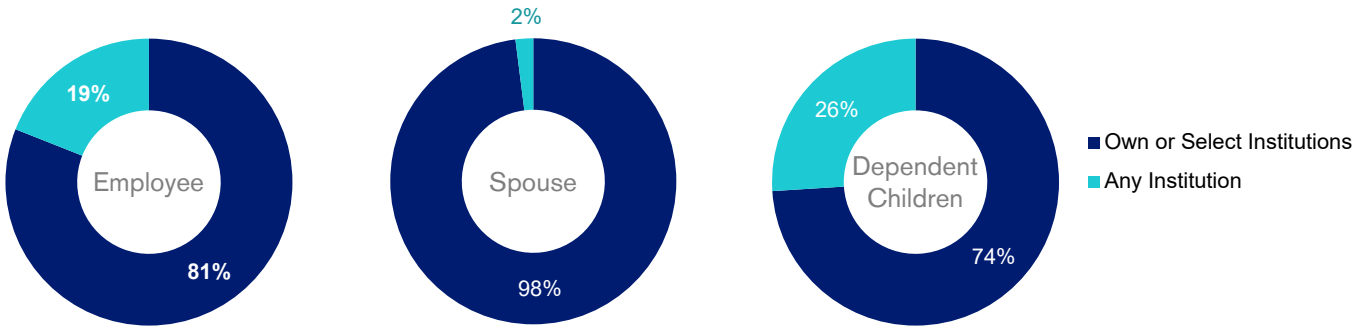
Tuition Benefits

Almost all institutions (99 percent) offer tuition benefits to faculty and staff, which highly value this opportunity to advance in their field or to improve their position. Moreover, the children of faculty and staff who satisfy length-of-service requirements can also take advantage of these benefits at 91 percent of institutions. Because children tend to be covered for at least 50 percent of full-time student tuition, the value to families can be immense. Additionally, at 78 percent of institutions spouses are eligible for tuition benefits.

Tuition benefits are a powerful recruitment and retention tool and remain a key differentiator for higher ed from employers in other industries. While some employers in other industries offer student loan repayment programs to help employees manage existing education debt, tuition assistance provides a broader benefit by supporting ongoing learning, degree completion, career advancement and professional development. In many cases, these programs also extend to employees' spouses and dependent children, further enhancing their value and helping families reduce the cost of higher education. About half of institutions only offer tuition reimbursement, while 47 percent offer tuition reimbursement alongside tuition exchanges. Very few institutions (3 percent) only offer a tuition exchange program.

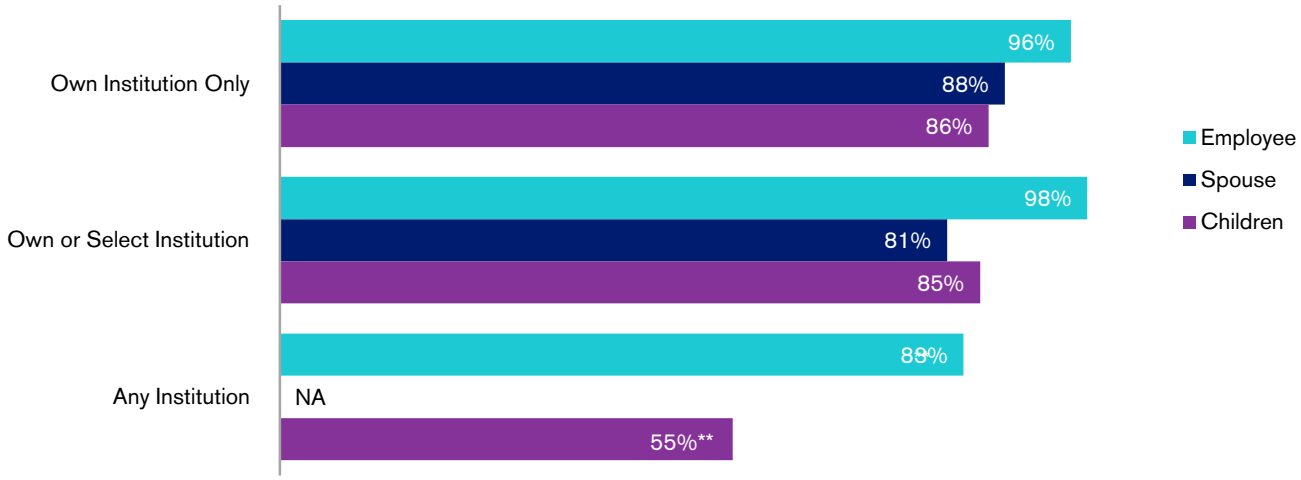
Some employers in other industries are trying to address new hires' concerns about their student debt through student loan repayment programs, but that benefit is not as valuable as tuition assistance. Student loan repayment also targets a different subset of employees, often early-career and non-academic, who are more focused on reducing loans already incurred than managing future tuition costs.

Dependent Children Have More Flexibility in How to Use Tuition Benefits Than Faculty and Staff or Spouses



Source: Segal's 2026 *College and University Benefits Study*

The Average Level of Tuition Reimbursement Is High at the Employees' Institution and Select Institutions, Regardless of Who is Using the Benefit*



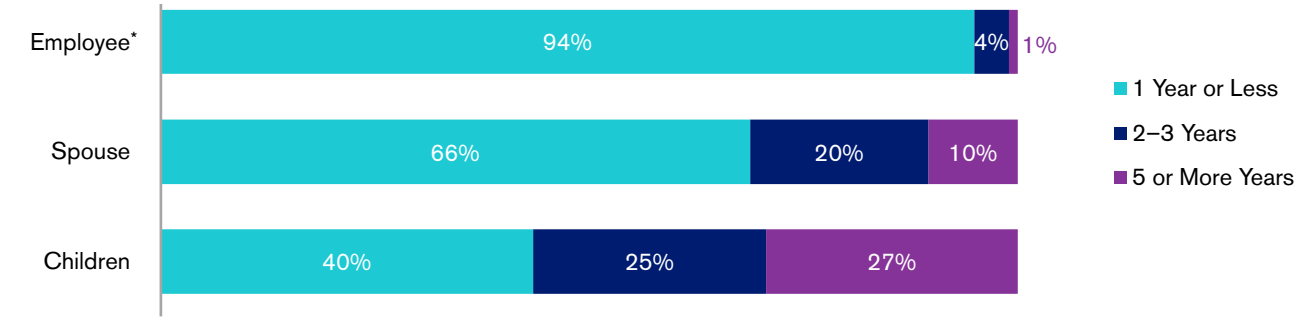
* The variance among faculty, administrative and professional staff, and clerical and support staff was negligible, so the results shown represent averages for all employees.

** Tuition reimbursement is often capped at a particular dollar amount when children take classes at any institution; however, CUBS does not capture those dollar amounts.

Source: Segal's 2026 *College and University Benefits Study*

To manage the cost of tuition benefits, institutions place constraints on eligibility in the form of a waiting period and benefit restrictions. For employees, coursework can be restricted to job-related classes. For all using the benefit, there may be dollar amount caps, credit-hour caps and/or minimum grade requirements associated with reimbursement. Nearly one-quarter of institutions (22 percent) require coursework for faculty to be job related.

Most Institutions Offer Tuition Benefit Eligibility to Employees and Spouses Within One Year, with Longer Eligibility Waiting Periods for Children



* The data shown is aggregated for faculty, administrative/professional staff and clerical/support staff, as the results did not differ significantly.

Source: Segal's 2026 *College and University Benefits Study*

The Median Credit-Hour Limit for Dependent Children Is More Than Twice the Limit for Employees or Spouses

	Employee*	Spouse	Children
Credit-Hour Limit at Their Own Institution	14–15	16	34

* The data shown is aggregated for faculty, administrative/professional staff and clerical/support staff, as the results did not differ significantly.

Source: Segal's 2026 *College and University Benefits Study*

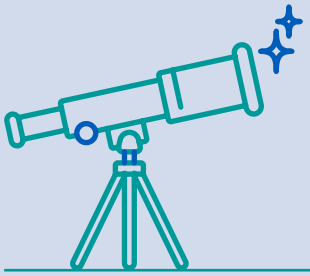
Minimum Grade Requirements Are Uncommon

	Employee*	Spouse	Children
Have Minimum Grade Requirements	38%	21%	24%

* The data shown is aggregated for faculty, administrative/professional staff and clerical/support staff, as the results did not differ significantly.

Source: Segal's 2026 *College and University Benefits Study*







Outlook for tuition benefits

Tuition benefits remain one of higher education's most distinctive benefits. Few benefits distinguish higher education from other industries as clearly as tuition assistance. As competition for talent continues and tuition costs remain elevated, tuition benefits will likely remain one of the most valued benefits institutions provide. While retirement and healthcare benefits increasingly resemble those offered in other sectors, tuition assistance remains uniquely aligned with higher education's mission and purpose.

Cost pressures may lead to more targeted benefit designs. Rising tuition costs and ongoing budget pressures may lead institutions to evaluate changes to eligibility requirements, waiting periods, coursework restrictions, credit hour caps and reimbursement limits, rather than reducing benefits outright. Because tuition benefits represent a highly visible and mission-consistent offering, institutions may seek cost management strategies that preserve the benefit while limiting financial exposure. However, such changes should be carefully evaluated, given the substantial financial value these benefits provide to employees and their families.

Family benefits will likely remain a competitive advantage. With growing concerns around college affordability, benefits that help employees fund education for spouses and children are likely to remain highly valued. Institutions that maintain generous dependent tuition benefits may continue to enjoy a meaningful recruiting advantage, particularly among mid-career professionals and employees with college-bound children. Unlike many employer-sponsored education programs that focus solely on employee development, higher-education tuition benefits often support entire families, creating a benefit that can be worth tens of thousands of dollars over time.

Tuition benefits will continue to serve as a cornerstone of higher education's employment value proposition. While employers in other industries increasingly provide student loan repayment and workforce development programs, higher education institutions continue to differentiate themselves through comprehensive tuition assistance that often extends to employees' spouses and dependent children. As the cost of higher education continues to rise, these benefits may become even more valuable to employees and their families. Because these benefits are highly valued and remain a key differentiator for higher education employers, institutions should carefully weigh any potential reductions against their impact on recruitment, employee satisfaction and competitiveness.

We expect more institutions will offer a program for student debt relief. Given higher ed's need to compete across industries for talent in areas like IT and administration, we expect more institutions to consider adding a student debt relief program, a benefit that's important to that pool of talent.

Financial Security Benefits

Given the high cost of living driven by persistent inflation, many employees are worried about their personal finances and their ability to retire. Institutions that provide ancillary (additional voluntary) financial security-based programs are more likely than the competition to win over and retain talent.

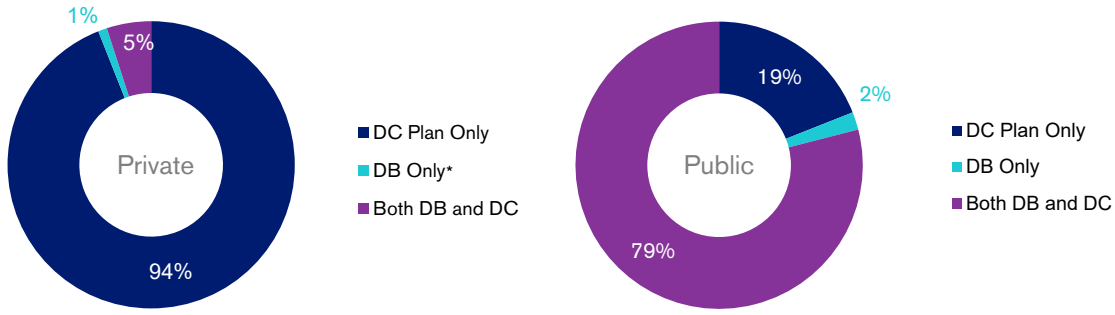
Retirement-income benefits

When comparing higher ed to all other industries, strong retirement-income benefits are a key differentiator. Most institutions offer a 403(b) defined contribution (DC) plan with an employer match that usually greatly exceeds what employers in other industries offer.

In 2025, 99 percent of institutions in CUBS offered a DC plan. Only 1 percent offered only a defined benefit (DB) pension plan. Some institutions, 27 percent, offered both a DB and a subsidized DC plan. At most of those institutions, employees have a choice between the two plan designs, but there are instances where a DB plan is offered alongside a voluntary DC plan, or a less rich DB plan is offered alongside a lower-subsidized DC plan.

DB plans are now relatively uncommon among private institutions due to their long-term funding requirements. By comparison, most public institutions offer DB plans through state-sponsored retirement systems, which are better positioned to sustain these programs over time given the backing and stability of state governments. Among CUBS public institutions, most offer a DC alternative alongside the traditional DB plan. Offering both options allows employees to select the retirement program that best fits their needs while helping institutions limit the growth of future pension obligations.

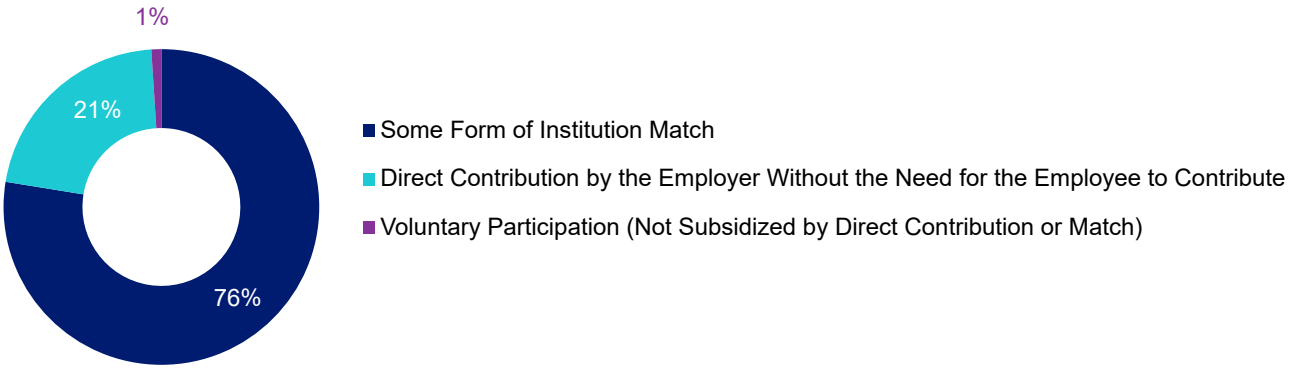
Most Private Institutions Offer Only a DC Plan, While More Than Three-Quarters of Public Institutions Offer Both a DB and a DC Plan



* One of these plans is a cash balance plan.

Source: Segal's 2026 *College and University Benefits Study*

Most Institutions with a 403(b) DC Plan Offer a Match



Source: Segal's *2026 College and University Benefits Study*

Compared to Public Institutions, Private Institutions Contribute Nearly a Full Percentage Point More of Compensation to Their 403(b) Plan

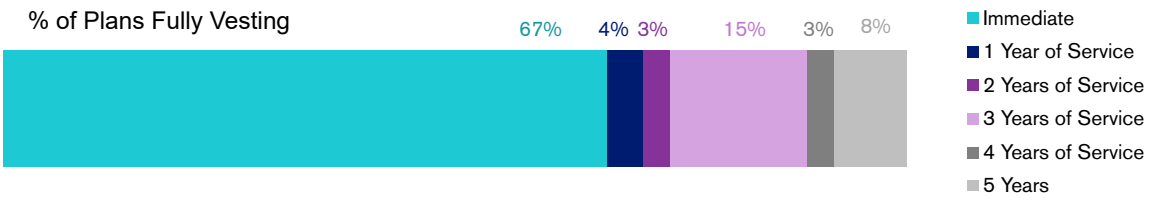
	Private	Public	Total
75th Percentile	10.0%	9.5%	10.0%
Median	9.0%	8.0%	9.0%
25th Percentile	7.9%	6.0%	7.2%
Average	8.7%	7.8%	8.4%

Source: Segal's 2026 *College and University Benefits Study*

These contribution levels continue to exceed those offered by employers in other industries by a significant amount. For DC plans with a match, Vanguard reported that the average match was 4.6 percent of pay, while the median match was 4.0 percent. These match rates are higher than in prior years, an indication that employers are trying to improve the retirement plan they offer.

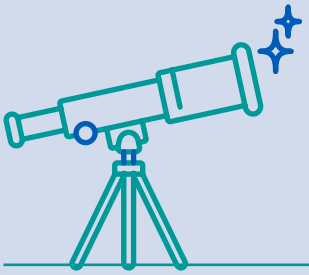
At 82 percent of the institutions in CUBS, vesting in DC plans is either immediate or happens at three years of service.

Most Institutions Vest Employees Immediately in DC Plans



Source: Segal's 2026 *College and University Benefits Study*





Outlook for retirement-income benefits

Retirement benefits remain higher education's strongest financial security differentiator. Retirement benefits continue to be one of the most distinctive elements of the higher education value proposition. Higher education's employer contribution to DC plans is nearly double the levels typically seen in the broader workforce. This advantage is particularly important in an environment where salary budgets remain constrained.

Public and private institutions are taking different approaches to retirement benefits. The CUBS data shows a clear divide between sectors. Most private institutions have shifted almost entirely to defined contribution arrangements, while public institutions continue to leverage state-sponsored pension systems. Public institutions therefore maintain a broader retirement portfolio that may appeal to employees seeking retirement income certainty, while private institutions emphasize portability and predictable employer costs.

Retirement benefits may face growing budget scrutiny. Because retirement contributions represent one of the largest institution-funded benefits, they remain vulnerable during periods of financial stress. Institutions facing enrollment declines, operating deficits, or funding uncertainty may increasingly examine retirement contributions as a potential source of cost savings. We saw this during the COVID-19 pandemic when many institutions suspended their match, and expect it will happen again should the economic need arise.

Higher education's retirement advantage may narrow. Although higher education currently provides significantly richer retirement benefits than other industries, corporate employers have steadily increased retirement plan contributions and financial wellness offerings. As a result, higher education's traditional competitive advantage in retirement benefits is likely to diminish over time, particularly as institutions face pressure to contain benefit costs.

Employees are seeking financial support across all career stages. As employees increasingly focus on student debt, emergency savings and day-to-day financial challenges, institutions may find that expanding financial education, planning resources and debt-management programs complement traditional retirement benefits by helping employees address both long-term and immediate financial needs.

To learn more about retirement-income benefit strategies, see our insights.

Retiree medical benefits

CUBS found that 61 percent of institutions offer retiree medical benefits to new employees. A greater percentage of public institutions (81 percent) than private institutions (56 percent) offer this benefit.

Among institutions that offer retiree medical coverage, 81 percent have a traditional medical plan rather than a DC approach with a fixed employer contribution to an account. With such a high percentage of public institutions continuing to offer medical plans, movement to a DC arrangement is unlikely in the near term given the gradual pace of change in the public sector.

More Institutions Offer Medicare Supplement Plans and Medicare Advantage Plans Than Other Types of Retiree Medical Coverage

Coverage Type	Prevalence Percentage
Medicare Supplement Plans	77%
Medicare Advantage Plans	74%
Same Plan as the Actives Plan	38%
PPO/POS Plan that Coordinates with Medicare	33%
HMO/EPO Plan that Coordinates with Medicare	21%

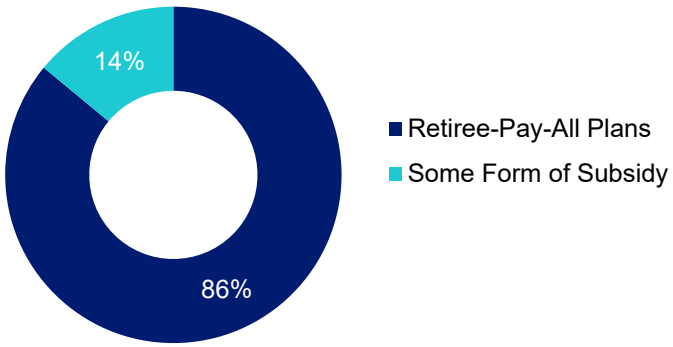
Source: Segal's 2026 *College and University Benefits Study*

For retiree medical plans that are not retiree-pay-all, the average post-65 retiree contribution (cost share percentage) towards medical coverage is 22 percent. The contribution level for spouses and dependents is 29 percent.

Retiree dental benefits

Just under half (47 percent) of the institutions that offer retiree medical plans also offer retiree dental plans.

At a Large Majority of Institutions, Retirees Must Pay for the Entire Cost of Their Dental Benefits



Source: Segal's 2026 *College and University Benefits Study*

Retiree life insurance benefits

Only 42 percent of institutions that offer retiree medical coverage also offer retiree life insurance coverage.

Most of the institutions that offer retiree life insurance (69 percent) reduce the coverage at a particular age. The average age when that reduction takes place is age 65.

The maximum retiree life insurance benefit amount falls within a median range of $5,000 to $10,000.





Outlook for retiree health and welfare benefits

Retiree medical benefits remain a significant but declining commitment. According to a 2025 EBRI Fast Facts publication, only 3 to 4 percent of private sector employers offer retiree medical coverage. The CUBS finding that 61 percent of institutions continue to offer retiree medical benefits is notable given the rarity of these programs outside higher education. However, the difference between public (81 percent) and private (56 percent) institutions suggests that retiree medical coverage is becoming increasingly concentrated among public institutions.

Traditional retiree medical plans continue to dominate. Among institutions offering retiree medical coverage, 81 percent still provide traditional plans rather than defined contribution arrangements. This indicates that higher education has not yet fully embraced the consumer-directed retiree healthcare models that have become more common elsewhere. Retiree dental and life insurance are increasingly supplemental benefits. The relatively low prevalence of retiree dental (47 percent) and retiree life insurance (42 percent) suggests institutions are prioritizing core medical coverage while limiting ancillary retiree benefits. Furthermore, retiree life benefits are generally modest and often reduced beginning at age 65, reinforcing their role as supplemental protections rather than substantial financial benefits.

Institutions may increasingly seek to manage the transition from traditional DB plans to DC plans in ways that minimize disruption for current employees. For example, organizations could choose to apply a DC structure only to new hires, with implementation occurring at a future date rather than immediately affecting the existing workforce.

Likewise, employers considering changes to existing DB plans may provide advance notice and transition periods that allow employees nearing retirement to retire under the current plan provisions before any changes take effect. Such approaches may help balance long-term cost and workforce objectives with employee expectations and retirement security.

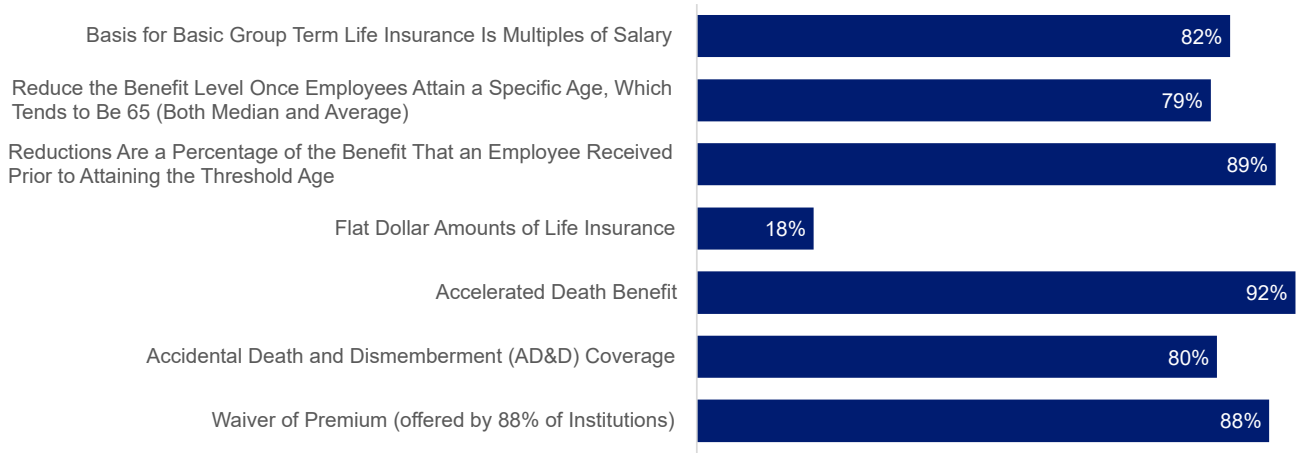
Life insurance benefits

Life insurance continues to be one of the more affordable benefits that institutions can provide to give employees financial protection.

Basic life insurance

Almost all institutions (97 percent) offer basic group term life insurance. This benefit tends to not vary much by employment group (faculty, administrative and professional staff, and clerical and support staff).

A Majority of Institutions Have the Same Approach to the Basis for Group Term Life Insurance and Reductions; Few Have Flat Dollar Amounts



Source: Segal's 2026 *College and University Benefits Study*

Average and Median Basic Group Term Life Insurance Provisions

	Average	Median
Salary Multiplier*	1.36	1.00
Benefit Maximum Dollar Limit	$346,000	$250,000
Maximum Flat Dollar Benefit	$33,000	$50,000 for faculty $35,000 for staff
Benefit Maximum Amount	$271,000	$150,000

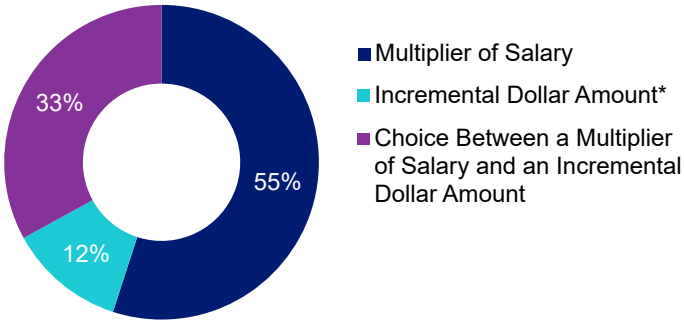
* Some institutions offer a 1.5- or 2-times salary multiplier up to a maximum dollar limit.

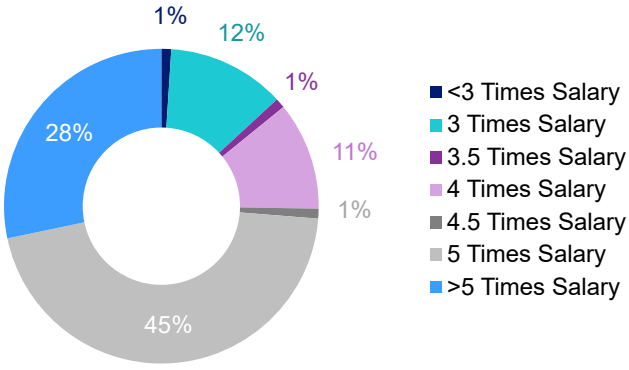
Source: Segal's 2026 *College and University Benefits Study*

Optional Life Insurance

Optional employee life insurance can give employees more choice about their level of coverage.

More than Half of Institutions Base Optional Life Insurance on a Multiplier of Salary; Among Those Institutions, Five Times Salary Is the Most Common Maximum Multiplier



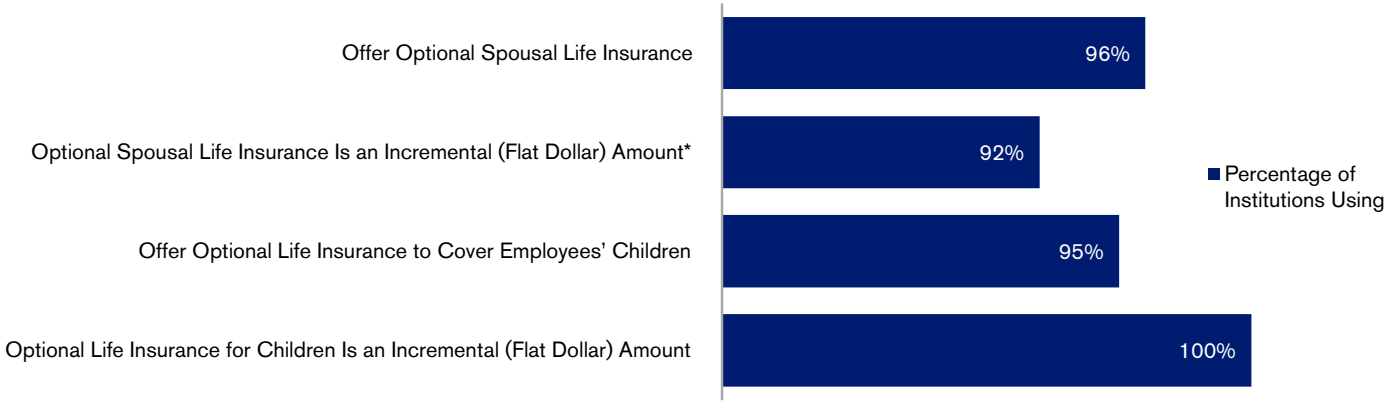


* $10,000 is the median.

** The total does not equal 100% due to rounding.

Source: Segal's 2026 *College and University Benefits Study*

Almost All Institutions in CUBS Offer Optional Life Insurance for Employee's Dependents



* It very rarely involves a percentage of the employees' pay.

Source: Segal's 2026 *College and University Benefits Study*

Average and Median Optional Group Term Life Insurance Provisions

	Average	Median
Maximum Amount for Both Types of Plans (Incremental and Multipliers)	$871,000	$550,000–$600,000
Incremental (Flat Dollar) Amount for Optional Spousal Life Insurance	$10,000	$11,000
Maximum for Optional Spousal Life Insurance	$179,000	$100,000–$125,000
Incremental (Flat Dollar) Amount for Optional Child Life Insurance	$6,000	$5,000
Maximum for Optional Child Life Insurance	$13,000	$10,000

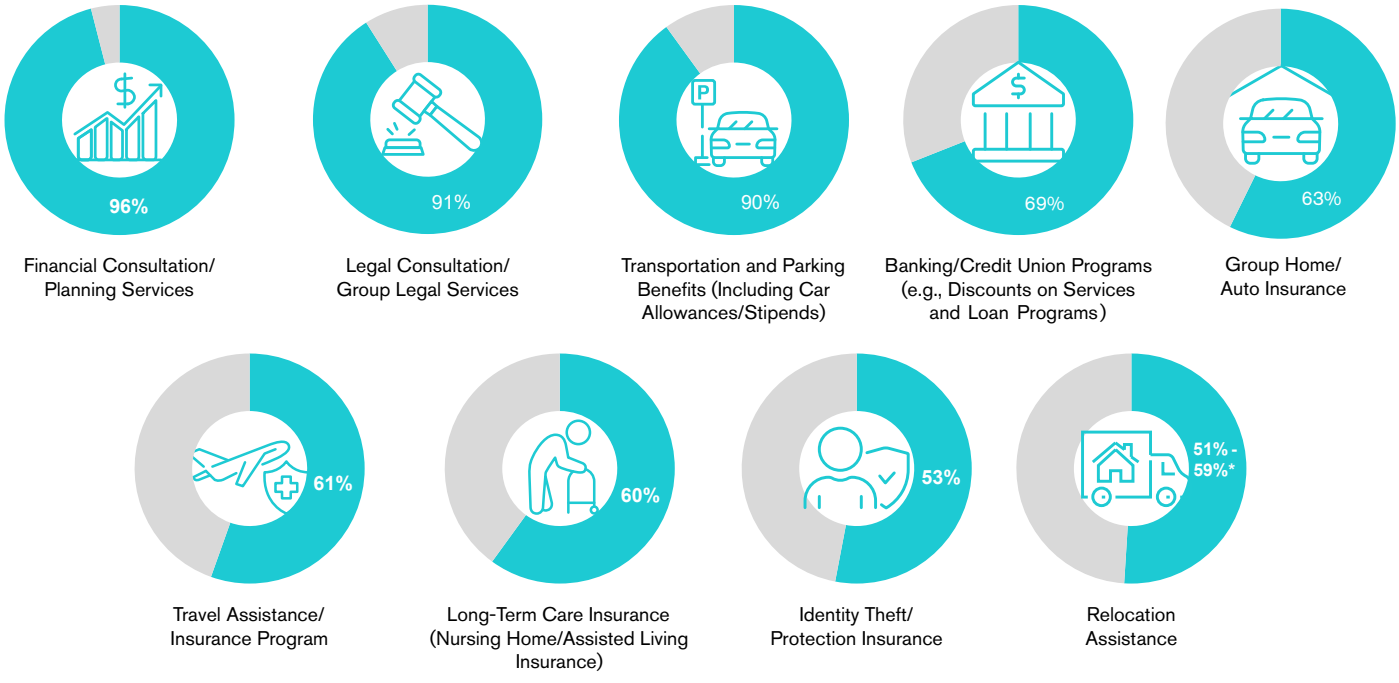
* Some institutions offer a 1.5- or 2-times salary multiplier up to a maximum dollar limit.

Source: Segal's 2026 *College and University Benefits Study*

Other financial security benefits

Increasingly, many institutions offer additional financial security benefits to improve employees' financial well-being.

More than half of institutions offer these financial security benefits:

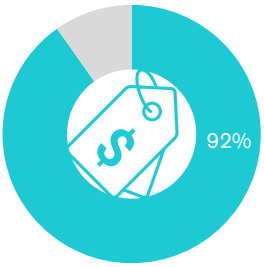


* Faculty and administrative staff are at the high end of this range.

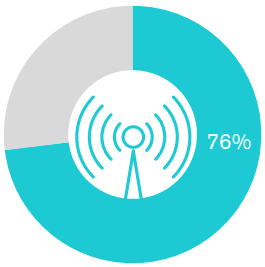
Source: Segal's 2026 *College and University Benefits Study*

Between 40 to 50 percent of institutions offer these financial security benefits: adoption assistance programs, housing assistance programs (placement, mortgage/rent assistance), pet health insurance, cancer and other critical illness insurance, dining/cafeteria employer subsidy, health discount programs (e.g., chiropractors, holistic medicine and massage therapy) and on-campus wellness/ health screening programs.

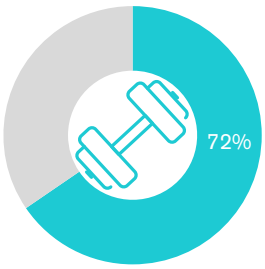
More than half of institutions offer these financial benefits and discounts that help faculty and staff save money:



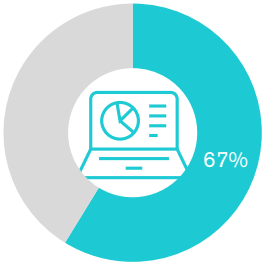
General/Local Business Discounts (e.g., Food, Tickets for the Arts and Shopping)



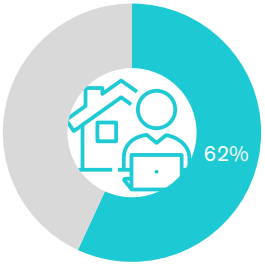
Service Discounts (e.g., Cell Phone, Cable and Internet)



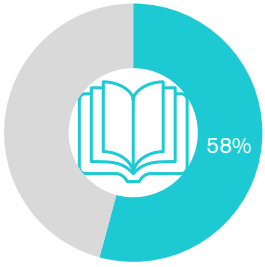
Fitness Center Discounts/ Subsidized Gym Memberships



Computer Hardware/ Software Discounts



Flexible Work Schedule/Telecommuting, Which Reduces Commuting Costs

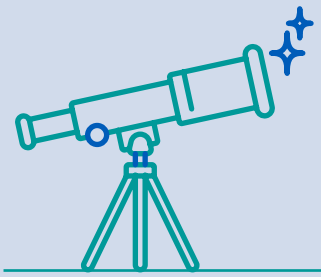


Textbook Discounts

Source: Segal's 2026 *College and University Benefits Study*

While these other financial security benefits may not be a primary factor in employees' decisions to join or stay with an institution, they can reinforce positive workplace perceptions and support overall employee satisfaction.





Outlook for financial security benefits

Financial wellness has become mainstream. The financial security benefit landscape in higher education is evolving from a primary focus on retirement income toward a broader financial well-being strategy. As employees increasingly focus on student debt, emergency savings and day-to-day financial challenges, institutions may find that expanding financial education, planning resources and debt-management programs produce greater employee value than simply increasing retirement plan contributions. The near-universal prevalence of financial planning (96 percent) and legal services (91 percent) suggests that institutions increasingly view financial wellness as an important component of employee well-being.

Institutions are focusing on helping employees reduce everyday expenses. The prevalence of discount programs, transportation benefits, banking partnerships, insurance programs and flexible work arrangements indicates a growing effort to help employees manage cost-of-living pressures. Voluntary benefits continue to expand, and programs, such as identity theft protection, long-term care insurance, critical illness insurance, pet insurance and legal plans, reflect a broader shift toward voluntary benefits that give employees greater flexibility while limiting institutional costs. As budget pressures persist, these lower-cost, high-value programs are likely to play an increasingly important role in supporting employee financial well-being and maintaining a competitive total rewards package. They are often relatively inexpensive to provide yet are highly valued by employees navigating how to make complex financial decisions.

Leave Programs

Leave programs continue to play an important role both in protecting faculty and staff from financial hardship and in promoting personal and professional renewal.

The most valuable and highly used leave programs are:

- Vacation, holidays and personal days
- Formal pooled paid time off (PTO) plans
- Sick leave and salary continuance
- Short-term and long-term disability (LTD) plans
- Maternity, paternity and caregiver paid leaves
- Sabbatical leave

Other leave programs include jury duty, military leave, bereavement leave, emergency or catastrophic leave, election/voting leave, community service leave, workers' compensation leave and inclement weather leave.

The newest generations in the workforce place a high value on paid leave programs. Nevertheless, there has not been a great deal of change in the quantity or structure of this benefit, which is difficult financially to improve upon.

Many employers in the corporate market are also concerned about what will be required of them if their state institutes a paid family leave or paid family medical leave program that is richer than their current offering or introduces a more complicated benefit to administer and track.

Vacation

On average, administrative and professional staff get one to seven more vacation days than clerical/support staff, depending on years of service. At 20 years, there's no difference.

At 10 Years of Service, the Vacation Accrual Gap Greatly Diminishes

Vacation Leave	Administrative and Professional Staff	Clerical and Support Staff
1 Year of Service	19	12
2 Years of Service	19	13
5 Years of Service	20	16
10 Years of Service	21	19
15 Years of Service	22	21
20+ Years of Service	22	22

Source: Segal's 2026 *College and University Benefits Study*

Holidays

Although there have been changes in which holidays are observed, with the Juneteenth holiday becoming more common and some institutions offering a floating holiday, the total number of days available is consistent: 11 on average for the three higher ed employment groups studied.

In addition to observed holidays, 75 percent of institutions close for a week at the end of the year. This practice gives employees time with their families and saves on overhead costs.

Personal days

Personal days are only offered at approximately one-quarter of institutions for faculty and closer to half of the institutions for staff.

The Average Number of Personal Days Is Highest for Faculty and Lowest for Clerical and Support Staff, But the Difference Is Minimal

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Average Number of Days	3.2	3.1	3.0

Source: Segal's 2026 *College and University Benefits Study*

Formal pooled paid time off (PTO) plans

Formal pooled PTO programs are still relatively uncommon at colleges and universities. CUBS found only 16 percent of institutions pooled some of the leaves together (usually vacation leave, personal days and sick leave). Pooled PTO plans can also include holidays and bereavement leave.

On Average, Administrative and Professional Staff Receive More Days of PTO (Generally One to Two Days) Than Both Faculty and Clerical and Support at Almost All Service Levels

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
1 Year of Service	20	21	18
2 Years of Service	21	21	18
5 Years of Service	22	23	20
10 Years of Service	23	25	22
15 Years of Service	23	26	24
20+ Years of Service	24	27	25

Source: Segal's 2026 *College and University Benefits Study*

Sick leave

Institutions use a variety of approaches to provide income protection during periods of illness or injury. Sick leave is most commonly offered to staff, while faculty are more likely to be covered through salary continuance plans.

More Institutions Provide Sick Leave to Staff than to Faculty



Source: Segal's 2026 *College and University Benefits Study*

Clerical and support staff commonly build up sick leave balances to provide income continuity during periods of disability. These accrued leave banks are often used to cover the short-term disability elimination period (i.e., the time someone must be out due to sickness or injury before the disability policy begins to pay out), and where no short-term disability benefit exists, the long-term disability waiting period. The salary-continuation strategy used by administrative and professional staff closely mirrors that of clerical and support employees.



Among Institutions Offering Sick Leave, a Large Majority Allow Faculty and Staff to Carry Over Unused Time

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percent of Institutions Offering	90%	93%	94%
Median Sick Leave Accrual	13	13	12
Median Number of Carryover Days	50	60	60
Average Number of Carryover Days	80	77	84

Source: Segal's 2026 *College and University Benefits Study*

Compared to both faculty and administrative and professional staff, clerical and support staff receive a larger number of sick days that they can bank. Unlike carryover amounts, which may be limited to a certain number of days or a years' worth of accruals, a sick leave bank is the most amount of time that can be accumulated over multiple carried-over years.

Among Institutions Offering Sick Leave, Clerical and Support Staff Can Bank the Largest Number of Days

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percent of Institutions Offering	56%	63%	68%
Median Number of Days	83	72	85
Average Number of Days	85	86	90

Source: Segal's 2026 *College and University Benefits Study*

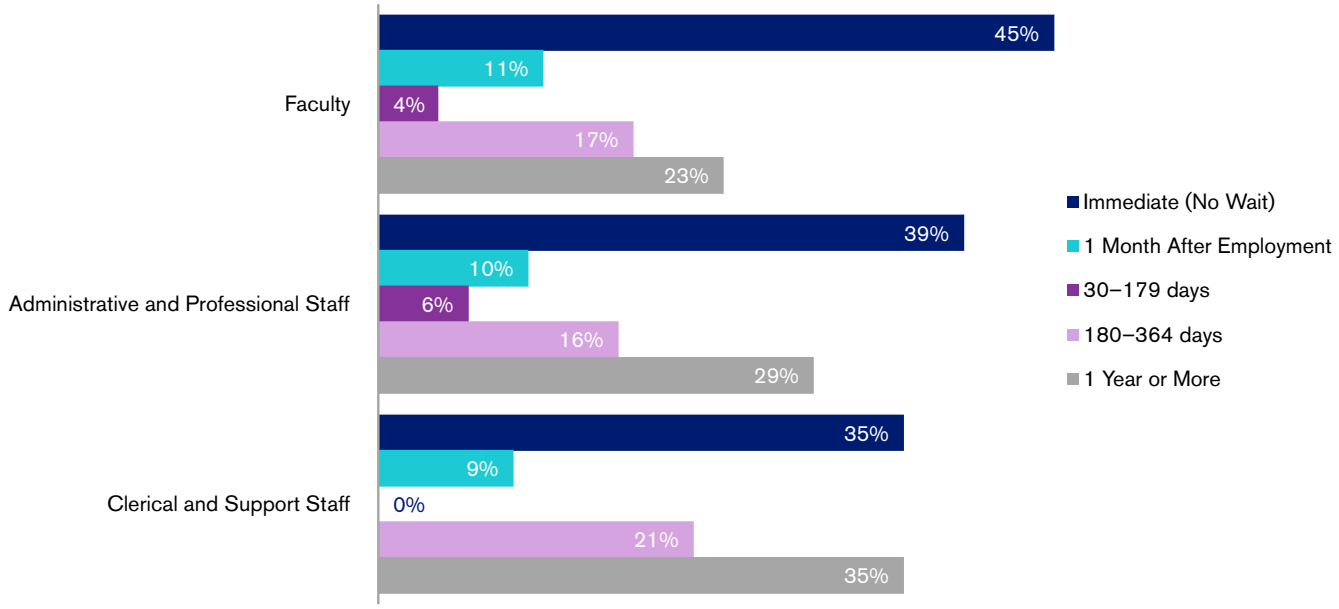
Most institutions, close to 70 percent, do not allow unused sick time to be cashed out for any reason. Among those that do allow a payout, retirement is by far the most common reason, with approximately 28 percent of institutions offering a sick leave cash-out at retirement. All other cash-out scenarios are permitted by fewer than 10 percent of institutions.

Salary continuance

Salary continuance plans provide for payment up to an individual's full salary if the individual is out due to an extended absence. These plans often replace the need for a short-term disability plan, particularly for faculty. Salary continuance plans are more frequently offered to faculty than to staff. Staff do not usually receive a salary continuance plan and often need to rely on accruing sick leave to protect against income loss during an extended absence. At just over half of institutions (51 percent), faculty receive a salary continuance plan in place of sick leave. For these faculty, salary continuance is about evenly split between those who receive it through the short-term disability elimination period and those who receive it through the long-term disability elimination period.

When salary continuance is provided, the median elimination period is one week, and the median duration is 26 weeks (through to when a long-term disability policy would begin to pay out). Salary continuance plans often require a waiting period.

Of the Three Employment Groups, Faculty Have the Shortest Waiting Period for Eligibility for Salary Continuance



Source: Segal's 2026 *College and University Benefits Study*

Faculty are eligible for this benefit immediately at 45 percent of institutions. In contrast, staff must wait at least one year for eligibility at about one-third of institutions.



Short-term disability

There is also a disparity by employment group in how often short-term disability coverage is offered. A greater percentage of institutions offer the coverage to clerical and support staff than offer it to faculty, likely because faculty are often offered salary continuance plans.

Nearly Three-Quarters of Institutions Offer Short-Term Disability Coverage to Clerical and Support Staff



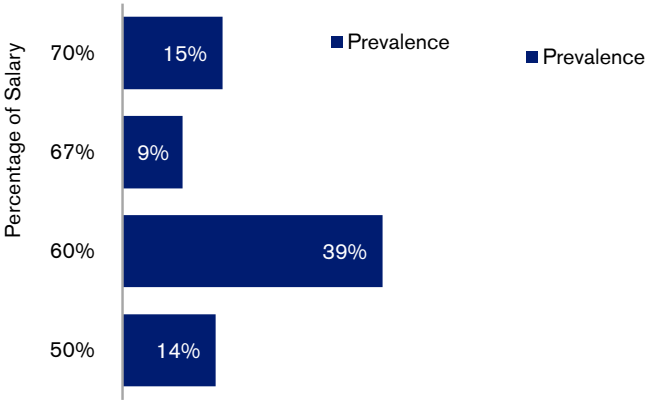
Source: Segal's 2026 *College and University Benefits Study*

Median Short-Term Disability Plan Provisions Are Identical or Very Similar for All Employment Groups

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Elimination Period (Days)	10	7	7
Maximum Duration (Weeks)	26	26	26
Weekly Maximum Benefit	$1,500	$1,500	$1,250

Source: Segal's 2026 *College and University Benefits Study*

The Greatest Percentage of Institutions Replace 60 Percent of Salary Through a Short-Term Disability Plan

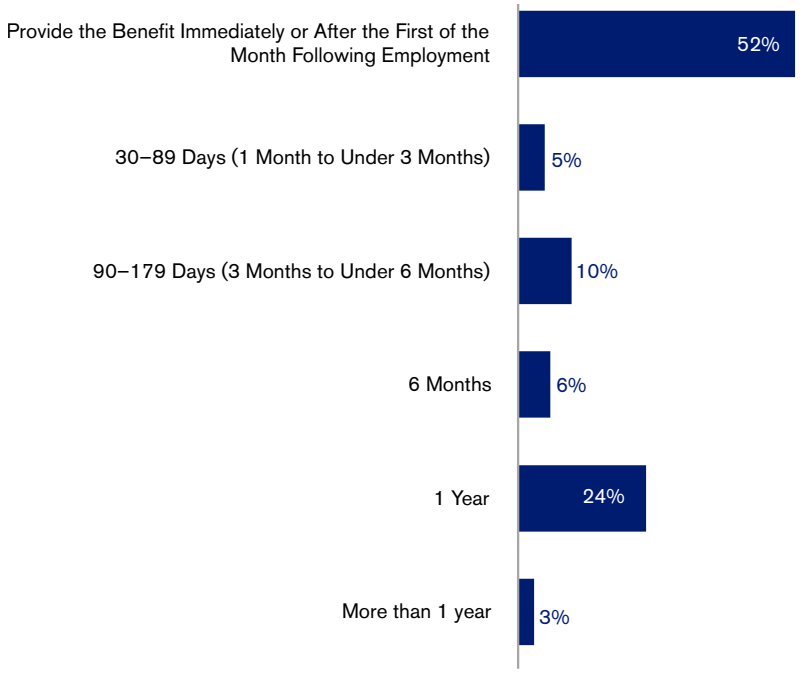


Source: Segal's 2026 *College and University Benefits Study*

Long-term disability

While there are many institutions that do not offer a short-term disability plan or offer it only as voluntary coverage (close to half of the offerings are voluntary), 99 percent of institutions offer a long-term disability plan.

Waiting Periods for Eligibility for Long-Term Disability Plans Tend to Be Either Short or Long



The Median LTD Plan Provisions Are the Same for the Three Employment Groups

Elimination Period	180 Days
Benefit Level	60% of Pay
Maximum Monthly Benefit	$10,000

Source: Segal's 2026 *College and University Benefits Study*

While the median and third-quartile elimination periods are 180 days, the first quartile is 90 days, as there are many 90-day elimination period policies (sometimes those who are not offered short-term disability policies have shorter LTD elimination periods).

More than two-thirds of all LTD policies define disability as the employee being unable to perform their "own occupation for a 24-month period."

The two most typical benefit durations are to an Age Discrimination in Employment Act age-reducing schedule (at 67 percent of institutions) or to Social Security retirement age (at 20 percent of institutions).

More than three-quarters of institutions (78 percent) pay the entire cost of LTD benefits. Twenty-two percent of institutions require employees to contribute to LTD benefits. The most common design requires employees to contribute 100 percent of the cost. The average contribution percentage of the premium is 82 percent.

Maternity, paternity and caregiver paid leaves

Paid family and medical leave may be provided through state mandates, voluntary employer-sponsored benefits or a combination of both. Given the wide variation in these arrangements, we do not address the underlying minimums, only the maximum amount of paid leave.

CUBS found that 77 percent of institutions offer some form of paid family leave through maternity, paternity and/or caregiver benefits, with 75 percent offering the same benefits to both men and women and 77 percent offering the same benefits to spouses as they do to the birth mother. The average eligibility requirement for this benefit is one year of service. In our experience, most plans cover birth and adoption equally, so adoption is assumed to be included under maternity and paternity benefits.

A few key statistics about state-mandated leaves:

- 56 percent of institutions in CUBS are in a state that has a state leave mandate.
- 31 percent have parental benefits that are impacted by those state mandates.
- 67 percent appear to offer enhancements above the state-mandated benefits.
- 24 percent of institutions allow only FMLA unpaid leave for any type of family or parental leave.

A Large Majority of Institutions Offer Maternity Benefits, Including Postpartum Maternal Baby Bonding Leave, to All Employment Groups; the Median Duration of the Leave is Two Weeks Longer for Faculty than for Staff

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percentage of Institutions Offering a Paid Benefit	81%	82%	81%
Median Years of Service for Eligibility	1.0	1.0	1.0
Median Total Weeks of Paid Maternity/Baby Bonding Leave	8.0	6.0	6.0

Source: Segal's 2026 *College and University Benefits Study*

While Fewer Institutions Offer Paternity Leave, Those That Do Give Staff Fathers the Same Number of Weeks of Leave That Staff Mothers Receive

Paternity Benefits, Including Baby Bonding Leave	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percentage of Institutions Offering a Paid Benefit	74%	76%	76%
Median Years of Service for Eligibility	1.0	1.0	1.0
Median Total Weeks of Paid Paternity/ Baby Bonding Leave	6.0	6.0	6.0

Source: Segal's 2026 *College and University Benefits Study*

About half of the maternity and paternity plans allow for intermittent leaves. Most plans require the time to be taken before the child turns 1 year old.

Caregiver leave is a paid leave to allow employees to take care of various plan-defined family members. This extends beyond the birth or adoption of a child (for which maternity/ paternity plans usually provide benefits for the first year of the child's life). Caregiver leave can cover children beyond age one, spouses, parents, grandparents, siblings and more. Generally speaking, caregivers are those who provide care to the covered family member to help them during a time of illness or incapacity. Fewer institutions provide caregiver paid leave than provide maternity and paternity leave. Seventy percent of institutions that offer caregiver leave provide coverage to take care of family members, including parents, children, parents-in-law, grandparents and siblings.

More than Half of Institutions Provide Caregiver Paid Leave, and the Median Number of Weeks Is Double the Number of Weeks of Parental Leave

Caregiver Paid Leave	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percentage of Institutions Offering a Paid Benefit	58%	59%	59%
Median Years of Service for Eligibility	1.0	1.0	1.0
Median Total Weeks of Paid Caregiver Leave	12.0	12.0	12.0

Source: Segal's 2026 *College and University Benefits Study*

Sabbaticals

Sabbaticals are an important part of the paid leave programs offered by higher ed institutions. They typically allow for career growth through study and classwork, research and publishing.

Almost all the institutions in CUBS offer paid sabbaticals to faculty. Relatively few offer that benefit to staff.

Fully Paid Sabbatical Leave Offerings and Provisions Differ Dramatically Among Employment Groups

	Faculty	Administrative and Professional Staff	Clerical and Support Staff
Percentage of Institutions Offering a Fully Paid Benefit	97%	17%	7%
Average Duration of Paid Benefit, by Duration Type	1 Semester	26 Weeks	NA
Average Service Required to Be Eligible for the Benefit	6 Years	5 Years	NA

Source: Segal's 2026 *College and University Benefits Study*

Some institutions also provide an alternative sabbatical benefit that extends for a longer period but is not fully paid. These offerings are available alongside the fully paid offering and tend not to be offered to clerical and support staff.

More Than Twice as Many Institutions Offer Partially Paid Sabbatical Leave to Faculty Than to Administrative and Professional Staff

	Faculty	Administrative and Professional Staff
Percentage of Institutions Offering Partially Paid Benefit	77%	36%
Average Percentage of Salary Paid	60%	60%
Average Duration of Paid Benefit, by Duration Type	2 Semesters	NA
Average Service Required to Be Eligible for the Benefit	6 Years	5 Years

Source: Segal's 2026 *College and University Benefits Study*





Outlook for leave programs

Higher education is maintaining a distinct competitive advantage. Higher education continues to distinguish itself through offerings such as sabbaticals, extensive sick leave accumulation opportunities and salary continuance programs. Only 5 percent of companies outside of higher ed offer a paid sabbatical leave, according to a July 2025 article in *Forbes*. These benefits are likely to remain a critical component of employee attraction, retention and well-being strategies.

State leave mandates are creating administrative complexity. As state mandates continue to evolve, institutions will need to balance competitive benefit offerings with operational simplicity and financial sustainability. The future of leave benefits will be driven less by significant increases in leave time and more by greater flexibility, stronger income protection and more effective coordination among sick leave, disability, salary continuance and paid family leave programs. Simplifying and harmonizing leave programs could improve employee understanding while reducing administrative complexity.

As employees take on more caregiving responsibilities, demand for leave flexibility is expected to grow. Caregiver leave is likely to receive increased attention as growing numbers of employees become part of the "sandwich generation," balancing responsibilities for both children and aging family members. While only about 60 percent of institutions offer paid caregiver leave, those that do provide a median of 12 weeks of leave, more than typical parental leave benefits. Institutions that proactively address caregiver needs may be better positioned to support employee well-being, reduce turnover and retain experienced employees who might otherwise scale back their careers or leave the workforce entirely due to family caregiving obligations.

Personal-Choice/Life-Stage Benefits

Life-stage benefits that address the varying needs of a multi-generational workforce are a valuable addition to a benefits package. These offerings are important because members of Generation Z (those born between 1997 and 2012), who make up an increasingly large part of the workforce, expect them.

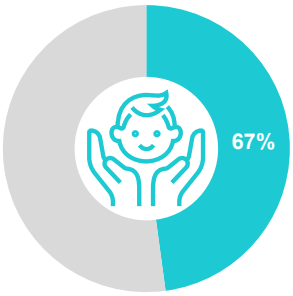
Flexibility and choice, which employees from every generation value, are characteristics of life-stage benefits. These offerings lead to high employee satisfaction and increased affiliation with the institutions providing them.

Life-stage benefits tend to be very low-cost and low-maintenance offerings. Consequently, they are a cost-effective way for institutions to improve their overall benefits package.

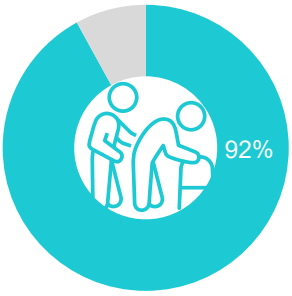
Effectively communicating the availability of life-stage benefits and making them easy to access can increase utilization and help employees recognize their value. When employees perceive that their needs are being supported, it can strengthen their connection to the institution.

Caregiving benefits

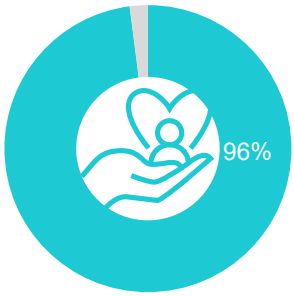
As baby boomers continue to retire, members of Generation X are taking over critical management functions. Many members of that generation also have considerable responsibilities at home: taking care of aging parents and children at the same time. Recognizing this need, a large majority of institutions offer eldercare and childcare referrals, in large part through EAPs. Some even offer subsidized childcare/eldercare benefits.



Childcare Referral Services via an EAP



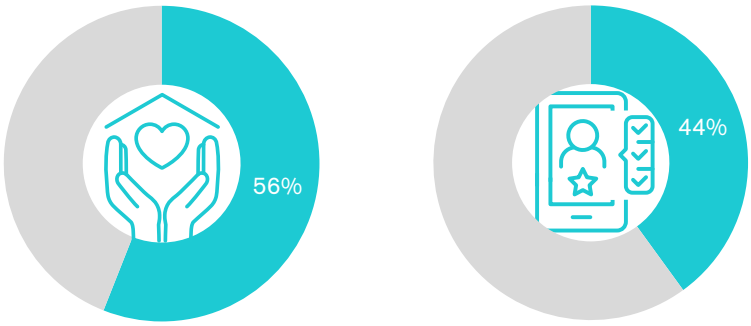
Eldercare Referral Services via an EAP



On-Site or an Off-Site Childcare and/or Eldercare Services

Source: Segal's 2026 *College and University Benefits Study*

More Than Half of Institutions That Offer Either an On-Site or an Off-Site Access/Arrangement for Childcare and/or Eldercare Services Subsidize Them



*Some institutions negotiate discounts.

Source: Segal's 2026 *College and University Benefits Study*

Flexible work arrangements

As institutions realize that technology has been able to enhance the learning experience while serving the student community well, flexible work arrangements for faculty and certain staff, including work-from-home arrangements, have become more prevalent, with 62 percent of institutions in the study offering them.

Other life-stage benefits

Some institutions offer other — rarer — life-stage benefits to help faculty and staff lead happier and healthier lives. Benefits such as pet health insurance, access to on-site and off-site wellness services (such as ergonomic assessments or farm-share/fresh services fresh food delivery services), access to nature reserves and botanical gardens and paid leave for charitable and community service events all contribute to the mental well-being of the workforce.

Additionally, some institutions are emphasizing the actions they are taking to improve sustainability on campus since a greener environment has health benefits and resonates with a commonly shared desire to improve campuses and communities.



Outlook for life-stage benefits

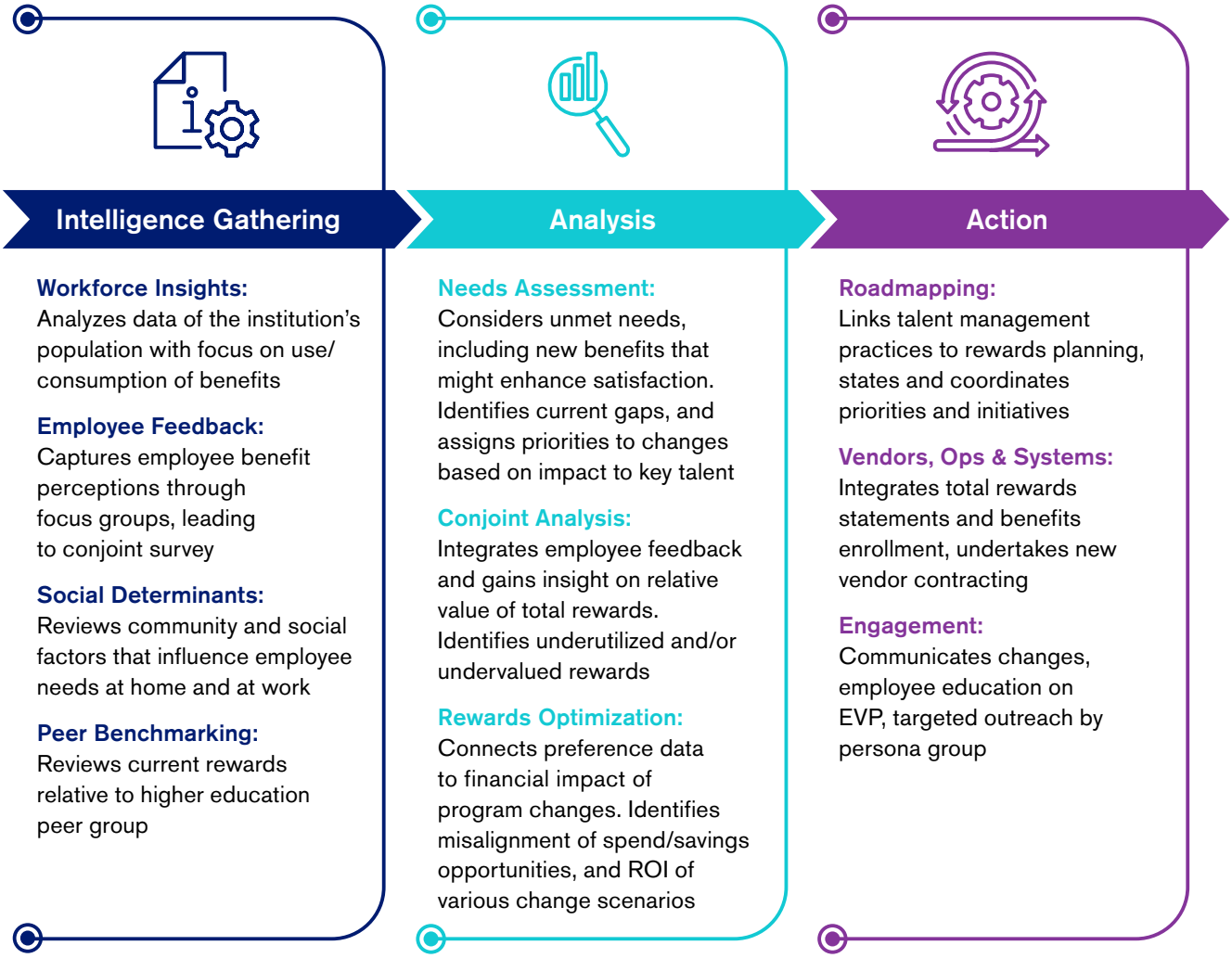
Colleges and universities may be interested in offering formal lifestyle spending accounts with fixed-dollar benefits. Third-party administrators of account plans have created a structured format to implement and administer these benefits. Some employers in other industries are already using these accounts to offer a broad array of benefits at a predictable cost.

More large universities will consider on-site health clinics and pharmacies that can serve both the student population and the faculty and staff. This model can be quite efficient.

Benefits that can address the needs of considerably older employees will need to be further developed. Some employees may want or need to work longer careers as advances in health through technology fueled by AI lead to improved longevity.

Total Rewards Optimization

Benefits are a key component of total compensation, which is one of the pillars of the EVP. We have a well-defined process for optimizing the role of benefits in your total rewards strategy that includes these key steps and elements:



Each element in this three-step process on its own provides valuable information. However, in our experience working with clients, they are most impactful when considered together.

With the war for talent and growing financial pressure, optimizing your benefit offerings is essential.

How can we help?

Segal has worked with many of our clients to communicate and implement many of the strategies and insights highlighted throughout the report and would welcome the opportunity to discuss these with you.

Methodology

There are more than 400 institutions in the CUBS database. Segal conducted the current *College and University Benefits Study* in 2025 using a large, representative sample of those institutions.

We collected 2025 benefits data from institutions' websites. We obtained additional information that was not publicly available based on our consulting relationship with numerous colleges and universities. To the extent that benefits differ by the three employment groups — faculty, administrative and professional staff, and clerical and support staff — we compiled data on those differences.

To calculate medical/prescription drug and dental rate increases, we looked at only those plans for which we had premium and/or contribution data gathered for both 2024 and 2025. We developed average premium rates separate from average contribution rates and aggregated each across all enrollment tiers to develop an employee-only and family set of rates and contributions for the three employment groups: faculty, administrative and professional staff, and clerical and support staff. Once we had the average premium rate by employment group by enrollment tier for 2024 and 2025, we used those averages to determine the average year-over-year premium increase. We followed the same approach to calculate the average increase in employee contributions.

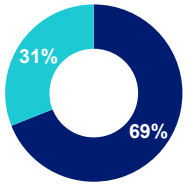


Institutions Studied

The following data describes the institutions in the study.

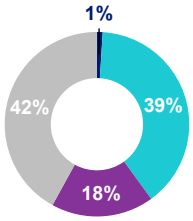
Type of Institution

More than two-thirds of the institutions are private.



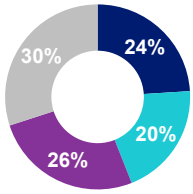
Type of Program

More than half of the institutions have graduate degree programs.



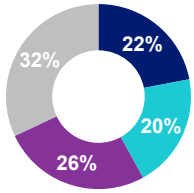
Annual Operating Budget

Institutions' operating budgets vary widely.



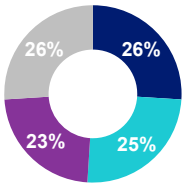
Endowment

Nearly one-third of institutions have an endowment of $2 billion or more.



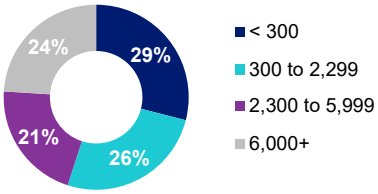
Undergraduate Enrollment

The distribution of institutions is similar for these undergraduate enrollment groupings.



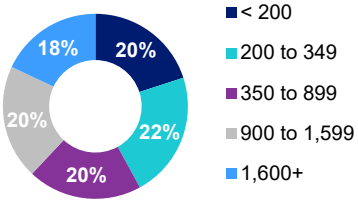
Graduate Enrollment

Among the institutions in CUBS that have graduate programs, more than half have fewer than 2,300 graduate students.



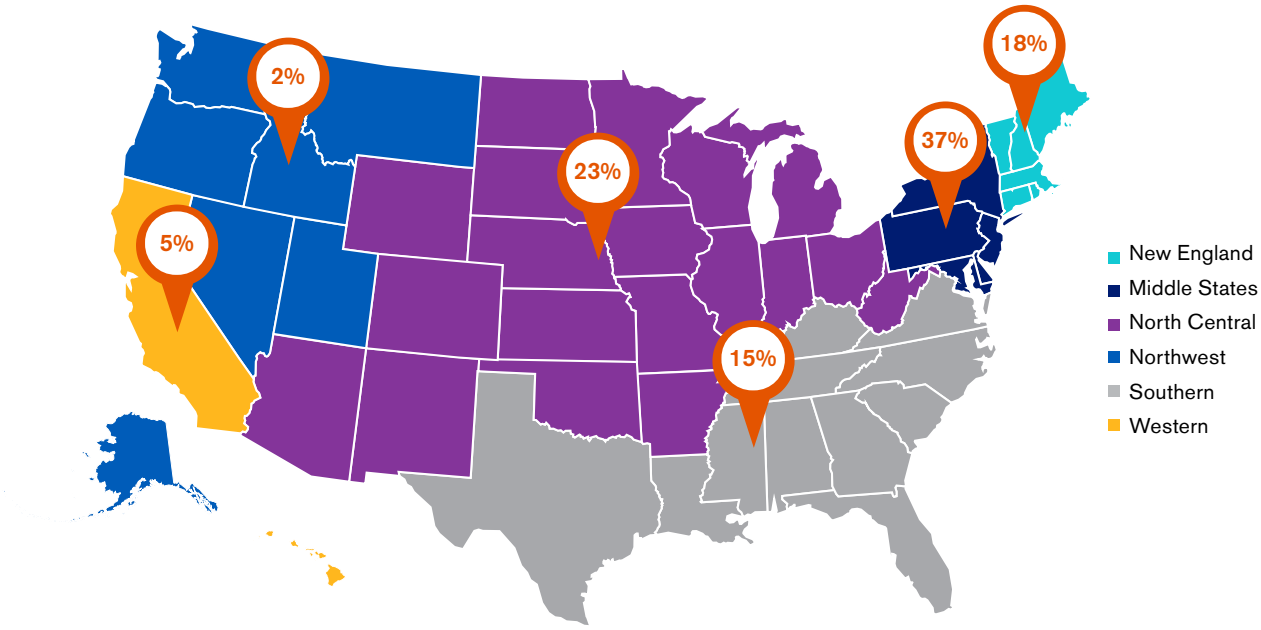
Size of Workforce by Number of Full-Time Faculty

The distribution of institutions is similar for these groupings of number of full-time faculty.



Region of Accreditation*

More than half of the institutions are in these accreditation regions: Middle States or North Central.



* The regions of accreditation are defined by the Council for Higher Education Accreditation's Regional Accrediting Organizations.

Source: Segal's 2026 *College and University Benefits Study*

More Information About CUBS

Segal's extensive database of employee benefits offered by more than 400 higher education institutions covers much more information than we present in this 2026 CUBS report. You may request custom reports that offer a personalized look at how your institution's employee benefit offerings compare to others — using criteria you identify, including institution type (public or private, college or university), program type (four-year undergraduate, master's degree, doctoral degree), institution size (number of full-time faculty, undergraduates, or graduate students, geographic regions and budget or endowments.

For more information about our college and university database and the 2025 CUBS data discussed in this report, contact one of the experts who conducted the study:



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Segal Understands Higher Ed

We are ready to assist you in these areas:



Organizational strategy and transformation. We'll work with you to create a high-performing institution, which may include creating a culture of excellence. We'll help you design meaningful recognition and rewards programs and a compelling EVP as well.



Compensation and career strategies. We'll work with you on the strategy, design and governance of your compensation program. We can help you build a career architecture, a transparent structure for your people. Get in touch to discuss how to align individual performance and career opportunities with institutional goals. We can also work with you to shape your institution's unique non-financial and financial rewards of work.



Health and welfare benefits. Our services include plan design and strategies for improving workforce wellness and well-being. We model utilization, audit claims and monitor finances. Look to us for help competitive bidding for service providers and insurers. We'll mine your data and analyze it for you. We'll benchmark your programs.



Retirement benefits and financial security. Retirement plans are the largest portion of most programs for enhancing financial security. Our retirement consulting covers plan design and governance to mitigate risk. We forecast investment performance and funding. For DC plans, we help select vendors. We also assess their fees and performance.



Compliance. Our compliance team assists with policies and procedures, plan documents, amendments, summary plan descriptions, notices and enrollment information. They perform HIPAA assessments and conduct training on applicable federal and state law. They'll help you stay on top of the latest developments and can help you get ready for government audits.



HR and benefits technology. We'll help you improve the efficiency of your systems, software and technology. Additionally, we'll work with you on process improvements and effective training for your people. We offer a Cyber Advisor subscription service to help you stay on top of evolving cybersecurity threats and best practices.



Insurance. Our insurance brokers will help you obtain the coverage you need to protect your institution and yourself. That may include some or all of this insurance: fiduciary liability, cybersecurity, employment practice litigation, property damage and casualty claims.



Communications. Our award-winning communications practice develops strategies to fully engage your people. Our consultants write and design a wide array of communications, from personalized benefit statements to cutting-edge websites, microsites and other portals. They've developed a high-touch and high-tech employee communications approach that improve engagements by providing individualized experiences that help employees feel valued at every stage of the employee life cycle.



Investments. Segal Marco Advisors provides employers and plan sponsors with investment consulting and other investment solutions, including corporate governance, proxy voting and advisor solutions for financial intermediaries.

We provide personalized consulting services and advice. We don't suggest a one-size-fits-all solution. Instead, we'll work closely with you to identify the solution that's just right for your institution.

This publication is for informational purposes only and does not constitute legal or tax advice or provide a binding interpretation of coverage. Plan sponsors are encouraged to discuss the issues raised here with their legal, tax and other advisors before determining how they apply to their specific situation.

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