

2026

BENEFITS OPEN ENROLLMENT



CLARK ATLANTA
UNIVERSITY

► WELCOME TO CLARK ATLANTA UNIVERSITY'S 2026 OPEN ENROLLMENT!

Open enrollment refers to your opportunity to:

- Change plans
- Enroll in benefits
- Cancel benefits
- Add or remove dependents to your benefits
➢ **eligible dependents are your legal spouse and dependent child(ren)**

Any changes that you make during open enrollment will go into effect on January 1st, 2026.

Mid-year benefits changes

Outside of your annual open enrollment period, you may be eligible to make certain benefits changes during the middle of the year. Please refer to your Summary Plan Description (SPD) for specifics. Examples of when you might be able to make mid-year changes are:

- Marriage or divorce
- Birth, death, or adoption
- Change in eligibility status

What's changing for 2026?

The carrier for medical coverage will be changing from Cigna to UHC 2026. There will be **NO premium increases** for Medical, Dental or Vision for the new plan year!



ONEDIGITAL

This brochure is intended as a convenient summary of all major points of your benefits plan. This brochure does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases and are available for your inspection at any time.



Need Help?

- Need help understanding your benefits?
- Have questions regarding a claim or bill?

Call or email one of the following Clark Atlanta University HR associates:

Cynthia Williams
Director of Benefit Administration/HR Operations
Clark Atlanta University
Phone: 404.880.8644
Email: cwilliams2@cau.edu

Ramona Roman
AVP, Human Resources and University Title IX Coordinator
Clark Atlanta University
Phone: 404.880.6158
Email: rroman@cau.edu



Medical I UHC
Tel.: 1.866.633.2446
www.myuhc.com



Dental & Vision I UHC
Vision: 1.800.638.3120
Dental: 1.888.400.9304
www.myuhc.com



Life and Disability
The Standard
Tel.: 888.937.4783
www.standard.com



Worksite Benefits
Aflac
Tel.: 800.992.3522
www.aflac.com

MEDICAL | UHC

Your medical plans will be offered through UHC for the 2026 plan year. Please review your plan summaries or Summary of Benefits and Coverage for out-of-network coverage information and full plan details.

Medical UHC	Plan A In-Network	Plan B In-Network		
Coinsurance (Member pays)	20%	20%		
Calendar Year Deductible - Individual - Family	\$1,000 \$2,000	\$500 \$1,000		
Out-of-Pocket Maximum (Deductible included) - Individual - Family	\$4,000 \$8,000	\$3,000 \$7,000		
Office Visit - Preventive - Primary - Specialist	100% Covered \$40 Copay \$40 Copay	100% Covered \$35 Copay \$35 Copay		
Inpatient Services	20% after Deductible	20% after Deductible		
Outpatient Services	20% after Deductible	20% after Deductible		
Emergency Room Services (Waived if admitted)	\$250 Copay	\$250 Copay		
Urgent Care	\$50 Copay	\$50 Copay		
Prescription Coverage (30-Day Supply)	Plan A In-Network	Plan B In-Network		
Tier 1	\$10 Copay	\$10 Copay		
Tier 2	\$35 Copay	\$35 Copay		
Tier 3	\$75 Copay	\$75 Copay		
Tier 4	\$150 Copay	\$150 Copay		
Mail Order (90-Day Supply)	Plan A	Plan B		
Tier 1	\$25 Copay	\$25 Copay		
Tier 2	\$87.50 Copay	\$87.50 Copay		
Tier 3	\$187.50 Copay	\$187.50 Copay		
Tier 4	\$375 Copay	\$375 Copay		
Employee Contributions	Plan A	Plan B		
	12-Month Employee	9-Month Employees	12-Month Employee	9-Month Employees
Employee	\$137.95	\$183.94	\$282.92	\$377.23
Employee + Child(ren)	\$215.43	\$287.24	\$417.38	\$556.50
Employee + Spouse	\$243.09	\$324.12	\$481.69	\$642.26
Employee + Family	\$371.89	\$495.86	\$710.95	\$947.93

DENTAL & VISION | UHC

Your dental and vision coverages are offered through UHC for the 2026 plan year. Please review your plan summaries or policy for additional coverage information and full plan details. **Medical rates include dental and vision.**

Dental UHC	In/Out-of-Network	Vision UHC	In-Network	Out-of-Network Reimbursement
Deductible - Individual - Family	\$50 \$150	Exams	\$0 Copay	Up to \$40
Coinsurance (Member Pays) - Preventive Services - Basic Services - Major Services	100% 80% 50%	Lenses - Single - Bifocals - Trifocals	\$15 Copay \$15 Copay \$15 Copay	Up to \$40 Up to \$60 Up to \$80
Orthodontic Services (Up to Age 19)	50%	Frames	\$200 Allowance*	Up to \$45
Orthodontic Lifetime Maximum	\$2,000	Contact Lenses - Elective - Medically Necessary	\$200 Allowance 100% Covered	Up to \$105 Up to \$200
Annual Plan Maximum	\$5,000			

*These dollar amounts are based on whole sale prices rather than retail prices.

► LIFE AND DISABILITY | THE STANDARD

Life Benefits

Basic Life and Voluntary Life insurance provides for financial support in the untimely passing of a covered participant.

Basic Life and Accidental Death & Dismemberment (AD&D)



CAU provides you with an employer paid basic life policy. Check your plan summary for specific benefits details.

Please be advised that should you reach age 70, your coverage will reduce by 35%. Additional reductions will follow at 55% and 70%.

Voluntary Life and Accidental Death & Dismemberment (AD&D)*



Employees can elect Voluntary Life and AD&D for themselves, their spouse, and dependent children.

The cost is based on the amount you purchase and your age as of January 1st, and you can calculate your cost while completing the enrollment process.

Employee Coverage	Spouse Coverage	Child Coverage
Increments of \$10,000; Up to a \$500,000 maximum	Increments of \$5,000; Up to a \$250,000 maximum	Increments of \$1,000; Up to a \$10,000 maximum
Guaranteed Issue: \$300,000	Guaranteed Issue: \$25,000	Guaranteed Issue: \$10,000

Disability Benefits

Short and Long Term Disability insurance provides partial income replacement in the event of a covered illness or accident that occurs outside of work.

Voluntary Short Term Disability



The benefit begins once you have been out of the office due to your disability for 15 days.

Weekly benefits checks will be a percent of your weekly earnings. Please check your plan summary for specific details.

You can receive these weekly benefits checks for up to 13 weeks if you continue to be out of work.

Long Term Disability



The benefit begins once you have been out of the office due to your disability for 90 days.

The monthly benefit checks will be a percent of your monthly earnings. Please see your plan summary for specific details.

You may be eligible to receive these monthly benefit checks for up to 2 years or SSNRA if you continue to be out of work.

**Please note, if your spouse is also a benefits-eligible employee at Clark Atlanta University, then you may not be eligible to purchase spousal coverage for Voluntary Life benefits. Please refer to plan documents for details.*

► VOLUNTARY WORKSITE BENEFITS | AFLAC

Accident*: The group accident policy provides a cash benefit for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on or off-the-job accident occur. Additional coverage details and costs included in PlanSource.

Wellness Benefit: \$50/Year per covered family member.

Critical Illness*: This specified disease coverage offers the protection you need to concentrate on what is most important, your treatment, care and recovery. The cost is based on the amount you purchase and your age as of January 1st, and you can calculate your cost while completing the enrollment process.

Wellness Benefit: \$75/Year per covered family member.

Hospital Indemnity: Hospital indemnity complements your present major medical coverage by providing cash benefits that can be used to help pay out-of-pocket expenses associated with a hospital confinement. Additional coverage details and costs included in PlanSource.

Wellness Benefit: \$50/Year per covered family member.

**If your spouse is also a benefits-eligible employee at Clark Atlanta University, then spousal coverage cannot be purchased on them.*