

# 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!



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](mailto:cwilliams2@cau.edu)

**Ramona Roman**  
AVP, Human Resources and University Title  
IX Coordinator  
Clark Atlanta University  
Phone: 404.880.6158  
Email: [rroman@cau.edu](mailto:rroman@cau.edu)



**Medical | UHC**  
Tel.: 1.866.633.2446  
[www.myuhc.com](http://www.myuhc.com)



**Dental & Vision | UHC**  
Vision: 1.800.638.3120  
Dental: 1.888.400.9304  
[www.myuhc.com](http://www.myuhc.com)



**Life and Disability  
The Standard**  
Tel.: 888.937.4783  
[www.standard.com](http://www.standard.com)



**Worksite Benefits  
Aflac**  
Tel.: 800.992.3522  
[www.aflac.com](http://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	
<b>Coinsurance</b> (Member pays)	20%		20%	
<b>Calendar Year Deductible</b> - Individual - Family	\$1,000 \$2,000		\$500 \$1,000	
<b>Out-of-Pocket Maximum</b> (Deductible included) - Individual - Family	\$4,000 \$8,000		\$3,000 \$7,000	
<b>Office Visit</b> - Preventive - Primary - Specialist	100% Covered \$40 Copay \$40 Copay		100% Covered \$35 Copay \$35 Copay	
<b>Inpatient Services</b>	20% after Deductible		20% after Deductible	
<b>Outpatient Services</b>	20% after Deductible		20% after Deductible	
<b>Emergency Room Services</b> (Waived if admitted)	\$250 Copay		\$250 Copay	
<b>Urgent Care</b>	\$50 Copay		\$50 Copay	
<b>Prescription Coverage</b> (30-Day Supply)	Plan A In-Network		Plan B In-Network	
Tier 1 Tier 2 Tier 3 Tier 4	\$10 Copay \$35 Copay \$75 Copay \$150 Copay		\$10 Copay \$35 Copay \$75 Copay \$150 Copay	
<b>Mail Order</b> (90-Day Supply)	Plan A		Plan B	
Tier 1 Tier 2 Tier 3 Tier 4			\$25 Copay \$87.50 Copay \$187.50 Copay \$375 Copay	
<b>Employee Contributions</b>	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
<b>Deductible</b> - Individual - Family	\$50 \$150
<b>Coinsurance</b> (Member Pays) - Preventive Services - Basic Services - Major Services	100% 80% 50%
<b>Orthodontic Services</b> (Up to Age 19)	50%
<b>Orthodontic Lifetime Maximum</b>	\$2,000
<b>Annual Plan Maximum</b>	\$5,000

Vision   UHC	In-Network	Out-of-Network Reimbursement
<b>Exams</b>	\$0 Copay	Up to \$40
<b>Lenses</b> - Single - Bifocals - Trifocals	\$15 Copay \$15 Copay \$15 Copay	Up to \$40 Up to \$60 Up to \$80
<b>Frames</b>	\$200 Allowance*	Up to \$45
<b>Contact Lenses</b> - Elective - Medically Necessary	\$200 Allowance 100% Covered	Up to \$105 Up to \$200

\*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
<b>Guaranteed Issue:</b> \$300,000	<b>Guaranteed Issue:</b> \$25,000	<b>Guaranteed Issue:</b> \$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.*