

# 2022

## BENEFITS OPEN ENROLLMENT



CLARK ATLANTA  
UNIVERSITY

# WELCOME TO CLARK ATLANTA UNIVERSITY'S 2022 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, 2022.

## 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, but 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 2022?

- The cost of medical coverage for 9-month and 12-month employees has decreased for 2022.



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**  
Manager, HR Operations  
Clark Atlanta University  
Phone: 404.880.8644  
Email: [cwilliams2@cau.edu](mailto:cwilliams2@cau.edu)

**Ramona Roman**  
Human Resources Business Partner  
Clark Atlanta University  
Phone: 404.880.6158  
Email: [rroman@cau.edu](mailto:rroman@cau.edu)



Medical  
Anthem  
Tel.: 855.397.9267  
[www.anthem.com](http://www.anthem.com)



Dental  
Anthem  
Tel.: 855.397.9267  
[www.anthem.com](http://www.anthem.com)



Vision  
Anthem  
Tel.: 855.397.9267  
[www.anthem.com](http://www.anthem.com)



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

# ► CHOOSE YOUR MEDICAL PLAN!

Your medical plans will be offered through Anthem for the 2022 plan year. Please review your plan summaries or Summary of Benefits and Coverage for out-of-network coverage information and full plan details.

Medical   Anthem	Plan A (In-Network)	Medical   Anthem	Plan B (In-Network)
Free <b>Preventive Care</b>	You pay \$0	Free <b>Preventive Care</b>	You pay \$0
First, you are subject to a <b>Copay</b> for Office Visits.	<b>PCP Visit: \$40</b> <b>Specialist Visit: \$40</b> <b>TelaDoc Visit: \$0</b> <b>CVS/Minute Clinic Visit: \$15</b> <b>Emergency Room Visit: \$250</b> (waived if admitted)  Note! Copays are reduced by \$10 for all visits to any Morehouse Medical Associates location.	First, you are subject to a <b>Copay</b> for Office Visits.	<b>PCP Visit: \$35</b> <b>Specialist Visit: \$35</b> <b>TelaDoc Visit: \$0</b> <b>CVS/Minute Clinic Visit: \$10</b> <b>Emergency Room Visit: \$250</b> (waived if admitted)  Note! Copays are reduced by \$10 for all visits to any Morehouse Medical Associates location.
Should you receive any Inpatient or Outpatient care (surgeries, x-rays, lab tests), you are subject to the <b>Individual Deductible</b> .	<b>Individual Deductible: \$1,000</b>  <b>Family Deductible: \$2,000</b>	Should you receive any Inpatient or Outpatient care (surgeries, x-rays, lab tests), you are subject to the <b>Individual Deductible</b> .	<b>Individual Deductible: \$500</b>  <b>Family Deductible: \$1,000</b>
Then, you are subject to the member <b>Coinsurance</b> for any further additional expenses outside of copays.	<b>Member Coinsurance:</b> You pay 20% of any additional inpatient or outpatient expenses	Then, you are subject to the member <b>Coinsurance</b> for any further additional expenses outside of copays.	<b>Member Coinsurance:</b> You pay 20% of any additional inpatient or outpatient expenses
If your total expenses (Copays + Deductible + Coinsurance) accumulate to the <b>Out-of-Pocket Maximum</b> , you are then covered 100% for the rest of the year.	<b>Individual Out-of-Pocket Maximum: \$4,000</b>  <b>Family Out-of-Pocket Maximum: \$8,000</b>	If your total expenses (Copays + Deductible + Coinsurance) accumulate to the <b>Out-of-Pocket Maximum</b> , you are then covered 100% for the rest of the year.	<b>Individual Out-of-Pocket Maximum: \$3,000</b>  <b>Family Out-of-Pocket Maximum: \$7,000</b>
Prescriptions   Anthem	Retail Pharmacy 30-Day Supply	Retail Pharmacy 90-Day Supply	Mail Order Pharmacy 90-Day Supply
Out-of-pocket maximum for prescription drugs is \$3,000.	Tier 1 – \$10 Copay	\$30 Copay	\$25 Copay
All prescription copays apply to the out-of-pocket maximum for prescription drugs.	Tier 2 – \$30 Copay	\$90 Copay	\$75 Copay
	Tier 3 – \$60 Copay	\$180 Copay	\$150 Copay
	Tier 4 – \$75 Copay	\$187.50 Copay	\$187.50 Copay

Diabetic Program: \$10/generic, \$30/preferred, \$60/on-preferred, \$0 supplies (90-day supply).  
 Specialty Drugs: 25% of prescription cost up to a maximum of \$250 per prescription.

Medical Rates (Monthly)	Plan A (Medical, Dental, Vision, and Audio)		Plan B (Medical, Dental, Vision, and Audio)	
	12-Month Employees	9-Month Employees	12-Month Employees	9-Month Employees
Employee Only	\$139.61	\$186.15	\$285.97	\$381.30
Employee + Spouse	\$217.10	\$289.48	\$419.19	\$558.93
Employee + Child(ren)	\$245.04	\$326.72	\$485.04	\$646.72
Family	\$374.28	\$499.05	\$712.45	\$949.94



## ▶ ACCESSORIZE WITH DENTAL & VISION BENEFITS

Your dental and vision coverages are offered through Anthem for the 2022 plan year. Please review your plan summaries or policy for additional coverage information and full plan details.

Dental   Anthem   Plan A & B	In/Out-of-Network
Annual Deductible	\$50 Individual \$150 Family
Coinsurance	
Preventive	100%
Basic	80%
Major	50%
Orthodontia (Adult & Child)	50%
Orthodontia Lifetime Maximum	\$2,000
Annual Plan Maximum	\$5,000

Vision   Anthem   Plan A & B	In-Network	Out-of-Network Reimbursement
Eye Exam	\$0 Copay	Up to \$42
Lenses		
Single Vision	\$15 Copay	Up to \$40
Bifocal	\$15 Copay	Up to \$60
Trifocal	\$15 Copay	Up to \$80
Frames	\$200 Allowance*	Up to \$45
Contact Lenses		
Conventional	\$200 Allowance	Up to \$105
Medically Necessary	Plan pays 100%	Up to \$200

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

## ▶ PROTECT YOURSELF WITH LIFE AND DISABILITY

### 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 at the time of purchase, and you can calculate your cost while completing the enrollment process.

Employee Coverage	Spouse Coverage	Child Coverage
Increments of \$10,000 up to a maximum of \$500,000	Up to 50% of the employee election	Up to \$10,000

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

### 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 kicks in 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 kicks in 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.*