

2024

BENEFITS OPEN ENROLLMENT



CLARK ATLANTA UNIVERSITY



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▶ WELCOME TO CLARK ATLANTA UNIVERSITY'S 2024 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, 2024.

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 2024?

Cigna will be the new carrier for CAU's medical, dental and vision coverage in 2024.



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

Ramona Roman
Human Resources Business Partner
Clark Atlanta University
Phone: 404.880.6158
Email: rroman@cau.edu



Medical
Cigna
Tel.: 1.800.997.1654
<https://my.cigna.com>



Dental & Vision
Cigna
Tel.: 1.800.997.1654
<https://my.cigna.com>



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



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

▶ MEDICAL | CIGNA

Your medical plans will be offered through Cigna for the 2024 plan year. Please review your plan summaries or Summary of Benefits and Coverage for out-of-network coverage information and full plan details.

Medical Cigna	Plan A (In-Network)	Medical Cigna	Plan B (In-Network)
Free Preventive Care	You pay \$0	Free Preventive Care	You pay \$0
First, you are subject to a Copay for Office Visits.	PCP Visit: \$40 Specialist Visit: \$40 TelaDoc Visit: \$0 CVS/Minute Clinic Visit: \$15 Emergency Room Visit: \$250 (waived if admitted)	First, you are subject to a Copay for Office Visits.	PCP Visit: \$35 Specialist Visit: \$35 TelaDoc Visit: \$0 CVS/Minute Clinic Visit: \$10 Emergency Room Visit: \$250 (waived if admitted)
Should you receive any Inpatient or Outpatient care (surgeries, x-rays, lab tests), you are subject to the Individual Deductible .	Individual Deductible: \$1,000 Family Deductible: \$2,000	Should you receive any Inpatient or Outpatient care (surgeries, x-rays, lab tests), you are subject to the Individual Deductible .	Individual Deductible: \$500 Family Deductible: \$1,000
Then, you are subject to the member Coinsurance for any further additional expenses outside of copays.	Member Coinsurance: You pay 20% of any additional inpatient or outpatient expenses	Then, you are subject to the member Coinsurance for any further additional expenses outside of copays.	Member Coinsurance: You pay 20% of any additional inpatient or outpatient expenses
If your total expenses (Copays + Deductible + Coinsurance) accumulate to the Out-of-Pocket Maximum , you are then covered 100% for the rest of the year.	Individual Out-of-Pocket Maximum: \$4,000 Family Out-of-Pocket Maximum: \$8,000	If your total expenses (Copays + Deductible + Coinsurance) accumulate to the Out-of-Pocket Maximum , you are then covered 100% for the rest of the year.	Individual Out-of-Pocket Maximum: \$3,000 Family Out-of-Pocket Maximum: \$7,000

Prescriptions Cigna	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. All prescription copays apply to the out-of-pocket maximum for prescription drugs.	Tier 1 - \$10 Copay Tier 2 - \$30 Copay Tier 3 - \$60 Copay Tier 4 - \$75 Copay	\$30 Copay \$90 Copay \$180 Copay \$187.50 Copay	\$25 Copay \$75 Copay \$150 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	\$132.97	\$177.30	\$272.36	\$363.15
Employee + Spouse	\$207.24	\$276.33	\$400.08	\$533.45
Employee + Child(ren)	\$233.47	\$311.29	\$462.09	\$616.12
Family	\$356.81	\$475.75	\$679.09	\$905.46

▶ DENTAL & VISION | CIGNA

Your dental and vision coverages are offered through Cigna for the 2024 plan year. Please review your plan summaries or policy for additional coverage information and full plan details.

Dental Cigna 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 Cigna 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.

▶ 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 maximum of \$500,000.	Increments of \$5,000 up to a maximum of \$250,000.	Increments of \$1,000 up to a maximum of \$10,000.
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.*