



MOREHOUSE
COLLEGE

Your Choices. Your Health.



EMPLOYEE BENEFITS GUIDE

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EMPLOYEE / EMPLOYER CONTRIBUTIONS

Monthly pre-tax payroll deductions per employee (medical/prescription drugs/dental and vision).

MEDICAL MONTHLY COST

Cigna Open Access Plan with Wellness	Employee Contribution	Morehouse Contribution	Total Monthly Cost
Employee Only	\$69.25	\$706.70	\$775.95
Employee with Child(ren)	\$323.79	\$1,173.79	\$1,497.58
Employee with Spouse*	\$439.21	\$1,112.69	\$1,551.90
Employee with Family*	\$552.13	\$1,861.07	\$2,413.20

*For 2021, a Spousal surcharge of \$100 has been added to the Employee with Spouse and Employee with Family Tiers.

Cigna Open Access Plan without Wellness	Employee Contribution	Morehouse Contribution	Total Monthly Cost
Employee Only	\$131.64	\$644.31	\$775.95
Employee with Child(ren)	\$386.18	\$1,111.40	\$1,497.58
Employee with Spouse*	\$501.60	\$1,050.30	\$1,551.90
Employee with Family*	\$614.52	\$1,798.68	\$2,413.20

*For 2021, a Spousal surcharge of \$100 has been added to the Employee with Spouse and Employee with Family Tiers.

DENTAL MONTHLY COST

Cigna Dental PPO Plan A	Employee Contribution	Morehouse Contribution	Total Monthly Cost
Employee Only	\$27.00	\$6.62	\$33.62
Employee with Child(ren)	\$38.00	\$22.38	\$60.38
Employee with Spouse*	\$54.00	\$20.30	\$74.30
Employee with Family*	\$81.00	\$30.88	\$111.88

Cigna Dental PPO Plan B	Employee Contribution	Morehouse Contribution	Total Monthly Cost
Employee Only	\$37.00	\$42.21	\$79.21
Employee with Child(ren)	\$75.00	\$5.05	\$80.05
Employee with Spouse*	\$85.00	\$14.09	\$99.09
Employee with Family*	\$122.00	\$26.31	\$148.31

VISION MONTHLY COST

Cigna PPO Vision Plan	Employee Contribution	Morehouse Contribution	Total Monthly Cost
Employee Only	\$2.19	\$6.73	\$8.92
Employee with Child(ren)	\$4.39	\$12.56	\$16.95
Employee with Spouse*	\$4.39	\$11.22	\$15.61
Employee with Family*	\$6.58	\$19.28	\$25.86



EMPLOYEE CONTRIBUTIONS

VOLUNTARY LIFE RATES

AGE	RATE PER \$1,000 OF BENEFIT	AGE	RATE PER \$1,000 OF BENEFIT
Employee/Spouse Life		50-54	\$0.340
0-19	\$0.060	55-59	\$0.600
20-24	\$0.060	60-64	\$0.850
25-29	\$0.060	65-69	\$1.660
30-34	\$0.080	70-74	\$2.920
35-39	\$0.110	75+	\$2.920
40-44	\$0.130	Child Life	
45-49	\$0.200	Child	\$0.123

VOLUNTARY AD&D RATES

TIER OF COVERAGE	RATE PER \$1,000 OF BENEFIT
Employee	\$0.025
Employee + Family	\$0.025

VOLUNTARY DISABILITY RATES

TIER OF COVERAGE	SHORT TERM DISABILITY	LONG TERM DISABILITY
Employee Only	\$0.202 per \$10 of weekly benefit	\$0.467 per \$100 of covered monthly payroll

MEDICAL PLAN

NOTE

Medical coverage is available for your young adult dependents age 26 and under.

Important: Co-pays are reduced by \$10 for all visits to any Morehouse Medical Associates location.

Benefit	Cigna Open Access Plan	
	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	Unlimited	Unlimited
Network Access	Open Access Plus (OAP)	Out-of-Network
Calendar Year Deductible (Single / Family)	\$350 / \$700	\$1,000 / \$2,000
Coinsurance	80% after deductible	50% after deductible
Calendar Year Out-of-Pocket Maximum (Single / Family)	\$2,500 / \$5,000	\$10,000 / \$20,000
Inpatient Hospital Co-pay per Admit (Pre-certification Required)	\$500 co-pay per admit, then 80% after deductible	\$500 co-pay per admit, then 50% after deductible
Outpatient Surgery	\$250 co-pay then, 80% after deductible	\$250 co-pay then, 50% after deductible
Emergency Room	\$150 co-pay (waived if admitted)	
Urgent Care Visit	\$25 co-pay and balance paid at 100%	
Primary Care Physician Visit (PCP)	\$25 co-pay and balance paid at 100%	70% after deductible
Specialist Visit	\$35 co-pay and balance paid at 100%	70% after deductible
Wellness and Routine Preventive Care (Adult and Child)	Plan pays 100%	Not covered
Diagnostic Lab and X-Ray	90% after deductible	60% after deductible
Advanced Diagnostic Imaging (MRI, MRA, CT Scans and PET Scans)	90% after deductible	60% after deductible
Chiropractic Treatments (subject to combined 20 visits per benefit period)	\$25 co-pay	70% after deductible
Diabetes Education	Plan pays 100% of physician-prescribed Diabetes classes	
Online Medical Visit	\$25 co-pay and balance paid at 100%	Not covered

PRESCRIPTION DRUG PLAN

Benefit	Cigna Open Access Plan	
	RETAIL	MAIL ORDER
Benefit Period Deductible	\$100 per member; \$200 for family Does not apply to Tier 1 Retail or Tier 1 Home delivery	
Tier 1 Drugs (Generic)	\$15 co-pay (Up to 30-day supply)	\$15 co-pay (Up to 90-day supply)
Tier 2 Drugs (Formulary Brand)	\$35 co-pay (Up to 30-day supply)	\$70 co-pay (Up to 90-day supply)
Tier 3 Drugs (Non-Formulary)	\$60 co-pay (Up to 30-day supply)	\$180 co-pay (Up to 90-day supply)
Tier 4 Drugs (Specialty Drugs)	20% up to \$200 maximum (30-day supply)	20% up to \$200 maximum (30-day supply)

A 30-day supply of retail drugs may be purchased at in-network pharmacies across the nation. A 90-day supply of prescriptions, including maintenance drugs, can be purchased at select network pharmacies. Ninety-day prescriptions for specified maintenance medications can also be processed through the Cigna 90 Now Program. The prescription must be filled at either a 90-day network retail pharmacy or Cigna Home Delivery for the medication to be covered by the plan. Otherwise, after one 30-day fill, you pay the entire cost of the prescription.

Please note, this plan will not cover out-of-network pharmacy benefits. For more information on the Cigna 90 Now Program and mail order program, call 800-CIGNA24 (800-244-6224) or visit www.mycigna.com.

Pharmacy Note:

If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 co-pay plus the difference in cost between the brand drug and generic drug. This applies even when a physician indicates DAW (dispense as written) or obtains an authorization.



DENTAL PLAN

To find a list of in-network providers, go to www.mycigna.com. When you use in-network Cigna Dental PPO providers, there is no balance billing. But if you do use an out-of-network provider, you are responsible for the balance between the out-of-network allowed amount and what your provider bills.

Benefit	PLAN A		PLAN B	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible (waived for Preventive Services)	\$50 per person/\$150 per family		\$50 per person/\$150 per family	
Calendar Year Benefit Maximum	\$1,500 per covered member		\$2,000 per covered member	
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	90%	90%
Major Services	50%	50%	60%	60%
Orthodontia	50%	50%	50%	50%
Orthodontia Maximum Benefit (Adult and Child)	\$1,500 lifetime maximum		\$2,000 lifetime maximum	

VISION PLAN

The Vision Plan is a PPO program which uses the Cigna Vision Network. You have the freedom to choose the vision provider you access for care. However, it is more beneficial when you choose a provider that is part of the Cigna Vision Network. Below is a brief summary of the Vision Plan.

Benefit	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Eye Exam	\$0 co-pay	Plan pays up to \$45
Frequency of Benefits <ul style="list-style-type: none"> • Comprehensive Examination • Lenses • Frames • Contacts (Instead of glasses) 	Once Every Calendar Year Once Every Calendar Year Once Every Calendar Year Once Every Calendar Year	
Eyeglass Lenses <ul style="list-style-type: none"> • Standard Single Vision • Standard Bifocal • Standard Trifocal 	\$0 co-pay \$0 co-pay \$0 co-pay	Plan pays up to \$32 Plan pays up to \$55 Plan pays up to \$65
Eyeglass Frames	Plan pays up to \$250, then 20% off any remaining balance	Plan pays up to \$100
Contact Lenses (Instead of Glasses) <ul style="list-style-type: none"> • Elective • Medically Necessary 	Plan pays up to \$250 \$0 co-pay	Plan pays up to \$144 Plan pays up to \$210

FLEXIBLE SPENDING ACCOUNT (FSA) AND COMMUTER BENEFIT

FLEXIBLE SPENDING ACCOUNT

When participating in the FSA plan, contributions are deducted from an individual's paycheck on a pre-tax basis. FSA funds are set-aside for reimbursement and/or payment of certain eligible expenses incurred during the plan year. The FSA plan year runs from Jan. 1 to Dec. 31. You have two plan options:

- The **Health Care FSA** pays for eligible medical, dental, and vision expenses not covered by insurance. You may enroll in this plan if you do not make HSA contributions. A Health Savings Account (HSA) is a tax-favored bank account that is only available if you are enrolled in an IRS Qualified High Deductible Health Plan (QHDHP). The Cigna PPO medical plan is **not** an IRS QHDHP.
- The **Dependent Care FSA** pays for eligible day care expenses incurred during the plan year. You may enroll in this plan even if you choose to not enroll in the medical plan.

HEALTH CARE FSA

You may contribute up to \$2,750 to your Health Care FSA. Contributions are deducted in equal amounts from your paycheck beginning with the first pay period of the plan year. For mid-year or new hire enrollment, deductions will begin with the first pay period following open enrollment, date of hire, or qualifying event election.

The Health Care FSA covers eligible expenses incurred by you or anyone who is your eligible tax dependent – even if they are not covered under the College's health care plan.

ELIGIBLE AND INELIGIBLE HEALTH CARE EXPENSES

For a complete listing of eligible expenses, please refer to IRS Publication 502, available from your local IRS office or on the web at www.irs.gov.

Keep itemized receipts in a safe place. The IRS or Discovery Benefits may request a copy to substantiate a claim. If you are required to submit a receipt or some form of claim documentation and fail to comply, reimbursement may be denied.

2 1/2 MONTH GRACE PERIOD

Morehouse has elected to offer an extension for the Health Care FSA. What this means to you as a participant under the Health Care FSA plan is as follows:

- Although the Plan Year runs from Jan. 1, 2021 – Dec. 31, 2021, you will have the opportunity to still incur expenses after Dec. 31, 2021, and get reimbursed.
- The plan will allow a "grace period" through March 15, 2022, allowing you to incur expenses 2 1/2 months after the plan year ends on Dec. 31, 2021. If you have not had the opportunity to incur expenses during the plan year, this provision allows you additional time to incur expenses to be submitted.
- You will still have until March 31, 2022, to submit claims for services that qualify under the Plan Year.
- Eligible expenses will be those received from Jan. 1, 2021 – March 15, 2022. Remember, if you do not submit qualified claims to Discovery Benefits by March 31, 2022, for the 2021 plan year, any amounts remaining in the account are forfeited.

DEPENDENT CARE FSA

Consider opening a Dependent Care FSA if your dependents require day care. Contributions are deducted in equal amounts from your paycheck beginning with the first pay period of the plan year. For mid-plan year or new hire enrollment, deductions will begin with the first pay period following open enrollment, date of hire, or qualifying event election.

SPECIAL ELIGIBILITY FOR THE DEPENDENT CARE ACCOUNT

To qualify for the Dependent Care FSA, you must meet the College's provisions, have an eligible dependent who requires day care, and be:

- Single, or Married and your spouse either: (a) works or is actively seeking employment, (b) is a student and attends classes outside the home at least five months a year, or (c) is disabled and cannot care for eligible dependents.

To receive reimbursement for dependent care expenses, your dependent must be a child under the age of 13, or a person of any age who is severely physically or mentally disabled.

CONTRIBUTION LIMITS

If you decide to participate in the Dependent Care FSA, you can contribute up to \$5,000 per year. However, if you are married and file separate tax returns, you may contribute up to \$2,500 a year.

ELIGIBLE AND INELIGIBLE DEPENDENT CARE EXPENSES

For a complete listing of eligible and ineligible expenses, refer to IRS Publication 503, available from your local IRS office or on the web at www.irs.gov.

COMMUTER BENEFIT

A commuter benefit plan is a great way to reduce your commuting expenses by allowing you to set aside pre-tax dollars for qualified expenses you incur while commuting to work. The 2021 pre-tax maximum contribution set by IRS guidelines for the commuter benefit is \$270.

You may utilize this benefit to pay for transportation to and from work on a tax-free basis. Common eligible expenses include transportation through train, bus, subway, and ferry. Up to \$270 per month can be contributed on a pre-tax basis.

HOW TO ACCESS YOUR FSA AND COMMUTER BENEFIT FUNDS

With your FSA debit card, participants can pay providers at the time of service directly from their account for all eligible FSA (medical and dependent care) and Commuter Benefit expenses. If service providers do not accept debit card payments, participants may also pay out of pocket and then submit a reimbursement request. Participants may submit claims to Discovery Benefits online through the consumer web portal. We recommend that participants keep receipts for their own records. You may also sign up for free direct deposit to receive your reimbursement as quickly as possible.

To access your health care or transportation spending accounts, please visit the Discovery Benefits website at www.discoverybenefits.com.

GROUP LIFE PLAN

Morehouse College provides its full-time employees with a Group Life plan at no cost.

	BENEFIT
Benefit Amount <ul style="list-style-type: none"> • Eligible Employee • Spouse • Child - Age 15 days to 26 • Child - Under 14 days 	1 times Basic Annual Earnings up to \$100,000 \$10,000 \$5,000 \$500
Guarantee Issue (Eligible Employees)	\$100,000

VOLUNTARY LIFE PLAN

You may purchase additional life coverage for yourself or your dependents.

	BENEFIT
Benefit Amount <ul style="list-style-type: none"> • Eligible Employee • Spouse • Child - Age 15 days to 26 • Child - Under 14 days 	\$10,000 increments to the lesser of \$500,000 or 5 times your Basic Annual Earnings \$5,000 Increments to a max of \$100,000, not to exceed 100% of the employee benefit \$1,000 increments to a max of \$10,000 \$500
Guarantee Issue <ul style="list-style-type: none"> • Eligible Employee • Spouse 	Up to \$250,000 \$50,000

Guarantee Issue is the maximum amount of insurance that can be purchased without providing Evidence of Insurability (EOI form). Any amount above the Guarantee issue amount will require an EOI form to be completed. If not, provided coverage amount will revert to the Guarantee Issue Amount.

VOLUNTARY SHORT TERM DISABILITY PLAN

You may purchase short term disability coverage for yourself.

	BENEFIT
Definition of Disability	Totally Disabled due to an Injury or Sickness
Benefit Percentage	60% of total weekly earnings
Weekly Benefit Maximum	\$1,500
Elimination Period	14 days (Accident and Sickness)
Benefit Duration	11 weeks

VOLUNTARY LONG TERM DISABILITY PLAN

You may purchase long term disability coverage for yourself.

	BENEFIT
Definition of Disability	First 24 months: Own Occupation; After 24 months: Any Occupation
Benefit Percentage	60% of total monthly earnings
Monthly Benefit Maximum	\$6,000
Elimination Period	90 days or the end of Short Term Disability
Benefit Duration	Social Security Normal Retirement Age

LIFE ASSISTANCE PROGRAM (LAP)

Morehouse provides all of its employees with a Life Assistance Program (LAP) that will assist you with personal problems and/or work-related problems that may impact their job performance, health, and mental and emotional well-being. This plan was formerly the Employee Assistance Program with ComPsych.

The LAP offers confidential assessments and provides screening and referrals to local providers through a network of providers. This is a private and confidential program, and Cigna will not share information or data with Morehouse College about those who utilize the program.

You are entitled to five face-to-face visits per year per incident to help resolve issues relating to:

- Legal questions or concerns
- Marital or family conflicts
- Childcare or senior care concerns
- Financial problems
- Health risk assessments
- Alcohol or drug issues
- Stress, depression and other emotional problems

CIGNA BEHAVIORAL HEALTH RESOURCES

- Call: 800-538-3543
- Online: www.cignabehavioral.com/CGI



METLIFE VOLUNTARY COVERAGES

HOSPITAL INDEMNITY PLAN

Although medical insurance may pay for a portion of hospital expenses, the deductibles, co-payments, and out-of-network costs can still add up. Having Hospital Protection through MetLife may help by paying cash to you or your family to offset both medical and non-medical bills when you're sick, injured, or on maternity leave.

Hospital Coverage (Accident)	Benefit
Admission • Non-ICU • ICU <i>must occur within 180 days after the accident</i>	\$1,000 per accident \$1,000 per accident
Confinement <i>must occur within 180 days after the accident</i>	\$100 a day (non-ICU) for up to 31 days \$100 a day (ICU) for up to 31 days
Inpatient Rehab <i>stay must occur immediately following hospital confinement and occur within 365 days of accident</i>	\$200 a day, up to 15 days per accident and 30 days per calendar year

Hospital Coverage (Sickness)	Benefit
Admission • Non-ICU • ICU Payable 1x per calendar year	\$1,000 \$1,000
Confinement Paid per sickness	\$100 a day (non-ICU) for up to 31 days \$100 a day (ICU) for up to 31 days

TIER OF COVERAGE	MONTHLY COST
Employee Only	\$20.69
Employee with Child(ren)	\$36.34
Employee with Spouse	\$45.78
Employee with Family	\$64.72

ACCIDENT PLAN

Motor vehicle accidents, sports injuries, and slips and falls can happen when you least expect them. MetLife's Accident insurance covers both on-and-off the job accidents and provides a lump sum tax-free benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need. The plan is Guaranteed Issue and is available to Employees, Spouses, and Child(ren).

Benefit Type	MetLife Accident Insurance Pays YOU
Injuries • Fractures • Dislocations • Second and Third Degree Burns • Concussions • Cuts/Lacerations • Eye Injuries	\$100 - \$6,000 \$100 - \$6,000 \$100 - \$10,000 \$400 \$50 - \$400 \$300
Medical Services and Treatment • Ambulance • Emergency Care • Non-Emergency Care • Physician Follow-Up • Therapy Services • Medical Testing Benefit • Medical Appliances • Inpatient Surgery	\$300 - \$1,000 \$125 \$50 \$75 \$25 \$200 \$100 - \$1,000 \$200 - \$2,000

TIER OF COVERAGE	MONTHLY COST
Employee Only	\$11.12
Employee with Child(ren)	\$21.58
Employee with Spouse	\$22.81
Employee with Family	\$28.77

CRITICAL ILLNESS PLAN

While most medical plans provide coverage for hospital and medical expenses, they don't typically cover costs like daily living expenses, childcare, or co-pays. MetLife's critical illness insurance policy can help close the gap.

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full-Benefit Cancer, and Partial-Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is three times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full-Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial-Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable

MONTHLY PREMIUM/\$1,000 OF COVERAGE (NON-TOBACCO USER)

Attained Age	Employee Only	Employee with Children	Employee with Spouse	Employee with Family
<29	\$0.64	\$1.11	\$1.27	\$1.75
30-39	\$1.07	\$1.54	\$2.13	\$2.60
40-49	\$2.17	\$2.64	\$4.29	\$4.77
50-59	\$3.97	\$4.44	\$7.85	\$8.32
60-69	\$7.49	\$7.96	\$14.82	\$15.29
70+	\$10.26	\$10.73	\$20.33	\$20.81

MONTHLY PREMIUM/\$1,000 OF COVERAGE (TOBACCO USER)

Attained Age	Employee Only	Employee with Children	Employee with Spouse	Employee with Family
<29	\$0.86	\$1.33	\$1.71	\$2.81
30-39	\$1.59	\$2.06	\$3.15	\$3.62
40-49	\$3.44	\$3.91	\$6.81	\$7.28
50-59	\$6.51	\$6.98	\$12.87	\$13.34
60-69	\$12.66	\$13.13	\$25.05	\$25.52
70+	\$17.64	\$18.11	\$34.95	\$35.42

MetLife's voluntary policies contain certain exclusions, limitations, and terms for keeping them in force. Product features and availability may vary by state. Please see MetLife benefit summaries for more information.

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Benefits highlighted in this guide are governed by Morehouse College plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. Morehouse College reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.