

# EMPLOYEE BENEFITS OPEN ENROLLMENT

## FULL-TIME FACULTY & STAFF PART-TIME STAFF 30-39 HOURS

# 2011–2012

Cleveland State University  
*engagedlearning*

Open Enrollment Period  
May 1 through May 31  
(Changes are effective July 1)

\*\*\*There will be no opportunity for late enrollments after midnight May 31\*\*\*

### Open Enrollment Highlights

- ▶ INTRODUCING myBenefits – the NEW CSU online enrollment application
- ▶ State and Federal Health Care Reform changes
- ▶ New eligibility and documentation requirements for Adult Dependent Children (ages 19 to 26)
- ▶ Health Plan Premium Changes
- ▶ Special opportunity to increase Employee and Spouse Supplemental Life Insurance
- ▶ Enroll in Health and/or Dependent Day Care Flexible Spending Accounts  
\*\*\*You must re-enroll each year\*\*\*
- ▶ Review/Update Health Care benefits and dependent information
- ▶ Review/Update Life Insurance Beneficiaries

### Actions You Can Take During Open Enrollment using myBenefits

Below is a brief listing of actions you can take using myBenefits:

- ▶ Enroll/Change/Remove current Medical, Dental, Vision coverage and/or covered dependents. Proof of eligibility required for Adult Dependent Children and newly added dependents (refer to Dependent Eligibility Guidelines).
- ▶ Enroll in a Medical and/or Dependent Day Care Flexible Spending Account (re-enrollment required each year to continue participation)
- ▶ Increase/Decrease/Cancel current Supplemental Employee, Spouse and Dependent Life Insurance
- ▶ Review/Change Life Insurance beneficiaries

▶ You must use myBenefits, the new online enrollment application, to make any open enrollment changes. Please see page 3 of this newsletter for instructions.

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<http://mycsu.csuohio.edu/offices/hrd>

# FEDERAL AND STATE HEALTH CARE REFORM & CLEVELAND STATE UNIVERSITY'S HEALTH PLANS



## Federal Health Care Reform

No plan design changes were made to the University's Health Care Plans for July 1, 2011. As a result, CSU's health care plans remain "Grandfathered." Grandfathered status means certain provisions of Federal Health Care Reform legislation do not apply to CSU's plans until the plan year in which significant changes are made or 2014, whichever occurs first. Certain provisions of Federal Health Care Reform do apply to CSU's plans regardless of "Grandfather" status. Below are the changes effective July 1, 2011 due to Federal Health Care Reform.

### 1. Adult Dependent Children are eligible for health coverage to age 26.

This year, during the annual Open Enrollment period, you can enroll/re-enroll your Adult Dependent Child(ren) in your family coverage with Kaiser HMO or Medical Mutual PPO Plans. Dental and Vision coverage is also available to age 26.

An adult dependent child must be your biological, adopted or step child, the child of a same-sex domestic partner, or a child for whom you or a spouse are the guardian or have legal custody. The child must not be eligible to enroll in another employer sponsored health plan (other than the parent's plan).

The enrollment of an adult dependent child ages 19 to 26 requires the submission of documentation (refer to Dependent Eligibility Guidelines included with this newsletter).

Coverage for an adult dependent child **does not require** proof of student status, tax dependency or Ohio residency. You must enroll in family coverage to add the dependent. **No additional premium cost** will be applied to the family premium paid by the employee.

### 2. The limit for maximum benefits payable in a lifetime by group health plans is no longer applicable for certain covered medical services.

This change allows for certain covered services by a group health plan to be provided without a member being concerned of reaching a lifetime benefit limit. Covered services defined as "essential" by Health Care Reform and deemed medically necessary will continue to be provided, (e.g. preventive services, inpatient hospital stays and prescription drug coverage). Medical services that have calendar year benefit period maximums will continue to apply (e.g. outpatient physical therapy, occupational therapy and chiropractic visits).

## State of Ohio House Bill 1 (HB1) Legislation

The State of Ohio enacted House Bill 1 allows employees the opportunity to purchase health care coverage for unmarried children ages 26 to 28. Employees are permitted to enroll adult dependent children under their family health coverage. Employees are required to pay a family premium plus an additional premium cost for the adult child's coverage. Below are coverage provisions of HB1 legislation and guidelines for an adult dependent child who is no longer eligible for coverage under Federal Health Reform legislation:

1. Health care coverage is contingent upon the adult dependent child meeting the following criteria:
  1. Has not reached the age of 28 (i.e. 28th birthday); and
  2. Is the employee's biological child, step child, or adopted child; and
  3. Is not married; and
  4. Is a resident of the State of Ohio or a full-time student at an accredited public or private institution of higher education outside the State of Ohio; and
  5. Is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and
  6. Is not eligible for coverage under Medicaid or Medicare.
2. If an adult dependent child meets the HB1 coverage criteria, the employee must enroll the dependent under his/her coverage and submit required documentation before the enrollment is processed. **Refer to Dependent Eligibility Guidelines section of this booklet.**
3. Eligibility for HB1 adult dependent coverage **does not require**:
  - the child live with a parent;
  - be financially dependent upon the parent; or
  - be a student
4. **A premium is paid for adult dependent children in addition to the parent's family premium and is withheld through payroll deduction.** The HB1 coverage premium is deducted on an after-tax basis. Monthly HB1 health plan premiums:

<b>Medical Mutual Traditional:</b>	<b>\$213.32 /month</b>
<b>Medical Mutual Value:</b>	<b>\$189.92 /month</b>
<b>Kaiser:</b>	<b>\$181.40 /month</b>

5. Dental and/or Vision coverage is not available for an adult dependent child ages 26 to 28.



# INTRODUCING CSU'S MYBENEFITS ON-LINE ENROLLMENT APPLICATION


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You will use CSU's **NEW myBenefits on-line enrollment application** for eligible employee benefit changes during the FY 2011-2012 Open Enrollment period (May 1 – May 31).

**myBenefits** makes open enrollment easy for you by providing a paperless, personalized enrollment process for you to review your current benefit coverage, dependents, beneficiaries and options available for enrollment and/or changes.

## myBenefits Access:

To begin enrollment using the myBenefits online enrollment application:

- Access the CSU home page at [www.csuohio.edu](http://www.csuohio.edu) from your internet browser
- Click the myCSU icon 
- **NOTE:** When accessing myCSU, you may be required to use your campusnet log-in.
- Select "Employee Self-Service" under the "Faculty & Staff" section
- Select myProfile and log-in using CampusID and CampusPass
- Click myProfile
- Click myBenefits
- Click myBenefits Enrollment to access the on-line application

You can access myBenefits through myCSU on the University's home page at [www.csuohio.edu](http://www.csuohio.edu).

## Saving Your Enrollment

During the enrollment process, you must click "Save" after adding a new dependent and/or beneficiary, selecting a new plan option, and/or entering a change to your current enrollment. Saved changes will be processed after completing a two-step process which finalizes your enrollment.

## Finalizing Your Enrollment

A key component of the application requires you to complete a two-step process to finalize your enrollment:

- (1) **Verify** Enrollment – Once you have completed your benefit plan selections and/or changes, you must click "**Verify**." This is your opportunity to review and edit your final choices.
- (2) **Submit** Enrollment – You must click on "Submit" to finalize the enrollment process and assign your electronic signature.

The two-step process must be completed by the close of Open Enrollment, no later than midnight on May 31, 2011, for changes to be processed and effective July 1, 2011.

## Exiting myBenefits—Before Finalizing Enrollment

You may exit (sign off) the application before completing the two-step process to finalize your enrollment without losing your "**saved**" data. Upon returning to saved data in the application, additional changes can be entered and "saved" and/or you can complete the two-step process to finalize your enrollment.

## System Availability

Due to weekly University system maintenance, the myBenefits enrollment application is not available on Saturdays from 6 p.m. until Sundays at 10 a.m.

## Having Difficulty accessing myBenefits from your computer?

If you are experiencing difficulties with accessing the myBenefits on-line enrollment application, contact the IS&T Help Desk at (216) 687-5050.

## Need myBenefits Navigation Assistance?

Contact the Department of Human Resources at (216) 687-3636.

## Need Access to a Computer to use myBenefits?

Computer Access is available in the Department of Human Resources. Call (216) 687-3636 to schedule an appointment.

## myBenefits Instructions

Detailed myBenefits instructions are available through the open enrollment section of the HR webpage at <http://mycsu.csuohio.edu/offices/hrd>. The guide includes key points to help you successfully access myBenefits, navigate through the pages, add/update dependents, add/update beneficiaries, review plan options, and select and/or change coverage.

### System Availability

Due to weekly University system maintenance, the myBenefits enrollment application is not available on Saturdays from 6 p.m. until Sundays at 10 a.m.

# DEPENDENT ELIGIBILITY GUIDELINES



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The following are eligibility rules, guidelines and documentation requirements for enrollment of qualifying dependents in Cleveland State University's group benefit plans, including provisions of Federal and State legislation for Adult Children. Information in this chart is in summary form. Refer to the University's Eligibility Rules Chart for details at <http://mycsu.csuohio.edu/offices/hrd> under "Frequently Requested Enrollment Information" Dependent Eligibility section.

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirement
<b>Legal Spouse</b>	Husband or wife of a covered employee	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Spouse Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State issued marriage certificate</li> <li>• Federal tax return issued within last 2 years</li> </ul>
<b>Same-Sex Domestic Partner</b>	A person of same gender who meets the following criteria: <ul style="list-style-type: none"> <li>• Shares a residence with a eligible employee for at least 6 months</li> <li>• At least 18 years of age</li> <li>• Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage</li> <li>• Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership</li> <li>• Is not in relationship solely for the purpose of obtaining benefit coverage</li> <li>• Is not married or separated from any other person</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Affidavit of Domestic Partnership</li> <li>• Two proofs of joint ownership or joint residency issued within last 6 months</li> </ul>
<b>Dependent Child</b>	Child under age 19 with relationship to a covered employee as a: <ul style="list-style-type: none"> <li>• Biological child</li> <li>• Adopted child</li> <li>• Step child</li> <li>• Legal Ward</li> <li>• Child in which employee or spouse of employee is legal guardian</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State Issued Birth Certificate</li> <li>• Adoption Certificate</li> <li>• Court ordered document of legal custody</li> </ul>

## Adult Child Availability Notice

This is to notify you that, effective July 1, 2011, your children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless whether they live at home or whether you support them. Thus, dependents whose coverage ended, or who were denied coverage (or were not eligible for coverage) because the availability of dependent coverage of children ended before attainment of age 26, are eligible to enroll in the Cleveland State University Plan. Individuals may request enrollment and submit the necessary documentation on or before May 31, 2011 to cover such children effective July 1, 2011. More information is available on the Human Resources webpage of myCSU or contact Human Resources at (216) 687-3636.



# DEPENDENT ELIGIBILITY GUIDELINES

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirement
<b>Adult Dependent Child</b>  <b>Adult Dependent Child (Coverage beyond age limit of Federal Health Reform Coverage)</b>	<b>Federal Health Care Reform (age 19 but less than age 26):</b> <ul style="list-style-type: none"> <li>Biological, adopted, step child or a child which an employee or spouse of the employee is legal guardian</li> <li>Child may be employed but not eligible for health care coverage through an employer sponsored health plan other than the parents'</li> <li>Child may be married or unmarried regardless of whether they live at home or the parent supports them</li> </ul> <b>State of Ohio House Bill 1 (HB1) Legislation (age 26 to 28):</b> <ul style="list-style-type: none"> <li>Biological, adopted or step child; and</li> <li>Unmarried; and</li> <li>Resident of the State of Ohio or full-time student outside State of Ohio at an accredited public or private institution of higher education; and</li> <li>Not eligible for health care coverage under his/her employer's health benefit plans; and</li> <li>Not eligible for coverage under Medicare or Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> <li>Vision</li> <li>Dependent Life Insurance (full-time student to age 25)</li> </ul> <ul style="list-style-type: none"> <li>Medical coverage only</li> </ul>	<ul style="list-style-type: none"> <li>State Issued Birth Certificate (<i>required for new enrollment or reenrollment in health plans</i>)</li> <li>Adult Dependent Child Eligibility Certification Form</li> </ul> The following forms (based on parent's enrollment) must be submitted to Human Resources before enrollment is processed: <ul style="list-style-type: none"> <li>* Kaiser Permanente HMO <sup>1</sup>HB1 Attestation Form</li> <li>* Medical Mutual of Ohio Traditional Plan or Value Plan <sup>1</sup>Adult Dependent Child HB1 Certification Form</li> </ul> <sup>1</sup> Forms are located at <a href="http://mysu.csuohio.edu/offices/hrd/benefits.html">http://mysu.csuohio.edu/offices/hrd/benefits.html</a> under "Frequently Requested Enrollment Information" Dependent Eligibility section
<b>Dependent Child and Adult Dependent Child (Same-Sex Domestic Partner)</b>	Domestic Partner Child to age 26 with relationship to a covered employee: <ul style="list-style-type: none"> <li>The child of the employee's covered Same-Sex Domestic Partner:               <ul style="list-style-type: none"> <li>Biological, adopted or legal ward</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> <li>Vision</li> </ul>	<ul style="list-style-type: none"> <li>Required documentation for Same-Sex Domestic Partnership</li> <li>State issued birth certificate</li> <li>(Age 19 to 26) Adult Dependent Child Eligibility Certification Form</li> </ul>

## Experience a Family Status Change? Contact Human Resources

When a life-changing event occurs, you can make a mid-year benefit enrollment change to your current coverage without waiting for the annual open enrollment period.

CSU permits a change in your benefit enrollment when you experience a qualified family status event. You must notify Human Resources within 31 days of the event to make a change to your coverage.

Generally, the following family status events qualify to make a mid-year enrollment change:

- marriage or divorce
- birth or adoption of a child
- death of a dependent
- change in spouse's employment status resulting in loss of coverage or acquiring new coverage
- loss of dependent child's eligibility for coverage
- change in circumstance for Adult Dependent Child for HB1 coverage

# CSU HEALTH PLAN CHOICES



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CSU's plan year for all health care choices (Medical, Dental, Vision, FSAs) is July 1 – June 30. For the purposes of out-of-pocket limitations and benefits provided, the benefit year is a calendar year (January 1 – December 31).

Medical plan choices and designs for the July 1, 2011 – June 30, 2012 plan year have not changed. You have four medical plan choices:

1. Medical Mutual (MMO) Traditional Preferred Provider Organization (PPO)
2. Medical Mutual (MMO) Value Preferred Provider Organization (PPO)
3. Kaiser Permanente Health Maintenance Organization (HMO)
4. Taxable Cash<sup>1</sup>

Annual Taxable Cash Payments	
Full-time Faculty and Staff	Up to \$1,200
Part-time Staff 30-39 Hours	Up to \$900

<sup>1</sup>You may waive medical coverage and receive a taxable cash payment if you provide proof of coverage from another source. You must enroll in the Taxable Cash Plan Option in order to be eligible for a payment at the end of the plan year. Generally, a lump sum payment is made the first pay period in June. In the event of a status change outside the open enrollment period, taxable cash payments are prorated.

## Monthly Medical Employee Pre-Tax Premium Contributions Effective July 1, 2011\*

	MMO Traditional PPO	MMO Value PPO	Kaiser HMO
Full-time Faculty/Staff	Single \$105.66 (was \$102) Family \$274.62 (was \$266)	Single \$47.02 (was \$46) Family \$122.38 (was \$119)	Single \$22.46 (was \$21) Family \$60.04 (was \$56)
Part-time Staff 30-39 Hours	Single \$132.08 (was \$128) Family \$343.28 (was \$333)	Single \$117.60 (was \$114) Family \$305.96 (was \$296)	Single \$112.30 (was \$105) Family \$300.22 (was \$280)

\*Monthly contributions are pre-tax and divided between the first two payrolls of each month.

## Notification of Grandfathered Health Plan

Cleveland State University believes its plans to be “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (216) 687-3636. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).



# HEALTH PLAN COMPARISON CHART 2011-2012

	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Employee Payroll Contributions <sup>1</sup> • Full-time Faculty/Staff	Single \$105.66 / month Family \$274.62 / month		Single \$47.02 / month Family \$122.38 / month		Single \$22.46 / month Family \$60.04 / month
• Part-time Staff 30-39 Hours	Single \$132.08 / month Family \$343.28 / month		Single \$117.60 / month Family \$305.96 / month		Single \$112.30 / month Family \$300.22 / month
<sup>1</sup> Note: IRS rules require that the value of any benefits provided to same sex domestic partner is taxable to the employee.					
Benefit Period	←————— Calendar Year —————→				
Annual Deductible (Calendar Year)	\$150 single / \$300 per family (covered preventive care services NOT subject to deductible)	\$300 per single / \$600 per family	\$250 single / \$500 per family (covered preventive care services NOT subject to deductible)	\$500 per single / \$1,000 per family	No Annual Deductible
Maximum Annual Co-Insurance Limit	N/A	\$1,200 per single / \$2,400 per family (Does not include co-pays or deductibles)	\$500 per single / \$1,000 per family (Does not include co-pays or deductibles)	\$2,000 per single / \$4,000 per family (Does not include co-pays or deductibles)	N/A
Physician Office Visit Co-payment	100% after \$15 co-payment	80% <sup>2</sup> After Deductible	100% after \$25 co-payment	70% After Deductible	100% after \$15 co-payment
Preventative Services	100%	80% <sup>2</sup> After Deductible	80%	70% <sup>2</sup> After Deductible	100%
Inpatient Hospital Admission Co-payment	\$200 per admission (Not subject to annual deductible)	N/A	N/A	N/A	\$200 per admission
Inpatient Medical & Surgical Hospital Services	100% After per admission co-payment May require pre-authorization	80% <sup>2</sup> After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% <sup>2</sup> After Deductible and <u>within plan limits</u> May require pre-authorization	100% after \$15 co-payment
Outpatient Hospital Medical & Surgical Services / Laboratory & Diagnostic Tests	100% After Deductible and <u>within plan limits</u> May require pre-authorization	80% <sup>2</sup> After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% <sup>2</sup> After Deductible and <u>within plan limits</u> May require pre-authorization	100%
Urgent Care Services	100% after \$35 co-pay	80% <sup>2</sup> after deductible <u>within plan limits</u>	100% after \$50 co-pay	70% <sup>2</sup> after deductible <u>within plan limits</u>	100% after \$35 co-pay
Emergency Room Use Co-payment/Coinsurance for Emergency Services	100% after \$75 co-pay Waived if admitted	100% \$75 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	\$75 co-pay Including non-plan facilities Waived if admitted
Emergency Room Use Copayment/Coinsurance for Non-Emergency Services	100% after \$75 copayment Waived if admitted	80% after deductible	80% after \$150 co-pay Waived if admitted	70% after deductible	Not Covered
<sup>2</sup> MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE. PRE-AUTHORIZATION (BY MMO) MAY BE REQUIRED FOR SOME SERVICES (E.G. SURGICAL PROCEDURES, DIAGNOSTIC TESTS, MRIS, AND SCANS) FOR WHICH YOU ARE FINANCIALLY RESPONSIBLE. REFER TO YOUR PLAN CERTIFICATE. INFORMATION CONTAINED IN THIS CHART IS IN SUMMARY FORMAT. IF DISCREPANCIES OCCUR, PLAN DOCUMENTS AND CERTIFICATES PREVAIL.					

# PRESCRIPTION DRUG PLAN COMPARISON CHART 2011 - 2012



	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Non-Maintenance Retail Pharmacy Prescription Drugs <u>ALL Mandatory Generic</u>	\$10 Generic \$20 Formulary Brand \$35 Non-Formulary Brand 30-day Supply Retail co-payment for a 30-day supply of maintenance medications increases to mail order copayment amounts after the 4th fill.	75% <sup>2</sup> Claim form required 30-day Supply	\$15 Generic \$25 Formulary Brand \$40 Non-Formulary Brand 30-day Supply Retail co-payment for a 30-day supply of maintenance medications increases to mail order copayment amounts after the 4th fill.	75% <sup>2</sup> Claim form required 30-day Supply	\$10 Generic / \$15 Brand (Kaiser Formulary) 30-day Supply
Mail Order Maintenance Prescription Drugs <u>ALL Mandatory Generic</u>	\$20 Generic \$30 Formulary Brand \$40 Non-Formulary Brand 90-day supply	N/A	\$30 Generic \$40 Formulary Brand \$60 Non-Formulary Brand 90-day supply	N/A	\$10 Generic / \$15 Brand (Kaiser Formulary) 62-day supply

<sup>2</sup> MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE. REFER TO YOUR PLAN CERTIFICATE. INFORMATION CONTAINED IN THIS CHART IS IN SUMMARY FORMAT. IF DISCREPANCIES OCCUR, PLAN DOCUMENTS AND CERTIFICATES PREVAIL.

## DENTAL PLAN



SuperDental is the Cleveland State dental plan option administered by Medical Mutual of Ohio. Medical Mutual has partnered with DenteMax, a Preferred Provider Organization (PPO), to offer a comprehensive dental benefit program. Preventive care services are covered in full by network and non-network providers and are not subject to a deductible. However, you may be responsible for paying any charges that exceed the Usual and Customary Amount or the "going rate" when care is received from a non network dental provider.

When you use non-network providers for essential care, the plan pays benefits after you pay an annual deductible of \$50 per person.

The maximum dental benefit per calendar year is \$1200 per person. The plan offers an Orthodontia benefit providing coverage up to a \$1200 per person lifetime limit.

### Monthly Dental Employee Pre-Tax Premium Contributions Effective July 1, 2011

Full-time Faculty/Staff	No employee premium contributions
Part-time Staff 30-39 hours	Single \$8.20 (was \$8.00) Family \$20.24 (was \$20.00)

	In-Network	Out-of Network
Provider	Dentemax Dentist	Any Dentist
Annual Deductible	None	\$50/person
Preventive	100% (2 Visits/Cleanings in a Calendar Year)	100% UCR
Diagnostic	100%	80% UCR
Restorative	80%	80% UCR
Prosthetic	60%	60% UCR
Orthodontia	60%	60% UCR

Maximum Annual Benefit: \$1,200/calendar year. Orthodontia Lifetime Limit: \$1,200/person



You have two Vision plan options from which to choose — the “Basic” Vision plan and the “Opt-up” Vision plan. Both plans are administered by Vision Service Plan (VSP), a preferred provider organization (PPO). VSP plans provide benefits for an eye examination, frames and lenses or contact lenses.

The Basic Vision Plan provides covered services once in a 24-month period from last date of service.

You may choose to enroll in the “Opt-up” plan. This plan provides covered benefits once in a 12-month period from last date of service.

There is no change to premium contributions for the 2011-2012 plan year.

## Monthly Vision Employee Pre-Tax Premium Contributions Effective July 1, 2011

	Basic Vision Plan	Opt-Up Vision Plan
<b>Full-time Faculty/Staff</b>	No premium contributions	Single \$6.36 Family \$18.16
<b>Part-time Staff 30-39 Hours</b>	Single \$1.00 Family \$2.86	Single \$7.36 Family \$21.02

## Vision Summary of Benefits

	In-Network	Out-of Network
<b>Vision Exam</b>	100% after \$15 Co-pay	Up to \$35 after \$15 Co-pay
<b>Lenses Tints/Coatings Not covered</b>	100% after \$25 Co-pay	Single Vision up to \$25 Bifocal up to \$40 Trifocal up to \$55 Lenticular \$80
<b>Lens Options</b>	Blended: Covered in Full Progressive Covered in Full	Blended: Up to \$40 Progressive: Up to \$55
<b>Frames</b>	Covered up to plan allowance of \$120	Up to \$35
<b>Contact Lenses</b>	Up to \$120, if elective; 100% covered if visually necessary. VSP requires proof of visual necessity.	If elective, up to \$105; If visually necessary, up to \$210 VSP requires proof visual necessity.
<b>Claims</b>	No claim form required	Must file claim for reimbursement within 6 months from date of service

# FLEXIBLE SPENDING PLAN



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The Flexible Spending Plan (FSA) allows you to set aside funds through pre-tax payroll deductions for unreimbursed out-of-pocket medical or dependent day care expenses. You determine how much money you want to contribute up to the FSA plan limits. The amount you select is deducted through payroll and is based on the number of pay periods you have within the CSU plan year (July 1 – June 30). You are reimbursed for eligible expenses from your FSA account as you incur and submit a claim for reimbursement.

CSU offers two types of FSA accounts under the plan—Health Care FSA and a Dependent Day Care FSA. The plan year limits for each account is a minimum of \$24/year and a maximum \$5,000/year. You must re-enroll each plan year to continue participation in an FSA. To participate in an FSA, you must make an election during the annual benefits open enrollment period unless you have an eligible change in status which allows for a mid-year election change. (Refer to Change in Status Rules included in this newsletter and/or on the HR webpage of myCSU.) Note: Contributions to a Dependent Day Care account may be further limited based on your marital status, how you file your income taxes, and if your spouse works or attends school full-time. Consult your tax advisor.

You should carefully calculate the amount you contribute to an FSA each plan year. The IRS requires a “Use It or Lose It” rule for these type of accounts. If expenses are not incurred and/or filed for reimbursement within the allowable time periods, funds remaining in your account are forfeited.

CSU’s Flexible Spending Plan is administered by Vantage Financial Group. Details of the CSU Flexible Spending Plan, including a FSA Expense Worksheet, are located in the benefits section of the HR web page at myCSU.csuohio.edu/offices/hrd or contact Vantage at (877) 289-0448.

## Updates to Eligible Flexible Spending Reimbursements

### Over-the Counter (OTC) Medications

Due to Health Care Reform legislation, effective January 1, 2011, over-the-counter (OTC) medication expenses are eligible for reimbursement through a Health Care FSA if you have a written prescription for the medicine. While you do not need a prescription to purchase an OTC medication, you will be required to have one to be reimbursed through a Health Care FSA. The legislation only addresses OTC medicines such as cough medicine, allergy medication, and pain relievers. Non-prescription health care expenses are unaffected.

### Lactation Equipment & Supplies: New this year

Expenses for lactation equipment and supplies are eligible for reimbursement through your Health Care FSA.

**You must re-enroll each plan year to continue participation in an FSA.**

## 2011-2012 Plan Year Deadlines

<b>Payroll Contributions</b>	FSA elections made during open enrollment will be deducted on a pre-tax basis according to your pay periods for July 1, 2011–June 30, 2012
<b>Plan year period to incur eligible expenses</b>	Participants enrolling for the 2011–2012 plan year must incur expenses from July 1, 2011 through August 31, 2012 (which includes a 60 day grace period).
<b>Claim Filing Deadline</b>	All eligible claims incurred during the plan year period must be filed with Vantage Financial Group no later than September 30, 2012. Refer to claim filing instructions located on the HR benefits webpage of myCSU or at the Vantage Financial website: <a href="https://hrbenefitsdirect.com/vanfin">https://hrbenefitsdirect.com/vanfin</a>

## FSA On-line Account Balance Availability and Claims Filing

Faculty and staff participating in the Flexible Spending Accounts (FSAs) are able to view the status of their FSA balance and file claims with Vantage Financial Group on-line at <https://hrbenefitsdirect.com/vanfin>. This website will require your login and password.

Login: The letters CSU plus Your CSU ID Number (e.g. CSU1234567)

Password: The last 4-digits of your Social Security Number plus the last 2 digits of your zip code (e.g. 999915)

If you have any questions or require assistance with the website, your login or password, contact Vantage Financial Group at (877) 289-0448.



## Basic Life & AD&D Insurance

A benefit of two (2) times your base pay up to a maximum \$150,000 is provided by the University for Life and Accidental Death & Dismemberment (AD&D) insurance. This policy is administered by The Standard Insurance Company. For details of your coverage, a certificate of coverage is available at [myCSU.csuohio.edu/offices/hrd](http://myCSU.csuohio.edu/offices/hrd) under the Life Insurance section.

Basic Life Insurance coverage exceeding \$50,000 is subject to imputed income tax. (Refer to the imputed income explanation at the bottom of this page.) AD&D coverage is not subject to imputed income tax.

## Supplemental Life Insurance

The University offers three Supplemental Life Insurance plans—employee, spouse and dependent child life insurance. The maximum supplemental life coverage available for employees is \$500,000 and \$250,000 for a spouse. Dependent children are covered at \$10,000 for each child. Rate charts are available in the benefits section of the HR webpage of myCSU.

If you wish to enroll in the supplemental plans for the first time—employee, spouse and dependent life—you may request coverage at any time during the year; however, you must submit an Evidence of Insurability (EOI) questionnaire to The Standard Insurance Company for approval of coverage. The questionnaire is available through the forms section of HR webpage of myCSU.

## Annual Open Enrollment Opportunity to Increase Supplemental Employee/Spouse Life Coverage

During open enrollment, if you are currently enrolled in the Supplemental Employee and Spouse Life Insurance plans, you have an opportunity to purchase additional supplemental life insurance in the amount of \$10,000 for yourself and/or an additional \$5,000 for your spouse, without Evidence of Insurability (EOI). \*Plan rules apply:

- You must have supplemental coverage for yourself in order to purchase coverage for your spouse.
- Supplemental Spouse Life coverage cannot exceed 50% of your Employee Supplemental Life Insurance coverage.
- You may buy this additional supplemental amount without EOI up to the maximum Guarantee Issue amount of \$200,000 coverage for an employee or \$100,000 for spouse coverage.
- If your decision to purchase an additional \$10,000 for yourself or \$5,000 for a spouse exceeds the maximum Guarantee Issue amounts (\$200,000 employee supplemental coverage and \$100,000 spousal supplemental coverage), EOI must be submitted to The Standard Insurance Company for approval.

\*Please Note: The Standard Insurance Company will not waive the EOI requirements if you and/or your spouse previously submitted EOI for coverage that was not approved by The Standard.

## Your Basic Life Insurance and Imputed Income

The IRS requires employers to add the premium value of the employer paid Basic Life Insurance coverage in excess of \$50,000 to your income for Federal tax purposes each pay period. Accidental Death & Dismemberment (AD&D) and Employee Supplemental life coverage is not subject to imputed income tax.

Consequently, your federal tax will increase depending on the premium value as determined by an IRS premium rate table, your age at the end of the year and the amount of insurance coverage you have over \$50,000.

You can choose to waive the employer provided coverage over \$50,000 to avoid the added tax. Visit the Life Insurance section of the HR web page to obtain a Waiver Form at [myCSU.csuohio.edu/offices/hrd](http://myCSU.csuohio.edu/offices/hrd). The effective date for requests to waive Basic Life Insurance coverage over \$50,000 is determined by The Standard Insurance Company.

**During open enrollment you have an opportunity to purchase additional Supplemental Life Insurance.**

## OTHER CSU EMPLOYEE BENEFITS



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The following benefit plans are available to employees; however, they are not included in the open enrollment process and may not be reflected in the myBenefits on-line open enrollment system. Visit the HR webpage of myCSU for full details and eligibility for these plans:

- **Long Term Disability**—Your benefit is 60% of base pay up to a maximum of \$5,000 per month.
- **Employee Assistance Program (EAP)**—Provides up to 5 counseling sessions per year for you and each of your dependents.
- **Business Travel Accident Insurance**—Provides travel accident insurance for you when travelling on official University business.
- **Travel Assistance Program**—Provides you, your spouse and/or dependent children a comprehensive program of travel assistance, including pre-trip planning, medical, and emergency assistance when traveling more than 100 miles from home or in a foreign country.
- **Employee and Dependent Tuition**—You, your spouse/same sex domestic partner and eligible dependents receive tuition benefits for credit hours taken at Cleveland State University.

## FAMILY AND MEDICAL LEAVE



You are required to notify the University of your need for a Family and Medical Leave (FMLA) due to:

- Your serious health condition that prevents you from performing your job duties.
- Your spouse, (registered) same-sex domestic partner, child or parents having a serious health condition that requires you to take time away from your job to provide care for the family member.
- Birth or adoption of your child.
- The serious injury or illness of your spouse, child, parent or next of kin incurred while on active duty in the Armed Forces.
- A qualifying exigency arising out of the fact your spouse, child or parent is on active duty in the Armed Forces.

**CONTACT CAREWORKS  
USA AT 1-888-436-9530  
TO APPLY FOR FMLA.**

If you are absent from work 3 days or more (consecutive days) or have frequent absences due to one or more qualifying reasons listed above, you should contact CareWorks USA at 1-888-436-9530 to apply for FMLA. Leave approval requires physician statements of medical necessity or other documents to support your request. FMLA leave provides job protection should you need to take a leave of absence and/or the frequent use your accrued sick leave.

If approved for FMLA, you are required to use your accrued sick leave and vacation leave balances as well as compensatory time. Refer to CSU's Family and Medical Leave policy and other literature at the Human Resources Department webpage of myCSU.



Health and wellness are two components of our lives that will never go away. We must find time to focus on our wellness in order to lead long, healthy, and productive lives. In order to place more focus on health and wellness, Cleveland State is continuing to develop a campus-wide wellness initiative called VikeHealth to make wellness a priority on campus.

VikeHealth's focus is on topics such as nutrition, exercise, smoking cessation, and stress in its journey to promote healthier lifestyles to faculty, staff and students.

If you attended Wellfest last January 27, you may have visited the VikeHealth information table. VikeHealth has been around for about a year now and is in the beginning stages of becoming a comprehensive wellness program for the campus community. From talking with students and faculty at Wellfest, it is apparent that there is a strong interest and sense of need for wellness on campus.

There is an abundance of health and wellness resources on campus and VikeHealth's charter is to bring it all together under a single identity and access point for the benefit of the campus community. A Wellness Council has been established which meets monthly. The Council includes members from key health and wellness stakeholders, including Human Resources/Benefits, the Recreation Center, Dining Services, Student Life, Health Services, Health Sciences, HPERD, the Center for Leadership Development, and Marketing.

You can visit the VikeHealth website, found under the Human Resources tab on the myCSU webpage. The VikeHealth site is rich in health and wellness resources for the campus community, including information on wellness programming and links to the Recreation Center, Campus Health and Wellness Services, Healthy Menus on campus dining, CSU Continuing Education Whole Health and Wellness, and HPERD Fitness for Life. Community resources such as Healthy Ohio wellness resources, Healthy Ohio quit smoking resources, and North East Ohio Health Living and Medical Consumer news are also located on the VikeHealth website.

The VikeHealth site also includes links to your benefit plans for health and wellness programs available through Medical Mutual, Kaiser, Vision Service Plan (VSP) and Impact Solutions EAP. For instance, Medical Mutual includes information on a Weight Watchers reimbursement program.

Cleveland State has partnered with the Cleveland Clinic to share the large scope of wellness materials available on their 360-5 wellness information site, as well as their Tobacco Treatment Center website and their Sports Health website. Links to these sites will soon be found on the VikeHealth webpage.



All Cleveland State University employees must contribute to a State of Ohio Retirement Program—the Ohio Public Employees Retirement System (OPERS) for staff; the State Teachers Retirement System of Ohio (STRS) for faculty; or if eligible, the Alternative Retirement Plan (ARP) for faculty and staff. Employee and Employer contributions are determined by State of Ohio Legislation.

### OPERS & STRS Benefits Overview

State Retirement System membership and contribution percentages for employees and the University are determined by an employee's position at CSU and state legislation. While employed at CSU, eligible full-time faculty and staff (including full-time rehired retirees) may have the opportunity to opt-out of their OPERS or STRS membership and select the Alternative Retirement Program.

Both OPERS and STRS offer three retirement plan types to members—Defined Benefit Pension Plan, Defined Contribution Plan or Combination Defined Benefit-Defined Contribution Plan. Eligibility for the various plans is determined by the State Retirement System for which an employee participates (OPERS or STRS).

In addition to retirement income benefits, OPERS and STRS provide survivor and disability benefits under certain plans. At present, access to retiree health care benefits is associated with certain OPERS and STRS plans; however, retiree health benefits are not statutorily mandated and are not guaranteed by the State Retirement Systems.

### Voluntary 457 Program

#### (Ohio Public Employees Deferred Compensation Program)

The Voluntary 457 Program is a supplemental retirement plan regulated by Section 457 of the Internal Revenue Code. Currently, Ohio Public Employees Deferred Compensation Program (OPEDCP) is the provider for this plan. Contributions to a 457 plan may be made in addition to any contributions you make to a 403(b) plan. Similar to the 403(b), annually the IRS establishes your tax year contribution limits to the plan.

For more information and to enroll, contact OPEDCP at 877-OHIO-457 or visit their website at [ohio457.org](http://ohio457.org)

## RETIREMENT PLANS CONTINUED



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### Voluntary 403(b) Retirement Savings Plan

CSU offers a Voluntary 403(b) Retirement Savings Plan to all faculty and staff members to supplement their retirement benefits by contributing on a tax-deferred basis. The University does not contribute towards this plan. Annually, the IRS establishes your tax year contribution limits to the plan.

Retirement plan providers approved to offer tax-deferred savings plans to faculty and staff are listed on the CSU Human resources webpage of my CSU at <http://mycsu.csuohio.edu/offices/hrd/benefits>.

You are able to begin contributions to this plan at any time during the tax year. To participate in this program, you need to contact an approved investment plan provider to open a 403(b) account. You must also complete a CSU 403(b) Salary Reduction Agreement (SRA) which defines the amount you wish to contribute and time-period for contributions from salary. Return completed SRA to Human Resources, AC 113. Additional questions may be directed to Human Resources at **(216) 687-3636**.

## RETIREMENT EDUCATION



### Retirement Education

Cleveland State University is committed to offering retirement education opportunities – in-person seminars, webinars and State Retirement System counseling sessions. Watch for communications in Campus Mailbag and on the HR webpage Retirement Education section of myCSU.

### Financial Topics 101

New to CSU is a web-based education subscription for Faculty, Staff, Students and their families through Financial Topics 101.

What does your free subscription offer?

- Independent, conflict-free financial education means no one is trying to sell you a product.
- Up to 30 live and interactive web seminars each month
- Recorded seminars, videos, and articles on demand

Education topics to make you successful:

- Investing
- Debt management
- College savings
- Insurance
- Maximizing the potential of your defined contribution account (e.g. 403b, 401(a) [ARP], 457 Ohio Deferred Compensation)

It's as easy as 1 - 2 - 3:

1. Go to [financialtopics101.com](http://financialtopics101.com)
2. Select a seminar to attend
3. Enter subscription code: `fintop10` (all lower case)

**CSU is helping you make dollars and sense of it all!**



A VikeHealth initiative for your well being.



## Woman’s Health and Cancer Rights Act of 1998

The Women’s Health and Cancer Rights Act (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy and requires employers to inform health plan participants annually about this Act.

Under WHCRA, group health plans offering mastectomy coverage must also provide certain services relating to the mastectomy.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

### WHCRA Benefits:

- All stages for reconstruction of the breast on which the mastectomy was performed;
- Reconstructive surgery of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymph edema (swelling associated with removal of the lymph nodes).

This coverage will be subject to annual deductibles and co-insurance provisions applicable to other such medical and surgical benefits provided under the plan.

Faculty and staff members should refer to their plan coverage certificate for deductibles and co-insurance information applicable to the plan in which they choose to enroll.

## Health Insurance and Portability Accountability Act of 1996 (HIPAA) Special Enrollment Periods

The Health Insurance and Portability Accountability Act of 1996 (HIPAA) provides rights and protections for participants in group health plans. Under HIPAA, if you waive or drop coverage for yourself and/or your covered dependents because of other health insurance coverage, and you and/or your covered dependents involuntarily lose coverage for that coverage, you may be able to enroll yourself and your eligible dependents in a CSU health plan. To do so, you must request enrollment and notify the CSU Human Resources Benefits Department within 31 calendar days of the loss of coverage.

In addition, if you are not enrolled in a CSU sponsored medical plan and you acquire a new eligible dependent as a result of marriage, birth, placement for adoption, or obtaining legal guardianship, you may be able to enroll yourself and your eligible dependents in a CSU health plan. Again, you must request enrollment and notify the CSU Human Resources Benefits Department at (216) 687-3636 within 31 calendar days following the event.



myCSU

## UPDATING YOUR INFORMATION

- ▶ If you have a change in the following, you can make updates to information through **myProfile** in the Employee Self-Service section of myCSU:
  - personal information
  - home and/or campus addresses
  - phone numbers
  - email addresses
  - emergency contact information
  - marital status
- ▶ Changes to your information for the following should be submitted to Human Resources:
  - education level (after obtaining a new degree)
  - Life insurance beneficiary
- ▶ For changes to your retirement plan information (addresses, beneficiaries, etc.), make directly with:
  - State Retirement Systems (OPERS / STRS)
  - Alternative Retirement Plan Providers
  - 403(b) providers
  - 457 Plan provider



Human Resources Development & Labor Relations  
 Parker Hannifin Administration Center, AC 113  
 Phone: (216) 687-3636  
 Fax: (216) 687-3976  
 Email: [benefits@csuohio.edu](mailto:benefits@csuohio.edu)  
 Website: <http://mycsu.csuohio.edu/offices/hrd>

## Medical Plans

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Kaiser	(800) 686-7100
Network, Plan and Claim Questions	<a href="http://www.kp.org">www.kp.org</a>
Medical Mutual of Ohio (Traditional & Value Plans) (SuperMed Plus)	(800) 774-5284 <a href="http://www.medmutual.com">www.medmutual.com</a>
Network, Plan, Claims & ID Card Questions	
Medco Health Solutions (Prescription Drug) (Medical Mutual Traditional & Value Plans)	(800) 417-1961 <a href="http://www.medmutual.com">www.medmutual.com</a>

## Dental Plan

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Medical Mutual of Ohio (SuperDental)	(866) 336-8251
Network and Claims Questions	<a href="http://www.medmutual.com">www.medmutual.com</a>
ID Cards	(800) 774-5284

## Vision Plans – Basic & Opt-up

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Vision Service Plan (VSP)	(800) 877-7195
Network, Plan and Claims Questions	<a href="http://www.vsp.com">www.vsp.com</a>

## Flexible Spending Accounts

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Vantage Financial Group	(877) 289-0448
Health Care and Dependent Day Care Accounts	<a href="http://www.vfgps.com">www.vfgps.com</a>
On-line account access	<a href="https://hrbenefitsdirect.com/vanfin">https://hrbenefitsdirect.com/vanfin</a>

## Family Medical Leave

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CareWorks	(888) 436-9530
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## Workers Compensation

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CareWorks (First Report of Injury)	(888) 627-7586, Option 2 <a href="mailto:cwfroi@careworks.com">cwfroi@careworks.com</a>
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## Employee Assistance Program

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IMPACT	(800) 227-6007
	<a href="http://www.impactemployeeassistance.com">www.impactemployeeassistance.com</a>

## Life & Long Term Disability Insurance

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The Standard Insurance	
Life Insurance	(800) 378-4668
Long Term Disability	(800) 426-4332

## Travel Assistance Program

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MedEx Travel Assist	(800) 527-0218
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## Retirement Plans

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Ohio Public Employees Retirement System (OPERS)	(800) 222-7377 <a href="http://www.opers.org">www.opers.org</a>
State Teachers Retirement System (STRS)	(888) 227-7877 <a href="http://www.strsoh.org">www.strsoh.org</a>

## 457 Plan

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Ohio Deferred Compensation Program	(877) 644-6457 <a href="http://www.ohio457.org">www.ohio457.org</a>
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## \*Alternative 401a Retirement Plan (ARP)

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## \*Supplemental 403b Savings Plan

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\*Vendors and contact information for these plans are located on the HR webpage of myCSU.

**Information contained in this newsletter is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.**