



EMPLOYEE BENEFITS OPEN ENROLLMENT 2020-21

Part-Time Administrative Faculty and Staff
20-29 Hours

**CONFIRM YOUR
BENEFITS TODAY!**

EMPLOYEE BENEFITS
ANNUAL OPEN ENROLLMENT
BEGINS MAY 20
CLOSES JUNE 3

CHANGES ARE EFFECTIVE
JULY 1, 2020

FACULTY/STAFF BENEFITS ELIGIBILITY

The following classifications of employees are eligible to participate in the University's part-time employee benefit programs:

- Part-time administrative faculty and staff with an appointment of six months or longer
- Regularly scheduled to work 20-29 hours per week

CSU offers the following part-time benefits to eligible administrative faculty and staff:

- Participation in the CSU MetroHealth Select EPO (Exclusive Provider Organization) administered by Medical Mutual of Ohio (MMO)
- Participation in the Flexible Spending Account Program – Health Care and Dependent Day Care Accounts
- Participation in the Supplemental Employee Life Insurance Program
- Coverage under the University's Impact Employee Assistance Program
- Employee Tuition Benefits

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OPEN ENROLLMENT CHECKLISTS

Open Enrollment is your annual opportunity to review your health plans, make changes, add or remove dependents, enroll in a flexible spending account and verify your life insurance beneficiaries. Changes you make to your health plan elections are effective July 1, 2020. The next opportunity to make changes to your health benefits will be the next annual open enrollment period in 2021, unless you experience a change in status (refer to page 3 of this booklet). Changes to your life insurance beneficiaries may be made online during the open enrollment period, however, you can make changes any time during the year by completing a beneficiary change form.



Review Plan and Premium Changes

Medical plan provisions are changing effective July 1. Medical plan premium contributions are increasing July 1. See inside for details.

REVIEW YOUR ENROLLMENTS AND ELECTION OPPORTUNITIES

Please review your open enrollment options carefully in order to confirm your elections in myBenefits for the new plan year.

- Log into myBenefits, the online enrollment application**
(Instructions to access the application are included in the packet)
- Review and update dependents and beneficiaries**
 - **REMOVE DEPENDENTS FROM COVERAGE** – no documentation necessary
 - **ADD DEPENDENTS TO COVERAGE** – required documentation must be provided to the Department of Human Resources by June 4
 - **ADD AND/OR CHANGE BENEFICIARIES**
- View your current plans and options**
- Click “edit” on each “type of benefit” to view your options and make changes as desired**
- Re-enroll/Enroll in a Flexible Spending Account if you wish to participate July 1, 2020-June 30, 2021. Enrollments from the prior plan year do not carry over (Refer to page 8 of this booklet)**
- Current Supplemental Life Insurance participants may take advantage of the open enrollment opportunity to increase coverage without evidence of insurability (refer to page 9 of this booklet for details)**
- Complete the two-step process to finalize your enrollment**
 - **REVIEW AND EDIT YOUR FINAL CHOICES, THEN CLICK “VERIFY”**
 - **WHEN SATISFIED ELECTIONS ARE CORRECT, CLICK “SUBMIT”**
- Print a hard copy or save a PDF of your submitted enrollment as confirmation of your changes**



You will use CSU's **myBenefits online enrollment application** for eligible employee benefit changes during the FY 2020-2021 annual Open Enrollment period (May 20, 2020 – June 3, 2020).

myBenefits makes open enrollment easy for you by providing a paperless, personalized enrollment process 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 from your internet browser
- Click the orange myCSU icon
NOTE: When accessing myCSU, you may be required to use your CampusNet ID and CampusPass to login.
- Select “Employee Self-Service” under the “Faculty & Staff” section
- Select “myProfile” and log in using your CSU ID and CampusPass information
- Click “Benefits Details”
- Click “myBenefits Enrollment” to access the online application

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 that 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 before the 11:59 p.m. EDT deadline on Wednesday, June 3, 2020, the close of Open Enrollment, for changes to be processed and effective July 1, 2020.

Exiting myBenefits – Before Finalizing Enrollment

You may exit or sign off of myBenefits 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 benefits. You may enroll and update your elections as many times as you want during the annual open enrollment period. The last selections you “submit” before the 11:59 p.m. EDT deadline on Wednesday, June 3, 2020, will be the benefits that will become effective on July 1, 2020.



You can access myBenefits through myCSU on the University's home page at csuohio.edu

SYSTEM AVAILABILITY

Due to weekly University system maintenance, the myBenefits enrollment application is not available beginning at 6 p.m. each Saturday until 10 a.m. on Sunday.

NEED HELP ENROLLING USING MYBENEFITS?

Contact Human Resources if you need help navigating myBenefits or help enrolling. Send an email to benefits@csuohio.edu with your name, CSU ID# and the phone number where you can be contacted.

HAVING DIFFICULTY ACCESSING MYBENEFITS FROM YOUR COMPUTER?

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



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 (during the year)

For changes to your Retirement Plan information (addresses, beneficiaries, etc.), make them directly with:

- State Retirement Systems (OPERS /STRS)
- Alternative Retirement Plan providers
- 403(b) providers
- 457 Plan provider



DEPENDENT BENEFITS ELIGIBILITY

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 legislation for adult children. Adult children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless of whether they live at home or whether you support them.

| DEPENDENT TYPE | Eligibility Requirement | Plan Coverage | Documentation Requirement |
|---|--|---|---|
| Spouse | Husband or wife of a covered employee | <ul style="list-style-type: none"> • Medical • Dental • Vision • Supplemental Life Insurance | <ul style="list-style-type: none"> • State issued marriage certificate • Federal tax return issued within last 2 years |
| Same-Sex Domestic Partner | <p>A person of same gender who meets the following criteria:</p> <ul style="list-style-type: none"> • Shares a residence with an eligible employee for at least 6 months • At least 18 years of age • Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage • Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership • Is not in relationship solely for the purpose of obtaining benefit coverage • Is not married or separated from any other person | <ul style="list-style-type: none"> • Medical • Dental • Vision • Dependent Same-Sex Domestic Partner Life Insurance | <ul style="list-style-type: none"> • Notarized Affidavit of Domestic Partnership • Two proofs of joint ownership or joint residency issued within last 6 months |
| Dependent Child | <p>Child related to a covered employee up to age 26 including:</p> <ul style="list-style-type: none"> • Biological child • Adopted child • Step child • Legal Ward • Child which employee or spouse of employee is legal guardian • Child(ren) may be married, do not have to reside with parents, or be financially dependent upon them, and may be eligible to enroll in their employer's plan. | <ul style="list-style-type: none"> • Medical • Dental • Vision • Dependent Child Life Insurance | <ul style="list-style-type: none"> • State issued birth certificate • Adoption certificate • Court ordered document of legal custody |
| Dependent Child (Same-Sex Domestic Partner) | <p>Domestic Partner Child up to age 26 with relationship to a covered employee:</p> <ul style="list-style-type: none"> • The child of the employee's covered Same-Sex Domestic Partner: <ul style="list-style-type: none"> • Biological, adopted or legal ward | <ul style="list-style-type: none"> • Medical • Dental • Vision • Dependent Child Life Insurance | <ul style="list-style-type: none"> • Required documentation for Same-Sex Domestic Partnership • State issued birth certificate • Adoption certificate • Court ordered document of legal custody |



EXPERIENCE A QUALIFIED CHANGE IN STATUS? CONTACT HUMAN RESOURCES

When a life-changing event (qualified change in status) occurs, you may make a mid-year benefit enrollment change to your current coverage without waiting until the annual employee benefits Open Enrollment period. You must notify Human Resources within 31 days of the event to make a change to your coverage by completing a Request for Qualifying Change in Status form along with providing any required documentation.

Generally, the following change in 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 a loss of coverage or acquiring new coverage
- loss of dependent's eligibility

Obtaining coverage through the ACA Health Insurance Marketplace qualifies as a mid-year change in status permitting you to make a change to your CSU medical coverage outside of CSU's annual employee benefits Open Enrollment period.

For more information, see FAQs on Benefits Enrollment on the Human Resources website of myCSU under Benefits.

VIKEHEALTH & WELL-BEING



Get Well. Stay Well. Live Well.

**YOUR HEALTH IS
IMPORTANT. TAKE
ACTION TO GET OR
STAY HEALTHY.**

**ENROLL EACH
JULY 1 IN THE
VIKEHEALTH AND
WELL-BEING
PROGRAM**

JOIN VIKEHEALTH & WELL-BEING

Each year, starting July 1, you are encouraged to join or re-enroll in CSU's award-winning VikeHealth & Well-Being program to improve and/or maintain your health and well-being and qualify for VikeHealth rewards.

At Cleveland State University, we believe that your health and well-being are important priorities because they help you enjoy a better quality of life — at work, at home and long-term in retirement.

Striving to engage in a healthy lifestyle and get or stay healthy is essential to be able to enjoy what is important to you now and in the future. It is also important to maintaining high-quality health plans at a low cost for you and your family. Our health plan costs and the contributions that we (faculty and staff) pay for coverage are determined based on the claims experience of those covered by the plan. The more we take care of ourselves and maintain our overall health and well-being, the better chance we have of maintaining high-quality, low-cost plans.

The VikeHealth & Well-Being program provides a wide range of free resources, services and support intended to help you improve and maintain your health and well-being including, but not limited to:

- Chronic Condition Management Programs — helps those with Asthma, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure, Coronary Artery Disease and Diabetes
- Living Well During Your Pregnancy program
- WW® (formerly Weight Watchers) Discount Program
- Health and well-being coaching
- Preventive Health Screenings
- Impact Solutions Employee Assistance Plan
- Tobacco cessation coaching and medications
- Health and well-being education, and
- Health challenges that motivate, educate and make it fun

We encourage you and your family and colleagues to use the resources and participate in VikeHealth & Well-Being to Get Well, Be Well & Live Well — **together!** Go to "VikeHealth & Well-Being" on myCSU to get started.



METROHEALTH SELECT EXCLUSIVE PROVIDER ORGANIZATION (EPO) – IN-NETWORK COVERAGE ONLY

The MetroHealth Select Plan Exclusive Provider Organization (EPO) through the MetroHealth Hospital System provides more than 25 health centers located throughout Cuyahoga County. Covered services must be provided by MetroHealth Select network providers at health center locations. A listing of common services covered under the plan are included in the medical plan chart on page 5.

Prescription Drug coverage is included as part of the MetroHealth Select plan. Refer to pages 6-7 for more details. Medical Mutual of Ohio (MMO) is the claims administrator for the MetroHealth Select Plan. MMO reviews and pays claims for covered services provided by MetroHealth Select Network Providers. Questions regarding covered services, claims and requests for identification cards should be directed to Customer Service at Medical Mutual at (800) 774-5284. Call the MetroHealth concierge line at (216) 778-8818 to schedule appointments, locate network doctors and get information on the services provided at health center locations or visit www.metrohealth.org/select.

Medical Plan Provisions are Changing and Premium Contributions Increase Effective July 1, 2020

To offset rising medical plan costs, the following changes are effective July 1:

- Deductibles, coinsurance maximums and maximum out-of-pocket limits have increased as have copayments for physician office visits, convenience care clinics, urgent care centers and Emergency Room as shown in the chart on page 5. Prescription drug copayments have increased as shown on page 7.
- MetroHealth Select is also known by MetroHealth as the SkyCare plan. Effective July 1, 2020, MetroHealth **will expand the provider network** for CSU plan participants by adding the Lake Health System to the SkyCare network. Lake Health has more than 400 health care providers, primarily in Lake County, who provide a wide range of primary and specialty care. MH Select/SkyCare members can visit any of the 13 Lake Health locations, 3 acute care hospitals, 7 outpatient centers and 3 urgent care centers.
- In addition, Lumina Imaging and Diagnostics has been added to the MetroHealth Select/SkyCare network. Lumina offers CT scans and MRIs at a significantly lower cost — 50% to 70% less when compared to major hospital systems. Their first location is open in Mentor with additional locations opening in Solon, Avon and Medina during 2020.

CSU HEALTH AND WELLNESS SERVICES - ON-CAMPUS CLINIC

The convenience of low/no-cost on-campus health care for faculty and staff is available at CSU Health and Wellness Services, located in the Center for Innovation in Medical Professions (IM) Room 205. Call (216) 687-3649 for an appointment. Faculty and Staff enrolled in MetroHealth Select plans can receive office visit care with coverage as shown in the “Tier 1” column on the medical and prescription drug charts on pages 5 and 7.



MEDICAL PLAN

METROHEALTH SELECT EPO CHART 2020-2021

| | MetroHealth Select EPO Network <i>Administered by Medical Mutual of Ohio (MMO)</i> <i>(In-Network Coverage Only)</i> | CSU Health and Wellness Services TIER 1 |
|---|---|---|
| Monthly Employee Pre-tax Payroll Contributions | Single \$531.98 / Mo. was \$529.60 Family \$1,390.94 / Mo. was \$1,384.70 | If you are enrolled in the MetroHealth plan, you can receive certain health services at no cost at Health and Wellness Services as described below. |
| Note: IRS rules require that payroll premium for same-sex domestic partner's coverage is contributed by the employee after-tax and that the value of any benefits provided to a same-sex domestic partner is taxable to the employee. | | |
| Benefit Period | Calendar Year (January 1- December 31) | |
| YOUR SHARE OF COSTS | | |
| Annual Deductible (Calendar Year) | \$350 / Single \$700 / Family (Covered preventive care services are NOT subject to deductible) | No deductible |
| Co-Insurance | 10% | Not applicable |
| Co-Insurance Maximum B (Excludes co-payments and deductibles) | \$1,000 / Single \$2,000 / Family | Not applicable |
| Primary Care Physician Office Visit C | \$25 co-payment | No cost |
| Specialist Office Visit | \$25 co-payment | Not available |
| Express Care Online | Not Available | Not available |
| Routine, Preventive & Wellness Services C | No Cost ¹ | Limited services at no cost |
| Laboratory & Diagnostic Services B | 10% co-insurance after deductible | Limited services at no cost |
| Convenience Care Clinic | Services not available | Services not available |
| Urgent Care Office Visit C | \$30 co-payment, in-network services only | Limited services at no cost |
| Inpatient Medical & Surgical Hospital Services B | 10% co-insurance after deductible | Services not available |
| Outpatient Medical, Surgical & Hospital Services C | 10% co-insurance after deductible | Services not available |
| Institutional Charge for use of Emergency Room B C | | |
| Emergency | No cost after \$250 co-payment, including out-of-network services (co-payment waived if admitted) | Services not available |
| Non-Emergency | 10% co-insurance after \$250 co-payment. In-network services only (co-payment waived if admitted) | Services not available |
| Emergency Room Physician Charges/Emergency Services B C | 10% co-insurance, including out-of-network services | Services not available |
| Non-Emergency Room Physician Charges/Emergency Services | 10% co-insurance after deductible. In-network services only | Services not available |

¹ Evidence-based items or services that have a rating of (A) or (B) in effect in the current recommendation of the United States Preventive Services Task Force

Denotes services may be eligible for VikeHealth & Well-Being points.



Calendar Year 2020 – In-Network Maximum Out-of-Pocket Limits: \$8,150 Single (out-of-network claims do not apply) \$16,300 Family

To comply with Health Care Reform requirements, medical expenses including prescription drugs will be accumulated toward the new maximum out-of-pocket limit. Following is an illustration by plan of the new limits and how you might meet the maximums.

| | In-Network Only | | In-Network Only | | In-Network Only | | In-Network Only | | In-Network Only |
|--------------------|----------------------|---|-----------------------|---|----------------------|---|--------------------------------|--|-----------------|
| | Deductibles A | + | Co-Insurance B | + | Co-Payments C | = | Maximum Out-of-Pocket D | | |
| MetroHealth | Single | | \$350 | | \$1,000 | | \$6,800 | | \$8,150 |
| | Family | | \$700 | | \$2,000 | | \$13,600 | | \$16,300 |



METROHEALTH SELECT EPO PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is included as part of the MetroHealth Medical Plan administered by Medical Mutual. Medical Mutual utilizes Express Scripts to administer prescription drug coverage. The chart located at the bottom of this page summarizes the prescription drug cost share by medical plan. This chart is intended to help you understand the cost impact to you when you utilize prescription drug coverage.

MetroHealth has an on-site pharmacy at nine (9) health center locations with two more coming soon. The Plan provides prescription drug benefits for up to a 30-day supply of medications and a 90-day supply (retail or home delivery) of maintenance medications to control chronic health conditions. Call (216) 957-MEDS (6337) for all pharmacy needs or go online to www.metrohealth.org/pharmacy for more information.

MetroHealth Select Participants also have access to Medical Mutual Retail and Home Delivery Pharmacy Network through Express Scripts. Members can have prescriptions filled up to a 30-day supply at a network retail pharmacy and/or use the Express Scripts Home Delivery Pharmacy services to fill prescriptions for a 90-day supply of maintenance medications at an increased co-payment cost.

Prescription drug coverage includes the prescription drug cost management program. This program applies to prescriptions received from MetroHealth pharmacies as well as pharmacies within the Express-Scripts network. Following is a list of features of the program:

- Specialty Prescription Drugs
- Prior Authorization for certain prescriptions
- Quantity Limit
- Preferred Drug Step Therapy
- Exclusion of Compound Medications
- RationalMed Drug Safety Program

More details of the prescription drug cost management program are described in the following sections of this booklet. Information is also located on Medical Mutual's website at www.medmutual.com.

| PRESCRIPTION DRUG COST SHARE PLAN COMPARISON CHART 2020-21 | | | |
|--|---|---|---|
| Your Cost Share of Coverage | | | |
| | MetroHealth Select EPO Network (out-of-network covered services not provided) (Administered by MMO) ² | | CSU Health and Wellness Services TIER 1 |
| Non-Maintenance Retail Pharmacy Prescription Drugs (30-day Supply) <ul style="list-style-type: none"> • Mandatory Generic • Non-specialty • Mandatory Mail order for maintenance medications Co-payments are per prescription | Co-payment: Generic | MetroHealth ¹ MMO ² \$0 \$10 | Co-payment generally \$5 Limited prescriptions available |
| Brand: Formulary | \$30 \$45 | | |
| Brand: Non-formulary | \$60 \$90 | | |
| Pharmacy Mail Order Non-Specialty (90-day Supply) <ul style="list-style-type: none"> • Mandatory generic • Mail order required for maintenance Co-payments are per prescription | Co-payment: Generic | MetroHealth ¹ MMO ² \$10 \$20 | Services not available |
| Brand: Formulary | \$60 \$90 | | |
| Brand: Non-formulary | \$120 \$180 | | |
| Specialty Prescription Drugs Must use Accredo Specialty Pharmacy | No co-insurance Retail co-payment applies | | Services not available |

¹ MetroHealth Select EPO Plan members pay lower co-payments when using MetroHealth Pharmacies for a 30-day supply of any medication, or a 90-day supply of maintenance medications. You may also use the MetroHealth Mail Order service for a 90-day supply of maintenance medications.

² MMO/Express Scripts network pharmacies (non-Metro Pharmacy)

PRESCRIPTION DRUG COST MANAGEMENT PROGRAMS

CSU has prescription drug cost management programs through Medical Mutual which help to reduce overall plan costs and limit cost-sharing with employees. As a medical plan participant, you may be required to follow program procedures in order for your medication to be covered. This program applies to prescriptions received from MetroHealth pharmacies as well as pharmacies with the ExpressScripts network. This section provides an overview of the programs. Detailed information is located on Medical Mutual's website, www.medmutual.com



PRESCRIPTION DRUG COVERAGE

Prescription Drug Coverage continued

1. Specialty Drug Solution program – Specialty drugs are medications that require special handling, administration or monitoring. They are often used to treat rare, complex and chronic conditions. These drugs are usually injected but may be taken by mouth.

Common examples of specialty drugs include, but are not limited to: Enbrel • Viekira • Humira • Betaseron • Copaxone • Growth hormones • Gleevec

When using the Specialty Drug Solution Program, covered participants receive a variety of specialized services including:

- Safe, Prompt Delivery of medications
- Access to personalized care from dedicated nursing and pharmacy staff
- Supplies that accompany certain types of medications
- 24/7 Support Services
- Refill Reminders
- Drug Safety Monitoring
- Help with enrolling in patient assistance programs

Contact either Accredo or Gentry specialty pharmacies, and they will contact your prescriber for your prescription. Your prescriber can also call in or fax the prescription.

- Accredo Specialty Pharmacy: Phone: (800) 803-2523 Fax: (888) 302-1028
- Gentry Health Services: Phone: (844) 443-6879 Fax: (844) 329-2447

2. Prior Authorization for Prescriptions – In order for a prescription to be covered, certain prescription drugs will require the covered member to obtain an approval through the coverage review process prior to filling your prescription. To initiate the coverage review process, the member, the member's doctor or pharmacist may call Express Scripts at 1-800-753-2851.

Express Scripts' "Price a Medication" tool on their website will tell you if a medication is subject to this cost management program. Select "Prescriptions" and then "Price a Medication" from the menu bar. If coverage is approved, members pay the normal co-payment for the medication. If coverage is not approved, the member will be responsible for the full cost of the medication. Note: Members have the right to appeal the decision. Information about the appeal process will be included in the notification letter they receive.

3. Quantity Limit – Some prescription drugs will be only covered up to a certain quantity limit per fill. This list generally includes medications that are not taken every day. Getting quantities beyond the predetermined limit requires prior authorization from Express Scripts. Express Scripts' "Price a Medication" tool on their website will tell you if a medication is subject to this cost management program. Select "Prescriptions" and then "Price a Medication" from the menu bar.

4. Preferred Drug Step Therapy – CSU medical plan rules require the use of a generic or lower-cost brand-name alternative before use of higher cost non-preferred drugs can be covered by the Plan, unless special circumstances exist. Members using one or more of the medications that are included on step therapy listing will need to switch to a generic or a preferred brand-name drug. Members who do not switch will pay the full price for their medication.

Express Scripts will use an automated process to determine if a member qualifies for coverage based on information that Medical Mutual has on file, which includes medical history, drug history, age and gender. If a member's physician believes special circumstances exist, he/she may request a coverage review by calling Express Scripts at 1-800-753-2851.





5. Compound Medications are excluded from coverage – Compound medications are made when a licensed pharmacist combines, mixes or alters a medication's ingredients to meet a doctor's request. Compounded medications are not reviewed as final products by the U.S. Food and Drug Administration (FDA), so there is no way for the FDA to confirm their quality, safety and effectiveness. In addition, compound medications often come at an unusually high cost even though alternatives exist at a lower cost. As a result, the Plan will not provide coverage for compounded medications. Covered members wishing to use these medications will be responsible for paying the full cost.

6. RationalMed Drug Safety Program – A Medical Mutual/Express Scripts safety program that uses medical and drug claim data to help identify potential safety issues. Checks for adverse drug risks; coordination of care; omission of essential care. It works mainly by alerts being sent to prescribing physicians.



For general prescription drug questions, call Express Scripts Customer Service at (800) 417-1961



-  **To participate in a FSA for the plan year July 1, 2020-June 30, 2021, you must make an election during the annual Open Enrollment period.**
-  **You must re-enroll each plan year to continue participation in a FSA.**
-  **Health Care spending limit increases to \$2,750.**
-  **With changes to the medical and dental plans, you might want to consider a Health Care FSA this year.**

The Flexible Spending Account Plan (FSA) allows you to set aside funds through pre-tax payroll deductions for unreimbursed out-of-pocket health care and/or dependent day care expenses (e.g. co-payments, co-insurance and deductibles). Eligible out-of-pocket expenses are defined by the Internal Revenue Service (IRS). 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.

FSA Plan Use It or Lose It Rule

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

FSA Debit Card

A FSA debit card (Medical Mutual MasterCard) will be issued to each newly enrolled plan participant. Based on your account balance/election, the debit card will allow you to immediately pay for eligible FSA expenses where debit cards are accepted. **When using your debit card, you should continue to maintain receipts in the event you are asked by FlexSave to submit receipts to substantiate claims. Unsubstantiated claims may cause your card to be suspended or may result in the claim becoming taxable to you.**

Medical Mutual Flexible Spending Accounts Online Account Access

Medical Mutual offers online access to your flexible spending accounts at www.medmutual.com. Participants can view their account, validate debit card swipes, order additional cards, repay non-qualified expenses and have Internet claims entry. Login to Medical Mutual’s MyHealth plan to access your account. Go to the “claims and balances” section of MyHealth Plan and select “my spending account” to view your information.

FSA PLAN LIMITS AND ENROLLMENT RULES

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. **The maximum amount for a Health Care Spending Account is \$2,750. The Dependent Day Care Account limit is \$5,000.**

To participate in a FSA, you must make an election during the Open Enrollment period, unless you have a qualified change in status which allows for a mid-year election change. (Refer to Qualified Change in Status Rules on the Human Resources Benefits web page of myCSU).

YOU MUST RE-ENROLL EACH PLAN YEAR TO CONTINUE PARTICIPATION IN A FSA.

Each time you enroll in a FSA, you should carefully calculate the amount you contribute as contributions are subject to the forfeiture rules described here.

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 as how FSA Dependent Day Care Accounts affect your personal situation.

2020-21 FSA PLAN YEAR DEADLINES

| | |
|--|---|
| Payroll Contributions | FSA elections made during the annual Open Enrollment period will be deducted on a pre-tax basis according to your pay periods during July 1, 2020 – June 30, 2021, or through May 15 for faculty paid over nine months. |
| Plan year period to incur eligible expenses | Participants enrolling for the 2020-21 plan year must incur expenses from July 1, 2020 through September 15, 2021 (which includes a 2½-month grace period). |
| Claim Filing Deadline | All eligible claims incurred during the plan year period must be received by Medical Mutual (not postmarked) no later than September 30, 2021. If you separate/retire from the University, you have 60 calendar days from your separation date for Medical Mutual Flexible Spending Accounts to receive claims which were incurred prior to your last day of employment. Refer to claim filing instructions located on the Human Resources Benefits webpage of myCSU. |

DETAILS OF THE CSU FLEXIBLE SPENDING ACCOUNT PLAN ARE AVAILABLE ON THE HUMAN RESOURCES WEBPAGE OF MYCSU, OR CONTACT FLEXSAVE AT (800) 525-9252.



! Annual Open Enrollment Opportunity to Increase Supplemental Employee Life Insurance Coverage

During Open Enrollment, if you are currently enrolled in the Supplemental Employee plan, you have an opportunity to increase your Supplemental Life Insurance coverage for yourself by one unit, \$10,000, up to the maximum guaranteed issue limit.

Plan rules apply:

- The Maximum Guaranteed Issue limit of coverage without Evidence of Insurability (EOI): Employee —\$50,000
- If your decision to purchase a unit of coverage for yourself results in coverage exceeding the maximum guaranteed issue amount(s), EOI must be submitted to Securian Financial for approval.
- EOI is required for coverage amounts of \$60,000 to \$150,000 for an employee.



OPEN ENROLLMENT IS AN OPPORTUNITY TO VERIFY AND UPDATE YOUR BENEFICIARIES

You may make changes to your Supplemental Employee Life beneficiaries anytime during the year. Open Enrollment is a good time to verify your information and make changes online.

| EMPLOYEE SUPPLEMENTAL LIFE INSURANCE | | |
|---------------------------------------|------------------|--------------|
| MONTHLY RATES PER \$1,000 OF COVERAGE | | |
| Age | Non-Tobacco User | Tobacco User |
| < 25 | \$0.031 | \$ 0.064 |
| 25-29 | \$0.031 | \$0.064 |
| 30-34 | \$0.037 | \$0.080 |
| 35-39 | \$0.048 | \$0.095 |
| 40-44 | \$0.069 | \$0.138 |
| 45-49 | \$0.113 | \$0.227 |
| 50-54 | \$0.174 | \$0.348 |
| 55-59 | \$0.323 | \$0.646 |
| 60-64 | \$0.392 | \$0.784 |
| 65-69 | \$0.683 | \$1.366 |
| 70-74 | \$1.107 | \$2.214 |
| 75 and older | \$1.558 | \$3.117 |

NOTE: Rates are based on the employee's age and tobacco user status. Monthly premium amount is divided between the first two paychecks of each month.



BENEFITS QUICK REFERENCE

MEDICAL PLANS

MetroHealth Select (administered by Medical Mutual) (Plan #961056-201)

FOR APPOINTMENTS ONLY CALL (216) 778-8818

Contact Medical Mutual for

NETWORK, CLAIMS & ID CARD QUESTIONS (800) 774-5284

24/7 NURSE LINE (888) 912-0636

WEBSITE (LOCATIONS, DOCTORS, MYCHART) www.metrohealth.org/select

CSU Health and Wellness Services On-Campus Clinic

for Faculty/Staff/Students *Visits by appointment only.*

CAMPUS LOCATION Center for Innovation in Medical Professions, Rm 205

PHONE (216) 687-3649

EMAIL healthandwellness@csuohio.edu

FLEXIBLE SPENDING ACCOUNTS

Medical Mutual Flexible Spending Health Care and Dependent Day Care Accounts

CUSTOMER SERVICE (800) 525-9252

WEBSITE www.medmutual.com (*Go to claims and balances, My spending accounts*)

FACULTY AND STAFF WELLNESS

VikeHealth & Well-Being Program

CAMPUS LOCATION Parker Hannifin Administration Center, Rm 113

WEBSITE <https://mycsu.csuohio.edu> (Click on VikeHealth & Well-Being)

MANAGER, VIKEHEALTH & WELL-BEING (216) 687-3760

EMAIL l.m.sandor@csuohio.edu

FAMILY MEDICAL LEAVE

Sedgwick

PHONE (888) 436-9530

EMPLOYEE LEAVE REPORTING/REVIEW PORTAL www.timeoff.sedgwick.com

WORKER'S COMPENSATION

CareWorks (a Sedgwick Company) (First Report of Injury)

PHONE (888) 627-7586, Option 1

WEBSITE www.froi.careworksmco.com

EMPLOYEE ASSISTANCE PROGRAM

IMPACT

PHONE (800) 227-6007

WEBSITE www.impactemployeeassistance.com, **Username:** csu

LIFE INSURANCE

Securian Financial (formerly Minnesota Life)

CUSTOMER SERVICE CONTACT CENTER (866) 293-6047

Hours 8:00 a.m.-7:00 p.m.: Monday-Friday. ET

RETIREMENT PLANS

Ohio Public Employees Retirement System (OPERS)

PHONE (800) 222-7377

WEBSITE www.opers.org

State Teachers Retirement System (STRS)

PHONE (888) 227-7877

WEBSITE www.strsoh.org

457 PLAN

Ohio Deferred Compensation Program

PHONE (877) 644-6457

WEBSITE www.ohio457.org



WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act (WHCRA) of 1998 provides benefits for individuals who have had or elect to have a mastectomy. For individuals receiving mastectomy-related benefit coverage will be provided in the manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plans. Therefore, the deductibles and co-insurance will apply according to the charts on page 4 of this booklet and certificate of coverage from your medical plan provider. If you would like more information on WHCRA benefits, contact your medical plan administrator at the phone numbers listed on your medical card and on the benefit quick reference section included in this booklet.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Under certain circumstances, you and/or your covered spouse or dependent children may continue your health care coverage after your employment with Cleveland State University has ended. This is called COBRA coverage, under the Consolidated Omnibus Budget Reconciliation Act.

If you are eligible to continue coverage under COBRA, you will receive information and an election form from Cleveland State University's COBRA administrator, Chard Snyder, outlining your benefit options, costs and any deadlines associated with election and/or paying for coverage.

When an employee and any covered dependents lose coverage due to termination of employment with CSU, COBRA benefits are available for up to 18 months. If a covered spouse or dependent loses eligibility resulting in a loss of coverage (and not the employee), COBRA benefits are available for up to 36 months.

Continuation of a health care flexible spending account under COBRA will only be offered when the available balance in the account is more than the cost of the COBRA premiums. A health care flexible spending account is only available under COBRA through the end of the current plan year.

Individuals who elect continuation coverage are required to pay the full cost of the coverage, plus a 2% administrative charge.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Special Enrollment Periods

The Health Insurance Portability and 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 lose coverage for that plan, 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 Department of Human Resources within 31 calendar days of the loss of coverage.

In addition, if you are not enrolled in a CSU sponsored health plan and you acquire a newly 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. Again, you must request enrollment and notify the CSU Department of Human Resources at (216) 687-3636 within 31 calendar days following the event.

How We Use and Protect Your Health Information

In the process of administering your benefits, we sometimes access Protected Health Information (PHI) that belongs to you, your spouse/same-sex domestic partner and/or your dependents for a variety of reasons, including, but not limited to, administering claims and determining health plan premiums. The way we can use PHI is regulated under a federal law known as the Health Insurance Portability and Accountability Act (HIPAA). Recently, HIPAA was amended to provide further restrictions on how PHI can be used along with certain notice requirements following a breach of unsecured PHI. In general, these changes are reflected in our Privacy Notice, which can be found on the Human Resources webpage of myCSU in the Policies and Procedures section. You can request a paper copy of this revised Privacy Notice by contacting Human Resources at (216) 687-3636.

NOTES



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