






















EMPLOYEE BENEFITS 2019-20

Full-Time Faculty and Staff

and Part-Time Administrative Faculty and Staff 30-39 Hours

Welcome to Cleveland State University!

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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 Frequently Requested Enrollment Information on the Human Resources website of myCSU.



WELCOME TO CLEVELAND STATE UNIVERSITY

We're Glad You Are Here!

As part of your total compensation, Cleveland State University (CSU) offers a competitive and comprehensive benefit package that includes medical, dental, vision, life and long-term disability insurance, flexible spending accounts, mandatory and voluntary retirement plans, voluntary insurance offerings, and a health and well-being program, VikeHealth.

Most benefits are available for enrollment on your first full day of employment. Once you have selected coverage and the election is processed with the insurance provider, medical, dental and vision coverage is effective retroactive to your benefits eligible hire date.

Descriptions of your benefits are contained in this booklet and are available on the Human Resources web page at <http://mycsu.csuohio.edu/offices/hrd/benefits.html>.

Enrolling in your benefits is made easy through the myBenefits online enrollment application. Human Resources will authorize your access to myBenefits and notify you by email when it is available for you to indicate your selections. The email includes a notice of the “open date”— the first date the application is available to make your benefit selection and the “close date”— the last date the application will be available. Access instructions for myBenefits are enclosed in your benefits packet. Proof of dependent eligibility is required (refer to page 2 of this booklet). **Selections must be submitted online within 31 days of your hire date (or effective date of a qualified change of status).**

When enrolling a dependent for coverage, the appropriate documentation to prove eligibility must be submitted to Human Resources in order to process your enrollment.

Don't miss your enrollment deadline! NOTE: If you do not make your online enrollment elections by the close date, health benefits will be waived and enrollment in voluntary insurance plans in the future may not be available. Your next opportunity to elect or change health coverage will be during the annual open enrollment period unless you have a qualified change in status (see box to left).

Contact a member of the Human Resources Benefits staff for assistance at (216) 687-3636.

FACULTY/STAFF BENEFITS ELIGIBILITY

The following classification of employees are eligible to participate in the University's employee benefit plans and programs:

- Full-time faculty and staff with an appointment of six (6) months or longer.
- Part-time administrative faculty and staff with an appointment of six (6) months or longer who are scheduled to work 30-39 hours per week.



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 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 two 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 six 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 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



When selecting a medical plan, faculty and staff should consider more than the lowest premium cost. Consideration should be given as to which plan will provide the highest level of benefits at the lowest out-of-pocket expense to meet your medical needs. Network providers of medical care (doctors, hospitals, and other service providers) are also an important factor when choosing a health plan. The Medical Benefits Comparison Chart on pages 5-6 reflects your share of the cost of services by plan. Prescription drug coverage is included within the medical plan you choose. Refer to pages 7-9 for more details of prescription drug coverage and your share of the cost.

MEDICAL PREMIUM CONTRIBUTIONS

Medical plan premium contributions are deducted from your pay on a pre-tax basis and are split between the first two paychecks of each month. Monthly employee premium contributions are listed on the Medical Benefits Comparison Chart on page 5 of this booklet

MEDICAL PLAN CHOICES

Cleveland State University will offer eligible faculty and staff four medical plan options during the plan year from July 1, 2019 through June 30, 2020.

1. **Medical Mutual (MMO) Traditional Plan** SuperMed Preferred Provider (PPO) Network
2. **Medical Mutual (MMO) Value Plan** SuperMed Plus Preferred Provider (PPO) Network
3. **MetroHealth Select (Skyway)** Exclusive Provider Organization (EPO)
4. **Taxable Cash**

SELECTING A MEDICAL PLAN

A listing of helpful definitions is located on the back cover of this booklet.

Traditional Plan and Value Plan – Medical Mutual SuperMed Plus PPO

The Traditional and Value Plans are a Preferred Provider Organization (PPO) through Medical Mutual of Ohio (MMO) which provides three “tiers” or levels of benefit coverage based on medical services and the providers of care:

TIER 1 **CSU On-Campus Health and Wellness Services Provider**

For covered services received from CSU Health and Wellness Services Clinic, limited services are available with no deductible, co-insurance or co-payment. A claim must be filed with Medical Mutual for payment of services for faculty, staff, and dependents who are CSU students.

TIER 2 **SuperMed Plus Preferred Provider (PPO) Network (Contracting Provider)**

For Covered Services received from a PPO Network Provider, services are subject to deductible, co-payments, and co-insurance

TIER 3 **Out-of-Network Provider (Non-Contracting Provider)**

For covered services received from a Non-PPO Network or Non-Contracting Provider, services are subject to higher deductibles, co-payments, and co-insurance.

Medical Mutual serves as the claims administrator paying benefits for services provided by PPO network providers, non-contracting and non-network providers and CSU’s On-Campus Health and Wellness Services Clinic. Refer to the medical benefits comparison chart on pages 5-6 to view CSU employees’ share of cost for covered medical and prescription drug services. For a detailed explanation of how claims are paid, refer to the MMO Certificate of Coverage located on the “Health Care Plans” tab of myCSU under Human Resources, Benefits.

To receive the highest level of limited benefits at the lowest out-of-pocket expense use the Tier 1 On-Campus Health and Wellness Services Provider and/or the Tier 2 SuperMed Plus PPO Network Provider (Contracting Provider). To locate a Tier 2 SuperMed Plus PPO network provider, search online at www.medmutual.com or call MMO Customer Service at (800) 774-5284 for assistance.

Prescription Drug coverage is included as part of the Medical Mutual Traditional Plan and Value Plan. Your medical plan card also serves as your prescription drug card. Refer to pages 7-9 for more prescription drug coverage details.

Questions regarding covered services, claims and requests for identification cards should be directed to Customer Service at Medical Mutual at (800) 774-5284 or visit www.medmutual.com.



MetroHealth Select Exclusive Provider Organization (EPO) (Also known as “Skyway”)

The MetroHealth Select Plan is an Exclusive Provider Organization (EPO) through MetroHealth Hospital System. The MetroHealth Hospital System provides numerous health centers located throughout Cuyahoga County and plans to expand to nearby counties.

Covered services must be provided by MetroHealth Select providers at MetroHealth Select health center locations (except in the event of an emergency—go to the nearest hospital). To schedule appointments, locate network doctors, and for detailed information regarding the services provided at the MetroHealth health center locations, call their concierge line at (216) 778-8818.

Metro ExpressCare providers are available at several sites to treat adults and children for:

- Cold and flu symptoms
- Ear, throat and sinus infections
- Sprains and strains
- Minor cuts and bumps
- Skin rashes

Check current wait times at Metrohealth.org/expresscare. Walk-ins are welcome. Call 216-957-1680 for more information. MetroHealth also offers walk-in clinics at several Discount Drug Mart locations.

Prescription Drug coverage is included as part of the MetroHealth Select plan. Your medical plan card also serves as your prescription drug card. Refer to pages 7-8 for more prescription drug coverage details.

Medical Mutual 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.

Taxable Cash Option

The Taxable Cash option is available to eligible full-time and part-time faculty and staff electing to waive health care coverage at CSU and receive an annual lump-sum taxable cash payment in-lieu of enrolling in a medical plan. To be eligible to receive a taxable cash payment, faculty and staff must elect Taxable Cash as their health plan during their enrollment period, and provide proof of coverage from another source.

If enrolled in the Taxable Cash option for the entire plan year (July 1 – June 30), the payment for full time employees is \$1,200 and \$900 for part-time employees regularly scheduled to work 30-39 hours per week. Payments for employees who are enrolled for a portion of the plan year are prorated. Generally, taxable cash payments are included in the first paycheck in June.

MEDICAL BENEFITS COMPARISON CHART 2019-2020



Your Monthly Premium Contributions

Plan Name	MMO Traditional PPO In-Network	MMO Traditional Out-of-Network	MMO Value PPO In-Network	MMO Value Out-of-Network	CSU Health & Wellness Services (Faculty and Staff Only)	MetroHealth Select EPO In-Network
MMO Tier	TIER 2	TIER 3	TIER 2	TIER 3	TIER 1	
Full-time Faculty/Staff	Single \$133.20 Family \$347.30		Single \$84.92 Family \$221.58		n/a n/a	Single \$30.18 Family \$78.90
Part-time Staff (30-39 hours)	Single \$159.58 Family \$416.16		Single \$138.68 Family \$361.92		If you are enrolled in MMO or MetroHealth plans, you can receive certain health services at no cost at CSU Health & Wellness Services as described below.	Single \$96.00 Family \$334.06
NOTE: IRS rules require that the payroll premium for same-sex domestic partner's coverage is contributed by 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 A (Calendar Year)	\$400/Single \$800/Family (Covered preventive care services are NOT subject to deductible)	800/Single \$1,600/Family	\$900/ Single \$1,800/Family (Covered preventive care services are NOT subject to deductible)	\$1,800/Single \$3,600/Family	No Deductible	\$150/ Single \$300/Family (Covered preventive care services are NOT subject to deductible)
Co-Insurance	10%	30%	20%	40%	n/a	10%
Co-Insurance Maximum B (Excludes co-payments and deductible)	\$1,250/Single \$2,500/Family	\$2,500/Single \$5,000/Family	\$2,750/Single \$5,500/Family	\$5,500/Single \$11,000/Family	n/a	\$500/Single \$1,000/Family





Calendar Year 2019 – In-Network Maximum Out-of-Pocket Limits: \$7,900 Single
(out of network claims do not apply) \$15,800 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 annual limits and how you might meet the maximums.

		In-Network Only	+	In-Network Only	+	In-Network Only Medical and Prescription Drugs	=	In-Network Only
		Deductibles A		Co-Insurance B		Co-Payments C		Maximum Out-of-Pocket D
MMO Traditional	Single	\$400		\$1,250		\$6,250		\$7,900
	Family	\$800		\$2,500		\$12,500		\$15,800
MMO Value	Single	\$900		\$2,750		\$4,250		\$7,900
	Family	\$1,800		\$5,500		\$8,500		\$15,800
MetroHealth	Single	\$150		\$500		\$7,250		\$7,900
	Family	\$300		\$1,000		\$14,500		\$15,800



MEDICAL BENEFITS COMPARISON CHART 2019-20

Plan Name	MMO ³ Traditional PPO In-Network	MMO ³ Traditional Out-of-Network	MMO ³ Value PPO In-Network	MMO ³ Value Out-of-Network	CSU Health & Wellness Services (Faculty and Staff Only)	MetroHealth Select EPO In-Network
MMO Tier	TIER 2	TIER 3	TIER 2	TIER 3	TIER 1	
Maximum Out-of-Pocket (includes in-network co-payments, co-insurance and deductible)	 2019 Calendar Year Maximum Out-of-Pocket \$7,900 Single / \$15,800 Family ^D = In-network Deductibles ^A + In-network Co-insurance ^B + In-network Medical & Prescription Drug Co-payments ^C (REFER TO CHART ON PAGE 5)					
Primary Care Physician Office Visit ^C	\$25 co-payment	30% ¹ co-insurance after deductible	\$35 co-payment	40% ¹ co-insurance after deductible	No Cost	\$15 co-payment
Specialist Office Visit	\$30 co-payment	30% ¹ co-insurance after deductible	\$40 co-payment	40% ¹ co-insurance after deductible	Not Available	\$15 co-payment
Express Care Online	\$25 co-payment	n/a	\$35 co-payment	n/a	Not Available	Not Available
Routine, Preventive & Wellness Services ^C 	No Cost ²	30% ¹ co-insurance	No Cost ²	40% ¹ co-insurance	Limited services at no cost	No Cost ²
Laboratory & Diagnostic Services ^B	10% co-insurance after deductible	30% ¹ co-insurance after deductible	20% co-insurance after deductible	40% ¹ co-insurance after deductible	Limited services at no cost	10% co-insurance after deductible
Convenience Care Clinic ^C	\$25 co-payment	30% ¹ co-insurance after deductible	\$35 co-payment	40% ¹ co-insurance after deductible	Services Not Available	Services Not Available
Urgent Care Office Visit ^C	\$35 co-payment	30% ¹ co-insurance after deductible	\$50 co-payment	40% ¹ co-insurance after deductible	Limited services at no cost	\$15 co-payment in-network only
Inpatient Medical & Surgical Hospital Services ^B	10% co-insurance after deductible	30% ¹ co-insurance after deductible	20% co-insurance after deductible	40% ¹ co-insurance after deductible	Services Not Available	10% co-insurance after deductible
Outpatient Medical, Surgical & Hospital Services ^C	10% co-insurance after deductible	30% ¹ co-insurance after deductible	20% co-insurance after deductible	40% ¹ co-insurance after deductible	Limited services at no cost	10% co-insurance after deductible
Institutional Charge for use of Emergency Room ^B ^C						
Emergency	10% co-insurance after \$200 co-payment (co-payment waived if admitted)	10% ¹ co-insurance after \$200 co-payment (co-payment waived if admitted)	20% co-insurance after \$250 co-payment (co-payment waived if admitted)	20% ¹ co-insurance after \$250 co-payment (co-payment waived if admitted)	Services Not Available	No Cost after \$150 co-payment including out-of-network services (co-payment waived if admitted)
Non-Emergency	10% co-insurance after \$200 co-payment (co-payment waived if admitted)	30% ¹ co-insurance after \$200 co-payment (co-payment waived if admitted)	20% co-insurance after \$250 co-payment (co-payment waived if admitted)	40% ¹ co-insurance after \$250 co-payment (co-payment waived if admitted)	Services Not Available	10% after \$150 co-payment. In-network services only (co-payment waived if admitted)
Emergency Room Physician Charges/ Emergency Services ^B ^C	10% co-insurance	10% ¹ co-insurance	20% co-insurance	20% ¹ co-insurance	Services Not Available	10% co-insurance including out of network services
Non-Emergency	10% co-insurance after deductible	30% ¹ co-insurance after deductible	20% co-insurance after deductible	40% ² co-insurance after deductible	Services Not Available	10% co-insurance after deductible in-network services only


¹ Allowed charges for non-network physicians or other professional providers are limited to the lesser of billed charges or the traditional amount.

For non-contracting institutional providers, the non-contracting amount applies; non-contracting providers can balance bill.

² 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.

³ 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 for details.

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



Prescription drug coverage is included as part of the medical plan you choose. Your medical ID card also serves as your prescription drug card. Prescription drug coverage for all medical plans is administered by Medical Mutual, Express Scripts®.

The chart located on page 9 summarizes the prescription drug cost share (co-payments and co-insurance) by medical plan. This chart is intended to help you understand the cost impact to you when you utilize prescription drug coverage.

Prescription drug coverage under all three medical plans includes the prescription drug cost management program. The 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 on pages 9-10 of this booklet. Information is also located on Medical Mutual's website at www.medmutual.com.

MEDICAL MUTUAL TRADITIONAL AND VALUE PPO PRESCRIPTION COVERAGE

Medical Mutual (MMO) provides access to its Retail and Home Delivery Pharmacy Network through Express Scripts®. Members can get 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 for the retail cost of two-months co-payments. Contact Express Scripts® at (800) 282-2881 or online at www.express-scripts.com to locate a network retail pharmacy or for details as to how to use mail order pharmacy services.

Specialty prescription drugs are included within the Prescription Cost Management Program. It is important to note that prescriptions for specialty medications must be filled through the Medical Mutual Specialty Drug Solution—Accredo Specialty Pharmacy or Gentry Health Services. Accredo Specialty Pharmacy and Gentry Health Services are the sole sources for direct delivery of specialty medications. The cost of prescriptions for specialty medications filled at any other pharmacy will be the responsibility of the participant. Refer to pages 9-10 for a description of the program.

METROHEALTH SELECT (SKYWAY) EPO PRESCRIPTION COVERAGE

MetroHealth has onsite pharmacies as part of at least nine (9) health center locations. The MetroHealth plan provides prescription drug benefits for up to a 30-day supply of medication and a 90-day supply (retail or home delivery) of maintenance medication to control chronic health conditions. Co-payments are the lowest when members use a MetroHealth pharmacy. 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.

The medical plans through CSU include a Prescription Cost Management Program. Refer to pages 8-9 for more details. Specialty prescription drugs are included within the Prescription Cost Management Program. MetroHealth participants have access to the two providers from Medical Mutual for specialty medications—Accredo Specialty Pharmacy or Gentry Health Services. It is important to note that prescriptions for specialty medications must be filled through the Accredo Specialty Pharmacy, or Gentry Health Services. Accredo Specialty Pharmacy and Gentry Health Services are the sole sources for direct delivery of specialty medications. The cost of prescriptions for specialty medications filled at any other pharmacy will be the responsibility of the participant. Refer to page 8 for a description of the program.



PRESCRIPTION DRUG COVERAGE

PRESCRIPTION DRUG COST SHARE PLAN COMPARISON CHART 2019-20 Your Cost Share of Coverage

	MMO Traditional PPO Express Scripts Network Pharmacy TIER 2	MMO Traditional Out-of-Network TIER 3	MMO Value PPO Express Scripts Network Pharmacy TIER 2	MMO Value Out-of-Network TIER 3	CSU Health and Wellness Services TIER 1	MetroHealth Select EPO Network (out of network covered services not provided) (Administered by MMO) ²
Non-Maintenance Retail Pharmacy Prescription Drugs (30-day Supply) • Mandatory Generic • Non-specialty • Mandatory Mail order for maintenance medications Co-payments and Co-insurance are per prescription	Co-payment: Generic \$10 Brand: Formulary \$25 Brand: Non-formulary \$45 Co-payment for maintenance medications doubles after three fills at a retail pharmacy	25% of allowed amount ³ , plus co-payment, plus excess cost Claim form required for reimbursement	Co-payment: Generic \$15 Brand: Formulary \$35 Brand: Non-formulary \$65 Mandatory Mail Order co-payment for maintenance medications doubles after three fills at a retail pharmacy	25% of allowed amount ³ , plus co-payment, plus excess cost Claim form required for reimbursement	Co-payment: Generally \$5 Limited prescriptions available	Co-payment: <u>MetroHealth¹ MMO²</u> Generic \$0 \$10 Brand: Formulary \$15 \$30 Brand: Non-formulary \$30 \$60
Pharmacy Mail Order Non-Specialty (90-day Supply) • Mail order required for maintenance • Mandatory generic Co-payments are per prescription	Co-payment: Generic \$20 Brand: Formulary \$50 Brand: Non-formulary \$90	Not Covered	Co-payment: Generic \$30 Brand: Formulary \$70 Brand: Non-formulary \$130	Not Covered	Service Not Available	Co-payment: <u>MetroHealth¹ MMO²</u> Generic \$10 \$20 Brand: Formulary \$30 \$60 Brand: Non-formulary \$60 \$120
Specialty Prescription Drugs Must use Accredo Specialty Pharmacy	10% co-insurance up to \$100 max. per prescription	Not Covered	10% co-insurance up to \$125 max. per prescription	Not Covered	Service not available	No co-insurance Retail co-payment applies

¹ MetroHealth Select Plan members pay lower co-pays when using MetroHealth pharmacies. Use an on-site MetroHealth pharmacy 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)

³ MMO out-of-network reimbursements are subject to allowable charges. Refer to your plan certificate for details.

PRESCRIPTION DRUG COST MANAGEMENT PROGRAMS

CSU has prescription drug cost management programs 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 section provides an overview of the programs. Detailed information is located on Medical Mutual's website.

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, 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.

A list of drugs subject to prior approval is available on Medical Mutual's website. 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. A list of drugs subject to quantity, duration limits is included on the benefits webpage of myCSU.

- 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. A list of drugs subject to Preferred Drug Step Therapy is included in the benefits enrollment information packet and is available on the Benefits website. Members using one or more of the medications on the list 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.**



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 \$2,700. The Dependent Day Care Account limit is \$5,000.

To participate in a FSA, you must make an election during the your new hire 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 to how FSA Dependent Day Care Accounts affect your personal situation.

2019-20 FSA PLAN YEAR DEADLINES

Payroll Contributions	FSA elections made during the new hire enrollment period will be deducted on a pre-tax basis according to your pay periods during July 1, 2019 – June 30, 2020, or through May 15 for faculty paid over nine months.
Plan year period to incur eligible expenses	Participants enrolling for the 2019-20 plan year must incur expenses from July 1, 2019 through September 15, 2020 (which includes a 2½-month grace period). New hires first date to incur eligible expenses is the date their enrollment is submitted in myBenefits.
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, 2020. 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.



MetLife Insurance

Your dental coverage is provided by MetLife's Preferred Dentist Program (PDP). Notify your dentist you are covered by MetLife's PDP Program.

Find a Dental Provider: A list of participating dental providers is located at metlife.com/dental, or you may call customer service at (800) 942-0854.

Dental ID Card: Dental cards including the CSU plan number, customer service telephone and claims submission address will be available for you to download at your convenience on the personalized website -- www.metlife.com/mybenefits. Dental cards will not be mailed to your home. You do not need to present an ID card to confirm your eligibility.

Access to CSU Dental Plan Information: The website customized for CSU's plan will be available for those enrolled in the dental plan. This will allow you to access your plan of benefits, co-payments, co-insurance and claims information. This website provides access to an extensive Oral Health Library for you to research important dental topics. Visit metlife.com/mybenefits, or contact customer service at (800) 942-0854.

Mobile App: Smartphone users can download the MetLife Mobile App to access a list of participating dentists, access CSU plan summary information, view claims, obtain estimates and view their ID card. The app is available on the iTunes® App Store and Google Play.

EMPLOYEE MONTHLY DENTAL PRE-TAX PREMIUM	
FULL-TIME FACULTY AND STAFF	Single: \$3.18 Single Plus One: \$6.22 Family: \$10.76
PART-TIME ADMIN. FACULTY AND STAFF 30-39 HOURS	Single: \$7.96 Single Plus One: \$15.52 Family: \$26.88

DENTAL PLAN SCHEDULE OF COVERAGE		
Calendar Year Maximum Benefit	In-Network Provider \$1,500 Annual Max Per Person Plan Pays	Out-of Network Provider \$1,200 Annual Max Per Person Plan Pays ²
Calendar Year Deductible	\$50 per person / \$150 maximum per family	\$50 per person / \$150 maximum per family
DIAGNOSTIC AND PREVENTIVE		
Diagnostic and Preventive Services Exams, cleanings, fluoride, sealants, x-rays and space maintainers	100%	100% ²
BASIC SERVICES ¹		
Restorative Services Fillings and crowns	80%	80% ²
Endodontic Services Root canals	80%	80% ²
Periodontic Services To treat gum disease	80%	80% ²
Oral Surgery Services Extractions and dental surgery	80%	80% ²
MAJOR SERVICES ¹		
Prosthodontic Services Bridges, dentures and implants	60%	60% ²
ORTHODONTIC SERVICES		
Orthodontic Services Braces; No Age Limit, \$1200 lifetime maximum per person	60%	60% ²

DOWNLOAD
YOUR ID CARD
AT METLIFE.COM/MYBENEFITS

NOTIFY YOUR
DENTIST THAT
METLIFE IS YOUR
INSURANCE
COMPANY

SMARTPHONE
USERS CAN
MANAGE THEIR
DENTAL PLAN
THROUGH THE
METLIFE MOBILE
APP

¹A deductible of \$50 per person / \$150 per family benefit year maximum applies to "Basic" and "Major" dental services

²When you receive services from a out-of-network dentist, the percentages in this column indicate the portion of MetLife's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.



BASIC AND OPT-UP PLANS

Cleveland State University offers two vision plan options through Vision Service Plan (VSP) to choose for vision coverage—the “Basic” Plan and the “Opt-up” Plan. Members can maximize vision benefits through both plans by using VSP’s PPO network that offers covered services for eye care examinations, frames and eye-glasses or contacts. To find the nearest location for PPO network providers, contact VSP at www.vsp.com or (800) 877-7195. Included in the VSP preferred provider organization (PPO) network of retail vision providers are Costco Optical, Pearle Vision, Vision Works, SVS Vision, and Thomas & Sutton Eye Care.

The Basic Vision Plan provides covered services once in a 24-month period from the date of last service. The “Opt-up” Vision Plan provides covered services once in a 12-month period from the date of last service including enhanced coverage for tints and photochromic lenses for eyeglasses or “transition” lenses. In addition, each plan allows for limited reimbursement for services provided out-of-network by non-VSP providers; or the member can pay at the point services are received and submit a claim for reimbursement of out-of-pocket cost within six months of receiving services.

LOG IN TO YOUR VSP ACCOUNT AT WWW.VSP.COM TO:

- Choose a VSP network doctor
- Print an ID card
- View your personal eye care coverage
- Find the latest eye health information
- Learn about special discounts and promotions

OR CALL (800) 877-7195

EMPLOYEE MONTHLY VISION PRE-TAX PREMIUMS - EFFECTIVE JULY 1, 2019

	Basic Vision Plan	Enhanced (Opt-up) Vision Plan
FULL-TIME FACULTY AND STAFF	No premium contributions	Single \$5.98 Family \$17.06
PART-TIME ADMIN. FACULTY AND STAFF 30-39 HOURS	Single \$.94 Family \$2.70	Single \$6.92 Family \$19.76
FREQUENCY OF COVERAGE	24 months from date of last service	12 months from date of last service

VISION SUMMARY OF BENEFITS

	In-Network	Open Access (Out-of-Network)
Vision Exam	100% after \$15 Co-pay	Up to \$45 after \$15 Co-pay
Prescription Glasses	\$25 Co-pay	\$25 Co-pay
Lenses**	100% Single Vision, lined bi-focal and lined trifocal lenses Polycarbonate lenses for dependent children	Single Vision up to \$30 Lined Bifocal up to \$50 Trifocal up to \$65
Lens Options**	Progressive: Covered in Full	Progressive: Up to \$50
Frames	Covered up to plan allowance of \$150 \$80 Costco Allowance	Up to \$70
Contact Lenses (instead of glasses)	\$150 allowance for contacts and exam, 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 of visual necessity.
Claims	No claim form required	Must file claim for reimbursement within 6 months from date of service.

* The Enhanced Plan also includes enhanced coverage for lenses for eyeglasses, including coverage for tints and photochromic or “transition” lenses.

** See VSP summary of coverage handout for coverage specifics and limitations for lenses.



JOIN VIKEHEALTH & WELL-BEING

Each year, starting July 1, you are encouraged to join or re-enroll in the VikeHealth & Well-Being Program to improve and maintain your health and well-being as well as qualify for VikeHealth Rewards incentive dollars.

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

Striving to engage in a healthy lifestyle and getting or staying healthy is 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 resources, services and support intended to help you and our CSU community Get Well, Be Well & Live Well--together! For more information, including "how to get started," video overview, program summary, and access to the VikeHealth & Well-Being portal, visit **"VikeHealth & Well-Being" on myCSU.**



Get Well. Stay Well. Live Well.

Go to the
VikeHealth &
Well-Being
home page on
myCSU.



ADDITIONAL MEDICAL CARE AND WELLNESS SERVICES

Online Access to Medical Care (same cost as office visit) - Medical Mutual PPO Plan Participants only

Cleveland Clinic Express Care Online is available to participants in the Traditional PPO and Value PPO medical plans administered by Medical Mutual. This 24/7 care is available online from home, or anywhere via your smartphone, tablet or computer. On-line access services for MetroHealth Select EPO members are currently not available, but are being pursued.

Using Express Care Online, you can get care, within minutes, for simple conditions such as sinus infections, cold symptoms, rashes, ear aches, stomach pain, and more. No appointment is necessary – all you need is a connection. Sessions with licensed healthcare providers last about 10 minutes. **Your cost for the visit is your plan's primary care physician office visit copayment.**

Express Care Online is provided by the Cleveland Clinic with the assistance of the Online Care Group, a primary care practice with a national network of U.S.-based clinicians that provide online clinical services. The service is available to adults and children 6 years and up. Pediatric patients ages 6 to 17 must be accompanied by a parent/guardian during the visit. This service available online and by mobile app is designed to be a private, secure, and HIPAA-compliant tool that allows you to safely and confidentially consult with a healthcare provider online.

To access Express Care Online from a computer visit clevelandclinicmycareonline.org/landing.html. You can download for free the Cleveland Clinic Express Care app to your smartphone or tablet from App store (Apple) or Google Play (for Android).

SITUATIONS WHEN YOU MAY CHOOSE CLEVELAND CLINIC EXPRESS CARE ONLINE:

- I feel like I should probably see a doctor, but can't really fit it into my over-booked schedule.
- I'm flying tomorrow and can't get out of work.
- It's difficult for me to get a doctor's appointment.
- I'm not sure if I should go to the ER or not.
- My doctor's office is closed and I don't want to go to an urgent care clinic or hospital.
- I just moved here and don't know any doctors in my area.

Employee Assistance & Worklife Program

Cleveland State University's Employee Assistance (EAP) and Work/Life Program is administered by IMPACTSolutions

CSU's Employee Assistance and Work/Life Program is provided by the University to eligible full-time and part-time faculty and staff and their household members, dependents living away from home, parents and parents in-law at no cost. IMPACT is designed to **confidentially** provide guidance and assistance with many of life's every-day and sometimes exceptional challenges.

Confidential professional support is available by calling (800) 227-6007, 24 hours a day, 365 days a year.

PROGRAM FEATURES INCLUDE:

- Unlimited phone consultation
- Five (5) complimentary face-to-face counseling or discussion sessions per person per life situation
- Numerous resources

A FEW AREAS THAT IMPACT PROVIDES GUIDANCE FOR:

- General day-to-day work/life issues
- Stress
- Depression or anxiety
- Job Performance difficulties
- Alcohol/Drug abuse
- Legal/financial matters
- Identity theft recovery assistance
- Child/eldercare and other family issues
- Referrals to community resources
- And more...

For additional support, log on to the web for access to a wide range of articles, resources, and interactive features: www.myimpactsolution.com. (Member login is "csu").



ADDITIONAL MEDICAL CARE AND WELLNESS SERVICES

CSU HEALTH AND WELLNESS SERVICES

The convenience of FREE On-Campus health care for faculty and staff is available at **CSU Health and Wellness Services**. CSU has made arrangements with Medical Mutual (MMO) so that faculty and staff enrolled in the MMO Traditional, Value and the MetroHealth Select plans can receive routine office visit care at no out-of-pocket cost from the CSU Health and Wellness Services medical staff. CSU clinic staff is included in the MMO and MetroHealth networks as a Tier 1 provider. Refer to chart on page 5 of this booklet.

- No deductible or co-payment is required for care or services received from CSU Health and Wellness Services clinical staff.
- Many generic prescription medications are available for a \$5 co-pay.
- You will be referred to another Medical Mutual or MetroHealth provider for treatment or care that cannot be provided by CSU Health and Wellness Services.
- Dependents of faculty and staff are NOT eligible for care from CSU Health & Wellness Services.
- Visits by appointment only - same day appointments are available.

The On-Campus Health and Wellness Services is located in the Center for Innovation in Medical Professions (IM), Room 205 at 2112 Euclid Avenue. Call (216) 687-3649.

CSU Health and Wellness Services is nationally accredited by Accreditation Association for Ambulatory Health Care (AAAHC).

Nurse Line – (For all members enrolled in CSU medical plans) (888) 912-0636

Members of all CSU medical plans have access to a Nurse Line. When you have a health issue, a minor injury or a medical question, you have access at any time to talk to a qualified healthcare professional. Nurse Line, an e-mail and telephone health line that is available 24 hours a day, seven days a week to Medical Mutual and MetroHealth Select members. Nurse Line is staffed by fully qualified Registered Nurses (RNs) who are available to answer your health-related questions at no charge.

Nurse Line offers peace of mind with around-the-clock guidance and answers to your healthcare questions. Trained RNs can help you:

- Make decisions about a health issue, including whether you need to visit a doctor or emergency room (ER)
- Understand medical conditions diagnosed by your doctor, including the importance of following the doctor's plan of care
- Prepare for doctor visits by knowing what questions to ask
- Care for minor injuries and illnesses at home
- Develop healthier lifestyle habits

A NURSE IS ALWAYS ON CALL FOR YOU

Nurse Line provides immediate support for everyday health issues and questions that might otherwise lead to unnecessary visits to the doctor or ER. Nurse Line can also give you an early warning of emerging health conditions before they become serious medical problems.

How to Use Nurse Line

You can reach Nurse Line by calling 888.912.0636. Please have your member ID number ready to access Nurse Line. You can also use Nurse Line via secure and confidential email. If you choose the email option, you will receive a response within 24 hours.

! Please note: Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.



Basic Life and AD&D Insurance

A benefit of two times your base pay up to a maximum \$150,000 is provided by the University for Life and Accidental Death & Dismemberment (AD&D) Insurance. Basic Life Insurance coverage exceeding \$50,000 is subject to imputed income tax. AD&D coverage is not subject to imputed income tax.

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 are not subject to imputed income tax.

Consequently, your withholding 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. Refer to the benefits webpage of my CSU for more details

You can choose at anytime to waive the employer provided coverage over \$50,000 to avoid the added tax. To obtain a waiver, visit <http://mycsu.csuohio.edu/offices/hrd/forms.html> and click on Life Insurance section of the forms page for the Waiver Agreement. The effective date for requests to waive Basic Life Insurance coverage over \$50,000 is determined by The Minnesota Life Insurance Company.

Supplemental Life Insurance

The University offers three Supplemental Life Insurance plans—Employee, Spouse/Same-Sex Domestic Partner, and Dependent Child Life Insurance. The maximum Supplemental Life coverage available for employees is \$500,000 and \$250,000 for a Spouse or Same-Sex Domestic Partner. Each dependent child can be covered at \$10,000, up to age 26. Employees must be enrolled in the Supplemental Life plan to request coverage for a Spouse or Same-Sex Domestic Partner and/or Dependent Children (including children of a registered Same-Sex Domestic Partner).

If you wish to enroll in the supplemental plans (employee, Spouse/Same-Sex Domestic Partner, and Dependent Child), you may request coverage within 31-days of your new hire date through myBenefits, the online enrollment application. A request for coverage of any amount after your new hire election period has expired is considered a late application and is subject to review by Minnesota Life Insurance Company for Evidence of Insurability (EOI). Late applications for coverage may be submitted at any time during the year.

EOI requires completing and submitting a medical history statement to the insurance company. It is reviewed for a determination of approval or denial. Contact the Department of Human Resources at (216) 687-3636 to request a medical history statement. A form must be submitted for each person that coverage is being requested.

The premium cost of Supplemental Life Insurance for an employee and Spouse or Same-Sex Domestic Partner is based on a tobacco and non-tobacco user rate structure. The cost is based on your attestation of tobacco or non-tobacco use for yourself and/or Spouse/Same-Sex Domestic Partner and each person's age.

LIFE INSURANCE PLAN RULES

- Supplemental Life Insurance coverage for your Spouse/Same-Sex Domestic Partner requires that Employee Supplemental Life Insurance is elected.
- Supplemental Life Insurance coverage for your Spouse/Same-Sex Domestic Partner cannot exceed 100% of your Employee Supplemental Life.
- Maximum Guaranteed Issue limits of coverage without Evidence of Insurability (EOI):
Employee: \$200,000
Spouse/Same-Sex Domestic Partner: \$100,000
- EOI is required for Supplemental Life Insurance coverage amounts between \$210,000 to \$500,000 for employees and \$105,000 to \$250,000 for a Spouse/Same-Sex Domestic Partner.
- This policy does not allow an employee to be covered as a Spouse/Same-Sex Domestic Partner of another employee.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE		
MONTHLY RATES PER \$1,000 OF COVERAGE (Employee, Spouse/Same-Sex Domestic Partner)		
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
Dependent Child Life Insurance: \$.50 per month for all covered dependent children.		
NOTE: Rates are based on tobacco user status. Monthly premium amount is divided between the first two paychecks of each month.		



LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance

Cleveland State University's Long Term Disability Program is Underwritten by UNUM

CSU's Long-Term Disability program is designed to protect you in the event you become injured or ill and are unable to work for longer than a period of 90 days. The plan coordinates with OPERS, STRS and Social Security to replace up to 60% of your income up to a maximum of \$5,000 per month, if you become disabled (within plan limits). Premiums for this disability protection are paid entirely by CSU.

For the first 90 days of any disability, including short term illness or injury, employees are required to use their available accumulated sick leave, vacation hours and compensatory time (if available).



ADDITIONAL INSURANCE & ASSISTANCE

UNUM Voluntary Insurance Benefits

The University is offering two voluntary insurance opportunities, Individual Short Term Disability Insurance and Voluntary Accident Insurance, through UNUM. The premium for these products is not subsidized by the University. Faculty and staff enrolled in the voluntary insurance will pay the premium through payroll deduction on an after-tax basis.

Individual Short Term Disability Insurance can help you replace a portion of your income if you are unable to work due to a covered injury or illness. This coverage may appeal to an employee who does not have much accumulated University paid time off (accrued sick time, vacation or compensation time, as applicable) and provide income after a 7-day or 14-day waiting period, during the first 90 days of a non-work related disability. Age limitations may apply to enrollment eligibility.

Voluntary Accident Insurance provides a way for you to offset out-of-pocket medical expenses for a covered injury or illnesses. Coverage is also available for your Spouse/Same-Sex Domestic Partner and/or eligible Dependent Children, up to age 26. An informational sheet and schedule of benefits is located on the Benefits webpage of myCSU.

How to Enroll/Waive Coverage

Access to view coverage options, enroll in a plan(s) or waive coverage must be made through Unum's enrollment site which links through CSU's myBenefits online Application. Policy rates are available and applied on an individual basis through UNUM's on-line enrollment site. Details of the schedule of insurance benefits and pre-existing condition exclusions/limitations are available on the enrollment site.

Enrollment Period

During the first 31-days following your hire date or a change to an eligible full-time or part-time position, you may be eligible to enroll in the Voluntary Insurance plan based on plan limitations.

Additional Information

Contact the UNUM Voluntary Benefits Call Center as following for:

- Questions on new enrollment – (855) 202-6367
- Questions or requests for changes to an existing policy – (800) 635-5597 Option 2

Cleveland State University's Business Travel Accident Insurance

The University provides additional Accidental Death and Dismemberment Benefit coverage in the event of loss of life, limb or certain bodily functions while on covered Business Travel for the University.

The benefit payable in the event of loss of life is equal to two-times Annual Compensation, to a maximum benefit of \$500,000. Benefits for loss of limb or certain bodily functions are paid according to the schedule of loss shown in the detailed policy certificate posted on the Human Resources Benefits web page of myCSU.



ADDITIONAL INSURANCE & ASSISTANCE (CONTINUED)

Travel Assistance Programs

Cleveland State University faculty and staff have three programs available from The Hartford, UNUM and Minnesota Life Insurance Companies.

The Travel Assistance programs are provided to faculty and staff for personal and business travel at no cost. Services provided by these programs for national (100 miles or more away from home) and International travel include:

- Pre-trip planning (Visa, passport, inoculation and immunization requirements, Travel advisories, foreign exchange rates, Embassy and consular referrals, etc.)
- Emergency Medical Assistance (Medical monitoring, evacuation, traveling companion assistance, repatriation etc.)
- Emergency Personal Services (sending/receiving emergency messages, emergency travel arrangements, emergency cash, lawyer locator, translation, theft, etc.)

For more information about these services, visit the Human Resources, Benefits web page of myCSU.

The Hartford – Europ Assistance USA

TRAVEL ASSISTANCE ID: GLD-09012

POLICY # FOR MEDICAL SERVICES: ETB 141026

For serious medical emergency, please obtain medical services first then contact Europ Assistance

INSIDE U.S./CANADA: 1 (888) 286-3802

1 (240) 330-1518 (collect calls accepted from other locations)

WEBSITE: thehartford.com/employeebenefits

Minnesota Life Insurance –

Redpoint Resolutions Travel Assistance

INSIDE U.S./CANADA: 1 (855) 516-5433

WEBSITE: www.redpointresolutions.com/portal/securian

UNUM Worldwide Emergency Travel Assistance – Available 24/7

REFERENCE NUMBER: 01-AA-UN-762490

INSIDE U.S.: 1 (800) 872-1414

OUTSIDE U.S.: (U.S. access code) +609-986-1234



WORKERS' COMPENSATION

Workers' compensation may provide medical payments and wage or salary continuation in the event you are injured or become ill during the course of performing your regular job duties and the injury or illness relates specifically to the performance of those job duties.

A work related injury or illness should be immediately reported to your supervisor and/ or Human Resources after first receiving care for the injury or illness, if needed. An Accident/Injury Report should be completed and sent to CSU Environmental Health and Safety. Form is located at www.csuohio.edu/ehs/report-occupational-injuryillness. A First Report of Injury (FROI) must be filed with the Bureau of Workers' Compensation through the treating physician or through CareWorks, the University's Workers' Compensation administrator. Call CareWorks at 888-627-7586 or go online at <https://froicareworksmco.com>.

Compensation for lost time wages is available if you are off work for eight days or longer because of the work related injury or illness.

If you miss 14 consecutive days due to an allowed illness or injury, you will be compensated for the entire period of time you are disabled as a result of the allowed work related injury or illness. The first seven (7) days of the disability are not paid unless you miss 14 consecutive days.

Cleveland State University's Faculty and Staff participate in the State of Ohio Retirement Programs

All Cleveland State University (CSU) faculty and staff 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 mandatory and the amount is determined according to State of Ohio Legislation.

State Retirement Plans and Social Security

As a State of Ohio public employer, CSU faculty and staff do not contribute towards Social Security. You will contribute towards Medicare. The Social Security Administration has specific rules that apply to employees who contribute to a state retirement plan and do not contribute to Social Security. For financial planning purposes, you will want to understand how benefits of a state government retirement plan may impact eligible Social Security benefits. Information regarding this impact is located on Social Security's website at www.ssa.gov. Publications 05-10051, 05-10045 and 10007 are a few publications which address state government retirement plans and Social Security.

Retirement Plan Overview

State Retirement System membership (OPERS or STRS) and contribution percentages for faculty and staff are determined by the position held while employed at CSU. Newly hired full-time faculty and staff (including some full-time rehired retirees), may be eligible for a 120-Day Retirement Plan Election period. All new members of OPERS/STRS have a 180-day retirement plan selection period. Contributions are required to be deducted from payroll during the 120-day election period. These contributions are held and will be allocated to the plan chosen once a Retirement Plan Election form is received. Refer to the chart on page 20 for retirement plan contribution percentages currently in place. Contribution percentages are subject to change.

Full-time Faculty/Staff 120-Day Retirement Plan Election Period:

The 120-day Retirement Plan Election period is for eligible full-time faculty and staff to make an election as to whether they choose to remain a member of the State of Ohio Retirement System (OPERS or STRS) and select one of their plans; or opt-out to an Ohio Alternative Retirement Plan (ARP). **This 120-day Retirement Plan Election period is a one-time, irrevocable election while continuously employed at Cleveland State University. This election is applied to all positions held during continuous employment with the University.**

Newly eligible, full-time hires, whether choosing to remain with OPERS/STRS or opting out to an ARP, must submit their 120-day Plan Election form to be received by Human Resources, AC 113 no later than their 120-day deadline.

OPERS and STRS / New Member 180-Day Retirement Plan Selection Period

Both OPERS and STRS offer three retirement plan types to new members of their system: Defined Benefit Pension Plan (DB), Defined Contribution Plan (DC) or a Combination Plan (part DB/part DC). New members of OPERS/STRS eligible to make a plan selection have a period of time referred to as a 180-day retirement plan selection period. This selection period typically begins with a member's first date they begin contributing to the retirement system. During this time new members make a selection as to which of the three retirement plans they wish to participate. A member's plan selection is submitted directly to the retirement system and not CSU. Eligibility, plan selection deadlines and provisions of the State Retirement Plans are determined by the retirement systems. More detailed information, including webinars, for OPERS and STRS plans is located on the webpages including (opers.org or strsoh.org) or you may contact them by phone at OPERS (800) 222-7377 or STRS (888) 227-7877. Plan selection information details for new members of these retirement systems will be mailed directly to the member's home address by the retirement systems.

Alternative Retirement Plan

The Alternative Retirement Plan (ARP) is a Defined Contribution 401(a) Plan. Eligible full-time faculty and staff will be provided information on this option from the Department of Human Resources for review during their 120-day Retirement Plan Election period. This packet of information will include a Retirement Plan Election Form to be returned to Human Resources within the election period and the retirement plan election deadline. This election is a one-time, irrevocable election while continuously employed at Cleveland State University. Participants in the ARP do not retain membership with OPERS/STRS for the period of time they contribute to the ARP and are not eligible to use service time under the ARP towards OPERS/STRS retirement plans. Contribution rates for the ARP are based on the State retirement plan for which the position would have participated. Refer to the chart on page 20 of this booklet.



RETIREMENT PLANS

RETIREMENT PLAN CONTRIBUTIONS			
Associated Retirement System	Employee ¹	CSU ¹	Mitigating Rate ²
Ohio Public Employees Retirement System (OPERS)	10.00%	14.00%	Note: OPERS DC plan has a mitigating rate to the employer contribution that is applied. Contact OPERS for details.
OPERS-LE (Law Enforcement)	13.00%	18.10%	
State Teachers Retirement System (STRS)	14.00%	14.00%	Note: STRS DC plan has a mitigating rate to the employer contribution that is applied. Contact STRS for details.
Alternative Retirement Plan (ARP) for staff positions (Contribute at OPERS Rates)	10.00%	11.56% ³	2.44% ³
Alternative Retirement Plan (ARP) for faculty positions (Contribute at STRS Rates)	14.00%	9.53% ³	4.47% ³

¹ Employee and employer contributions and mitigating rates are legislated and are subject to change.

² Under the State of Ohio Law, a portion of the University's contribution (mitigating rate) is remitted to the State Retirement Systems. The mitigating rate helps to ensure that the funding status of the traditional pension plans is not adversely affected by alternative retirement plans. The mitigating rates are periodically under review and are subject to change.

³ New ARP mitigating rates effective July 1, 2017

Voluntary Retirement Savings Programs – 403(b)/457 Plans

CSU offers both a Voluntary 403(b) and 457 Retirement Savings Plan to all faculty and staff members as an opportunity to supplement their primary retirement plan through payroll deduction. The University does not contribute toward these plans. Faculty and staff can choose to participate in one or both of these plans up to annual tax year limits established by the IRS. The IRS tax year contribution limits for each plan are separate.

WHAT IS A 403(B) PLAN?

A 403(b) Supplemental Retirement Savings Plan is available to employees of public educational institutions and certain nonprofit organizations. All faculty and staff are eligible to participate through payroll to the tax-deferred Voluntary 403(b) plan offered at Cleveland State University.

The IRS establishes plan limits for pre-tax contributions each tax year. 403(b) plans were created to encourage long-term retirement savings. Generally, distributions are available only when a participant reaches age 59½ or separates from employment. However, distributions can also be available in the event of financial hardship, death or disability and meet the IRS guidelines. Bear in mind, distributions before age 59½ might be subject to Federal restrictions and a 10% Federal tax penalty.

Short-term needs can sometimes be met by nontaxable loans from a 403(b) plan, if available from the provider you select. This type of loan makes it possible for you to access your account without permanently reducing your balance. It is important to remember that defaulted loan amounts will be taxed as ordinary income and might be subject to a 10% tax penalty if participants are under age 59½ and may prohibit future access to loans from all retirement plans sponsored by the University (eg. ARP).

WHY CONTRIBUTE TO A 403(B) PLAN?

Participating in a 403(b) plan can provide a number of benefits, including the following:

- **Lower taxes today** — Participants contribute before taxes are withheld (Federal and State of Ohio), which means current taxes are based on a smaller amount. This can reduce a participant's current income tax bill. For example, if a participant's Federal marginal income tax rate is 25%, and they contribute \$100 a month to a 403(b) plan, they have reduced their federal income taxes by roughly \$25. In effect, your contribution costs you only \$75. The tax savings grow with the size of the 403(b) contributions up to the annual IRS tax year contribution limits.
- **Tax Deferred Growth and compounding interest** — In a 403(b) plan, interest and earnings accrue tax deferred. That means that interest on the earned interest also grows tax deferred. The compounding interest allows an account to grow more quickly than savings in a taxable account where interest and earnings are generally taxed each year.
- **Take the initiative** — Contributing to a 403(b) retirement plan can help participants take control of their future. Other sources of retirement income, including state pension plans, and if applicable, Social Security, rarely replace a person's final salary upon retirement. That is why it is important for faculty and staff to plan to have enough money saved for their retirement.

HOW TO START A 403(B) CONTRIBUTION:

CSU Faculty and Staff can find a list of university approved investment providers who offer a 403(b) investment plan at CSU on the Human Resources webpage of myCSU under the benefits section. Participants must contact the provider they have chosen from the list to establish an account, select investment allocations and designate a beneficiary. The University does not contribute towards this plan.

In addition to opening an account with a 403(b) provider, participants must complete a CSU 403(b) Salary Reduction Agreement and submit the form to the Department of Human Resources. This form is available on the Human Resources webpage of myCSU under forms. Payroll processing and plan deadlines apply when processing your salary reduction request.

Voluntary 457 Plan

(Ohio Public Employees Deferred Compensation Program)

The Ohio Public Employees Deferred Compensation Program (OPEDC) is a Supplemental Retirement plan (under the IRS Code Section 457) that offers all public employees located in the State of Ohio the opportunity to accumulate tax-deferred assets to meet their long-term financial goals and to provide a desirable lifestyle and peace of mind in retirement. The OPEDC Program is unique in that it is a public, not-for profit organization created by Ohio legislation and administered by a 13 member Board of Trustees with public employees' best interests in mind.

The OPEDC Program provides participants with educational tools, a diverse set of investment options, flexible savings and withdrawal options, as well as portability when changing jobs within the public sector.

Faculty and staff at Cleveland State University may participate in both the Voluntary 457 plan and Voluntary 403(b) Retirement Savings Plans. The IRS contribution limits for each plan are separate.

An important difference between the OPEDC program and a 403 (b) plan is: Money can be withdrawn from a 457 plan after termination of the job but prior to age 59 ½ without a 10% penalty (unless the money came into the 457 plan as a rollover from a 403 (b), 401 (k) or IRA). The IRS establishes plan limits for pre-tax contributions each tax year. The University does not contribute toward this plan.

HOW TO START A 457 ACCOUNT:

To establish an account, stop or change contributions, contact Ohio Public Employees Deferred Compensation (OPEDC) directly at (877) 644-6457 or visit the webpage at www.ohio.457.org. OPEDC determines effective dates of contributions and will notify Human Resources when to setup payroll contributions and/or make changes. In general, allow 30 days to enroll or make changes to an account.



LEAVE PLANS AND PAID HOLIDAYS

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 parent 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 that your Spouse, child or parent is on active duty in the Armed Forces.

If you are absent from work three 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 frequently use your accrued sick leave.

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

SICK LEAVE

Sick Leave benefits up to the exhaustion of accrual balance provide income replacement for short-term periods of illness or injury during which you are unable to work and prior to the time you may become eligible for Long-Term Disability benefits.

The University provides a sick leave accumulation plan for faculty and staff. Sick leave time is accumulated according to the following schedule:

EMPLOYEE TYPE	NUMBER OF HOURS
FACULTY AND SALARIED PROFESSIONAL STAFF	10 hours per month*
HOURLY CLASSIFIED AND PROFESSIONAL STAFF	4.6 hours per 80 hours worked*
*Pro-rated for Academic Year and Part-Time appointments. Sick pay hours may be used for the employee or immediate family member's illness and/or injury.	

Transfer of Sick Leave

Accumulation of unused sick leave is unlimited and may be transferred among city, county or state agencies within Ohio within 10 years of employment. If you have previous employment with any Ohio public agency (State, County and Municipal) that service time and accrued unused sick leave may be transferred to CSU. The amount of sick leave you may transfer to CSU may be limited by your classification and/or bargaining unit. Your previous employer should address a letter to Cleveland State University's Department of Human Resources providing the amount of unused sick leave and service from that agency.

Payout of Unused Accumulated Sick Leave

In accordance with Ohio Revised Code 124.39 (A) (1), Faculty and staff with 10 or more years of service with a State of Ohio agency or any of its political subdivisions, may elect at the time of retirement from a State of Ohio retirement plan a lump sum cash payout of accumulated sick leave. This payout is based on the employee's rate of pay at the time of retirement and the lump sum is equal to one-fourth of the value of accumulated sick leave balance, but may not exceed 240 hours. Payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued by the employee at that time. A lump sum payout of accumulated sick leave may be made only once to any employee.

LEAVE PLANS AND PAID HOLIDAYS



VACATION LEAVE

Professional Staff and Certain Administrative Faculty

Salaried professional staff and administrative faculty paid semi-monthly accrue 7.34 hours per pay up to a maximum of 176 hours (22 days) per fiscal year (July 1 through June 30). Hourly professional staff and administrative faculty paid biweekly accrue at a rate of 6.77 hours per pay up to 176 hours (22 days) per fiscal year. Professional staff and administrative faculty who are regularly scheduled to work less than a 40-hour work week will accrue vacation at a rate proportional to their regularly scheduled hours.

As of the last full earnings period of a fiscal year, the maximum unused vacation hours that may be carried over to a new fiscal year is 240 hours. At no time during the fiscal year may an employee's accumulated unused vacation leave balance exceed 352 hours (44 days). The maximum payout of unused accrued vacation at separation from employment (including retirement) is 176 hours.

Payouts are based on an employee's final rate of pay at separation or retirement.

Classified Staff

Classified staff accrue vacation according to their years of service (refer to the chart below). As of the last full earnings period of a fiscal year, the maximum unused vacation hours that may be carried over to a new fiscal year is 240 hours. At no time may the accumulated unused vacation leave balance exceed the total number of an employee's accrued hours in a three-year period.

The maximum payout of unused vacation accrued at separation (including retirement) is three years' vacation accrual. Payouts are based on an employee's final rate of pay at separation or retirement.

Vacation Leave Requests

Faculty and staff accruing vacation are expected to use available accrued vacation throughout the fiscal year. Vacation leave may be requested by an employee to the extent it is earned and provided that the employee's supervisor or unit head approved the dates for the requested leave in advance.

Full Years of Service	Vacation Leave Accrual Per 80 hours active pay status
1-7	3.1 Hours
8-14	4.6 Hours
15-24	6.2 Hours
25 OR MORE	7.7 Hours

PAID HOLIDAYS

The University recognizes the following ten days as paid holidays:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day (No classes are held. Administrative offices are open. Faculty and Staff will observe the holiday on the Friday following Thanksgiving Day)
- Veterans' Day
- Thanksgiving Day
- Christmas Day

The administration may establish alternative days of observance for the following holidays:

- Martin Luther King Day
- Presidents' Day
- Columbus Day

The Michael Schwartz Library and Law Library will distribute a quarterly schedule listing of hours of business for the libraries on exceptional days and/or holidays.

A list of the current fiscal year holidays observed by the University is located on the Human Resources web page.

Holiday Payment for Part-Time Employees

Part-time employees are entitled to holiday pay for that portion of the day that is regularly scheduled if the University designates that day as a holiday.



TUITION BENEFITS

Tuition Remission for Employees (Staff Development)

Full-time faculty and staff and part-time staff who are regularly scheduled to work 30-39 hours and are appointed to a position which lasts six months or longer are eligible for tuition remission benefits. Eligibility requirements must be satisfied on the first day of the semester term for which you are registering. For more information and forms, contact Human Resources or visit the HR web page of myCSU.

Tuition Remission for Dependents

Eligibility requirements must be satisfied as on the first day of the semester term. Also, an eligible dependent child must meet the Internal Revenue Service dependency definition to qualify for tuition remission benefits. Refer to the program guidelines for details of eligibility requirements and taxation of benefits at the HR web page of myCSU.

FULL-TIME FACULTY¹

Upon completion of one academic year of continuous full-time service since your most recent hire date, your Spouse or registered Same-Sex Domestic Partner and Dependent Children become eligible for tuition remission for credit courses.

FULL-TIME STAFF (PROFESSIONAL AND CLASSIFIED)¹

Upon completion of two years of continuous full-time service since your most recent hire date, your Spouse, or registered Same-Sex Domestic Partner and Dependent Children become eligible for tuition remission for credit courses.

PART-TIME (30-39 HOURS) PROFESSIONAL AND CLASSIFIED STAFF²

Upon completion of two years of continuous part-time 30-39 hours service since your most recent hire date, your Spouse, or registered Same-Sex Domestic Partner and Dependent Children become eligible for tuition benefits for credit courses.

¹ Generally, an eligible undergraduate student may receive 100% tuition remission. A 50% remission is provided to eligible graduate students. The benefit is limited to 144 credit hours or two degrees, whichever is less.

² Generally, an eligible undergraduate student may receive 75% tuition remission. A 50% remission is provided to eligible graduate students. The benefit is limited to the lessor of 144 credit hours or two degrees.



DISCOUNT & SPECIAL PROGRAMS

The University arranges with selected vendors to provide discounts to employees and their family members.

Types of discounts may include:

- | | | |
|--------------------------------------|-----------------------|-----------------------|
| CSU Bookstore | Personal PCs/Printers | Airport Parking |
| Pet Insurance | Weight Watchers | Best Benefits Club |
| Flowers | Auto/Home Insurance | Car Rentals |
| Property residential purchase/rental | Event Discount | Car Repairs and Tires |
| Wireless Phones/Services | Tax Preparation | AAA |

Huntington Bank Program

Through the Cleveland State University partnership with Huntington Bank, faculty and staff have access to special programs.

- **Asterisk-Free Checking** – includes a 24-hour grace[®], no monthly checking maintenance fee, no minimum balance requirements and no minimum debit card transactions.
- **CSU Viking Card Link to Huntington Checking Account** – provides access to cash through ATMs and can be used as a debit card for PIN-based purchases.

For more information, visit Huntington Bank at CSU located on the first floor of the Main Classroom Building. For more information and additional discounts, visit the Employee Discount section of the Human Resources Benefits website of myCSU.



Out of respect for the health of others and the environment, Cleveland State University became a tobacco free campus in the Fall of 2013. All forms of tobacco usage are prohibited anywhere on the campus grounds and facilities.

The Tobacco Free Campus policy, FAQs about our policy, and free or low-cost tobacco cessation support services to help employees and students quit are available on the University website at www.csuohio.edu/tobaccofree. The Tobacco Free Campus Policy Training, Tobacco Free Campus Leader/Supervisor Toolkit, Tobacco Free Campus policy hot card, and online reporting and violation form are available under the words “Help Us Comply” along the left side of the website. We encourage all faculty, staff and students to complete the training to better understand where individuals can smoke and where they cannot, as well as to help us increase the respect and compliance of the policy.

Faculty and Staff can earn VikeHealth Points through CSU’s VikeHealth & Well-being Program for being tobacco free or for completing a tobacco cessation program.

For more details, go to myCSU and click on “VikeHealth & Well-being” under “For Faculty and Staff” or visit the VikeHealth & Well-Being landing page at <http://mycsu.csuohio.edu/offices/hrd/vikehealth.html>, or email Lisa Sandor at l.m.sandor@csuohio.edu.

Tobacco Cessation Support Services

Tobacco cessation support services are available to help employees and their Spouse/Same-Sex Domestic partner become Tobacco-free:

MEDICAL MUTUAL OF OHIO (MMO) QUITLINE: 866-845-7702

For those enrolled in the Traditional PPO Plan, Value PPO Plan or the MetroHealth Select EPO Plan, support and advice with proactive coaching sessions by trained health coaches is available. Program includes unlimited calls to the QuitLine:

Hours: Monday through Friday 9 a.m. to 11 p.m. | Saturday and Sunday 10 a.m. to 6:30 p.m.
24 hour voicemail is also available. Leave a message and a QuitLine coach will return your call

After consultation with your MMO network or MetroHealth Select primary care physician, smoking cessation prescriptions are available with no co-pay for 180-day supply per rolling 365-day period.

IMPACT SOLUTIONS EMPLOYEE ASSISTANCE PLAN (EAP) TOBACCO CESSATION

Available to all Faculty and Staff (and their dependents) working 20 or more hours per week, regardless if you are enrolled in a CSU health plan. Call 1-800-227-6007 for up to five (5) tobacco cessation counseling sessions.

ON-CAMPUS TOBACCO CESSATION PROGRAM

If you are interested in joining an on-campus tobacco cessation program through the VikeHealth & Well-Being Program, email Lisa Sandor at l.m.sandor@csuohio.edu.



CSU *is*
TOBACCO
FREE

HELPFUL DEFINITIONS

The following are a few definitions which may be helpful when reviewing your health plan choices. More definitions are located in the health plan provider's certificate of coverage.

ALLOWED AMOUNT/CHARGES – The highest amount covered (paid) for a service.

ANNUAL DEDUCTIBLE – The amount you pay for your health care services before your health insurer pays. Deductibles are based on your benefit period (typically a calendar year).

BENEFIT PERIOD – Defines the time period in which benefit maximums accumulate (i.e., deductibles and co-insurance maximums). It has a start and end date and is often a calendar year.

CO-INSURANCE – A stated percent you must pay, for certain covered services only, of allowed charges related to a health care provider's fee after you have paid your annual deductible.

CO-INSURANCE MAXIMUM – The maximum amount you will pay in co-insurance costs during a benefit period before the plan pays 100% (excludes amounts paid toward co-payments and deductibles).

CO-PAYMENT (COPAY) – The amount you pay to a health care provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan.

COST SHARING (YOUR SHARE OF COSTS) – Refers to your portion of medical and dental costs you pay during the benefit period in deductibles, co-payments and co-insurances.

COVERED SERVICES – A medically necessary service or supply for which the benefit plan will reimburse expenses according to the plan's limits.

EXCLUSIVE PROVIDER ORGANIZATION (EPO) – A type of managed health care organization in which health care providers must be seen within a predetermined network. Services received outside the EPO's network generally are not covered.

FORMULARY BRAND NAME PRESCRIPTION DRUG – A listing of preferred prescription drugs provided by a medical plan that provides a discounted cost to participants. The tiered formulary provides financial incentives for participants to select lower-cost drugs.

GENERIC PRESCRIPTION DRUG – A prescription drug that is produced by more than one manufacturer. It is chemically the same as and usually costs less than the brand name prescription drug for which it is being substituted and will produce comparable effective clinical results.

IN-NETWORK PROVIDER – A health care provider who is part of the plan's network.

INPATIENT SERVICES – Services received when admitted to a hospital and a room and board charge is made.

MAINTENANCE MEDICATIONS – Prescription drugs prescribed for chronic, long term conditions which are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are: high blood pressure, high cholesterol and diabetes.

MAXIMUM OUT OF POCKET LIMIT (MOOP) – The most you pay out-of-pocket during a calendar year before your health plan starts to pay 100% for covered essential health benefits. This limit was established from the Affordable Care Act and includes deductibles, co-insurance, co-payments or similar charges and any other expenditure required of an individual which is a qualified medical expense.

NON-MAINTENANCE PRESCRIPTION DRUGS – Medication prescribed for temporary and often short-term conditions, i.e. antibiotics or short-term pain medicines. Non-maintenance drugs are obtained through local in-network retail pharmacies.

OUT-OF-NETWORK PROVIDER – A health care provider who is not part of the plan's network. Costs associated with out-of-network providers may be higher or not covered by the plan.

OUTPATIENT SERVICES – Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

OUT-OF-POCKET COST – The amount you pay for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus cost for services that are not covered. Each plan has a maximum out of pocket (MOOP) cost.

OPEN ACCESS – Terminology used by Vision Service Plan (VSP) for non-VSP eye care and eyewear provided by out-of-network providers.

PREFERRED PROVIDER ORGANIZATION (PPO) – A type of health plan that provides participants with reduced costs when utilizing services within a network of health providers. This plan also provides covered services outside a network but may result in more out-of-pocket costs to participants. Medical Mutual Traditional and Value Plans are PPO Point of Service plans.

SPECIALTY DRUGS – Specialty drugs are often used to treat rare, complex and chronic conditions. They typically require special handling, administration or monitoring, and they are typically higher cost.

TIER – Terminology used by Medical Mutual to identify the provider network used by a participant. Also used to specify a prescription drug copay level (ex. Tier 1 = generic medications).