

















# EMPLOYEE BENEFITS 2019-20

Part-Time Administrative Faculty and Staff  
20-29 Hours

*Welcome to Cleveland State University!*

[mycsu.csuohio.edu/offices/hrd/benefits.html](http://mycsu.csuohio.edu/offices/hrd/benefits.html)

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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.



### 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

To make changes to your information for the following should be submitted to Human Resources:

- Education level (after obtaining a new degree)
- Life Insurance beneficiary

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

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



## WELCOME TO CLEVELAND STATE UNIVERSITY

*We're Glad You Are Here!*

Cleveland State University (CSU) offers part-time administrative faculty and staff (with an appointment of six months or longer and regularly scheduled to work 20-29 hours per week) benefit plan offerings that includes a medical plan, flexible spending accounts, supplemental life insurance, mandatory and voluntary retirement savings plans, 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 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. 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. Proof of dependent eligibility is required (refer to page 2 of this booklet).

**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 the Supplemental Employee Life Insurance Plan in the future will require evidence of insurability. 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 page i).

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

## FACULTY/STAFF BENEFITS ELIGIBILITY

The following classifications of employees are eligible to participate in the University's part-time employee benefits 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 Plan – Health Care and Dependent Day Care Accounts
- Participation in the Supplemental Employee Life Insurance Plan
- Coverage under the University's Impact Employee Assistance Program
- Employee Tuition Benefits



# 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, as applicable, 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
<b>Spouse</b>	<b>Husband or wife of a covered employee</b>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Supplemental Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State issued marriage certificate</li> <li>• Federal tax return issued within last two years</li> </ul>
<b>Same-Sex Domestic Partner</b>	<b>A person of same gender who meets the following criteria:</b> <ul style="list-style-type: none"> <li>• Shares a residence with an eligible employee for at least 6 months</li> <li>• At least 18 years of age</li> <li>• Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage</li> <li>• Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership</li> <li>• Is not in relationship solely for the purpose of obtaining benefit coverage</li> <li>• Is not married or separated from any other person</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Same-Sex Domestic Partner Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Affidavit of Domestic Partnership</li> <li>• Two proofs of joint ownership or joint residency issued within last six months</li> </ul>
<b>Dependent Child</b>	<b>Child related to a covered employee up to age 26 including:</b> <ul style="list-style-type: none"> <li>• Biological child</li> <li>• Adopted child</li> <li>• Step child</li> <li>• Legal Ward</li> <li>• Child which employee or spouse of employee is legal guardian</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Child Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State Issued Birth Certificate</li> <li>• Adoption Certificate</li> <li>• Court ordered document of legal custody</li> </ul>
<b>Dependent Child</b> (Same-Sex Domestic Partner)	<b>Domestic Partner Child to age 26 with relationship to a covered employee:</b> <ul style="list-style-type: none"> <li>• The child of the employee's covered Same-Sex Domestic Partner: <ul style="list-style-type: none"> <li>• Biological, adopted or legal ward</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Child Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Required documentation for Same-Sex Domestic Partnership</li> <li>• State Issued Birth Certificate</li> <li>• Adoption Certificate</li> <li>• Court Ordered Document of Legal Custody</li> </ul>



## 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](http://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 5-7 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](http://www.metrohealth.org/select).



## 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 new 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 <b>A</b>	+	Co-Insurance <b>B</b>	+	Co-Payments <b>C</b>	=	Maximum Out-of-Pocket <b>D</b>
MetroHealth	Single	\$150		\$500		\$7,250		\$7,900
	Family	\$300		\$1,000		\$14,500		\$15,800



# MEDICAL PLAN

METROHEALTH SELECT EPO CHART 2019-2020		
	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 \$529.60 / Mo. was \$511.04 Family \$1,384.70 / Mo. was \$1,336.20	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)	\$150 / Single      \$300 / Family (Covered preventive care services are NOT subject to deductible)	No deductible
Co-Insurance	10%	Not applicable
Co-Insurance Maximum <b>B</b> (Excludes co-payments and deductibles)	\$500 / Single      \$1,000 / Family	Not applicable
Primary Care Physician Office Visit <b>C</b>	\$15 co-payment	No cost
Specialist Office Visit	\$15 co-payment	Not available
Express Care Online	Not Available	Not available
Routine, Preventive & Wellness Services <b>C</b>	No Cost <sup>1</sup>	Limited services at no cost
Laboratory & Diagnostic Services <b>B</b>	10% co-insurance after deductible	Limited services at no cost
Convenience Care Clinic	Services not available	Services not available
Urgent Care Office Visit <b>C</b>	\$15 co-payment, in-network services only	Limited services at no cost
Inpatient Medical & Surgical Hospital Services <b>B</b>	10% co-insurance after deductible	Services not available
Outpatient Medical, Surgical & Hospital Services <b>C</b>	10% co-insurance after deductible	Services not available
Institutional Charge for use of Emergency Room <b>B C</b>		
Emergency	No cost after \$150 co-payment, including out-of-network services (co-payment waived if admitted)	Services not available
Non-Emergency	10% co-insurance after \$150 co-payment. <b>In-network services only</b> (co-payment waived if admitted)	Services not available
Emergency Room Physician Charges/Emergency Services <b>B C</b>	10% co-insurance, including out-of-network services	Services not available
Non-Emergency Room Physician Charges/Emergency Services	10% co-insurance after deductible. <b>In-network services only</b>	Services not available

<sup>1</sup> 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.



## METROHEALTH SELECT (SKYWAY) 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. 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](http://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](http://www.medmutual.com).

PRESCRIPTION DRUG COST SHARE PLAN COMPARISON CHART 2019-20			
Your Cost Share of Coverage			
	MetroHealth Select EPO Network (out-of-network covered services not provided) (Administered by MMO) <sup>2</sup>		CSU Health and Wellness Services TIER 1
<b>Non-Maintenance Retail Pharmacy Prescription Drugs</b> (30-day Supply) • Mandatory Generic • Non-specialty • Mandatory Mail order for maintenance medications Co-payments are per prescription	MetroHealth <sup>1</sup> MMO <sup>2</sup>		Co-payment generally \$5  Limited prescriptions available
	Co-payment:		
	Generic	\$0 \$10	
	Brand:		
<b>Pharmacy Mail Order Non-Specialty</b> (90-day Supply) • Mandatory generic • Mail order required for maintenance Co-payments are per prescription	MetroHealth <sup>1</sup> MMO <sup>2</sup>		Services not available
	Co-payment:		
	Generic	\$10 \$20	
	Brand:		
<b>Specialty Prescription Drugs</b> Must use Accredo Specialty Pharmacy	MetroHealth <sup>1</sup> MMO <sup>2</sup>		Services not available
	Co-payment:		
	Formulary	\$15 \$30	
	Brand:		
	MetroHealth <sup>1</sup> MMO <sup>2</sup>		
	Formulary	\$30 \$60	
	Brand:		
	Non-formulary	\$30 \$60	
No co-insurance Retail co-payment applies			Services not available

<sup>1</sup> 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.

<sup>2</sup> 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](http://www.medmutual.com)



# PRESCRIPTION DRUG PLAN

## *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.

A list of drugs subject to prior approval is available on Medical Mutual's website, [www.medmutual.com](http://www.medmutual.com). 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. 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.**





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

## WHAT DO I NEED TO KNOW IF I TAKE SPECIALTY MEDICATIONS?

Accredo Specialty Pharmacy (Accredo), owned by Express Scripts® and Gentry Health Services (Gentry), owned by Discount Drug Mart, are the specialty drug pharmacies for CSU's prescription drug program. These pharmacies are the sole source for direct delivery of specialty medications for faculty/staff and their covered dependents enrolled in CSU's medical plan. Covered participants may receive up to a 30-day supply of their specialty medication(s). If a pharmacy other than Accredo or Gentry is used, the member will be responsible for paying the full cost of the prescription.

## HOW DO I KNOW IF MY DRUG IS A SPECIALTY MEDICATION?

A comprehensive formulary is available on the "My Health Plan" section of Medical Mutual's website. Log in at [MedMutual.com/member](http://MedMutual.com/member), click "Benefits and Coverage", and then click "Prescription Drug Benefits". Specialty medications are listed as "Tier 4". You may also call Express Scripts® at the Rx Member Services number located on your ID card.

## HOW DO I CONTACT A SPECIALTY PHARMACY?

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



## VIKEHEALTH & WELL-BEING PROGRAM

### 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, 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

## 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 at: [www.myimpactsolution.com](http://www.myimpactsolution.com). (Member login is "csu").

## 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 4 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).*

### Free On-Campus Health Care for Faculty and Staff

*Have a sore throat or think you have the flu?*

*Need a blood draw, some lab work, a flu shot or other vaccination?*

*Need an antibiotic prescription or a prescription for an over-the-counter allergy medication so you can be reimbursed by your Flex Spending Account?*



## ADDITIONAL MEDICAL CARE AND WELLNESS SERVICES

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

Members of CSU medical plan have access to 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 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 or the "chart" feature through the secure medmutual.com website. 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.**

# FLEXIBLE SPENDING ACCOUNT PLANS

ADMINISTERED BY  
MEDICAL MUTUAL/FLEXSAVE



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. 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.**

## FlexSave Online Account Access

FlexSave offers online access to your flexible spending accounts at [www.medmutual.com](http://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.**

## 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.

## 2019-20 FSA PLAN YEAR DEADLINES

<b>Payroll Contributions</b>	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, 2019 – June 30, 2020, or through May 15 for faculty paid over nine months.
<b>Plan year period to incur eligible expenses</b>	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).
<b>Claim Filing Deadline</b>	<b>All eligible claims incurred during the plan year period must be received by Medical Mutual Flexible Spending Administrator (not postmarked) no later than September 30, 2020.</b> If you separate/retire from the University, you have 60 calendar days from your separation date for FlexSave 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.**



# SUPPLEMENTAL LIFE INSURANCE

INSURED BY  
MINNESOTA LIFE INSURANCE COMPANY

## Supplemental Employee Life Insurance

The University offers a Supplemental Employee Life Insurance Plan to eligible part-time administrative faculty and staff. You have a one-time opportunity to apply for a minimum coverage for yourself of \$20,000 up to \$50,000 coverage without evidence of insurability (EOI). Insurance can be purchased in increments of \$10,000. The maximum coverage that can be requested with evidence of insurability is \$150,000 coverage.

Evidence of Insurability (EOI) is the process of providing to Minnesota Life Insurance Company medical evidence of good health. If your request for coverage requires EOI, contact the Department of Human Resources at (216) 687-3636 to request a medical history statement form. The form must be completed and submitted to Minnesota Life Insurance Company for a determination for approval or denial of the requested coverage.

The following chart contains maximum coverage amounts that are guaranteed issue (does not require a medical history statement):

Job Classification	Minimum Employee Coverage	Maximum Guaranteed Issue	Maximum Employee Coverage	Increments of Coverage
Part-time 20-29 Hours Per Week	\$20,000	\$50,000	\$150,000	\$10,000

If you wish to elect coverage up to the Maximum Guaranteed Issue amount, you must enroll within the first 31 days following your hire date or your change to an eligible part-time classification 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.

The premium cost of Supplemental Life Insurance for an employee is based on a tobacco and non-tobacco user rate structure. The cost is based on your age and attestation of tobacco or non-tobacco use.

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.

## 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](http://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. All new members of OPERS/STRS have a 180-day retirement plan selection period. Contributions are required to be deducted from payroll. Refer to the chart below for retirement plan contribution percentages currently in place. Contribution percentages are subject to change.

### 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 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](http://opers.org) or [strsoh.org](http://strsoh.org)) or you may contact them by phone at OPERS (800) 222-7377 or STRS (888) 227-7877. Plan selection information for new members of these retirement systems (OPERS and STRS) will be mailed directly to the member's home address by the retirement systems.

RETIREMENT PLAN CONTRIBUTIONS		
Associated Retirement System	Employee <sup>1</sup>	CSU <sup>1</sup>
Ohio Public Employees Retirement System (OPERS)	10.00%	14.00%
OPERS-LE (Law Enforcement)	13.00%	18.10%
State Teachers Retirement System (STRS)	14.00%	14.00%

<sup>1</sup> Employee and employer contributions are legislated and subject to change.

### 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 deduction 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.



## RETIREMENT PLANS

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](http://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*
<b>*Pro-rated for Academic Year and Part-Time appointments.</b>	

### 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



### Staff Development for Employees

Part-time staff who are regularly scheduled to work 20-29 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.

## DISCOUNT AND 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<sup>®</sup>, 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.

## 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](http://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.



## TOBACCO FREE CAMPUS POLICY

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](http://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](mailto: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](mailto: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).

# Notifications

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## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

The Women's Health and Cancer Rights Act (WHCRA) of 1998 provides benefit 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 in the 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 or on the benefit directory 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 (CSU's) administrator, Relph Benefit Advisor 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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