Welcome to Cleveland State University!

We’re glad you’re 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 pages 2-3 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 (refer to page 3 of this booklet for a description).

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

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

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
The following classifications 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 months or longer, and
- Part-time staff with an appointment of six months or longer who are scheduled to work 30 - 39 hours per week.

### 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 and State legislation for Adult Children. Information in this chart is in summary form. Adult Children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless whether they live at home or whether you support them.

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Eligibility Requirement</th>
<th>Plan Coverage</th>
<th>Documentation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Husband or wife of a covered employee</td>
<td>• Medical</td>
<td>• State issued marriage certificate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dental</td>
<td>• Federal tax return issued within last 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vision</td>
<td>• Social Security Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supplemental Life Insurance</td>
<td></td>
</tr>
<tr>
<td>Same-Sex Spouse</td>
<td>Same gender husband or wife of a covered employee</td>
<td>• Medical</td>
<td>• State issued marriage certificate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dental</td>
<td>• Federal tax return issued for most recent tax year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vision</td>
<td>• Social Security Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supplemental Life Insurance</td>
<td></td>
</tr>
<tr>
<td>Same-Sex Domestic Partner</td>
<td>A person of same gender who meets the following criteria:</td>
<td>• Medical</td>
<td>• Notarized Affidavit of Domestic Partnership</td>
</tr>
<tr>
<td></td>
<td>• Shares a residence with an eligible employee for at least 6 months</td>
<td>• Dental</td>
<td>• Two proofs of joint ownership or joint residency issued</td>
</tr>
<tr>
<td></td>
<td>• At least 18 years of age</td>
<td>• Vision</td>
<td>within last 6 months</td>
</tr>
<tr>
<td></td>
<td>• Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage</td>
<td>• Supplemental Life Insurance</td>
<td>• Social Security Card</td>
</tr>
<tr>
<td></td>
<td>• Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is not in relationship solely for the purpose of obtaining benefit coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is not married or separated from any other person</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** COVERAGE WILL NO LONGER BE OFFERED AS OF JULY 1, 2017

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Experience a Qualified Change in Status? Contact Human Resources

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

CSU permits a change in your benefit enrollment when you experience a qualified change in status event. You must notify Human Resources within 31 days of the event to make a change to your coverage. For more information, see Frequently Requested Enrollment Information on the Human Resources website of myCSU.

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 loss of coverage or acquiring new coverage
- loss of dependent child's eligibility for coverage
- change in circumstance for Adult Dependent Child for HB1 extended coverage.

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 open enrollment time period.

### DEPENDENT BENEFITS ELIGIBILITY (CONTINUED)

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Eligibility Requirement</th>
<th>Plan Coverage</th>
<th>Documentation Requirement</th>
</tr>
</thead>
</table>
| Dependent Child | Child related to a covered employee up to age 26 including:  
  - Biological child  
  - Adopted child  
  - Step child  
  - Legal ward  
  - Child of 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 employers plan. | Medical  
  - Dental  
  - Vision  
  - Supplemental Life Insurance (to age 26) | State issued birth certificate  
  - Adoption certificate  
  - Court ordered document of legal custody  
  - Social Security Card |
| Adult Dependent Child  
HB1 Extended Coverage  
(Coverage beyond age limit of Federal Health Reform Coverage) | State of Ohio House Bill 1 (HB1) Extended Coverage (age 26 to 28):  
  - Biological, adopted or step child; and  
  - Unmarried; and  
  - Resident of the State of Ohio or full-time student outside State of Ohio at an accredited public or private institution of higher education; and  
  - Not eligible for health care coverage under his/her employer’s health benefit plans; and  
  - Not eligible for coverage under Medicare or Medicaid | Medical coverage only | The following form (based on parent's enrollment) must be submitted to Human Resources before enrollment is processed:  
  - Medical Mutual of Ohio (MMO) Traditional Plan, Value Plan or MetroHealth Select Plan  
  - Adult Dependent Child HB1 Certification Form  
  - Forms are located at http://mycsu.csuohio.edu/offices/hrd/benefits.html  
  - Social Security Card |
| Dependent Child and Adult Dependent Child  
(Same-Sex Domestic Partner) | Domestic Partner Child to age 26 with relationship to a covered employee:  
  - The child of the employee’s covered Same-Sex Domestic Partner:  
    - Biological, adopted or legal ward | Medical  
  - Dental  
  - Vision  
  - Supplemental Life Insurance (to age 26) | Required documentation for Same-Sex Domestic Partnership  
  - State issued birth certificate  
  - Social Security Card |

NOTE: COVERAGE WILL NO LONGER BE OFFERED AS OF JULY 1, 2017

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
The following are a few definitions which may be helpful when making your health plan choice. More definitions are located in the health plan provider’s certificate of coverage.

Co-Insurance – The percentage of a health care provider’s fee that is paid after the annual calendar-year deductible is taken. For example, the MMO Value Plan pays 80% of an in-network covered expense after the calendar-year deductible is met. You pay 20%.

Co-Payment – The fixed dollar amount you pay each time you receive specific services, supplies or prescriptions. For example, the MMO Traditional Plan requires a $20 co-payment each time you have an office visit with an in-network health care provider. The co-payment is not applied to the deductible.

Deductible – The specified amount of covered medical expenses you pay for yourself and/or covered dependents each calendar year before any additional covered medical expenses are paid by the Plan. For example, the MMO Traditional Plan expenses for covered outpatient surgical procedures are covered in full at 90% after you pay the $250 annual deductible.

Maximum Annual Co-Insurance Limit – The maximum amount you pay in co-insurance for covered expenses in a calendar year before the Plan pays 100% (this excludes amounts that are paid towards co-payments and deductibles).

Maximum Out-of-Pocket Limit (MOOP) – The most you pay during a calendar year before your health plan starts to pay 100% for covered essential health benefits. This new limit is a result of 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 for the essential health benefits. For calendar year 2016, the maximum out-of-pocket cost limit for a health plan can be no more than $6,850 for an individual plan and $13,700 for a family plan. Also for 2016, the maximum out-of-pocket expense for prescription drug benefit will be accounted for within these limits. Refer to example on the bottom of the Medical Plan Comparison Chart (pages 10-11).

Allowable Charges (for MMO administered plans) – Changes allowed by a health plan for physicians and other professional services limited to the lesser amount of billed charges or the traditional amount. For non-contracting providers, the maximum amount determined as payable and allowed by a health plan for a covered service. Non-contracting providers may bill participants the difference between the allowed charges by a health plan and their billed charges (balance billing).

Covered Services – A medically necessary service or supply for which the benefit plan will reimburse expenses according to the Plan’s limits.

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.

Brand Name Prescription Drug – A prescription drug that has been patented with the brand name and is produced by the original manufacturer under that brand name.

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.

Exclusive Provider Organization (EPO) – A type of managed health care organization in which no coverage is typically provided for services received outside the EPO’s network.

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.

Point of Service (POS) – A feature within a health plan that permits participants to choose an in-network physician for specialty services without a referral from a primary care physician. (MMO PPO plans are POS plans).

Tier – Terminology used by Medical Mutual to identify the provider network used by a participant.

Open Access – Terminology used by Vision Service Plan (VSP) for non-VSP eyecare and eyewear out-of-network providers.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Federal Health Care Reform — Also Known as The Affordable Care Act (ACA) of 2010

How is Health Care Reform affecting CSU’s employee health benefits?

CSU has implemented many of the provisions of the Affordable Care Act of 2010 as these changes were scheduled to be made. Some significant changes to date include: increasing the age for covered dependents under medical to age 26; covering eligible preventive care at 100% with no cost sharing; eliminating plan lifetime maximums.

Recent changes and changes for July 1, 2016

- CSU Employee Benefits tracks hours worked by employees and determines medical benefits eligibility based on the ACA rules. In February, employees who were eligible for medical benefits during 2015 and were offered medical coverage were mailed a statement of “Employer-Provided Health Insurance Offer and Coverage” Form 1095-C. The form serves the purpose of documenting that CSU offered affordable health coverage to eligible employees and provides employees with proof that coverage was purchased (it satisfies the employer and individual coverage mandates). This form will be issued each year by January 31 to those offered coverage during the prior year. The individual coverage mandate requires many people to enroll in health coverage or pay a penalty fee for not having coverage.

- During fiscal year 2015-16, we introduced the Maximum Out-Of-Pocket (MOOP) limit for medical plans. CSU medical plans accumulate the amounts you pay out-of-pocket for deductible, coinsurance (% of charges), and flat-dollar co-payments that you pay for medical and prescription drug expenses. The CSU plans follow the Affordable Care Act MOOP limits which increased July 1, 2016 to $6,850 for single coverage and $13,700 for family coverage. See the Medical Plan Comparison chart on page 11 for an illustration of how the MOOP works.

State of Ohio House Bill 1 (HB1) Legislation

The State of Ohio House Bill 1 allowed employees the opportunity to purchase health care coverage for unmarried children ages 26 to 28. House Bill 1 provisions for extended coverage beyond age 26 expired on June 30, 2016. To provide families time to transition, CSU will continue House Bill 1 extended coverage for one more plan year, July 1, 2016 through June 30, 2017. Therefore, any dependents covered under this provision on July 1, 2017 will lose coverage.

Employees are permitted to enroll adult dependent children under their family health coverage. However, employees are required to pay a family premium plus an additional premium cost for the adult child’s coverage. Below are coverage provisions of HB1 legislation and guidelines for an adult dependent child who is no longer eligible for coverage under Federal Health Reform legislation.

1. Health care coverage is contingent upon the adult dependent child meeting the following criteria:
   - Has not reached the age of 28 (i.e. 28th birthday); and
   - Is the employee’s biological child, step child or adopted child; and
   - Is not married; and
   - Is a resident of the State of Ohio or a full-time student at an accredited public or private institution of higher education outside the State of Ohio; and
   - Is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and
   - Is not eligible for coverage under Medicaid or Medicare.

2. If an adult dependent child meets the HB1 coverage criteria, the employee must enroll the dependent under his/her coverage and submit required documentation before the enrollment is processed. Refer to Dependent Eligibility Guidelines section on pages 2-3 of this booklet.

3. Eligibility for HB1 adult dependent coverage does not require:
   - the child live with a parent;
   - be financially dependent upon the parent; or
   - be a student

4. A premium is paid for adult dependent children in addition to the parent’s family premium and is withheld through payroll deduction. The HB1 coverage premium is deducted on an after-tax basis. Monthly HB1 health plan premiums:
   - Medical Mutual Traditional: $247.76/month
   - Medical Mutual Value: $210.62/month
   - MetroHealth Select: $194.02/month

5. Dental and Vision coverages are not available for an adult dependent child ages 26 to 28.
TOBACCO FREE CAMPUS

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 tobacco cessation support services to help employees and students quit are available on the University website at www.csuohio.edu/tobaccofree.

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, visit the VikeHealth & Well-being portal on myCSU under “For Faculty and Staff” (or visit www.csuohio.edu/wellsteps) and click on the VikeHealth “Rewards” page of the portal.

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 thru Friday 7 a.m. to 11 p.m.
Saturday and Sunday 7 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 a 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’re enrolled in a CSU health plan. Call 1-800-227-6007 for up to 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 or visit the VikeHealth & Well-Being Portal at www.csuohio.edu/wellsteps.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Cleveland State University will offer eligible faculty and staff four medical plan options during the 2016-2017 plan year (July 1, 2016 – June 30, 2017).

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

When selecting a health 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 and the network of medical providers of care for you and your family—doctors, hospitals and other ancillary services. Refer to pages 10-11 to review the comparison chart for the medical plan choices and to view the employee share of cost.

### Traditional Plan and Value Plan — Medical Mutual SuperMed 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 on-Campus Health & Wellness Services Provider**
  - Covered Services received from the CSU Health and Wellness Services Clinic.
  - Limited services available with no deductible, co-insurance or co-payment
  - Claim filed with Plans 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
  - Covered Services 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
  - Covered Services subject to higher deductible, 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 & Wellness Services Clinic. See the medical plans comparison chart on pages 10-11 to view CSU employees’ share of cost for covered medical and prescription drug services. (Refer to MMO Certificate of Coverage for detailed explanation of how claims are paid).

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

Medical Mutual 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 cost of two months co-payments at retail. 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.

### MetroHealth Select Exclusive Provider Organization (EPO)

The MetroHealth Select Plan Exclusive Provider Organization (EPO) through the MetroHealth Hospital System provides 25 health centers located throughout Cuyahoga County. Covered services must be provided by Select network providers at health center locations. Call the 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.

MetroHealth has an on-site pharmacy at five health center locations: the Main Campus Hospital, Broadway, Buckeye, Middleburg Heights and Old Brooklyn. The Plan provides prescription drug benefits for up to a 30-day supply of medications and a 90-day supply (retail or home delivery) of maintenance medications to control chronic health conditions. Call (216) 957-MEDS (6337) for all pharmacy needs or go online to www.metrohealth.org/pharmacy for more information.

---

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

MetroHealth Select Participants also have access to Medical Mutual 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 at an increased co-payment cost.

**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 payment in-lieu of enrolling in a medical plan. To receive the payment in their taxable gross earnings at the end of the plan year, employees must provide proof of coverage from a source outside of CSU and select the Cash Option as their medical plan enrollment. The payment is $1,200 for fulltime employees, $900 for part-time employees scheduled 30-39 hours if enrolled the entire plan year (July 1 – June 30), or a prorated payment if enrolled a portion of the plan year. Generally, payment is made the first paycheck in June.

**Medical Plan Contributions**

Monthly pre-tax premium contributions for medical plan coverage are listed the top of the Medical Plan Comparison Chart on page 10 of this booklet.

**New Online Access to Medical Care (same cost as office visit)**

**Cleveland Clinic Express Care Online** is available to participants in the Traditional PPO and Value PPO medical plans administered by Medical Mutual. 24/7 care is available online from home, or anywhere via your smartphone, tablet or computer.

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 office visit copay.

Express Care Online is provided by the Cleveland Clinic with 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. The service is available online and by mobile app and is designed to be a private, secure, and HIPAA-compliant tool that allows you to safely and confidentially consult with a healthcare provider online. This service will be available to PPO plan members. Telemedicine alternatives for MetroHealth Select members are currently not available, but are being pursued.

To access Express Care Online from a computer visit clevelandclinicmycareonline.org/landing.html. You can download the free 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.

**Online Medical Care co-payment is the same as a regular office visit co-payment.**
Cleveland State University's Tobacco-free campus policy and VikeHealth & Well-Being wellness programs encourage faculty and staff to be tobacco-free and to take care of their health. To support these initiatives, effective July 1, 2016, faculty, staff and covered spouses/same-sex domestic partners enrolled in the CSU medical plans who are tobacco users will be charged a monthly fee of $25 in addition to their medical plan contributions. The University's supplemental life insurance program also has higher premium rates for those who use tobacco.

A monthly tobacco surcharge of $25 (totaling $300/year) will apply for faculty/staff and their covered spouses/same-sex domestic partners covered by CSU's medical plans who use tobacco. This surcharge will be deducted evenly between the first two paychecks of each month. For those with family coverage, the $25 additional monthly charge will apply one time per covered family if either the employee or the covered spouse/same-sex domestic partner uses tobacco. It will not apply twice if both smoke.

When you enroll in your benefits, using the myBenefits on-line enrollment application, you will be asked to attest to whether you use tobacco, or not, and to whether your spouse/same-sex domestic partner, if applicable, uses tobacco. The additional charge will not apply to those who attest that they, and their covered spouse/same-sex domestic partner, are not tobacco users and will be tobacco-free from the point of enrollment through the plan year.

If you are actively enrolled in a tobacco cessation program (see details below) and make a concerted effort to quit, the surcharge will be waived. Enrolled individuals who do not succeed in their attempt to quit will be expected to update their status with Human Resources (Employee Benefits) following their completion of the tobacco cessation program.

If you are currently a smoker/tobacco user and begin paying the tobacco surcharge, you can notify Human Resources (Employee Benefits) that you quit smoking during the year when you have been tobacco-free for at least three months.

Each year during the May Annual Enrollment period, you will be asked to actively enroll for benefits and attest to your tobacco user/non-user status and that of your spouse/same-sex domestic partner, if applicable.

Effective July 1, 2017, the tobacco user surcharge will increase to $50/month (or $600/year).

---

**Free On-Campus Health Care**

Got 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?

The convenience of FREE on-campus health care for Faculty and Staff is available at CSU Health & 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 & Wellness Services medical staff. Clinic staff is included in the MMO and MetroHealth networks as a Tier 1 provider.

- No deductible or co-payment is required for care or services received from CSU Health & 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 & 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 clinic is located in the Center for Innovation and Medical Professions, Room 205. Call (216) 687.3649.

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

---

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
### Medical Plan Comparison Chart July 1, 2016 - June 30, 2017
(The comparison chart has been updated throughout to reflect YOUR cost share for covered services)

#### Plan Name
- **MMO Traditional**
- **MMO Value**
- **CSU Health & Wellness Services (Faculty & Staff only)**
- **MetroHealth Select**

#### MMO Tier
- **PPO In-Network Tier 2**
- **PPO In-Network Tier 3**
- **Tier 2**
- **Tier 3**

#### Monthly Employee Pre-Tax Payroll Contributions

<table>
<thead>
<tr>
<th>Full-time Faculty/Staff</th>
<th>Part-time Staff (30-39 hours)</th>
<th>Smoker Tobacco Surcharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single $126.34</td>
<td>Single $153.40</td>
<td>$25</td>
</tr>
<tr>
<td>Family $329.44</td>
<td>Family $400.04</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Benefit Period
- **Calendar Year (January 1 - December 31)**

#### Your Share of Costs

<table>
<thead>
<tr>
<th>Annual Deductible (Calendar Year)</th>
<th>Co-Insurance Maximum (excludes co-payments and deductible)</th>
<th>Maximum Out-of-Pocket (includes in-network co-payments, co-insurance and deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250 / Single</td>
<td>$750 / Single</td>
<td>2016-17 Maximum Out-of-Pocket $6,850 Single / $13,700 Family (D) = In-network Deductibles (A) + In-network Co-insurance (B) + In-network Medical &amp; Prescription Drug Co-payments (C) (Refer to illustration below)</td>
</tr>
<tr>
<td>$500 / Family</td>
<td>$1,500 / Family</td>
<td></td>
</tr>
<tr>
<td>Covered preventive care services are NOT subject to deductible</td>
<td>Covered preventive care services are NOT subject to deductible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Office Visit</th>
<th>Express Care Online</th>
<th>Routine, Preventive &amp; Wellness Services</th>
<th>Laboratory &amp; Diagnostic Services</th>
<th>Convenience Care Clinic</th>
<th>Urgent Care Office Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 co-payment</td>
<td>$20 co-payment</td>
<td>No Cost³</td>
<td>10% after deductible</td>
<td>$20 co-payment</td>
<td>$35 co-payment</td>
</tr>
<tr>
<td>30%² after deductible</td>
<td>$30 co-payment</td>
<td>No Cost¹</td>
<td>30%² after deductible</td>
<td>$30 co-payment</td>
<td>30%² after deductible</td>
</tr>
<tr>
<td>$30 co-payment</td>
<td>$30 co-payment</td>
<td>40%²</td>
<td>20% after deductible</td>
<td>$30 co-payment</td>
<td>40%² after deductible</td>
</tr>
<tr>
<td>40%² after deductible</td>
<td>$30 co-payment</td>
<td>40%²</td>
<td>40%² after deductible</td>
<td>Services Not Available</td>
<td>Limited services at no cost</td>
</tr>
<tr>
<td>No Cost</td>
<td>$30 co-payment</td>
<td>Limited services at no cost</td>
<td>Services Not Available</td>
<td>Services Not Available</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>$30 co-payment</td>
<td>$30 co-payment</td>
<td>No Cost³</td>
<td>Services Not Available</td>
<td>Services Not Available</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>30%² after deductible</td>
<td>$30 co-payment</td>
<td>40%²</td>
<td>40%² after deductible</td>
<td>Limited services at no cost</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>$30 co-payment</td>
<td>$30 co-payment</td>
<td>40%²</td>
<td>40%² after deductible</td>
<td>Limited services at no cost</td>
<td>$10 co-payment</td>
</tr>
</tbody>
</table>

Note: IRS rules require that the value of any benefits provided to a same-sex domestic partner is taxable to the employee.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>MMO Traditional</th>
<th>MMO Value</th>
<th>MetroHealth</th>
<th>Payroll Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Payroll Contributions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Single $126.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Family $329.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Single $153.40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Family $329.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Single $24.74</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Family $64.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Smoker Tobacco Surcharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1Note: IRS rules require that the value of any benefits provided to a same-sex domestic partner is taxable to the employee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Calendar Year (January 1 - December 31)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Benefit Period</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Your Share of Costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual Deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500 / Family $4,500 / Family $4,500 / Family $9,000 / Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maximum Out-of-Pocket</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2016-17 Maximum Out-of-Pocket $6,850 Single / $13,700 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In-network Deductibles (A) + In-network Co-insurance (B) + In-network Medical &amp; Prescription Drug Co-payments (C)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Services Not Available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Cost in-network services only</td>
</tr>
</tbody>
</table>

2 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.

3 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.

4 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.

**JULY 1, 2016:** To comply with Health Care Reform requirements, medical expenses including prescription drugs will be accumulated toward the new maximum out-of-pocket limit. Here is an illustration of the new limit:

- **Example:** Maximum Out-of-Pocket (Applies to In-Network Employee Cost Share only)
  - $6,850 Single / $13,700 Family

<table>
<thead>
<tr>
<th>Service Type</th>
<th>MMO Traditional</th>
<th>MMO Value</th>
<th>MetroHealth</th>
<th>Deductibles (A) + Co-insurance (B) + Co-Payments (C) = Maximum Out-of-Pocket (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Only</td>
<td></td>
<td></td>
<td></td>
<td>Medical and Prescription Drugs</td>
</tr>
<tr>
<td>Medical and Prescription Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMO Traditional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$250</td>
<td>$750</td>
<td>$5,850</td>
<td>$6,850</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$1,500</td>
<td>$11,700</td>
<td>$13,700</td>
</tr>
<tr>
<td>MMO Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$750</td>
<td>$2,250</td>
<td>$3,850</td>
<td>$6,850</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$4,500</td>
<td>$7,700</td>
<td>$13,700</td>
</tr>
<tr>
<td>MetroHealth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$0</td>
<td>$0</td>
<td>$6,850</td>
<td>$6,850</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$0</td>
<td>$13,700</td>
<td>$13,700</td>
</tr>
</tbody>
</table>

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
### Prescription Drug Cost Share Plan Comparison Chart 2016-2017

<table>
<thead>
<tr>
<th></th>
<th>MMO Traditional PPO Express Scripts Network Pharmacy Tier 2</th>
<th>MMO Traditional Out-of-Network Tier 3</th>
<th>MMO Value PPO Express Scripts Network Pharmacy Tier 2</th>
<th>MMO Value Out-of-Network Tier 3</th>
<th>CSU Health and Wellness Services Tier 1</th>
<th>MetroHealth Select EPO Network (Administered by MMO)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30-day Supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non specialty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mandatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Rx dispensed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td>$5</td>
<td>$20</td>
<td>$10</td>
<td>$10</td>
<td>$5</td>
<td>Metro¹ MM0²</td>
</tr>
<tr>
<td>Brand:</td>
<td>formulary $20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand:</td>
<td>Non-formulary $40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Mail Order</td>
<td>co-payment for maintenance medications doubles after three fills at a retail pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>75% UCR¹</strong></td>
<td>$75% UCR¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim form</td>
<td>required for reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Brand</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>$30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-formulary</td>
<td>$60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Mail Order</td>
<td>co-payment for maintenance medications doubles after three fills at a retail pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>75% UCR¹</strong></td>
<td>$75% UCR¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim form</td>
<td>required for reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Specialty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td>$10</td>
<td></td>
<td>$20</td>
<td>$20</td>
<td>$10</td>
<td>Metro¹ MM0²</td>
</tr>
<tr>
<td>Brand:</td>
<td>formulary $40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand:</td>
<td>Non-formulary $80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(90-day supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N/A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service not available</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications must use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accredo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td>$10</td>
<td></td>
<td>$20</td>
<td>$20</td>
<td>$10</td>
<td>Metro¹ MM0²</td>
</tr>
<tr>
<td>Brand:</td>
<td>formulary $40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand:</td>
<td>Non-formulary $80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(90-day supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N/A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service not available</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Drugs — Cost Management Programs

CSU has implemented prescription drug cost management programs to help 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.

1. **Specialty Drug Solution program** — for “specialty medications” — These are typically high-cost drugs used to treat complex, chronic health conditions like rheumatoid arthritis and multiple sclerosis. Many of these medications require injection and have special shipping and handling needs.

   **What you need to know if you take specialty medications: Accredo** is the Medical Mutual/Express Scripts specialty pharmacy and, is the plan’s sole source for direct delivery of specialty medications for faculty/staff and their covered dependents. Using Accredo, covered participants may receive up to a 30-day supply of their specialty medication(s). If a pharmacy other than Accredo is used, the member will be responsible for paying the full cost of the prescription.

   When using Accredo specialty pharmacy, covered participants receive a variety of specialized services including:

   - Safe, prompt delivery. Accredo will schedule and quickly ship all your specialty medications, including those that require special handling such as refrigeration.
   - Personalized care. Access to a team of specialist pharmacists and nurses who are trained in your condition.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
• Supplies. Most supplies, such as syringes, needles and sharps containers, will be provided with your medication.

• 24/7 Support. Specialist pharmacists and nurses are available around the clock to answer your questions and help you manage your condition.

• Refill reminders. Accredo will contact the participant regularly to schedule the next refill and see how therapy is progressing. For convenience, some specialty medication refills can be ordered online, safely and securely, through the Express Scripts website. Log into My Health Plan at www.medmutual.com/member and click “Benefits and Coverage,” then “Prescription Drug Benefits.” From there, you can click the “Sign on to Express Scripts button.”

• Drug Safety monitoring. As an Express Scripts pharmacy, Accredo can access your prescription information on file at all Express Scripts pharmacies to monitor for potential drug interactions and side effects of your medications.

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 included in the benefits information packet and is available on the Benefits 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 ExpressScripts. A list of drugs subject to quantity duration limits is included in the benefits enrollment information packet and is available on the Benefits website.

4. Preferred Drug Step Therapy – Preferred Drug Step Therapy 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 ExpressScripts 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. Compound 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 questions any of the prescription drug cost management programs, please visit the Medical Mutual website at www.medmutual.com, then click on My Health Plan (registration may be required), scroll down to “prescription drug benefits” and sign on to Express Scripts. For general prescription drug questions, call Express Scripts Customer Service at (800) 417-1961.

HELPFUL TIP:

Share the list of medications associated with these programs with your physician.
Delta Dental of Ohio is the dental benefits insurance provider for the University. To maximize your dental benefit and minimize your out-of-pocket costs, you should use providers in the “PPO Network”. PPO network dentists agree to accept a reduced fee which results in a significant reduction in out-of-pocket expenses for members. You may also use providers from the Delta Dental “Premier Network”. Fee savings within this network of participating providers is not as great as with the “PPO Network”. However, the “Premier Network” offers many advantages over going out-of-network and using a non-participating dental provider.

When using out-of-network dental providers certain services are subject to payment of a $50 annual deductible per person; and the charge for services is higher than the maximum fee allowed by Delta. Therefore, the dentist can pass on the cost difference to you through balance billing.

You can check participating “PPO Network” dentists by visiting Delta Dental’s website at www.deltadentaloh.com and selecting Delta Dental “PPO Network” or the “Premier Network” or call Delta Dental’s Customer Service Center toll free at (800) 524-0149. Customer Service representatives are available Monday through Friday from 8:30 a.m. until 8:00 p.m. (Eastern Time) to assist you.

The employee share of cost for the dental premium is shown below.

<table>
<thead>
<tr>
<th>Delta Dental Participating Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1500 annual max per person</td>
<td>$1200 annual max per person</td>
</tr>
<tr>
<td>Plan Pays</td>
<td>Plan Pays*</td>
</tr>
</tbody>
</table>

### DIAGNOSTIC AND PREVENTIVE

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, sealants, x-rays, and space maintainers</td>
<td>100%</td>
<td>100%*</td>
</tr>
</tbody>
</table>

### BASIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative Services – fillings and crowns</td>
<td>80%</td>
<td>80%*</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>80%</td>
<td>80%*</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>80%</td>
<td>80%*</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>80%</td>
<td>80%*</td>
</tr>
</tbody>
</table>

### MAJOR SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthodontic Services – bridges, dentures, and implants</td>
<td>60%</td>
<td>60%*</td>
</tr>
</tbody>
</table>

### ORTHODONTIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic Services – braces, No Age Limit, $1200 lifetime maximum per person</td>
<td>60%</td>
<td>60%*</td>
</tr>
</tbody>
</table>

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental’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.

### ENHANCED DENTAL PLAN

- **BRUSH BIOPSY** – for early detection of oral cancer
- **EVIDENCE BASED DENTISTRY** - includes additional cleanings for at risk individuals
- **POSTERIOR COMPOSITE RESIN COVERAGE** - Coverage for white filings on molars

### EMPLOYEE MONTHLY DENTAL PRE-TAX PREMIUM

<table>
<thead>
<tr>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FULL-TIME FACULTY / STAFF</strong></td>
</tr>
<tr>
<td>Single: $2.86</td>
</tr>
<tr>
<td>Single Plus 1: $5.58</td>
</tr>
<tr>
<td>Family: $9.66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART-TIME STAFF 30-39 HOURS</strong></td>
</tr>
<tr>
<td>Single: $7.14</td>
</tr>
<tr>
<td>Single Plus 1: $13.94</td>
</tr>
<tr>
<td>Family: $24.12</td>
</tr>
</tbody>
</table>

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Cleveland State University’s Vision Coverage is Provided by Vision Service Plan (VSP)

In this program, you have two Vision plan options from which to choose – the “Basic” plan and the “Enhanced” (Opt-up) Vision plan. Members can maximize vision benefits through both plans by using the preferred provider (PPO) network that offers covered services for eye care examinations, frames and eye-glasses or contact lenses. Each plan also allows for limited reimbursement for services provided out-of-network by non-VSP providers. A claim can be filed for payment of services by the non-VSP provider; 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.

The Basic Vision Plan provides covered services once in a 24-month period from the date of last service or you may choose to enroll in the “Enhanced” (Opt-up) plan. This plan provides covered services once in a 12-month period from the date of last service that includes enhanced coverage for tints and photochromic lenses for eyeglasses or “transition” lenses.

**Employee Monthly Vision Pre-Tax Premiums**
**Effective July 1, 2016**

<table>
<thead>
<tr>
<th></th>
<th>Basic Vision Plan</th>
<th>Enhanced (Opt-up) Vision Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FULL-TIME FACULTY/STAFF</strong></td>
<td>No premium contributions</td>
<td>Single $5.98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family $17.06</td>
</tr>
<tr>
<td><strong>PART-TIME STAFF — 30-39 HOURS</strong></td>
<td>Single $.94</td>
<td>Single $6.92</td>
</tr>
<tr>
<td></td>
<td>Family $2.70</td>
<td>Family $19.76</td>
</tr>
<tr>
<td><strong>FREQUENCY OF COVERAGE</strong></td>
<td>24 months from date of last service</td>
<td>12 months from date of last service</td>
</tr>
</tbody>
</table>

**Vision Summary of Benefits**

<table>
<thead>
<tr>
<th></th>
<th><strong>In-Network</strong></th>
<th><strong>Open Access (Out-of-Network)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISION EXAM</strong></td>
<td>100% after $15 Co-pay</td>
<td>Up to $45 after $15 Co-pay</td>
</tr>
<tr>
<td><strong>PRESCRIPTION GLASSES</strong></td>
<td>$25 Co-pay</td>
<td>$25 Co-pay</td>
</tr>
<tr>
<td><strong>LENSES</strong>**</td>
<td>100% Single Vision, lined bi-focal, and trifocal lenses Polycarbonate lenses for dependent children</td>
<td>Single Vision up to $30 Bifocal up to $50 Trifocal up to $65 Lenticular $100</td>
</tr>
<tr>
<td><strong>LENS OPTIONS</strong>**</td>
<td>Blended: Covered in Full Progressive: Covered in Full</td>
<td>Blended: Up to $40 Progressive: Up to $50</td>
</tr>
<tr>
<td><strong>FRAMES</strong></td>
<td>Covered up to plan allowance of $150</td>
<td>Up to $70</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong> (instead of glasses)</td>
<td>$150 allowance for contacts and exam, if elective; 100% covered if visually necessary VSP requires proof of visual necessity.</td>
<td>If elective, up to $105; If visually necessary, up to $210 VSP requires proof of visual necessity.</td>
</tr>
<tr>
<td><strong>CLAIMS</strong></td>
<td>No claim form required</td>
<td>Must file claim for reimbursement within 6 months from date of service.</td>
</tr>
</tbody>
</table>

* 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.

Log in to your VSP account at www.vsp.com to:
- Choose a VSP network doctor
- Print an ID card
- View your personal eyecare coverage
- Find the latest eye health information
- Learn about special discounts and promotions Or call (800) 877-7195
Cleveland State University’s Flexible Spending Account Plan is Administered by 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 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 $2,550. The Dependent Day Care Account limit is $5,000.

To participate in a FSA, you must make an election during 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 page 3 of this booklet, or visit the Human Resources web page of myCSU.) YOU MUST RE-ENROLL EACH PLAN YEAR TO CONTINUE PARTICIPATION IN A FSA. 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.

You should carefully calculate the amount you contribute to a FSA each plan year. The IRS requires a “Use It or Lose It” rule for this type of account.

Details of the CSU Flexible Spending Account Plan are available on the Human Resources web page of myCSU, or contact FlexSave at (800) 525-9252.

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 (the Take Care® Visa Card) 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.myflexonline.com. Participants can view their account, validate debit card swipes, order additional cards, repay non-qualified expenses and have Internet claims entry. You will establish your own user name and password to access your account.

<table>
<thead>
<tr>
<th>2016-2017 Plan Year Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Contributions</td>
</tr>
<tr>
<td>Plan year period to incur eligible expenses</td>
</tr>
<tr>
<td>Claim Filing Deadline</td>
</tr>
</tbody>
</table>
Cleveland State University’s Life Insurance Plans are Administered by Minnesota Life Insurance Company

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.

You can choose 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/benefits.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 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 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.

Supplemental Life Insurance

Monthly Rates per $1,000 of Coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-Tobacco User</th>
<th>Tobacco User</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.031</td>
<td>$0.064</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.031</td>
<td>$0.064</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.037</td>
<td>$0.074</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.048</td>
<td>$0.095</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.069</td>
<td>$0.138</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.113</td>
<td>$0.227</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.174</td>
<td>$0.348</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.323</td>
<td>$0.646</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.392</td>
<td>$0.784</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.683</td>
<td>$1.366</td>
</tr>
<tr>
<td>70-74</td>
<td>$1.107</td>
<td>$2.214</td>
</tr>
<tr>
<td>75 and older</td>
<td>$1.558</td>
<td>$3.117</td>
</tr>
</tbody>
</table>

Dependent Child Life Insurance: $.50 per month for all covered dependent children.

NOTE: Rates are based on the employee’s and spouse’s/same-sex domestic partner’s age and tobacco user status. Monthly premium amount is divided between the first two paychecks of each month.
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.
- If your decision is to purchase a unit of coverage for yourself and/or your spouse/same-sex domestic partner results in coverage exceeding the maximum guaranteed issue amount(s), EOI must be submitted to Minnesota Life Insurance Company for approval or denial.

VIKEHEALTH & WELL-BEING

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

Maintaining good health is important to maintaining high-quality health plans at a low cost to you and your family. Our health plan costs and the contributions that we 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 wellness, the better chance we have of maintaining high-quality low-cost plans.

The fifth year of the VikeHealth & Well-Being Program began July 1, 2016. The program provides a wide range of wellness resources, services and support intended to help you and our CSU community Get Well, Be Well & Live Well - together! Use the support of your colleagues, family members, and health resources to improve your health and quality of life.

The University offers incentives for your voluntary participation in the VikeHealth & Well-Being Program. Faculty and staff have the potential to earn up to $640 per year if enrolled in one of CSU’s medical plans, or $520 per year if not enrolled in a medical plan, for participation in both the rewards and bonus programs.

Important notes: To qualify for the VikeHealth & Well-Being Program, Faculty and staff must work 20 or more hours per week, and have an appointment of six-months or more. Faculty and staff have the option of inviting their spouse, same-sex domestic partner, OR a family member/friend who is 18 years of age or older to participate.

For more details and to access the VikeHealth & Well-Being portal, visit “VikeHealth & Well-Being” under “For Faculty & Staff” on myCSU or visit www.csuohio.edu/wellsteps.
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 BENEFITS

Sick Leave benefits provide full 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:

<table>
<thead>
<tr>
<th>Employee Type</th>
<th>Number of Hours Accumulated per Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty &amp; Salaried Professional Staff</td>
<td>10 Hours per month *</td>
</tr>
<tr>
<td>Classified Hourly Staff</td>
<td>4.6 hours per 80 hours worked</td>
</tr>
</tbody>
</table>

* Pro-rated for Academic Year and Part-Time appointments. Sick pay hours may be used for the employee or 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, 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 ORC 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.

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

Professional Staff and Certain Administrative Faculty

Salaried professional staff and administrative faculty paid semi-monthly accrue 7.34 per pay up to a maximum of 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 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 forty-four 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.

<table>
<thead>
<tr>
<th>Full Years of Service</th>
<th>Vacation Leave Accrual per Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–7</td>
<td>3.1 Hours</td>
</tr>
<tr>
<td>8–14</td>
<td>4.6 hours</td>
</tr>
<tr>
<td>15–24</td>
<td>6.2 hours</td>
</tr>
<tr>
<td>25 OR MORE</td>
<td>7.7 hours</td>
</tr>
</tbody>
</table>

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.

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 Main 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.
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 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 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).

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
EMPLOYEE ASSISTANCE 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 everyday and sometimes exceptional challenges.

Confidential professional support is available by calling (800) 227-6007, 24 hours a day, 356 days a year.

Program Features include:
• Unlimited phone consultation
• Five 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
• Comprehensive Work/Life Web

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”).

BUSINESS TRAVEL ACCIDENT INSURANCE

Cleveland State University’s Business Travel Accident Insurance is Underwritten by The Hartford

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.
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 – LifeSuite Travel Assistance Services**

- Inside the U.S./Canada: 1 (855) 516-5433
- +1 (617) 426-6603 (collect calls accepted from other locations)

Website: LifeBenefits.com/travel

**UNUM Worldwide Emergency Travel Assistance**

Reference Number: 01-AA-UN-762490

- Within the U.S.: 1 (800) 872-1414
- Outside U.S.: (U.S. access code) +609-986-1234

---

**WORKER’S 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. 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 cwfroi@careworks.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 7 days of the disability are not paid unless you miss 14 consecutive days.

If you are eligible for leave under the University’s Family Medical Leave Act Policy (FMLA), you are required to request FMLA. To request FMLA, call CareWorks at 888-436-9530. You are required to use available sick leave, comp time and vacation leave to remain in pay status during FMLA. You will not receive payment for lost time from Workers’ Compensation while you are receiving sick pay, comp time or vacation pay while on FMLA.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Cleveland State University’s Faculty/Staff participate in the State of Ohio Retirement Programs

All Cleveland State University 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 determined by State of Ohio Legislation.

Retirement Plan Overview

State Retirement System membership and contribution percentages for faculty and staff are determined by their position at CSU. While employed at CSU, eligible full-time faculty and staff (including some full-time rehired retirees) may have a one-time, irrevocable opportunity during their first 120-days to opt-out of participation in a plan with the State Retirement Systems and select the Ohio Alternative Retirement Plan (ARP).

Both OPERS and STRS offer three retirement plan types to new members of their systems: Defined Benefit Pension Plan (DB), Defined Contribution Plan (DC) or a Combination Plan (part DB/part DC). New members eligible to make a plan selection with OPERS/STRS will have 180 days from their first date of hire to make a plan selection. Eligibility and provisions of the State Retirement Plans are determined by the retirement systems. More detailed information for the OPERS and STRS member plan can be located on their webpages (opers.org or strsoh.org). 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.

The ARP is a 401(a) Defined Contribution Plan. Eligible full-time faculty and staff will be provided information on this option by the Department of Human Resources, including the 120-day Plan Election Form. New members of OPERS/STRS who choose to remain with OPERS/STRS must submit their 120-day Plan Election to Human Resources prior to making their plan selection with the retirement system.

Retirement Plan Contributions

<table>
<thead>
<tr>
<th>Associated Retirement System</th>
<th>Employee¹</th>
<th>CSU¹</th>
<th>Mitigating Rate²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Public Employees Retirement System (OPERS)</td>
<td>10.00%</td>
<td>14.00%</td>
<td>Note: OPERS DC plan has a mitigating rate to the employer contribution that is applied. Contact OPERS for details.</td>
</tr>
<tr>
<td>OPERS-LE (Law Enforcement)</td>
<td>13.00%</td>
<td>18.10%</td>
<td></td>
</tr>
<tr>
<td>State Teachers Retirement System (STRS)</td>
<td>14.00%</td>
<td>14.00%</td>
<td>Note: STRS DC plan has a mitigating rate to the employer contribution that is applied. Contact STRS for details.</td>
</tr>
<tr>
<td>Alternative Retirement Plan (ARP) for staff positions (Contribute at OPERS Rates)</td>
<td>10.00%</td>
<td>13.23%</td>
<td>0.77%</td>
</tr>
<tr>
<td>Alternative Retirement Plan (ARP) for faculty positions</td>
<td>14.00%</td>
<td>9.50%</td>
<td>4.50%</td>
</tr>
</tbody>
</table>

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.

Voluntary 403(b) Savings Program

CSU sponsors a Voluntary 403(b) Retirement Savings Plan to all faculty and staff members as an opportunity to supplement their primary retirement plan.

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 in the tax-deferred Voluntary 403(b) plan offered at Cleveland State University. The IRS establishes plan limits for pre-tax contributions each tax year. The University does not contribute toward this plan.

403(b) plans were created to encourage long-term 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 that 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, 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.

Faculty and staff at Cleveland State University may participate in both the Voluntary 403(b) and the Voluntary 457 Retirement Savings Plans. The IRS contribution limits for each plan are separate.
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 approved vendors who offer a 403(b) investment plan at CSU on the Human Resources webpage of myCSU under the benefits section. Participants must contact the vendor 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.

FOR MORE INFORMATION AND 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 their 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.
**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 as of 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 of 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 Faculty**
  
  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)**
  
  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 Staff**
  
  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 lesser of 144 credit hours or two degrees.

---

**EMPLOYEE DISCOUNT PROGRAMS**

The University arranges with selected vendors to provide discounts available to employees and their family members. The Discount Program includes employee discounts on:

Membership in the Best Benefits Club offering discounts on area entertainment, attractions, restaurants, services and products:

- Car Repair
- Pet Insurance
- Flowers
- Wireless Phones/Services
- Weight Watchers
- Bookstores
- Financial Services
- Property residential purchase/rental
- Personal PCs/Printers
- Liberty Mutual auto/home insurance

For more information, visit the Employee Discount section of the HR/Benefits website of myCSU.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
HUNTINGTON BANK’S PROGRAM FOR FACULTY/STAFF

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.

NOTIFICATIONS

**Women’s Health and Cancer Rights Act of 1998**

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

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plans. Therefore, the deductibles and co-insurance will apply according to the charts on pages 10-11 of this booklet and certificates 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 benefits directory included in this booklet.

**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 revised 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.

**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, Corporate Plans Inc. (CPI) 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.

Information contained in this booklet is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.
Department of Human Resources
Parker Hannifin Administration Center, AC 113
Phone: (216) 687-3636 • Benefits Fax: (216) 687-3976
Email: benefits@csuohio.edu
Website: http://mycsu.csuohio.edu/offices/hrd/benefits.html

Medical Plans
Medical Mutual of Ohio — Traditional Plan (Plan #961056-017) and Value Plan (Plan #961056-018)
Network, Plan, Claims & ID Card Questions (800) 774-5284
Website www.medmutual.com
Express Scripts (Prescription Drug)
Website www.express-scripts.com

Accredo Specialty Pharmacy
(800) 803-2523

MetroHealth Select (administered by Medical Mutual) (Plan #961056-201)
For appointments only call (216) 778-8818
Contact Medical Mutual for Network, Claims & ID Card Questions (800) 774-5284
Website www.metrohealth.org/select

CSU Health & Wellness Services On-Campus Clinic for Faculty/Staff/Students
Center for Innovations in Medical Professions Room 205
Visits by appointment only. (216) 687-3649

Dental Plan
Delta Dental of Ohio, Inc. (Plan #1450-0001)
Customer Service (800) 524-0149
Website deltadentaloh.com

Vision Plans – Basic & Enhanced (Opt-up)
Vision Service Plan (VSP)
Network, Plan and Claims Questions (800) 877-7195
Website www.vsp.com

Flexible Spending Accounts
FlexSave Flexible Spending Program
Health Care and Dependent Day Care Accounts
Customer Service (800) 525-9252
Website www.myflexonline.com

Faculty and Staff Wellness
VikeHealth & Well-Being Program
VikeHealth portal www.csuohio.edu/wellsteps
Customer Service Email jenny@wellsteps.com
Manager, VikeHealth & Well-Being (216) 687-3760
Email l.m.sandor@csuohio.edu

Family Medical Leave
CareWorks (888) 436-9530

Worker’s Compensation
CareWorks (First Report of Injury) (888) 627-7586, Option 1

Employee Assistance Program
IMPACT
Website (800) 227-6007 www.impactemployeeassistance.com

Life Insurance
Minnesota Life Insurance Customer Service Contact Center (866) 293-6047
Hours 7:00 a.m.-6:00 p.m. Monday-Friday, CT

Long Term Disability Insurance
UNUM Customer Contact Center (800) 858-6843
Hours 8:00 a.m.-8:00 p.m. Monday-Friday, ET
Policy Number 604607

Voluntary Insurance Benefits
UNUM Individual Short-Term Disability Insurance
UNUM Accident Insurance
Customer Service for questions or changes to existing policies (800) 635-5597
Website www.unum.com

Travel Assistance Programs
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 (888) 286-3802
(240) 330-1518 (collect calls accepted from other locations)
Website thehartford.com/employeebenefits

Minnesota Life Insurance – LifeSuite Travel Assistance Services
Inside the U.S./Canada (855) 516-5433
(617) 426-6603 (collect calls accepted from other locations)
Website LifeBenefits.com/travel

UNUM Worldwide Emergency Travel Assistance
Reference Number: 01-AA-UN-762490 at www.assistamerica.com
Within the U.S. (800) 872-1414
Outside U.S. (collect calls accepted) 001-609-986-1234
Email medservices@assistamerica.com

Retirement Plans
Ohio Public Employees Retirement System (OPERS) (800) 222-7377
Website www.opers.org
State Teachers Retirement System (STRS) (888) 227-7877
Website www.strsoh.org

457 Plan
Ohio Deferred Compensation Program (877) 644-6457
Website www.ohio457.org

Alternative 401a Retirement Plan (ARP)
Vendors and contact information for these plans are located on the Human Resources Benefits webpage of myCSU.

Supplemental 403b Savings Plan
Vendors and contact information for these plans are located on the Human Resources Benefits webpage of myCSU.

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