

2021 My Pay + Benefits Highlights

for Employees in the Ohio Nurses Association (ONA)

INFORMATION ABOUT YOUR BENEFITS



Our Investment in You

Cleveland Clinic Akron General cares about your health and well-being. That’s why our *My Pay + Benefits* package is a cut above what other employers offer. We invest in you for everything you do to support our patients, communities and fellow caregivers.

Please take a few moments to review these benefits highlights, or reference more detailed summary plan descriptions in the ONE HR Portal. Making informed benefits selections provides you and your family greater security — and improves your caregiver experience.



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Table of Contents

ELIGIBILITY AND ENROLLMENT	3	MY WELL-BEING	
MY HEALTH		Paid Time Off (PTO) and Short Term	
Employee Health Plan	5	Disability Hours	19
Dental Plans.....	9	Healthy Choice Program	19
Vision Plans	13	Wellness Programs	20
Short and Long Term Disability	15	Employee Assistance Program	20
MY MONEY		Adoption Assistance	20
Retirement Savings Programs	16	MY CAREER	
Life + Accident Insurance.....	17	Tuition Reimbursement.....	21
Flexible Spending Accounts (FSAs).....	18	VOLUNTARY BENEFITS	
Caregiver Discounts.....	18	MetLife Auto/Home/Pet Insurance	22
		MetLaw Group Legal Plan	22
		Global CARE Program.....	22

Eligibility

In general, the benefits described in this summary are extended to active regular full-time and regular semi-full time Cleveland Clinic Akron General caregivers who are members of the Ohio Nurses Association (ONA). Part time ONA are only eligible for enrollment in the retirement savings benefit programs.

Dependent Eligibility

Dependents eligible for coverage under the Cleveland Clinic Akron General health, dental, vision and life insurance benefit programs include:

- A caregiver's lawful spouse (not divorced or legally separated)
- The following child(ren) of a caregiver or caregiver's spouse:
 - a natural or legally adopted child
 - a child placed for adoption with the caregiver or spouse
 - a child for whom the caregiver or spouse has been appointed by a court as the legal guardian a child for whom the caregiver or spouse is required to provide coverage under a qualified medical support order (as defined in Section 609 of ERISA)

provided the child is less than 26 years old, or prior to age 26 the child is determined by the Social Security Administration to be physically or mentally incapable of self-support and is receiving principal financial support from the caregiver and/or spouse and was enrolled in the plan(s) at the time they turn 26.

Benefits Enrollment

New Hires and Newly Eligible

Newly hired or newly eligible caregivers can enroll in benefits in Workday on their start date and will have 31 days from their start date to enroll. Failure to enroll in benefits within this 31 day window will result in waiving coverage under the health, dental, vision, flexible spending accounts (FSAs) and supplemental/dependent life insurance benefit programs.

New hire and newly eligible benefit elections become effective retroactively to the caregiver's start date. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of this enrollment process. After enrollment has been completed caregivers will be contacted by Willis Towers Watson via postal mail with instructions on what documentation is required and where to send it. Failure to provide the requested documentation will result in the dependent(s) being removed from coverage under each benefit program they were originally added on to.

Life Events

Caregivers may be able to make benefit election changes after experiencing a qualifying life event change. The IRS defines life events as follows:

- Change in marital status
- Birth/adoption/legal guardianship of a child
- Death of a dependent
- Loss or gain of outside coverage
- Employment status change (full-time to semi-fulltime, vice versa)
- Qualified medical support order (QMSO)

Caregivers who experience a life event which would necessitate a change in benefits elections can initiate a life event benefit change in Workday within 31 days of the qualifying event. Any change in benefit elections must be consistent with the life event, and documentation must be provided to support the life event change request.

Annual Open Enrollment

Caregivers have the opportunity to make changes to benefit elections each year during the annual open enrollment period. Open enrollment takes place in the fall of each year (end of October through early November). Benefit election changes are made in Workday during the open enrollment period, and changes become effective January 1 of the following calendar year. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of the open enrollment process. Failure to provide the requested documentation will result in the dependent(s) being removed from coverage under each benefit program they were added onto during open enrollment.

Employee Health Plan (EHP)

The Cleveland Clinic Akron General ONA Employee Health Plan (EHP) provides comprehensive healthcare benefits for plan participants. The EHP includes a 2 tier network of providers. Benefits are maximized when participants use Tier 1 Cleveland Clinic Quality Alliance network providers. Tier 1 providers can be found online at <https://akrongeneralehp.clevelandclinic.org>.

Highlights of the Tier 1 network include:

- No annual deductible
- No copays or coinsurance for primary care visits (includes Family Health Center Express Care locations, Express Care Online app and select real time virtual visits)
- \$35 specialist office visit copay (no referral required)
- \$150 copay for inpatient services (prior authorization required), including labor and delivery

In the Tier 1 network, the services listed above are covered 100% after the applicable copays have been paid.

The Tier 2 provider network is MMO SuperMed Network (within the state of Ohio - excludes University Hospitals providers with the exception of emergency room or urgent care visits) and Aetna Open Choice PPO network (outside the state of Ohio). Tier 2 providers are subject to a \$500 annual deductible and most medically necessary services are covered 70% thereafter. Tier 2 providers can be accessed by visiting www.mutualhealthservices.com/CCHS and choosing the applicable network you would like to search.

Routine preventive care and immunizations are only covered within the Tier 1 network, these services are not covered if a Tier 1 provider is not used.

Emergency care and urgent care visits are covered 100% (after applicable copay) regardless of which provider is used. Emergency department visits are subject to a \$150 copay and urgent care visits are subject to a \$50 copay.

Complete coverage information, including exclusions and limitations, can be referenced in the EHP Summary Plan Description (SPD), which can be accessed through the EHP website at <https://akrongeneralehp.clevelandclinic.org>.

HBP Benefits Summary

BENEFIT PROGRAM FEATURES	TIER 1 Cleveland Clinic Quality Alliance Network	TIER 2 MMO ¹ SuperMed and Aetna [®] Open Choice [®] PPO Networks
Annual Deductible Single Family	None None	\$500 \$1,500
Out-of-Pocket Maximum Single Family	\$1,500 \$3,000	None None
MEDICAL BENEFIT PROGRAM FEATURES		
PCP Office Visit – family practice, gynecology, internal medicine, obstetrics and pediatrics	100% of Allowed Amount	\$25 co-pay then 100% of Allowed Amount (after deductible)
Specialist Office Visits	100% of Allowed Amount after \$35 co-pay (no referral required)	\$50 co-pay, then 100% of Allowed Amount (after deductible)
Maternity Care	\$150 co-pay/admission, then 100% of Allowed Amount	\$150 co-pay/admission, then 70% of Allowed Amount (after deductible)
Routine (Annual) Physical Exam by Primary Care Physician	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Examination	100% of Allowed Amount	Not Covered
Inpatient Hospital Services²	\$150 co-pay/admission, then 100% of Allowed Amount	\$150 co-pay/admissions, then 70% of Allowed Amount (after deductible)
Outpatient Hospital Services	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Radiology	100% of Allowed Amount	70% of Allowed Amount (after deductible)
MRI/CT Scans (non-emergent)³	\$35 co-pay	\$50 co-pay, then 70% of Allowed Amount (after deductible)
Laboratory/Diagnostic Tests	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Emergency Department Emergency Care Urgent Care	100% after \$150 co-pay 100% after \$50 co-pay	100% after \$150 co-pay 100% after \$50 co-pay
Medical Supplies and Durable Medical Equipment (DME)	80% of Allowed Amount	80% of Allowed Amount (after deductible)
Skilled Nursing Care² 60 Days per Benefit Year	\$150 co-pay/admission, then 100% of Allowed Amount	\$150 co-pay/admission, then 70% of Allowed Amount (after deductible)
Acute Inpatient Rehab 60 Days per Benefit Year	\$150 co-pay/admission, then 100% of Allowed Amount	\$150 co-pay/admission, then 70% of Allowed Amount (after deductible)
Long-Term Acute Care 60 Days per Benefit Year	\$150 co-pay/admission, then 100% of Allowed Amount	Not Covered
Hospice² Symptom Management-10 Days/Benefit Year	\$150 co-pay/admission, then 100% of Allowed Amount 100% of Allowed Amount	\$150 co-pay/admission, then 100% of Allowed Amount 100% of Allowed Amount
Respite Care 10 Days per Benefit Year	100% of Allowed Amount	100% of Allowed Amount
Home Health Care² 60 Visits per Benefit Year	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Acupuncture Maximum of 10 Visits per Benefit Year	50% of Allowed Amount	Not Covered
Chiropractic 20 Visits per Benefit Year Maximum	First 10 visits: 100% of Allowed Amount after \$35 co-pay; Second 10 visits: 50% of Allowed Amount (Children under 16 require prior authorization)	Not Covered
Therapy Services: Occupational/Speech/Physical 35 Visits per Therapy per Benefit Year	First 20 visits: 100% of Allowed Amount after \$10 co-pay; Second 15 visits: 50% of Allowed Amount	First 20 visits: 100% of Allowed Amount after \$10 co-pay and after deductible; Second 15 visits: 50% of Allowed Amount
Dental – Surgical extractions for soft/bony impactions or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	Not Covered
Family Planning³	100% of Allowed Amount	Not Covered
Infertility – Diagnostic Only	100% of Allowed Amount	Not Covered
Hearing Aids	50% of Charge up to \$3,500/ear, limited to one aid per ear every 3 years	Not Covered
Organ Transplant² Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See above	Not Covered

HBP Benefits Summary *continued*

BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES		
Outpatient Coverage Outpatient Visits (OP Visits) ⁴ Psychological and Neuro-Psychological Testing ⁵	\$35 co-pay, then 100% of Allowed Amount 100% of Allowed Amount	\$50 co-pay, then 100% of Allowed Amount (after deductible) Not Covered
Inpatient Coverage²	\$150 co-pay/admission, then 100% of Allowed Amount	\$150 co-pay/admission, then 70% of Allowed Amount (after deductible)
Intensive Outpatient (OP)²	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Partial Hospitalization Programs (PHP)²	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Residential Treatment² 60 Days per Benefit Year	\$150 co-pay/admission, then 100% of Allowed Amount	Not Covered
Transcranial Magnetic Stimulation (TMS)² 36 Therapy Related Visits per Benefit Year	100% of Allowed Amount	Not Covered

For Tier 1, co-payments and co-insurance listed on this chart accumulate to your out-of-pocket maximum with the exception of co-payments for bariatric surgery, hearing aids, Autism School, Outreach Program and Social SPIES Program.

¹MMO SuperMed for the state of Ohio and Aetna® Open Choice® PPO outside the state of Ohio.

²Prior authorization required for all IOP and PHP services in Tier 2 network (exception Tier 1 providers psychiatric and chemical dependency). Eating disorders require prior authorization for IOP/PHP in Tier 1 and Tier 2.

³Marymount employees are subject to family planning exclusions including abortion, vasectomy, Norplant, Depo Provera, IUD, tubal ligation, and oral contraceptives, except if clinically appropriate.

⁴The Outpatient coverage for the Behavioral Health Benefit Program includes any outpatient services provided by a behavioral health practitioner for chronic pain management, sleep disorder, aftercare groups for substance abuse, and/or pre and post gastric surgery visits. There is no coverage for school meetings by outpatient behavioral health practitioners.

⁵Psychological Testing: Up to six hours testing are automatically covered without prior authorization. Neuro-Psychological Testing: Up to eight hours testing are automatically covered without prior authorization. Testing is covered in Tier 1 only, by trained Behavioral Health Specialists.

Note: Prior authorization, precertification, predetermination and prior approval are often used interchangeably.

Any unauthorized programs, services or visits will not be covered by the HBP under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.

Prescription Drug Benefit

The prescription drug benefit is included with the EHP and provides participants with coverage for prescriptions obtained through Cleveland Clinic/Akron General Pharmacies and CVS Pharmacies. Highlights of the prescription drug benefit include:

- No deductible on generic medications obtained at Cleveland Clinic/Akron General Pharmacies
- \$200 deductible for brand name medications or generics obtained at CVS Pharmacies
- Generics covered at 85% at Cleveland Clinic/Akron General Pharmacies and 80% at CVS Pharmacies
- Most brands covered at 75% at Cleveland Clinic/Akron General Pharmacies and 70% at CVS Pharmacies
- 90 day supplies and routine maintenance medications can only be filled at Cleveland Clinic/Akron General Pharmacies or through Cleveland Clinic/Akron General or CVS Mail Order Pharmacies

Additional information on the prescription drug benefit, including a full listing of Cleveland Clinic pharmacy locations, can be found in the Cleveland Clinic Akron General Employee Health Plan Prescription Drug Benefit and Formulary Handbook which can be accessed through the EHP website at <https://akrongeneralehp.clevelandclinic.org>.

Dental Benefit Programs

Cleveland Clinic Akron General offers four dental plan options administered by Cigna. A full directory of Cigna providers can be found at www.cigna.com or by calling 800.244.6224. The charts below summarize the coverage under each dental plan.

Cigna Dental HMO Benefit Program

- Narrowest network – you can only utilize Cigna HMO providers such as Aspen Dental, Hudec Dental and Bright Now
- Includes coverage for routine cleanings/x-rays, restorative care and adult/child orthodontia

Cigna Dental HMO Benefit Program ¹		
	Cigna Dental HMO Providers	Out-of-Network
Calendar Year Maximum	None	N/A
Annual Deductible	None	N/A
SERVICES	Your Charge	Your Charge
Preventive and Diagnostic Care		
Oral Exams	\$0	You pay full cost
Routine Cleanings	\$0	
X-rays	\$0	
Fluoride Application	\$0	
Sealants	\$12/tooth	
Basic Restorative Care		
Fillings - Amalgam	\$0	You pay full cost
Root Canal Therapy/Endodontics	\$210-\$430	
Oral Surgery – Simple Extractions	\$12-\$115	
Surgical Extraction of Impacted Teeth	\$46/tooth	
Major Restorative Care		
Crowns	\$150-\$490/tooth	You pay full cost
Dentures	\$625-\$715	
Bridges	\$150-\$470/tooth	
Inlays/Onlays	\$150-\$470/tooth	
Orthodontia		
Adult	\$2,376	You pay full cost
Children under 19	\$2,040	

1. This grid is a sample of services covered under the Cigna Dental HMO Benefit Program. For a complete list of all services you will need to review the Cigna Dental Care Patient Charge Schedule. You can find this on the ONE HR Portal which is accessed through Workday.

Preventive Dental Benefit Program

- Includes coverage for routine cleanings/x-rays and minor restorative care such as fillings
- Does not cover major restorative care or orthodontia

Preventive Dental Benefit Program		
	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	\$500	\$500
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%
Basic Restorative Care* Fillings Root Canal Therapy/Endodontics Oral Surgery Surgical Extraction of Impacted Teeth Periodontal scaling and root planing	80%	80%
Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Implants	Not covered	Not covered
Orthodontia	Not covered	Not covered

*Subject to annual deductible

Traditional Dental Benefit Program

- Includes coverage for routine cleanings/x-rays, minor/major restorative care and child orthodontia (up to age 23)
- Most popular plan for Cleveland Clinic caregivers

Traditional Dental Benefit Program			
	Cigna DPPO Advantage Providers	Cigna DPPO Providers	Out-of-Network
Calendar Year Maximum	\$1,250	\$1,000	\$1,000
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%	100%
Basic Restorative Care* Fillings Root Canal Therapy/ Endodontics Oral Surgery Surgical Extraction of Impacted Teeth Periodontal scaling and root planing	80%	70%	70%
Major Restorative Care* Crowns Dentures Bridges Inlays/Onlays	50%	50%	50%
Orthodontia (dependent children to age 23) Lifetime maximum	50% \$1,250	50% \$1,250	50% \$1,250

*Subject to annual deductible

Enhanced Dental Benefit Program

- Includes coverage for routine cleanings/x-rays, minor/major restorative care and adult/child orthodontia
- Highest annual benefit maximum

Enhanced Dental Benefit Program		
	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,500
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%
Basic Restorative Care* Fillings Oral Surgery – simple extractions	80%	80%
Major Restorative Care* Root Canal Therapy/Endodontics Oral surgery – all except simple extractions Surgical Extraction of Impacted Teeth Periodontal scaling and root planing Crowns Dentures Bridges Inlays/Onlays	60%	60%
Orthodontia* Lifetime maximum	80% \$2,500 covered for children and adults	80% \$2,500 covered for children and adults

*Subject to annual deductible

Vision Benefit Programs

Cleveland Clinic Akron General offers two vision plan options administered by EyeMed. The Basic and Enhanced Vision Plans provide discounts on eyewear needs for you and your dependents each calendar year. Benefits under each plan are maximized when EyeMed Access Network providers are used. A full directory of providers can be found at www.eyemedvisioncare.com. The charts below summarize the coverage under each vision plan. Remember that your eye exams are covered under the medical plan.

Basic Vision Benefit Program		
COVERED EYE WEAR	EYEMED VISION CARE ACCESS NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Frames Any available frame at provider location	\$130 Allowance 20% off balance over \$130	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$175 co-pay	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	\$15 co-pay \$15 co-pay \$15 co-pay \$40 co-pay \$40 co-pay \$45 \$57 co-pay \$68 co-pay 20% off Retail Price 20% off retail price 20% off retail price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not covered Not covered Not covered Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable	\$130 allowance 15% off balance over \$130 \$130 allowance	\$70 \$70
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Enhanced Vision Benefit Program

COVERED EYE WEAR	EYEMED VISION CARE ACCESS NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Frames Any available frame at provider location	\$160 Allowance 20% off balance over \$160	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$175 co-pay	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	Fully covered Fully covered Fully covered Fully covered Fully covered Fully covered \$12 \$23 20% off Retail Price 20% off retail price 20% off retail price	\$8 \$8 \$8 \$20 \$20 \$23 \$23 \$23 \$23 Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable	\$160 allowance 15% off balance over \$160 \$160 allowance	\$70 \$70
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Short and Long Term Disability

Short Term Disability (STD) and Long Term Disability insurances are available for employees regularly scheduled in a position for at least 20 hours per week. If elected coverage is equal to the percentage and monthly benefit indicated in the Summary Plan Descriptions located in the ONEHR portal. If you do not elect long term disability as a new hire or if coverage is dropped and then you later want to elect coverage, you will be required to submit evidence of insurability for approval to add coverage.

Short term and long term disability coverage is through Liberty Mutual.

Retirement Savings Programs

The Matched Savings Plan is funded with your own Pre-Tax, Roth, and/or After-Tax contributions and the corresponding matching contributions (there are no matching contributions made on After-Tax contributions). Plan highlights include:

- Newly eligible employees are automatically enrolled to contribute 3% of salary on a pre-tax basis(after a 31 day opt-out period)
- You may start/stop contributions at any time throughout the year
- An employer match is contributed after one year of service and at least 1,000 hours worked
 1. 100% match on the first four percent (4%) of employee's contribution
 2. 50% match on the fifth percent (5%) of employee's contribution
 3. 50% match on the sixth percent (6%) of employee's contribution
- Employee will have to put aside 6% to receive the full 5% match
- Matching contributions to this account become vested after three years of service with Cleveland Clinic Akron General

Maximum contributions

In 2021 there is a total limit for all contributions into the 401(k) plans of \$58,000. This includes your Pre-Tax, Roth, After-Tax and matching contributions (excludes age 50 catch up contribution). You are allowed to contribute up to \$19,500 on a Pre-Tax or Roth basis (up to \$26,000 if 50 or older).

Assistance in Managing Your Retirement Accounts

Fidelity representatives are available to discuss your retirement programs through Cleveland Clinic Akron General at no cost. You can view their on-site schedule at www.netbenefits.com/ccag.

Assistance is also available through Financial Engines, an investment advisory firm. Caregivers may choose to use Online Advice which is offered at no cost or Professional Management which is a fee-based service. Additional information can be found by visiting www.netbenefits.com/ccag.

Life + Accident Insurance

Cleveland Clinic Akron General provides three employer-paid life insurance policies that become effective on your start date:

1. Group Term Life Insurance¹ – 1.0x base annual pay² (max of \$500,000);
2. Accidental Death & Dismemberment Insurance – 1.0x base annual pay (max of \$500,000);
3. Business Travel Accident Insurance – 3.0x base annual pay (max of \$2,000,000) while traveling on official Cleveland Clinic Akron General business to a non-routine work location

Additionally, Cleveland Clinic Akron General provides caregivers the option of purchasing supplemental life insurance and dependent life insurance on a self-pay basis as follows:

Supplemental Life Insurance

- Option to elect from 1.0x to 10.0x base annual pay (max of \$1,000,000)
- New hires and newly eligible caregivers can elect up to 6.0x base annual pay without providing evidence of insurability (EOI)
- During open enrollment EOI is required if not currently enrolled; otherwise caregivers can elect to increase their current election up to 2.0x without requiring EOI, while elections over 2.0x their current election requires EOI

Dependent Life Insurance

- Covers legally married spouse at \$25,000 and dependent children up to age 26 at \$10,000 each
- New hires and newly eligible caregivers can elect coverage without providing evidence of insurability
- During open enrollment EOI is required if an added dependent is not currently enrolled

Life Insurance Beneficiary Designations

Beneficiary designations are made on MedMutual Life's web portal, which can be accessed in Workday by clicking the Benefits link, then clicking the MedMutual Life Beneficiary Designation option under the External Links heading. A job aid is posted on the ONE HR Portal to walk you through the process.

1. Per IRS regulations, the value of employer-paid group term life insurance over \$50,000 is included in the caregiver's paycheck as imputed income and subject to tax withholding.
2. Base annual pay is a caregiver's standard annual rate of pay non-inclusive of over-time or additional duty pay. For new hires base annual pay is as of your start date. For ongoing caregivers base annual pay is as of October 1 of the preceding year.

Flexible Spending Accounts

Cleveland Clinic Akron General offers two distinct flexible spending accounts (FSAs) administered by Payflex:

1. Healthcare FSA – used to pay for you and your dependents' eligible out-of-pocket healthcare-related expenses with pre-tax dollars.
2. Dependent Care FSA – used to pay for your dependents' eligible out-of-pocket childcare and/or adult daycare-related expenses with pre-tax dollars.

Healthcare FSA

- Minimum election of \$100 (if you choose to enroll) up to a maximum election of \$2,750 in 2021
- Your account will come preloaded with the amount you elect and can be spent right away
- Payflex will issue a debit card that you can use to pay for qualified out-of-pocket expenses
- You should save receipts and Explanation of Benefit (EOB) statements for qualified purchases in case Payflex needs to verify the eligibility of your expenses

Dependent Care FSA

- Minimum election of \$100 (if you choose to enroll) up to a maximum election of \$5,000 (if your salary is \$125,000 or higher, the maximum annual election is \$1,500)
- Your account is funded through payroll deduction deposits (the account is not preloaded with your full annual election)

A full listing of eligible expense items under the Healthcare and Dependent Care FSAs can be found at www.payflex.com.

Reimbursement Deadline

Eligible expenses must be incurred during the plan year and subsequent grace period. The plan year is January 1, 2021 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2021 (or the date your employment terminates, if earlier). The grace period runs from January 1, 2022 through December 31, 2022. Expenses incurred during the plan year and subsequent grace period must be submitted to PayFlex for reimbursement by April 30, 2023. This is referred to as the “run-out period”. This means that expenses incurred from January 1, 2021 through December 31, 2022 (or your termination date, if earlier) must be submitted to PayFlex for reimbursement by April 30, 2023, otherwise they will be denied.

You must re-enroll in the FSAs each year during annual open enrollment as your annual election will revert back to \$0 at the end of each calendar year.

Caregiver Discounts

Several local and national vendors provide discounts to our caregivers. All of our caregiver discounts can be found on the ONE HR Portal accessed through Workday.

Paid Time Off (PTO) and Short Term Disability Hours

PTO combines vacation, holidays, personal days and sick days to provide eligible caregivers with flexibility in determining individual time-off schedules. PTO allowances are based on position and length of service. Additional information can be found on the ONE HR Portal which can be accessed from Workday.

In addition short term disability hours are also accrued and available for your extended disability needs.

Healthy Choice Program

What Is It?

The Healthy Choice Program was created to encourage Employee Health Plan members and their spouses to take a proactive approach to wellness. By participating in Healthy Choice you have the opportunity to reduce your health plan premiums each year. Participation is completely voluntary and there are no penalties for not participating. If you choose not to participate you simply won't get the discounted health plan premium.

How Do I Participate?

1. Visit a primary care provider to determine your current health status.

You will need to have them fill out a Health Visit Report Form (found at <https://akrongeneralehp.clevelandclinic.org>). Once completed it will need to be sent directly to the Health Plan Office for processing. This form will be used by the Health Plan Office to determine which wellness program(s) you and your spouse will need to participate in. Think of it as your entry ticket into the Healthy Choice Program.

2. Create an account on the Healthy Choice Portal

Go to <https://akrongeneralehp.clevelandclinic.org> and click on the orange Healthy Choice Portal button found on the top right-hand corner of the homepage (if you are married and your spouse is covered under your health plan they will also have to create their own Healthy Choice Portal account). You will need your Health Plan ID# which can be found on your Health Plan ID card in order to create your account. Once logged in your health status will be displayed along with instructions for what you need to do in order to qualify for the Healthy Choice discount.

3. Meet the goals that were set for you in your program

Meeting the participation requirements and the goals set for you will allow you to get the largest discount on your health plan premiums in the following calendar year. If you and your spouse actively participate but you do not meet your goals you are still eligible to receive a partial discount. Participation is required each year in order to sustain the discounted health plan premiums in subsequent years.

Is There a Deadline?

Yes, the Healthy Choice Program requires 6 months of active participation from January 1st through September 30th of each year. This means you will need to be enrolled in a program no later than March 31st of each year to be eligible for a discount the following calendar year. To be eligible for a partial discount you need to enroll by June 30th of each year. Discounted premiums will apply to the following calendar year's payroll deductions, and you need to continue participating each year in order to keep the discounted rates in effect.

How Do I Find More Information?

You can find more information about the Healthy Choice Program by visiting <https://akrongeneralehp.clevelandclinic.org>.

Wellness Programs

Cleveland Clinic Akron General offers a full spectrum of wellness programs aimed at helping our caregivers achieve healthier lifestyles and improve quality of life. These programs are managed by Workplace Wellness and the Employee Health Plan and focus on physical activity, nutrition, stress management and education.

Additional information on these programs can be found on the ONE HR Portal accessed through Workday.

Employee Assistance Program

Cleveland Clinic Akron General offers a full-service employee assistance program (EAP) dedicated to providing resources and support for caregivers are facing challenging issues both inside and outside of the workplace. These services are provided at no cost to the caregiver and can assist with items such as:

- Work problems
- Family issues
- Emotional problems
- Alcohol and drug use
- Legal matters
- Marital problems
- Parenting issues
- Loss/bereavement
- Financial pressures

Additional information can be found on the ONE HR Portal which can be accessed through Workday.

Adoption Assistance

Cleveland Clinic Akron General provides up to \$2,000 (\$1,000 for semi-fulltime) in financial assistance for legal adoptions . Caregivers must be employed for 12 months to become eligible. Additional information can be found on the ONE HR Portal which can be accessed through Workday or the Human Resources Policy Manual.

Tuition Reimbursement

Cleveland Clinic Akron General provides tuition reimbursement for regular full-time and semi-full time caregivers who have successfully completed one year of employment at Cleveland Clinic Akron General. The annual tuition reimbursement annual limit is based on caregiver FTE status and the course of study, as follows:

BENEFIT PER CALENDAR YEAR	FULL TIME	SEMI FULL TIME
Caregivers with 12 to 35 months of service	\$3,000	\$1,500
Caregivers with more than 36 months of service	\$4,000	\$2,000

Additional information can be found on the ONE HR Portal which can be accessed from Workday or the Human Resources Policy Manual.

Voluntary Benefits

MetLife Auto/Home/Pet Insurance

MetLife offers discounted rates on automobile, home and veterinary pet insurance for Cleveland Clinic Akron General caregivers. For additional information or to request a free quote contact MetLife at 800.438.6388.

MetLaw Group Legal Plan

The MetLaw Group Legal Plan provides access to legal counsel for a multitude of legal matters for a flat monthly fee. Covered services include:

- Estate planning documents, including wills and trusts
- Real estate matters
- Identity theft defense
- Financial matters, such as debt collections defense
- Traffic offenses
- Document review and preparation
- Family law, including adoption and name change
- Advice and consultation on personal legal matters

Enrollment in the MetLaw Group Legal Plan is only available during annual open enrollment. MetLife sends enrollment information via postal mail to all benefits-eligible caregivers in October. For additional information contact MetLife at 800.438.6388.

Global CARE Program

The Global CARE Program provides guaranteed transport to a Cleveland Clinic facility should you or a covered dependent require hospitalization while traveling more than 150 miles from home (including internationally). The program charges an annual fee based on individual or family coverage. For more information and/or to enroll visit www.ccfglobalcare.com.



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This summary is intended to provide a high level overview of Cleveland Clinic Akron General benefit programs. By its nature, this is not a legal document. Benefit program details are covered in summary plan descriptions (SPDs) and controlling legal documents. SPDs can be found on the ONE HR Portal, which can be accessed through Workday, or by contacting the ONE HR Service Center at 877.688.2247 or 216.448.2247. This summary does not create a contract between Cleveland Clinic Akron General and its caregivers for either employment or any other benefit program offered. Cleveland Clinic Akron General routinely reviews the benefit programs offered and has the right to change or terminate these offerings at its own discretion at any time.