

# MEDICAL MUTUAL OF OHIO (MMO) | SUPERMED PLUS PPO



At Medical Mutual, we have a long-standing commitment to help our members get the care they need by giving them access to high-quality healthcare, a large network of doctors and hospitals, and a wide range of health programs. As the oldest and largest health insurer in Ohio, we have a long history with the City of Cleveland's employees. We take pride in serving our members and the Ohio communities where they live and work.

The SuperMed Plus plans provide a broad network of hospitals. Both plans use the SuperMed Plus PPO in-network providers. Using the SuperMed Plus PPO network optimizes savings for City of Cleveland members. Using in-network providers within the SuperMed Plus PPO network optimizes savings for City of Cleveland members. Our SuperMed Plus network includes both the Cleveland Clinic and University Hospital health care systems, MetroHealth, Summa Health System, Akron General Medical Center, Mercy Regional Medical Center, all major hospitals in the Greater Cleveland area, and many other Ohio hospitals.

## Nationwide Coverage:

For employees with family members that live, travel or spend a significant time outside of the Medical Mutual SuperMed PPO service area, Medical Mutual's plans provide out-of-network access through Cigna's PPO network.

## Online Access:

My Health Plan is a quick, easy and secure way to access Medical Mutual's resources. Navigate to [www.MedMutual.com/Member](http://www.MedMutual.com/Member) to view your claims, deductible and out-of-pocket accumulations, view coverage information, and estimate costs for common health care services within the Find a Provider tool. Our mobile app allows you to check your claims and deductibles, look up providers, access your identification (ID) card, and compare treatment costs. Search MedMutual and download the app in the App Store or Google Play.

## Finding Providers:

You can find information about providers using the Find a Provider tool on My Health Plan at [www.MedMutual.com/FindADoctor](http://www.MedMutual.com/FindADoctor) or by using the MedMutual mobile app.

Use your phone to scan  
the QR Codes to  
Download the Apps:



Apple Store App  
Download



Google Play App  
Download



Provider Lookup  
QR Code



**WEBSITE:**  
[www.medmutual.com](http://www.medmutual.com)



**MOBILE APP:**  
MedMutual



**TOLL FREE:**  
MedMutual  
(800) 524-9820

# MEDICAL MUTUAL OF OHIO (MMO) | ALL PLANS



## Value Added Features:

As a Medical Mutual member, we offer:

### Chronic Condition Programs:

They help you meet your specific needs and manage ongoing medical conditions. Eligible conditions for this program include asthma, COPD, coronary artery disease, diabetes and heart failure. Core program benefits include: Individualized self-management plans using clinical practice guidelines; proactive health coaching calls; referrals to community resources or the Medical Mutual Case Management program for asthma and COPD self-management tools at no additional cost; and essential diabetic testing supplies, also at no additional cost. MMO's Chronic Condition coaches are available at **(800) 861-4826**.

### WW (formerly Weight Watchers):

Did you know that Medical Mutual of Ohio (MMO) members save almost 50 percent off the regular cost of WW memberships? You can choose from digital (web-based) or Digital+ Studio (formerly Meetings) programs to help achieve your health goals. For more information call **(800) 251-2583** any time, seven days a week and leave a detailed message or visit [www.MedMutual.com/WeightWatchers](http://www.MedMutual.com/WeightWatchers).

### Diabetes:

At no cost to you or you covered loved ones, by participating in Medical Mutual's Diabetes program, you may also receive up to 100 percent off covered essential diabetes testing supplies (e.g. meters and supplies). There is no out-of-pocket cost for program participation, and the program provides education and support from a health coach and phone sessions with a dietician or diabetic educator. **Call (800) 861-4826 and select option 2 to check eligibility and enroll.**

### Tobacco QuitLine:

As part of the health plan, you have access to Medical Mutual's QuitLine program to get one-on-one coaching, personalized plan and educational materials with no out-of-pocket cost to you. You may even qualify for nicotine patches or gum at no cost. **Learn more by calling (866) 845-7702.**

### 24-Hour Nurse Line

When you experience chest pain, major burns, severe injuries, and other life-threatening conditions, **always call 9-1-1**. However, if you go to the emergency room for other issues that are not life threatening such as pink eye, bladder infection, ear infection, allergies, an itchy rash, etc., it could be more costly to you. If you're ever unsure if you should use urgent care, use telemedicine, or the emergency room, we urge you to call **the Nurse Line at (888) 912-0636**. This is a medically staffed phone line you can call 24/7 with questions and guidance to the appropriate site of care. You may use this service whether you are enrolled in the SuperMed Plus PPO or CLE-Care plan.

# MEDICAL MUTUAL OF OHIO (MMO) | CLE-CARE



## CLE-Care Plan Overview

The MetroHealth System and Medical Mutual of Ohio have teamed up to provide CLE-Care. CLE-Care is a health plan that gives you access to MetroHealth’s expert doctors and health care providers.

With Medical Mutual’s CLE-Care plan, you do not need referrals to see specialists; however, if you enroll in CLE-Care, you may only get care from MetroHealth doctors and facilities. With CLE-Care, 97% of Cuyahoga County residents are within 10 minutes of a MetroHealth facility. MetroHealth system services include 25+ locations, community hospitals, outpatient surgery sites, and 3 free-standing emergency rooms (Cleveland Heights, Parma and Brecksville), 5 ExpressCare locations, and 11 pharmacy locations with home delivery options. MetroHealth also has the area’s most experienced Level I Adult Trauma Center, a state-of-the art cancer center, the MetroHealth Rehabilitation Institute, a skilled nursing facility and Metro Life Flight ambulance services.

For immediate medical care in case of minor illness or injury, visit a MetroExpressCare location. Services are available seven days a week and appointments are not needed.

The only out-of-network benefits in this plan is for medical emergencies. Emergencies are always covered at any hospital regardless of network status. Members are responsible for the costs of non-emergency care received out-of-network.

### Community Locations:

MetroHealth Locations (Hospitals, Labs, Radiology & Pharmacies)

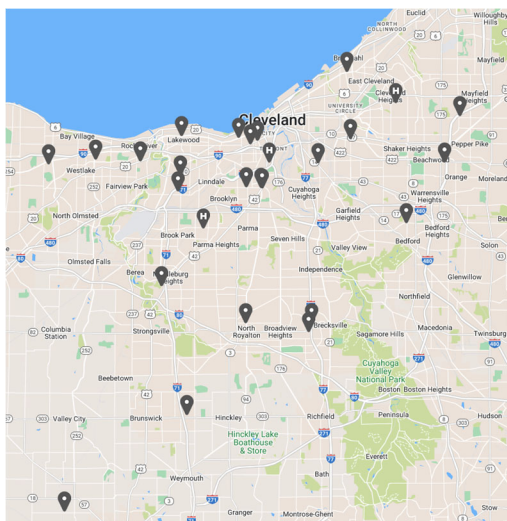
[metrohealth.org/locations](https://metrohealth.org/locations)

MetroHealth Physicians

[metrohealth.org/physiciandirectory](https://metrohealth.org/physiciandirectory)

MetroHealth ExpressCare Locations

[www.metrohealth.org/expresscare](https://www.metrohealth.org/expresscare)



To find full information on locations and other services, use your phone to scan the QR code to visit [metrohealth.org](https://metrohealth.org)



# MEDICAL MUTUAL OF OHIO (MMO) | CLE-CARE



## Tools and Resources

All CLE-Care providers keep electronic medical records through MyChart which you can access through a website or mobile application. No matter what provider you visit in the CLE-Care network, all of your medical information and test results will be housed in the same location.

## Pharmacy Benefits

Through the CLE-Care network, you will need to get your prescriptions through MetroHealth meaning you would no longer use CVS Caremark. With CLE-Care, you would have access to MetroHealth's nine pharmacy locations to fill your medications. If you take medications regularly, you can also get your prescription refilled through MetroHealth's 90-day mail order service and have them delivered directly to your home. MetroHealth physicians can electronically submit scripts to fill your medications.

## CLE-Care Member Services

CLE-Care Customer Care (Member Services for Benefit Questions) (877)330-6664

CLE-Care Appointment Scheduling & Pharmacy (216) 957-8100

[Metrohealth.org/appointments](https://metrohealth.org/appointments)

MetroHealth Pharmacy Line (216) 957-MEDS (6337)

MetroHealth MyChart [metrohealth.org/mychart](https://metrohealth.org/mychart)

## Download the MyChart App

MyChart is available to download on your smartphone:

Use your phone to scan  
the QR Codes to  
Download the Apps:



Apple Store App  
Download



Google Play App  
Download

# TELEMEDICINE



## Medical Mutual SuperMed Plus PPO Plan



As a member of Medical Mutual's SuperMed PPO Network, you have access to Cleveland Clinic's Express Care Online. Express Care Online is a secure service that offers 24/7 care with no appointment needed for simple conditions such as sinus infections, cold symptoms, rashes, ear aches and stomach pain. Adults and children ages two and older may use Express Care Online. Patients ages 17 years and younger must be accompanied by a parent/guardian during the visit.

### How do I learn more and access Express Care Online?

From your smartphone or tablet: Visit [clevelandclinic.org/eco](https://clevelandclinic.org/eco) or download the Express Care app from the Apple App Store or Google Play. From your computer: **Visit [clevelandclinic.org/eco](https://clevelandclinic.org/eco)**

### How much does an Express Care Online visit cost?

An Express Care Online visit is considered the same as a normal visit to your primary care provider (PCP).

### Who can I call if I have a billing issue with an Express Care Online visit?

Please call Cleveland Clinic directly at (866) 621-6385 and reference Express Care Online.

### Can Express Care Online providers diagnose a condition and/or write prescriptions?

Yes, when medically appropriate and at the provider's discretion. The provider will decide based on what he or she learns during a consultation if a diagnosis is possible, or if you need further examination (e.g., tests, a physical exam, another specialty visit), and if a prescription is appropriate.

Use your phone to  
scan the QR Codes to  
Download the Apps:



Express Care Online  
Telemedicine QR Code

## CLE-Care Plan



### CLE-Care's Telemedicine is provided by Doc2Go

To get started, navigate to [doc2go.com](https://doc2go.com). You can also download their app to your smartphone.

Request a visit with a doctor 24 hours a day, 365 days a year, by web or mobile.



# URGENT CARE



## Dispatch Health: In Home and Onsite Urgent Care (Not available with CLE-Care)

Anthem and Medical Mutual partnered with Dispatch Health to provide members with in-home or onsite urgent care services. Hours: 7 days a week: 8am to 10 pm, including holidays. They cover the majority of the Greater Cleveland area.

Dispatch Health provides 60-70% of care available in a traditional Emergency Department in the comfort of your home. DispatchHealth is part of your plan's network of providers. **You'll pay your plan's standard copay or coinsurance for urgent care services.** Urgent care costs are typically much lower than emergency room care. DispatchHealth accepts credit card, debit card, HSA and FSA payments.

Commonly treated conditions: COVID-19 testing/treatments: UTI, Respiratory infections, IV Placement and Fluids, Stitches and wound care, shortness of breath, heart racing or fluttering, diagnostic blood tests, minor fractures/sprains.



### How to Request Care from Dispatch Health

1. Call **(855) 213-2998**, 7 days a week, from **8 a.m. to 10 p.m.**, including holidays, or request a visit at [www.dispatchhealth.com](http://www.dispatchhealth.com).
2. Explain your symptoms.
3. Dispatch Health sends a medical team to your home to treat you. The team will arrive within a few hours of your call.
4. After you receive treatment, Dispatch Health will work with your primary care provider and a case manager, if appropriate, to coordinate your care.







As one of the largest health plans in the country, and proud to serve Ohio for 80 years, it is our privilege to continue to serve you! With that comes the following programs/services available to the City of Cleveland employees:

**Largest Network** in Ohio with over 12,000 primary care physicians, 173 hospitals, 54,000 specialists.

**Access anywhere you go:**

If you're outside the U.S., you can use the Blue Cross Blue Shield Global Core Program. You will have access to doctors and hospitals in 190+ countries and territories around the world.

**Diagnostic Services (Lab, X-Ray, Advanced Imaging):**

As part of your Blue Access PPO benefit, members may receive diagnostic tests associated with an office visit or urgent care visit at no additional charge when billed as a "referral lab." This includes x-rays, blood work, CAT, PET, MRI scans, and non-maternity related ultrasounds. (Please note this does not apply to pre-admission testing, outpatient surgery lab work, inpatient lab work, and other diagnostics to which costs must apply toward the deductible first).

**Outpatient Therapy Services:** The Blue Access PPO plan provides 20 visits per plan year.

**Allergy Testing and Injections:** In-network allergy testing and injections for the cost of a copay.

**Preventive Care / Screening / Immunization** – In-network services at no cost to you.

**Anthem Health Guide:**

More than customer service. Our health guides will work closely with providers, health coaches, social workers to provide personalized and consultative support to you and your family.

**Enhanced Personal Health Care doctors** go above and beyond for you. Your new health champion will help coordinate your overall health care to avoid gaps in care.

**Sydney Health** is Anthem's mobile app. Sydney Health is a fully integrated digital platform and provides a **simple experience** for members to access their benefits and stay engaged with their health and wellbeing. Some of the features are (also available via anthem.com):

- Find Care
- MyHealth Dashboard
- See all Anthem Benefits
- View Claims
- My Family Health Record
- Interactive Chat Feature
- Digital ID Cards
- Health Risk Assessment
- Sync Fitness Trackers

**Virtual Primary Care:**

Includes Symptom Checker, Telemedicine (LiveHealth Online) for low intensity medical needs and behavioral health support.

**Emotional Wellbeing Resources:**

This online and mobile mental health self-help resource is evidence-based and uses clinically proven models, to help people manage their behavioral health symptoms. Personalized self-paced cognitive behavioral therapy lessons, coaching options via phone, email and text at no additional cost, webinars, peer support, and a community board are some of the available options.

**Anthem Skill:**

Access Anthem benefit info through an Alexa enabled device or mobile app.

**LiveHealth Online (Telemedicine):**

Video consultations available 24/7/365 with a network provider for medical and behavioral health. Available to Anthem and non-Anthem members.

# ANTHEM



## **Emergency Room Alternatives:**

When you're looking for care in a hurry, you want to receive it safely and quickly. If it's not a life-threatening emergency and your doctor isn't available, you have other options. Call 24/7 NurseLine, have a video visit, visit a Retail health clinic, Walk-in doctor's office, Urgent Care center.

## **Cancer Care Quality Program:**

Telephonic outreach to members and their families with cancer diagnosis to provide nurse support.

## **Case Management, Medical & Behavioral Health:**

Telephonic outreach to members receiving inpatient care to provide nurse support.

## **Transplant Services:**

Provides telephonic outreach to members preparing for organ transplant and includes nurse support.

## **Utilization Management, Medical & Behavioral Health:**

Medical necessity evaluation for services, procedures & facilities.

## **Future Moms with Live Health Online Lactation Support:**

Sign up for free for help through this exciting life journey. When your baby arrives, you can also have a free video visit with a certified lactation consultant.

## **ConditionCare (Disease Management program):**

Support for you and covered dependents with asthma (pediatric or adult), COPD, CAD, diabetes types 1 and 2 (pediatric or adult), and heart failure.

## **24/7 Nurseline:**

24/7 telephone access is available and staffed by registered nurses, who can answer health questions and guide members to affordable and appropriate care.

**SpecialOffers@Anthem** can be found in the discounts section after logging onto [www.Anthem.com](http://www.Anthem.com). Members can access discounts on products and services that help promote better health and well-being.

## **BCBS Global Core Program:**

Blue Cross Blue Shield's Global Core program assists Anthem members traveling or living outside of the United States, Puerto Rico and the U.S. Virgin Islands with obtaining medical care services.

## **COVID-19 Resources:**

You can assess your symptoms, find a testing center, find a vaccine, see a doctor from home, and more.



**WEBSITE:**  
[www.anthem.com](http://www.anthem.com)



**MOBILE APP:**  
Sydney Health



**TOLL FREE:**  
Anthem  
(844) 940-1997



# PLAN 1 (RATIFIED & NON-UNION) SUPERMED PLUS



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Deductible</b> (Single / Employee+1 or Family)	\$750 / \$1,500	\$750 / \$1,500
<b>Coinsurance after Deductible</b>	90% (after deductible)	70% (after deductible)
<b>Coinsurance Maximum</b> (Single / Employee+1 or Family)	\$1,500 / \$3,000	\$5,000 / \$10,000
<b>Medical Out-of-Pocket Maximums</b> (Single / Employee+1 or Family) Deductible + Copays + Coinsurance	\$2,250 / \$4,500	\$5,750 / \$11,500
<b>Wellness/Preventive Care</b>	Covered In Full	70% (after deductible)
<b>Office Visit</b> (Copay/Coinsurance)	\$20 Per Visit - <u>Primary Care</u> \$30 Per Visit - <u>Specialist</u>	70% (after deductible)
<b>Emergency Use of an ER</b>	\$100 Copay, then 100% (copay waived if admitted)	
<b>Non-Emergency Use of an ER</b>	\$100 Copay, then 90% (copay waived if admitted)	\$100 Copay, then 70% (copay waived if admitted)
<b>Urgent Care</b>	\$20 Per Visit	70% (after deductible)



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Prescription Drug: Retail</b> (Generic / Preferred / Non-Preferred)	\$10 Copay / \$25 Copay / \$40 Copay	Not applicable
<b>Prescription Drug: 90-Day Supply by Mail Order or Maintenance Choice at CVS</b> (Generic / Preferred / Non-Preferred)	\$20 Copay / \$50 Copay / \$80 Copay	Not applicable
<b>Pharmacy Out-of-Pocket Maximums</b>	\$2,000 / \$4,000	Not applicable

See what makes this plan different on pages 10, 11 and 15

## Monthly Contribution Rates\*\*

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$107.76	\$85.08
Employee Plus One	\$227.64	\$177.06
Family	\$258.28	\$200.88

\*By electing a non-network provider, you may be subject to **balance billing**.

\*\*Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.



**IMPORTANT NOTE:** Non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility.  
For claim examples, please refer to the Summary of Benefits Coverage (SBCs).

# PLAN 2 (RATIFIED & NON-UNION) BLUE ACCESS PPO



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Deductible</b> (Single / Employee+1 or Family)	\$750 / \$1,500	\$750 / \$1,500
<b>Coinsurance after Deductible</b>	90% (after deductible)	70% (after deductible)
<b>Coinsurance Maximum</b> (Single / Employee+1 or Family)	\$1,500 / \$3,000	\$5,000 / \$10,000
<b>Medical Out-of-Pocket Maximums</b> (Single / Employee+1 or Family) Deductible + Copays + Coinsurance	\$2,250 / \$4,500	\$5,750 / \$11,500
<b>Wellness/Preventive Care</b>	Covered In Full	70% (after deductible)
<b>Office Visit</b> (Copay/Coinsurance)	\$20 Per Visit - <u>Primary Care</u> \$30 Per Visit - <u>Specialist</u>	70% (after deductible)
<b>Emergency Use of an ER</b>	\$100 Copay, then 100% (copay waived if admitted)	
<b>Non-Emergency Use of an ER</b>	\$100 Copay, then 90% (copay waived if admitted)	\$100 Copay, then 70% (copay waived if admitted)
<b>Urgent Care</b>	\$20 Per Visit	70% (after deductible)



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Prescription Drug: Retail</b> (Generic / Preferred / Non-Preferred)	\$10 Copay / \$25 Copay / \$40 Copay	Not applicable
<b>Prescription Drug: 90-Day Supply by Mail Order or Maintenance Choice at CVS</b> (Generic / Preferred / Non-Preferred)	\$20 Copay / \$50 Copay / \$80 Copay	Not applicable
<b>Pharmacy Out-of-Pocket Maximums</b> (Single / Employee+1 or Family)	\$2,000 / \$4,000	Not applicable

See what makes this plan different on pages 15, 16 and 17

## Monthly Contribution Rates\*\*

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$128.72	\$101.62
Employee Plus One	\$266.14	\$207.00
Family	\$302.72	\$235.44

\*By electing a non-network provider, you may be subject to **balance billing**.

\*\*Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.



**IMPORTANT NOTE:** Non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility. For claim examples, please refer to the Summary of Benefits Coverage (SBCs).

# PHARMACY BENEFITS EXCEPT CLE-CARE



CVS Caremark is the City of Cleveland's Pharmacy Benefit Manager (PBM). This is the prescription drug benefit that goes along with your Medical Mutual or Anthem coverage. Your prescription drug program allows you to obtain medications via your local retail pharmacy or CVS Caremark Mail Service Pharmacy for your maintenance drugs. If you take certain medications on an ongoing basis, you can save money and time by having those medications filled through the CVS Caremark Mail Service Pharmacy and at your local CVS Caremark pharmacy via the Maintenance Choice Mandatory Program.

Since your prescription drug benefits are completely separate from your medical benefits, you will have both a Medical ID Card and a Prescription Drug Card. When having a prescription filled, you will need to present your CVS Caremark Prescription Drug Card to your pharmacist.

If you are a new hire or newly enrolled, your CVS Caremark Prescription Drug Card and additional information about your CVS Caremark Drug Program will be mailed to your home address.

## **Maintenance Choice<sup>®</sup> Mandatory Program:**

Unless you opt out, covered individuals will be required to fill 90-day prescriptions by mail order or at the local CVS Pharmacy of their choice once a refill is reached. Typically the cost of the 90-day copay amount will represent a savings of approximately 33 percent over the 30-day supply copay.

## **Opt-Out Option:**

You will automatically be enrolled in Maintenance Choice after two fills of a maintenance drug, but you have the freedom to opt out if you wish to continue filling a 30-day supply for the applicable copay. Contact CVS Caremark Customer Service for opt out instructions. It will be necessary to opt out of each maintenance prescription once per year.

Members who attempt to fill a 30-day supply after the fill limit is reached will experience a rejection at the pharmacy point of purchase until either your doctor calls in a 90-supply or you call CVS to opt out.

## **Advanced Control Specialty Formulary (ACSF):**

CVS Caremark uses an Advanced Control Specialty Formulary (ACSF) process for certain classes of specialty drug prescriptions. Under ACSF, certain very costly specialty drugs in 12 therapeutic classes have been excluded from the plan. CVS Caremark will work with prescribing physicians to substitute a less expensive but proven effective alternative.

## **Monthly Contribution Rates\***

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$25.20	\$19.90
Employee Plus One	\$48.18	\$37.48
Family	\$55.34	\$43.04

\*Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.



**IMPORTANT NOTE:** When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the generic copayment.

# PLAN 3: MEDICAL MUTUAL CLE-CARE



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Deductible</b> (Single / Employee+1 or Family)	\$750 / \$1,500	Not applicable
<b>Coinsurance after Deductible</b>	90% (after deductible)	Not applicable
<b>Coinsurance Maximum</b> (Single / Employee+1 or Family)	\$1,500 / \$3,000	Not applicable
<b>Medical Out-of-Pocket Maximums</b> (Single / Employee+1 or Family) Deductible + Copays + Coinsurance	\$2,250 / \$4,500	Not applicable
<b>Wellness/Preventive Care</b>	Covered In Full	Not applicable
<b>Office Visit</b> (Copay/Coinsurance)	\$20 Per Visit - <u>Primary Care</u> \$30 Per Visit - <u>Specialist</u>	Not applicable
<b>Emergency Use of an ER</b>	\$100 Copay, then 100% (copay waived if admitted)	
<b>Non-Emergency Use of an ER</b>	\$100 Copay, then 90% (copay waived if admitted)	Not applicable
<b>Urgent Care</b>	\$20 Per Visit	Not applicable



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Prescription Drug: 30-Day Supply Retail</b> (Generic / Preferred / Non-Preferred)	\$10 Copay / \$25 Copay / \$40 Copay	Not applicable
<b>Prescription Drug: 90-Day Supply by Mail Order at MetroHealth Pharmacies</b> (Generic / Preferred / Non-Preferred)	\$20 Copay / \$50 Copay / \$80 Copay	Not applicable
<b>Pharmacy Out-of-Pocket Maximums</b> (Single / Employee+1 or Family)	\$2,000 / \$4,000	Not applicable

See what makes this plan different on pages 12-13

## Monthly Contribution Rates (Medical & Pharmacy Combined)

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$98.26	\$77.58
Employee Plus One	\$207.10	\$161.08
Family	\$235.04	\$182.80

# DENTAL: DPPO PLAN



PLAN DESIGN	DELTA DENTAL PPO DENTIST	NON-NETWORK DENTIST
Deductible	\$25 Per Person \$50 Per Family	\$50 per Person \$150 Per Family
Preventative Services	Covered at 100% (no deductible)	
Basic Services	90% after Deductible	80% after Deductible
Major Services	60% after deductible	
Plan Year Maximum	\$2,000 Per Member	\$1,000 Per Member
Orthodontia - Children & Adult	60% after deductible	60% after deductible
Orthodontia Lifetime Maximum	\$2,000 Per Member	\$1,200 Per Member

## Monthly Contribution Rates\*

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$5.04	\$3.98
Family	\$13.14	\$10.22

\*Based upon bargaining unit agreements, employee contributions may differ. Employees who are members of unions that have not yet ratified a new contract will remain on the ratified structure plan until contract finalization.

A current listing of service providers is available at: [www.deltadentaloh.com](http://www.deltadentaloh.com).



**IMPORTANT NOTE:** When you receive services from a Non-Network Dentist, the percentages in that column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

# DENTAL: DHMO PLAN



Dental benefits are paid based on a Patient Charge Schedule which lists the benefits of the Dental Plan including covered procedures and patient charges. This plan has no deductibles, no plan maximums, and no claim forms are required. The Patient Charge Schedule applies only when covered dental services are performed by your assigned Network Dentist.

As a member in the DHMO you are not required to elect a dental provider. Whoever chooses the DHMO has freedom of choice to use any DHMO provider at anytime. Each family member can have a different DHMO provider. You just need to stay in-network. Please refer to the Forms and Documents library for a complete listing of covered services under the Charge Schedule.

This plan offers orthodontia coverage for children and adults. However, procedures NOT listed in the Patient Charge Schedule are NOT covered and are the patient’s responsibility at the dentist’s usual fees. There are no non-network benefits available under this plan.

### Monthly Contribution Rates\*

ELECTION	NON-WELLNESS RATE	WELLNESS RATE
Single	\$2.94	\$2.32
Family	\$7.68	\$5.98

\*Based upon bargaining unit agreements, employee contributions may differ. Members of unions that have not yet ratified a new contract will remain on the last ratified structure plan and rates until new contract finalization.

A current listing of service providers is available at [www.deltadentalins.com/deltacare](http://www.deltadentalins.com/deltacare)



**IMPORTANT NOTE:** There is no out-of-network coverage available under the DHMO plan.



# VISION BENEFITS



PLAN DESIGN	IN-NETWORK	OUT-OF-NETWORK*
<b>Eye Exam</b>	\$0 copay	Up to \$30 reimbursement
<b>Prescription Glasses</b>		
<b>Standard Clear Plastic Lenses</b>		
Single Vision	\$0 copay	Up to \$30 reimbursement
Bifocal	\$0 copay	Up to \$40 reimbursement
Trifocal	\$0 copay	Up to \$50 reimbursement
Lenticular	\$0 copay	Up to \$50 reimbursement
<b>Lens Enhancements</b>		
Standard Progressive Lenses	\$60 copay	Up to \$40 reimbursement
Premium Progressive Lenses	\$60 copay, 70% of charge less \$110 allowance	Up to \$40 reimbursement
<b>Frames</b>		
Any Available Frame at Location	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$60 reimbursement
<b>Contacts (in lieu of Glasses)</b>		
Medically Necessary	Covered in Full	Up to \$60 allowance
Conventional	\$0 copay, \$100 allowance, 15% off balance over \$100	Up to \$80 allowance
Disposable	\$0 copay, \$100 allowance, plus full balance over \$100	Up to \$200 allowance
<b>Frequency</b>		
Exam / Lenses / Frame	Once Every 12 months	

\*By electing a non-network provider, you may be subject to **balance billing**.



**IMPORTANT NOTE:** Your eligibility for covered services and/or materials is based on your last date of service.

# VISION BENEFITS



## Plan Contribution Schedule

	MONTHLY CONTRIBUTION RATES*
<b>Wellness Rate</b>	\$1.26
<b>Non-Wellness Rate</b>	\$1.64

\*Based upon bargaining unit agreements, employee contributions may differ. Employees who are members of unions that have not yet ratified a new contract will remain on the ratified structure plan until contract finalization.

Visit [www.eyemed.com](http://www.eyemed.com) to find network eye doctors and service providers.

We are in the “**Advantage**” network.



## AFSCME Eye Care

(Not associated with EyeMed)



**IMPORTANT NOTE:** If you are an **AFSCME Local 100** member, please contact the AFSCME Care Plan at your Union Hall at **(216) 781-6420** for information about your vision benefits. There is no employee contribution for AFSCME Eye Care.

# LIFE INSURANCE



## Basic Life & AD&D Insurance - Employer Paid

The City of Cleveland provides all full-time benefits-eligible employees Basic Term Life and Accidental Death & Dismemberment (AD&D) insurance in the amount of \$25,000 at no cost.

## Optional Life Insurance - Employer Paid - Voluntary

Employees who currently pay for additional Optional Life coverage on themselves may elect one additional \$10,000 increment during the enrollment period. If the total exceeds \$50,000, evidence of insurability will be required. The Statement of Health form can be found in the Forms and Documents library of the online ESS. Contact HR/Benefits for assistance if you do not have access to a computer or the internet.

### Schedule of Benefits

For You	Multiples of \$10,000 to a Maximum Benefit of \$300,000
For Your Spouse	\$10,000
For Your Dependent Children	Child (14 days but less than 6 months) \$1,000 Child (6 months but less than 23 years old (25 for full time students) \$5,000



**Special One-Time Enrollment Effective 4/1/2023:** During this year's annual open enrollment, Symetra is allowing us a one-time enrollment for employees to elect Voluntary (Optional) Life/AD&D up to the Guarantee Issue Limits (meaning you will not need to answer a health questionnaire to prove Evidence of Insurability (EOI)).

- i** **Guaranteed Issue Limit** - Maximum amount of optional life insurance you can obtain on yourself without completing Evidence of Insurability is \$50,000, and up to \$10,000 on your spouse.
- i** **Waiting Period** - There is a 90-day waiting period from date of hire or date of new eligibility for life insurance.



**IMPORTANT NOTE:** The rates for optional life coverage for the employee include matching AD&D coverage.

# OPTIONAL LIFE AND AD&D



## Optional Life and AD&D Insurance Premium Rates - Voluntary

OPTIONAL LIFE INSURANCE (NON-SMOKER) - EMPLOYEE RATES PER \$1,000 OF COVERAGE											
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
OPTIONAL LIFE	\$0.09	\$0.11	\$0.12	\$0.15	\$0.21	\$0.33	\$0.57	\$0.71	\$1.30	\$2.09	\$2.09
SPOUSE	\$2.06 per month										
DEPENDENT CHILDREN	\$1.22 per month										

OPTIONAL LIFE INSURANCE (SMOKER) - EMPLOYEE RATES PER \$1,000 OF COVERAGE											
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
OPTIONAL LIFE	\$0.10	\$0.12	\$0.15	\$0.17	\$0.24	\$0.36	\$0.68	\$0.85	\$1.46	\$2.35	\$2.35
SPOUSE	\$2.06 per month										
DEPENDENT CHILDREN	\$1.22 per month										

As a member, you have access to these additional resources:

- *Travel Assistance*
- *Identity Theft Protection*
- *Beneficiary Companion*

# ADDITIONAL VOLUNTARY BENEFITS



Whether you are a current participant or not, additional voluntary benefits are available for all active employees on a guaranteed issue basis with no possibility of being declined for health reasons.

MetLife's voluntary benefits are available during Open Enrollment. You may choose one or more of the following individual policies:

- Short Term Disability Income Insurance — for yourself
- Identity & Fraud Protection—for yourself and your dependents
- Critical Illness Insurance — for yourself and your dependents
- Accident Insurance — for yourself and your dependents
- Hospital Indemnity Insurance (**New effective 4/1/2023**) — for yourself and your dependents
- MetLife Legal Plans (**New effective 4/1/2023**) — for yourself and your dependents
- Pet Insurance (**New effective 4/1/2023**) — your furry family members (can enroll throughout the year)

## **Short Term Disability Insurance:**

Short Term Disability Insurance helps protect you and your family by helping you meet essential living expenses should you become unable to work due to a disability. Take advantage of this cost-effective group coverage and the convenience of payroll-deducted premium payments.

- Your coverage under the plan is guaranteed as long as you are actively at work you are performing all of the usual and customary duties of your job at the employer's place of business or an alternate place approved by your employer—there are no medical exams or medical questions to answer
- Payments are made directly to you, so you decide how to spend the money
- With this plan, you can take coverage with you if your employment status changes.

## **Identity & Fraud Protection:**

Make the Internet a safer place for you and your family. We're doing more online than ever before—making us more vulnerable to fraud and online threats. MetLife Identity Fraud and Protection powered by Aura helps safeguard the things that matter the most to you: you identity, money and assets, family, reputation, and privacy. All in a single, simple to navigate App! To learn more or enroll, please contact a benefits counselor at the following dedicated toll-free number for City of Cleveland employees: (877) 262-1936.

## **Critical Illness Insurance:**

Your medical insurance may help cover your medical bills if you get sick, but a serious illness such as cancer, a heart attack, or stroke, may bring unexpected expenses such as those that might not be covered by your medical insurance. At the same time, a critical illness may affect your ability to earn an income, which may cause you to dip into your savings. Some expenses might include:

- Essential living expenses, especially if you cannot work or if a relative takes time off to help care for you
- Medical copays and deductibles
- Additional childcare while you recover.

# ADDITIONAL VOLUNTARY BENEFITS



## Accident Insurance:

An accident can happen to anyone in the family—and with it can come unexpected expenses that are not covered by medical insurance. You may want to consider Accident Insurance if:

- You and your family have an active lifestyle
- Your children play sports
- Your medical plan has high deductibles, cop-pays or other out of pocket expenses that need to be covered

## Hospital Indemnity Insurance:

Hospital Indemnity pays a lump-sum benefit if you or a covered member of your family is hospitalized. If you are admitted or confined to a hospital due to an accident or illness, hospital indemnity insurance can help pay for out of pocket costs, such as health insurance deductibles and copayments—or for anything that you see fit. Plus this coverage features:

- Guaranteed acceptance for you and other eligible family members
- Payments made directly to you, not your health care provider
- Coverage is portable, meaning you can take it with you if your employment status changes.

## MetLife Legal Plans:

Legal coverage through MetLife Legal Plans means added confidence for you and your family. Hiring an attorney can be stressful if you do not know where to go or how much it will cost. With MetLife Legal Plans, you can have a team of attorneys ready to help you take care of life's planned and unplanned legal events without draining your finances. This group benefit features:

- Assistance for a wide range of legal needs including wills and other estate planning documents, real estate matters, traffic offenses, adoptions, identity theft and more
- Cost effective monthly premium for unlimited use and no copays when using a Network Attorney for a covered matter
- Access to digital estate planning to create wills, living wills and powers of attorney online
- Easy access to more than 18,000 experienced Network Attorneys

## Pet Insurance:

Pets make your family whole. Help cover the cost of vet visits, accidents and more with MetLife Pet Insurance. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance with benefits like flexible coverage with no breed exclusions or upper age limits, the freedom to visit any U.S. licensed vet, competitive rates with discounts.

To enroll in Pet Insurance visit [www.metlife.com/getpetquote](http://www.metlife.com/getpetquote), call (800) GET-MET8

To learn more or enroll in coverage (except pet insurance), please contact a counselor at the toll-free number for City of Cleveland employees for voluntary benefit support: (877) 262-1936 weekdays 8 a.m. to 5 p.m. or [www.cocvb.com](http://www.cocvb.com).





# WELLNESS PROGRAM



## WellnessWorks! Program

The City of Cleveland's **Wellness Works! Program** promotes a culture of well-being that supports and encourages a more holistic way of living, which motivates our employees and their families to embrace a healthier lifestyle. Our goal is to improve work performance, increase accountability, reduce absenteeism, and decrease health care costs.

The Wellness Works! Program encourages employees to participate annually in **two activities**. These activities will help employees become aware of their health status and identify any risk factors for disease.

### 1. Complete Biometric Screening

The Biometric Screening consists of the following measurements performed by a health care provider:

Height	Weight
Body Mass Index (BMI)	Waist Circumference
Blood Pressure	Total Cholesterol
High-Density Lipoprotein (HDL)	Glucose

**Complete your biometric screening using either method listed below:**

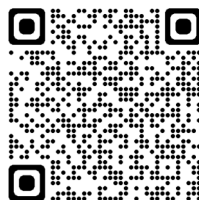
1. Register and attend an onsite Biometric Screening event hosted by Wellness Works!
2. Visit your doctor and submit the "Biometric Screening Reporting Form" with dates of completion only (no health readings or results) to the HR wellness coordinator. These forms are available through your Wellness Ambassador or the Department of Human Resources.

### 2. Complete Online Health Risk Assessment

Medical Mutual and Anthem each have their own online Health Risk Assessment tool. Access your health plan's online Health Risk Assessment using the following information:

#### Medical Mutual:

Visit [www.medmutual.com](http://www.medmutual.com) and register for My Health Plan, or login if you have already registered.



#### Anthem:

Visit [www.anthem.com](http://www.anthem.com) and register as a member. Or login if you have already registered



# WELLNESS PROGRAM



## Confidentiality Statement

Your Biometric Screenings and Health Risk Assessment results remain completely private between you and your health care provider. This information is protected and only accessible by your personal health care provider. The only information that the City of Cleveland requests and receives is a notice that you have completed these two activities.

Your participation in the Wellness Works! Program is completely voluntary. However, employees who choose not to participate this year **will be subject to lose the Wellness Rate next year**. The wellness rates represent a **4 percent savings** over the full non-wellness rates.



**IMPORTANT NOTE:** For questions regarding the Wellness Works! Program, email: [wellnessworks@clevelandohio.gov](mailto:wellnessworks@clevelandohio.gov)

# EMPLOYEE ASSISTANCE PROGRAM



The City of Cleveland continues to offer employees and their immediate family the benefit of the ease@work Employee Assistance Program (EAP). By offering this program, we are making an investment in your wellbeing. We strive to be supportive of your emotional, physical, and social needs at home and at work, which bring about a healthier and more balance life for you and your family. These services are available to you and your dependents by qualified licensed professionals who can assist in dealing with a wide variety of issues and concerns.

Here are some of the issues ease@work can assist with, so you don't have to face things alone:

Aging Parents	Job Stress	Health Issues
Mental Health Counseling 24/7	Life Transitions	Legal/Financial Resources
Work/Life Resources	Medical Advocacy	Substance Abuse
College Life	Positive Parenting	Coping with Grief
Lowering Credit Debt	Career Goals	Personal Safety
Retirement Savings	Depression Issues	Military Issues
Fire Safety	Divorce / Custody	Life Event Planning

Ease@work's services adhere to strict guidelines to ensure your privacy and confidentiality. Only aggregated, statistical information is shared including data such as the number of cases and hours of service provided. No individual names or identifying information is ever released.

The City of Cleveland pays the full cost of the ease@work program for employees and dependent family members! Whether it's counseling, advice, referrals or general resources you're looking for, ease@work can help.

Ease@work has "anytime, anywhere" solutions, reducing barriers to access through technology, including: Telephone support 24 hours a day, 7 days a week, 365 days per year; plus mobile app with Chat functionality, video counseling services, and web portal.

Our **Personal Assistant** helps individuals with your "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. We help lighten the load through researching the best options to benefit you and your loved ones. These services include: Entertaining & Dining; Travel & Tourism; Household Errands; and Household Service Professionals.

The ease@work EAP is PRIVATE, CONFIDENTIAL & FREE for you and your family members. Your participation is voluntary and **strictly confidential**. We do not report back to your employer about the things you discuss in private counseling conversations.



Call ease@work toll free: **(800) 521-3273 (EASE)**  
 Visit ease@work: **mylifeexpert.com** - **Company access code: Cleveland**  
 Click "create a new account", Insert your company access code  
 Follow instructions included in the activation e-mail  
 Download the app at: [mylifeexpert.com](http://mylifeexpert.com)



# DISCLAIMER

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. **The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.** All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your benefits or this Guide, contact the Department of Human Resources Benefits Helpline at (216) 664-3496 or e-mail a team member at: [HR-Benefits@clevelandohio.gov](mailto:HR-Benefits@clevelandohio.gov).*