

Eligibility

Who is Eligible?

City of Cleveland employees who are eligible may enroll in benefits described in this guide. The following family members are eligible for you to enroll as your dependents for medical, prescription drug, dental and vision coverage: legal spouse; natural children, stepchildren, adopted children, and children under permanent legal guardianship.

A dependent child who reaches age 23 is no longer eligible for dental or vision benefits. This year, eligible dependent children may be covered on your medical and prescription drug plans through the end of the month that they reach age 26 .

When Dependent Eligibility Ends

Any dependent who loses coverage due to reaching the maximum eligibility age, divorce or legal separation, or death of the employee has the right to continue lost coverage through COBRA for up to 36 months. Please look for an election notice from our COBRA vendor, Discovery Benefits, mailed directly to the attention of the dependent.

Change in Status

Changes to benefit plans can only be made during open enrollment or accompanying a qualifying event. Qualifying events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. If you wish to make a benefits change due to one of these qualifying Change in Status events during the plan year, you must notify Human Resources Division of Benefits, submit supporting documentation, and complete a Life Event change online via the ADP portal Employee Self Service (ESS), **within 30 days of your Change in Status date**. Please refer to the Document Library in the ESS for the required documentation to be submitted to the Human Resources Benefits Division.



IMPORTANT NOTE: Dual Coverage Policy - No employee or dependent may be covered by more than one City-sponsored plan. If two full-time City employees are married, one spouse must be a dependent on the other spouse's family plan coverage. A dependent hired by the City may elect his own coverage or remain a dependent, but may not be covered as both an employee and a dependent.

Medical Benefits

Your Medical Plan Options

Benefit eligible employees can choose between two medical plan options offered through Medical Mutual and Anthem Blue Cross & Blue Shield. The plan options are two medical Preferred Provider Organization (PPO) plans. In addition, you have the option to enroll in a Flexible Spending Account (FSA). **Please refer to page 24 “Wellness Program” for an explanation of the Wellness Rate employee contributions for each plan.**

1

Medical Mutual

For over 80 years, we have been committed to providing our members the best benefits and services. As the oldest and largest health insurer in Ohio, with headquarters in Cleveland, we have a long history with the City of Cleveland employees. Our SuperMed Plus network includes Cleveland Clinic, University Hospital Ajuha Medical Center, MetroHealth Main Campus, Summa Health System, Akron General Medical Center, Mercy Regional Medical Center and many other Ohio hospitals. The Aetna Open Choice network is a national network available to you when traveling or receiving any services outside of Ohio SuperMed PPO service area. Your plan also includes: disease management and maternity programs; tobacco cessation; Express Care Online telemedicine; member discounts; etc.

2

Anthem Blue Cross & Blue Shield

Anthem Blue Cross and Blue Shield brings you the power that comes with being one of the largest health plans in the country. Anthem’s understanding of the Ohio market coupled with its extensive reach, has worked to improve health and provide access to affordable health care services to our members. Through our Enhanced Personal Health Care initiatives, we help connect and create a partnership between patients and their personal physicians. Your plan also includes: web and mobile tools to help you find doctors and facilities near you (Find a Doctor tool); to compare service costs (Estimate Your Cost tool); to have virtual doctor’s visits (LiveHealth Online); to have virtual counseling visits (LiveHealth Online Psychology); member services; member discounts (specialoffers@anthem.com); etc. Through our **Enhanced Personal Health Care** initiatives, we help connect and create a partnership between patients and their personal physicians. Our innovative program rewards doctors for providing quality (over quantity of) care. We give doctors the resources, tools and support they need to deliver the best care for the best value. And many of these physicians are open weeknights and weekends to see patients when they need to be seen.



MEDICAL MUTUAL®

Plan 1 (Ratified & Non-Union)

PLAN DESIGN	IN NETWORK	OUT OF NETWORK*
Deductible	\$750 Single \$1,500 Family	\$750 Single \$1,500 Family
Coinsurance	90% (after deductible)	70% (after deductible)
Coinsurance Maximum	\$1,500 Single \$3,000 Family	\$5,000 Single \$10,000 Family
Out-of-Pocket Maximum (deductible + copays + coinsurance)	\$2,250 Single \$4,500 Family	\$5,750 Single \$11,500 Family
Wellness/Preventive Care	Covered in Full	70% (after deductible)
Office Visit Copay/Coinsurance	\$20 Per Visit - Primary Care \$30 Per Visit - Specialist	70% (after deductible)
Emergency Use of an ER	\$100 Copay, then 100% (copay waived if admitted)	
Non-Emergency Use of an ER	\$100 copay, then 90% (copay waived if admitted)	\$100 copay, then 70% (copay waived if admitted)
Urgent Care	\$20 Per Visit	70% (after deductible)
Prescription Drug: Retail Generic / Preferred / Non-Preferred	 \$10 Copay / \$25 Copay / \$40 Copay	Not applicable
Prescription Drug: Mail Order Generic / Preferred / Non-Preferred	\$20 Copay / \$50 Copay / \$80 Copay	Not applicable

Monthly Contribution Rates

ELECTION	NON WELLNESS RATE	WELLNESS RATE
Single	\$83.16	\$65.66
Family	\$199.42	\$155.12

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

**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 2018 plan structure plan until contract finalization.



IMPORTANT NOTE: Medical Mutual non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility.



Plan 2 (Ratified & Non-Union)

PLAN DESIGN	IN NETWORK	OUT OF NETWORK*
Deductible	\$750 Single \$1,500 Family	\$750 Single \$1,500 Family
Coinsurance	90% (after deductible)	70% (after deductible)
Coinsurance Maximum	\$1,500 Single \$3,000 Family	\$5,000 Single \$10,000 Family
Out-of-Pocket Maximum (deductible + copays + coinsurance)	\$2,250 Single \$4,500 Family	\$5,750 Single \$11,500 Family
Wellness/Preventive Care	Covered in Full	70% (after deductible)
Office Visit Copay/Coinsurance	\$20 Per Visit - Primary Care \$30 Per Visit - Specialist	70% (after deductible)
Emergency Use of an ER	\$100 Copay, then 100% (copay waived if admitted)	\$100 Copay, then 70% (copay waived if admitted)
Non-Emergency Use of an ER	\$100 Copay, then 90% (copay waived if admitted)	\$100 Copay, then 70% (copay waived if admitted)
Urgent Care	\$20 Per Visit	70% (after deductible)
Prescription Drug: Retail Generic / Preferred / Non-Preferred	 \$10 Copay / \$25 Copay / \$40 Copay	Not applicable
Prescription Drug: Mail Order Generic / Preferred / Non-Preferred	\$20 Copay / \$50 Copay / \$80 Copay	Not applicable

Monthly Contribution Rates

ELECTION	NON WELLNESS RATE	WELLNESS RATE
Single	\$105.84	\$83.56
Family	\$248.94	\$193.62

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

**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 2018 plan structure plan until contract finalization.



IMPORTANT NOTE: Anthem non-network charges will be paid at usual, customary, and reasonable (UCR) rates. Balance billing may apply and will be the member's responsibility.

Pharmacy Benefits



Pharmacy Benefit Manager

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® 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 be automatically 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

	MONTHLY CONTRIBUTION RATES*	
	SINGLE	FAMILY
Wellness Rate	\$15.50	\$33.30
Non Wellness Rate	\$19.64	\$42.82

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

**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 2018 plan structure plan until 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.

Dental Benefits



Dental – DPPO Plan

PLAN DESIGN	IN NETWORK	OUT OF NETWORK 
Deductible	\$50 Per Person \$150 Per Family	
Preventive Services	Covered at 100% (no deductible)	
Basic Services	80% after deductible	
Major Services	60% after deductible	
Plan Year Maximum	\$1,000 Per Member	
Orthodontia Lifetime Maximum	\$1,500	
Orthodontia - Children & Adults	60% after deductible	

Plan Contribution Schedule

	MONTHLY CONTRIBUTION RATES	
	SINGLE	FAMILY
Wellness Rate	\$3.70	\$9.48
Non Wellness Rate	\$4.68	\$12.20

 A current listing of service providers is available at www.cigna.com.

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

**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 2018 plan structure plan until contract finalization.



IMPORTANT NOTE: For services provided by a Total Cigna DPPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.



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 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 required to elect a dental provider. This may take 15 to 30 days. Call Cigna for your Dental Office assignment at **1-800-244-6224** or “**Find a Doctor,**” “**Dental HMO**” at www.cigna.com. Please refer to the Document Library for a complete listing of covered services under the Patient 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.

Plan Contribution Schedule

	MONTHLY CONTRIBUTION RATES	
	SINGLE	FAMILY
Wellness Rate	\$2.82	\$7.22
Non Wellness Rate	\$3.56	\$9.30



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

**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 2018 plan structure plan until contract finalization.



IMPORTANT NOTE: There are no non-network benefits available under the DHMO plan.

Vision Benefits



Vision Plan

PLAN DESIGN	IN NETWORK	OUT OF NETWORK*
EYE EXAM	\$0 copay	Up to \$30 reimbursement
PRESCRIPTION GLASSES		
STANDARD CLEAR PLASTIC LENSES		
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
LENS ENHANCEMENTS		
Standard Progressive Lenses	\$60 copay	Up to \$40 reimbursement
Premium Progressive Lenses	\$60 copay, \$110 allowance, 70% off balance over \$110	Up to \$40 reimbursement
FRAMES		
Any available frame at location	\$0 copay, \$120 allowance, 20% off balance over \$120	Up to \$60 reimbursement
CONTACTS (in lieu of glasses)		
Medically Necessary	Covered in Full	Up to \$60 allowance
Conventional	\$0 copay, \$75 allowance, 15% off balance over \$75	Up to \$60 allowance
Disposable	\$0 copay, \$75 allowance, plus full balance over \$75	Up to \$200 allowance
FREQUENCY		
Exam / Lenses / Frames	Once every 24 months (if member aged 20 and over), Once every 12 months (if member aged under 20)	

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

**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 2018 plan structure plan until contract finalization.



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



Plan Contribution Schedule

	MONTHLY CONTRIBUTION RATES
Wellness Rate	\$0.84
Non Wellness Rate	\$1.06

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



Visit www.eyemed.com to find a doctor and view your benefits.

Life Insurance

MetLife Basic Life Insurance - Employer Paid

The City of Cleveland provides all benefit eligible employees with Basic Term Life coverage in the amount of \$15,000 at no cost.

MetLife Life Insurance - Voluntary

Employees who currently pay for additional Optional Life coverage on themselves may elect one additional \$10,000 increment during the enrollment period. If total exceeds \$50,000, evidence of insurability will be required.

The Statement of Health form can be found in the Document 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 student) \$5,000

- i** **Guaranteed issue limit** - Maximum amount of optional life insurance you can obtain without completing Evidence of Insurability is \$50,000.
- i** **Evidence of Insurability** - Process in which you complete a short questionnaire pertaining to your health. Must be reviewed and approved for coverage to become effective.



IMPORTANT NOTE: The rates for the optional life coverage for the employee include matching AD&D coverage (this is only offered on the optional life, not the basic or dependent life coverage).

Employee Assistance Program



ease@work

An employee assistance program (EAP) is a confidential program designed to help you and your family with personal matters. Through ease@work, the City of Cleveland employees, their dependents, parents, and parents in-law are entitled to five face-to-face counseling sessions per year, per issue, per member. Telephone intakes and information calls are free and unlimited 24/7.

The services available to you through the EAP are all provided by qualified professionals.

Here are a few of the topics that **ease@work** is equipped to help you with:

• Stress	• Family Relationship	• Fitness
• Diet/Nutrition	• Drug/Alcohol Abuse	• Geriatric Concerns
• Marital Issues	• Finances/Budgeting	• Legal Issues
• Healthy Lifestyle Choices	• Adolescent Concerns	• Depression/Anxiety
• Retirement Concerns School-aged Services	• Smoking Cessation	• Grief/Loss

ease@work's services adhere to and follow strict guidelines to ensure your privacy and confidentiality.

ease@work Employee Assistance services are accessible to you and your dependents 24 hours a day. Request services by phone, email or through the 'members only' website. In addition, you can conduct a number of 'self directed' searches to find the information you're looking for immediately.

Please share this document with your dependents. Assure them that the program is strictly confidential. We encourage you to call ease@work anytime you need assistance.

Additional Voluntary Benefits



Trustmark

Additional Voluntary Benefits

Trustmark Voluntary Benefits will be available during Open Enrollment. You may choose to cover yourself with one or more of the following individual policies:

- **Critical Illness Insurance**
- **Disability Income Insurance**
- **Accident Insurance**
- **Universal Life Insurance**

Trustmark “LifeEvents” Universal Life Insurance policies will offer a number of features, including:

- **Whole lifetime coverage with cash value accumulation**
- **Long-term care benefits**
- **Individual policies that provide portability with no change in premiums**
- **Coverage availability for spouse, children, and grandchildren**

Trustmark insurance policies will be available during the Open Enrollment Period.

For more information, contact a Trustmark benefits counselor at **(877) 262-1936** or see a Trustmark representative during one of the Open Enrollment Benefits Meetings.

Please remember that Trustmark Voluntary Benefits are individual insurance policies. Because they are not one of the City’s group policies, you will need to enroll directly with Trustmark. The City has arranged to collect premiums by payroll deduction and send to Trustmark for you. However, you will not be able to enroll with Trustmark through the City’s online benefits portal.

Wellness Program



Wellness Works! Program

The mission of the City of Cleveland's **Wellness Works! Program** is to support and motivate employees and their families to embrace healthier lifestyles, positively impact the City's healthcare costs, and develop and enhance a culture of organizational wellness to support and foster improved health.

The Wellness Works! Program encourages employees to participate annually in the following **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 and register for My Health Plan, or login if you have already registered.

Anthem:

- Visit www.anthem.com and register as a Member, or login if you have already registered.

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.

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