

2021 My Pay + Benefits Highlights

for Cleveland Clinic Florida Residents and Fellows

INFORMATION ABOUT YOUR BENEFITS



Our Investment in You

Cleveland Clinic 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.

Thank you for your continued dedication to Cleveland Clinic.



Eliane Seeman
Executive Director, Total Rewards

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Eligibility

In general, the benefits described in this summary are extended to active residents, fellows and research scholars at Cleveland Clinic Florida.

Dependent Eligibility

Dependents eligible for coverage under the Cleveland Clinic 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 part-time, 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 Florida Employee Health Plan provides comprehensive healthcare benefits for plan participants. The plan 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 www.clevelandclinic.org/healthplan. 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)
- \$350 copay for inpatient services (prior authorization required), including labor and delivery

Tier 2 providers can be found at www.umar.com by searching under the UnitedHealthcare Choice Plus network. Tier 2 providers are subject to a \$250 annual deductible and most medically necessary services are covered at 70% thereafter.

OB/GYN, pediatric, and ophthalmologic services are covered 100% at UMR UnitedHealthcare Choice Plus network providers.

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 \$250 copay and urgent care visits are subject to a \$50 copay.

Complete coverage information, including exclusions and limitations, can be referenced in the Summary Plan Description (SPD), which can be accessed through the Employee Health Plan website at www.clevelandclinic.org/healthplan.

Prescription Drug Benefit

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

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

Additional information on the prescription drug benefit, including a full listing of Cleveland Clinic locations, can be found in the Cleveland Clinic Employee Health Plan Prescription Drug Benefit and Formulary Handbook which can be accessed through the EHP website at

www.clevelandclinic.org/healthplan.

Dental Benefit Programs

Cleveland Clinic 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 Routine Cleanings X-rays Fluoride Application Sealants	\$0 \$0 \$0 \$0 \$12/tooth	You pay full cost
Basic Restorative Care Fillings - Amalgam Root Canal Therapy/Endodontics Oral Surgery – Simple Extractions Surgical Extraction of Impacted Teeth	\$0 \$210-\$430 \$12-\$115 \$46/tooth	You pay full cost
Major Restorative Care Crowns Dentures Bridges Inlays/Onlays	\$150-\$490/tooth \$625-\$715 \$150-\$470/tooth \$150-\$470/tooth	You pay full cost
Orthodontia Adult Children under 19	\$2,376 \$2,040	You pay full cost

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 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.

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 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

Disability

Cleveland Clinic provides a group long-term disability plan which covers 70% of your current monthly salary if you suffer from a disabling accident or illness with a maximum monthly benefit payment of \$3,000. Benefit payments begin after you have been unable to work for 90 days (elimination period) due to disability.

Maternity and Parental Leave

Cleveland Clinic provides clinical trainees with paid maternity and parental leave:

- 100% pay for up to 8 weeks of maternity leave for mothers following childbirth
- 100% pay for up to 4 weeks of parental leave for both parents following the birth or adoption of a child

Caregivers are eligible for this benefit effective upon their hire date. For additional information please visit the ONE HR Portal accessed in Workday (www.ccf.org/onehr).

If you have questions about these benefits please call the ONE HR Service Center at 216.448.2247, option 1.

Retirement Programs

Caregivers are automatically enrolled in the 403(b) Savings & Investment Plan (SIP) managed by Fidelity Investments. The SIP is funded with caregiver Pre-tax, Roth and/or After-Tax contributions. All newly hired and newly eligible caregivers are automatically enrolled to contribute 3% of pay on a Pre-Tax basis 31 days after their start date. You can change or stop your contribution to the SIP at any time by calling Fidelity at 888.388.2247, or online at www.netbenefits.com/clevelandclinic.

Contributions to the SIP are invested in a default target-date fund based on the caregiver's age. Caregivers have the option to change their investment allocations at any time on Fidelity's website (www.netbenefits.com/clevelandclinic).

Assistance in Managing Your Retirement Accounts

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

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/clevelandclinic.

Life Insurance

Cleveland Clinic provides a \$25,000 group term life insurance policy for caregivers at no cost. Enrollment is automatic upon your start date.

Life Insurance Beneficiary Designation

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.

Flexible Spending Accounts

Cleveland Clinic 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.

Vacation Days

Residents and fellows are given three weeks (15 working days) of vacation per academic year.

Healthy Choice Program

What Is It?

The Healthy Choice Program was created to encourage Cleveland Clinic 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 year¹. 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 www.clevelandclinic.org/healthplan). 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 www.clevelandclinic.org/healthplan 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.

1. As a Cleveland Clinic Florida resident/fellow you are not eligible for Healthy Choice premium discounts as you are already receiving a substantial health plan premium discount (you pay half of the bronze full-time rate). However, if you were to be promoted to a staff position in the following calendar year your successful participation in the Healthy Choice Program this year could allow you to receive discounted health plan premiums upon your appointment to the professional staff.

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 www.clevelandclinic.org/healthplan.

Wellness Programs

Cleveland Clinic 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 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.

Voluntary Benefits

MetLife Auto/Home/Pet Insurance

MetLife offers discounted rates on automobile, home and veterinary pet insurance for Cleveland Clinic 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.



Every life deserves world class care.

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This summary is intended to provide a high level overview of Cleveland Clinic 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 216.448.2247. This summary does not create a contract between Cleveland Clinic and its caregivers for either employment or any other benefit program offered. Cleveland Clinic routinely reviews the benefit programs offered and has the right to change or terminate these offerings at its own discretion at any time.