

2025 Benefits Highlights

for Cleveland Clinic Florida Residents and Fellows



Empowering You to Choose

Cleveland Clinic knows your needs may differ from those of your colleagues, and your preferences can change at any stage of your life.

This is why we offer comprehensive benefits options as part of your My Pay + Benefits package. With more opportunities to choose, you can determine how our benefits offerings can best help you thrive every day.

Take a few moments to review these benefits highlights. Detailed summary plan descriptions are available on the HR Portal. Making informed decisions about the benefits you elect protects you and your family, supports your health and well-being, and improves your caregiver experience.

Thank you for your dedication to our patients, our communities and your fellow caregivers.



Eliane Seeman
Vice President, Total Rewards

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How to Access the HR Portal

Everything you need to know about your benefits is in one place – the **HR Portal** – and you're there in just a few clicks!

- Visit <https://ccf.org/portal>
- Select “**Current Caregiver**” to log in to Workday
- Under “Announcements” in the bottom right, click “**Access the HR Portal**”
- Press the blue button, “**Click HERE to Access the HR Portal.**”
- If you need assistance, call the **HR Service Center** at **877.688.CCHR**

To review benefit offerings from home, follow these steps to install the Workday app on your Android, iPhone or iPad devices.

Access Workday from Home



Install and Log In to Workday from your Android, iPhone and iPad



My Pay + Benefits Dashboard (Coming in January 2025)

NEW!

When you visit the HR Portal, be sure to review your My Pay + Benefits dashboard. This is a personalized statement that shows the overall value of your pay and benefits provided by Cleveland Clinic. It includes the amount of your pay, Cleveland Clinic's contributions toward benefits, and year-to-date retirement contributions. There are links to benefit plan details and benefit carriers such as Fidelity Investments, MetLife, Cigna and more.

- Click the “My Money” menu at the top of the HR Portal home page
- Select “My Pay + Benefits”

Eligibility

In general, the benefits described in this summary are extended to active residents and fellows 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 is 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 beginning on their start date and will have 31 days from their start date to enroll. Failure to enroll in benefits within this 31 day period 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)
- Change in the place of residence or work

Caregivers who experience a life event that 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. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of this enrollment process.

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 on to during open enrollment.

Health Plan Options

NEW!

Cleveland Clinic provides two health plan options. Caregivers can choose to enroll in either **EHP** or **EHP Plus**. The plans are administered by Aetna, and the benefit coverage is the same for both plans. The difference between the two plans is the *network* of providers and your premium cost. The two health plan options are summarized below.

- 1. EHP** – The EHP option includes the Cleveland Clinic Quality Alliance (QA) network and the Florida Clinically Integrated Network (CIN). These networks include Cleveland Clinic facilities and employed physicians as well as contracted facilities in Ohio and Florida. If you elect this plan, **you must use providers from this provider network**.

The EHP plan is supplemented with Aetna providers in the following specialties from the seven counties surrounding our **Florida** hospitals: **Allergy, Behavioral Health, Chiropractic, Dermatology, Endocrinology, Nutritionist, OB-GYN/Obstetrics, Ophthalmology, Otolaryngology (ENT), Oral Surgery, Pain Management, Pediatrics and Podiatry**. The seven counties include Brevard, Indian River, St. Lucie, Martin, Palm Beach, Broward and Miami-Dade.

- 2. EHP Plus** – The EHP Plus option gives members access to the providers available in the EHP plan (above), PLUS Aetna's Open Access Select network, which includes providers nationwide.

Providers not covered under EHP and EHP Plus: University Hospital Health System, Summa Health System, Aultman Hospital, and their affiliates are not in-network with either EHP or EHP Plus. However, in case of an emergency, services will be covered. For transfer from a non-CCHS facility, call the transport line at 866.721.9803. For more information, please refer to the notification and transfer guidelines outlined in the health plan Summary Plan Description (SPD).

Before choosing your plan, confirm that all your providers participate in that network.

You can view/search each network on the Employee Health Plan website at <https://employeehealthplan.clevelandclinic.org/Home/New-Caregivers/Getting-Started>

Both the EHP and EHP Plus health plans provide comprehensive healthcare benefits which include:

- No annual deductible
- No co-pays or co-insurance for primary care office visits (Internal Medicine, Family Practice, OB-GYN and Pediatrics)
- No co-pays or co-insurance for primary care virtual visits (includes Express Care Online app and real-time virtual visits)
- \$35 specialist office visit co-pay
- \$350 co-pay for inpatient services (prior authorization is required), including labor and delivery
- \$50 Urgent care co-pay
- \$250 Emergency Department visit co-pay (if member is admitted from the ED for an inpatient stay, co-pay is waived and \$350 inpatient co-pay applies; observation stays are not considered inpatient admissions)
- Emergency and urgent care services are covered 100% (after applicable co-pay) no matter where the services are received.

Changes for 2025

- \$75 co-pay on outpatient surgeries, ambulatory surgery centers, hospital outpatient and hospital locations
- \$35 co-pay will be applied to specialty virtual visits
- Chiropractic visit limit will change from 30 to 10 visits per benefit year
- The specialty of Neurology is being removed from the Aetna supplemented specialties in Florida for the EHP plan
- Services for removal of impacted wisdom teeth will be covered under the dental benefit (not the health plans).
- The **EHP Plus** plan infertility network requirements are changing for 2025. There will no longer be a requirement to use the Cleveland Clinic Women's Health Institute when members live within 130 miles of Cleveland Clinic. EHP Plus members seeking treatment for infertility must use an Aetna Infertility Institute of Excellence (IOE) provider. If there is no infertility provider/facility in the IOE within 130 miles of where you live, seek treatment with an Aetna network infertility specialist. Precertification will still be required through Aetna's Fertility Advocate.

Cleveland Clinic Children's has assumed clinical management for the Akron General and Mercy Neonatology units. This, coupled with the opening of its first pediatric primary care and specialty office in Akron, offers our Ohio southern region members pediatric services closer to home.

The charts on pages 6 and 7 outline the medical benefit coverage for both the EHP and EHP Plus options.

See page 23 for health plan costs, including Healthy Choice discounted premium amounts.

CHOOSE ONE

Benefit Program Features		<i>EHP</i> Cleveland Clinic Quality Alliance (QA) and Florida Clinically Integrated (CIN) Networks	<i>EHP PLUS</i> Cleveland Clinic Quality Alliance (QA), Florida Clinically Integrated (CIN) and Aetna Select Open Access Networks	<i>OUT OF NETWORK</i>
Annual Deductible	Single	None	None	
	Family	None	None	
Out-of-Pocket Maximum	Single	\$3,950	\$3,950	
	Family	\$7,900	\$7,900	
Medical Benefit Program Features				
PCP Office Visit (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)		100% of Allowed Amount	100% of Allowed Amount	Not Covered
PCP Virtual Visits		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Specialist Office Visits		100% of Allowed Amount after \$35 copay (no referral required)	100% of Allowed Amount after \$35 copay (no referral required)	Not Covered
Specialist Virtual Visits		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Maternity Care		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
Routine (Annual) Physical Exam by Primary Care Physician		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Exam		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Inpatient Hospital Services¹		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
Outpatient Hospital Services		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Radiology –		100% of Allowed Amount	100% of Allowed Amount	Not Covered
MRI/CT Scans (non-emergent) ¹		\$75 copay, then 100% of Allowed Amount	\$75 copay, then 100% of Allowed Amount	Not Covered
Outpatient Surgeries (ambulatory surgery centers, hospital, and hospital outpatient locations)		\$75 copay, then 100% of Allowed Amount	\$75 copay, then 100% of Allowed Amount	Not Covered
Laboratory/Diagnostic Tests		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Emergency Department				
Emergency Care / ER Hospital Admission		100% after \$250 copay / \$350 if admitted	100% after \$250 copay / \$350 if admitted	100% after \$250 copay / \$350 if admitted
Urgent Care		100% after \$50 copay	100% after \$50 copay	100% after \$50 copay
Medical Supplies and Durable Medical Equipment		80% of Allowed Amount	80% of Allowed Amount	Not Covered
Skilled Nursing Care¹		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
Acute Inpatient Rehab¹		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
Long-Term Acute Care¹		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
Hospice		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Symptom Management		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Respite Care		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Home Health Care¹		100% of Allowed Amount	100% of Allowed Amount	Not Covered
60 Visits per Benefit Year				
Acupuncture		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Maximum of 10 Visits/Benefit Year				

All copayments and coinsurance listed on this chart accumulate to your out-of-pocket maximum with the exception of copayments for bariatric surgery and the Autism School.

Retirees Over 65: Copayments and coinsurance do not apply with the exception of coinsurance for hearing aids and Acupuncture.

1. Precertification required.

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

CHOOSE ONE

Medical Benefit Program Features	<i>EHP</i> Cleveland Clinic Quality Alliance (QA) and Florida Clinically Integrated (CIN) Networks	<i>EHP PLUS</i> Cleveland Clinic Quality Alliance (QA), Florida Clinically Integrated (CIN) and Aetna Select Open Access Networks	<i>OUT OF NETWORK</i>
Chiropractic Maximum of 10 Visits/Benefit Year	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Therapy Services (Rehabilitative) Occupational/Speech/Physical	100% of Allowed Amount after a \$10 copay. 30 Visits per Therapy per Calendar Year	100% of Allowed Amount after a \$10 copay. 30 Visits per Therapy per Calendar Year	Not Covered
Therapy Services (Habilitative) Physical/Occupational/Speech Apraxia, Autism, Autism Spectrum Disorder, Cerebral Palsy, Developmental Delay and Spina Bifida	100% of Allowed Amount (No visit limitation)	100% of Allowed Amount (No visit limitation)	Not Covered
Family Planning	100% of Allowed Amount	100% of Allowed Amount	Not Covered
Infertility Treatment¹	100% of Allowed Amount LTM: (\$15,000 Medical, \$6,000 Pharmacy)	100% of Allowed Amount LTM: (\$15,000 Medical, \$6,000 Pharmacy)	Not Covered
Hearing Aids⁴	50% of Charge up to \$3,500/Ear – Limited to one aid per Ear every 3 years	50% of Charge up to \$3,500/Ear – Limited to one aid per Ear every 3 years	Not Covered
Organ Transplant¹ Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See previous page	100% of Allowed Amount Unlimited See previous page	Not Covered
Behavioral Health Benefit Program Features			
Physician Office Visits	100% of Allowed Amount after a \$35 copay	100% of Allowed Amount after a \$35 copay	Not Covered
Outpatient Coverage Outpatient (OP Visits) ² Psychological and Neuro-Psychological Testing ³	100% of Allowed Amount 100% of Allowed Amount	100% of Allowed Amount 100% of Allowed Amount	Not Covered
Outpatient Telemedicine/ Virtual Consultation	100% of Allowed Amount	100% of Allowed Amount	Not Covered
Inpatient Coverage¹	\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
Intensive Outpatient (OP)	100% of Allowed Amount	100% of Allowed Amount	Not Covered
Partial Hospitalization Programs (PHP)¹	100% of Allowed Amount	100% of Allowed Amount	Not Covered
Residential Treatment¹	\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
Transcranial Magnetic Stimulation (TMS)¹	100% of Allowed Amount	100% of Allowed Amount	Not Covered

All copayments and coinsurance listed on this chart accumulate to your out-of-pocket maximum with the exception of copayments for bariatric surgery and the Autism School.

Retirees Over 65: Copayments and coinsurance do not apply with the exception of coinsurance for hearing aids and Acupuncture.

1. Precertification required.

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

3. Psychological and Neuro-Psychological Testing: Up to 8 hours of testing are automatically reimbursed without precertification. Testing must be done by trained Behavioral Health Specialists.

4. Hearing aids are only covered when provided by Cleveland Clinic. There is no coverage for any other provider.

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

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

Prescription Drug Benefit

The prescription drug benefit is included with the Employee Health Plan and provides coverage for prescriptions obtained through Cleveland Clinic 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 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 Summary Plan Description which can be accessed through the health plan's website at employeehealthplan.clevelandclinic.org.

The Following Is a Summary Overview of the Prescription Drug Benefit

Categories	TIER 1 Preferred Generics (Non-Specialty)	TIER 2 Preferred Brands (Non-Specialty)	TIER 3 Non-Preferred Brands and Generics (Non-Formulary)	TIER 4 Specialty Brand and Drugs (Hi-Tech)	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
Annual Deductible	\$200 Individual \$400 Family	<i>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</i>			No	No
Member % Co-insurance Cleveland Clinic Pharmacies: up to 90-Day Supply	15%	25%	45%	20%	Member Pays 100% of the Discounted Price	Not Covered by Rx Plan – Use Discount Card
Member % Co-insurance CVS Store Pharmacies: 30-Day Supply Mail Service Program: 90-Day Supply	20%	30%	50%	20%	Member Pays 100% of the Discounted Price	Not Covered by Rx Plan – Use Discount Card
Cleveland Clinic Pharmacies including Specialty & Home Delivery: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$50 Maximum per Month Supply	No	No
Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	N/A	No	No
CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	No	Yes No Minimum/ \$100 Maximum per Month Supply	No	No
Is there an Annual Out-of-pocket Maximum?	After Deductible Has Been Met: \$3,950 Individual / \$7,900 Family Combined Maximums for Retail, Specialty and Home Delivery				No	No
Components of Each Category			Brand Name Drugs See the EHP Prescription Drug Formulary	Specialty Drugs^{5, 6} See complete list of Specialty Drugs, PrudentRx Solution Specialty Medication, and Medications in the EHP Copay Card Assistance Program in the EHP Prescription Drug Formulary	Discounted Drugs See the EHP Prescription Drug Formulary	Non-Covered and Over-the-Counter Drugs See the EHP Prescription Drug Formulary
Prior Authorization Required	See the EHP Prescription Drug Formulary for list of pharmaceuticals requiring prior authorization				No	N/A
Diabetic Supplies⁷ Asthma Delivery Devices⁷ and Prescription Vitamins⁸	Co-insurance 20%			No	No	N/A
Pharmacies⁹ in the Retail Network	CVS store pharmacies (including CVS pharmacies located in Target stores); CVS Minute Clinics are not included.					

Note: Benefit Program includes generic oral contraceptives.

5. Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the *Prescription Drug Formulary Handbook*.

6. There are 3 options for obtaining medications in the category listed above. The options are: 1. *Cleveland Clinic Pharmacies*, 2. *Cleveland Clinic Specialty Pharmacy*, and 3. *CVS/caremark Specialty Drug Program*. **Specialty Drug prescription orders (first fill and refills) are limited to a one month supply.**

7. Diabetic Supplies – All diabetic supplies covered, except for most insulin pumps and insulin pump supplies (with the exception of Omnipod Dash), continuous glucose monitors (with the exception of FreeStyle Libre products), and continuous glucose monitor supplies (which are covered under the medical benefit). Diabetic

supplies covered under the prescription drug benefit include: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, injection pens, FreeStyle Libre products, and Omnipod Dash. Members with type 1 diabetes who are under 18 years of age will have no out-of-pocket expense for their insulins and diabetic supplies covered under the prescription drug benefit. Asthma Delivery Devices – Includes spacers used with asthma inhalers.

8. Refers to vitamins that require a prescription from your healthcare provider.

9. Members can use any Cleveland Clinic pharmacy or any CVS store pharmacy for obtaining acute care medications (e.g. single course of antibiotic therapy) and for the first fill of maintenance medications but must use a Cleveland Clinic Pharmacy or CVS/caremark Mail Service Program for all maintenance medications.

Dental Plan Options

There are four dental plan options administered by Cigna.

Cigna Dental HMO (DHMO)

- Narrowest network – you can only utilize Cigna Dental Care Access Plus DHMO providers such as Aspen Dental, Hudec Dental and Bright Now. Cleveland Clinic and Mercy dental providers are **not** included in this plan.
- Includes coverage for routine cleanings/x-rays, restorative care and adult/child orthodontia

Preventive Dental Plan

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

Traditional Dental Plan

- Includes coverage for routine cleanings/x-rays, minor/major restorative care and child orthodontia (up to age 23)

Enhanced Dental Plan

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

Costs for each plan can be found on page 22. Summary Plan Descriptions with complete details are available on the HR Portal. A directory of Cigna providers can be found at www.cigna.com or by calling 800.244.6224. The following chart highlights some of the services covered under each dental plan.

Dental Plan Options

	DHMO ¹	Preventive	Traditional	Enhanced
Network	Cigna Dental Care Access Plus DHMO Providers (e.g., Aspen, Hudec, Bright Now)	Total Cigna DPPO Providers	Cigna DPPO Advantage and Cigna DPPO Providers	Total Cigna DPPO Providers
Out of Network Coverage	None	Yes ²	Yes ²	Yes ²
Calendar Year Maximum Benefit	None	\$500	\$1,250 Cigna DPPO Advantage Providers \$1,000 all other providers	\$1,500
Annual Deductible Individual Family	None	\$50 \$150	\$50 \$150	\$50 \$150
SERVICES	Your Charge	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic Care (Calendar year maximum does not apply) Oral Exams Routine Cleanings X-Rays Fluoride Application Sealants	\$0 \$0 \$0 \$0 \$12/tooth	100%	100%	100%
Basic Restorative Care³ Fillings – Amalgam Simple Extractions Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics	\$0 \$12–\$115	80%	80% Cigna DPPO Advantage providers 70% all other providers	80%
Major Restorative Care³ Crowns Dentures Bridges Inlays/Onlays	\$150–\$490/tooth \$625–\$715 \$150–\$470/tooth \$150–\$470/tooth	Not covered	50%	60%
Orthodontia³	Adults – \$2,376 Children under 19 – \$2,040	Not covered	50% \$1,250 max covered for children to age 23	80% \$2,500 max covered for children & adults

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 HR Portal which is accessed through Workday.
2. Out-of-network claims are reimbursed based on the “maximum reimbursable charge,” which may result in your costs being higher than if you go to a CIGNA DPPO provider.
3. Subject to annual deductible.

Vision Plan Options

There are two vision plan options administered by EyeMed. The **Basic** and **Enhanced** Vision Plans provide coverage for materials + exam services as well as a benefit for either eyeglasses (frames & lenses) or contact lenses once per calendar year. Additional eyewear can be purchased at a discount. 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 following chart highlights benefits under each vision plan. Visit the HR Portal for additional details. Costs for each plan can be found on page 22.

	BASIC VISION PLAN		ENHANCED VISION PLAN	
	In-Network Member Cost	Out-of-Network Member Reimbursement	In-Network Member Cost	Out-of-Network Member Reimbursement
EXAM SERVICES				
Exam	\$10 co-pay	Up to \$35	\$0 co-pay	Up to \$35
Contact Lens Fit and Follow-up – Standard	Up to \$55; contact lens fit and two follow-up visits	Not covered	\$0 co-pay; contact lens fit and two follow-up visits	Up to \$40
Contact Lens Fit and Follow-up – Premium	10% off retail price	Not covered	\$0 co-pay; 10% off retail price, then apply \$55 allowance	Up to \$40
FRAME	\$0 co-pay; 20% off balance over \$130 allowance	Up to \$35	\$0 co-pay; 20% off balance over \$180 allowance	Up to \$65
STANDARD PLASTIC LENSES				
Single Vision	\$0 co-pay	Up to \$25	\$0 co-pay	Up to \$25
Bifocal	\$0 co-pay	Up to \$40	\$0 co-pay	Up to \$40
Trifocal	\$0 co-pay	Up to \$55	\$0 co-pay	Up to \$55
Progressive – Standard	\$65 co-pay	Up to \$40	\$10 co-pay	Up to \$40
Progressive – Premium Tier 1–4	\$85–175 co-pay	Up to \$40	\$85–175 co-pay	Up to \$40
LENS OPTIONS				
Anti Reflective Coating:				
Standard	\$45	Not covered	\$0 co-pay	Up to \$23
Premium Tier 1–2	\$57–68	Not covered	\$12–23	Up to \$23
Premium Tier 3	20% off retail price	Not covered	20% off retail price	Not covered
Photochromic – Non-Glass	20% off retail price	Not covered	20% off retail price	Not covered
Polycarbonate – Standard	\$40 (\$0 if < 19 yrs of age)	Up to \$20	\$0 co-pay	Up to \$20
Scratch Coating – Standard Plastic	\$0 co-pay	Up to \$8	\$0 co-pay	Up to \$8
Tint – Solid or Gradient	\$15	Not covered	\$0 co-pay	Up to \$8
UV treatment	\$15	Not covered	\$0 co-pay	Up to \$8
All Other Lens Options	20% off retail price	Not covered	20% off retail price	Not covered
CONTACT LENSES				
Contacts – Conventional	\$0 co-pay; 15% off balance over \$130 allowance	Up to \$70	\$0 co-pay; 15% off balance over \$180 allowance	Up to \$104
Contacts – Disposable	\$0 co-pay; 100% of balance over \$130 allowance	Up to \$70	\$0 co-pay; 100% of balance over \$180 allowance	Up to \$104
Contacts – Medically Necessary	\$0 co-pay; paid in full	Up to \$70	\$0 co-pay; paid in full	Up to \$200

Disability NEW!

Cleveland Clinic provides disability coverage to trainees upon date of hire at no cost to the trainee. If a trainee is on an authorized medical leave of absence, medical leave benefits pay 100% of salary for up to 90 days. If a medical condition continues beyond 90 days, a trainee may be eligible to receive the long-term disability benefit, which provides 60% of salary up to a maximum benefit of \$15,000 per month.

As a Cleveland Clinic trainee, you also have the unique opportunity to supplement your group long-term disability plan with an individual disability policy. This opportunity is medically guaranteed and requires no health questions or medical exams. The Guaranteed Standard Issue (GSI) program allows you to apply for a monthly disability benefit of up to \$7,500, depending on your years of training, with options to increase up to a maximum benefit of \$15,000/month. This coverage protects you in your specialty with enhanced true own occupation contractual language and offers the option for student loan protection along with several additional benefits. This policy and the discounted rates are fully portable once you leave your Cleveland Clinic training program. You have the option to enroll in the GSI program any time during your training, or up to three months after. A trainee may not qualify for this individual GSI program if they have received a modified or declined offer of coverage more than 9 months after their date of hire.

For more information or questions, please contact:

Rory C. Lough
Gallagher Benefit Services
440-567-8949
rory_lough@ajg.com
www.disabilityquotes.com/rlogheapp

Amy P. Dickenson
Dickenson & Associates, LLC.
216-375-2437
amy@dickensoninsurance.com
www.disabilityquotes.com/amydeapp



Life + Accident Insurance

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

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

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

Supplemental Life Insurance

- Option to elect from 1.0x to 10.0x base annual pay (max of \$1,500,000)
- New hires and newly eligible caregivers can elect up to 6.0x base annual pay without providing evidence of insurability (EOI)
- During open enrollment EOI is required if not currently enrolled. If you are currently enrolled in supplemental life and you wish to increase the amount, EOI is required if you elect an increase in coverage greater than 2 times your annual base pay.

Dependent Life Insurance

- Covers legally married spouse at \$25,000 and dependent children up to age 26 at \$10,000 each
- Caregivers can elect coverage without providing evidence of insurability

Life Insurance Beneficiary Designations

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

Retirement Program

403(b) Savings & Investment Plan (SIP)

The 403(b) Savings & Investment Plan (SIP) is managed by Fidelity Investments. The plan is funded with your own pre-tax, Roth, and/or after-tax contributions and the corresponding employer matching contributions (there are no matching contributions made on 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. Contributions are invested in a default target-date fund based on the caregiver's age. You can change your contribution percentage and/or investment allocations at any time on Fidelity's website at www.netbenefits.com/clevelandclinic or by calling Fidelity at 888.388.2247. **Please consult with your tax accountant, financial advisor or Fidelity before making any after-tax election.**

Cleveland Clinic will match half of your pre-tax and/or Roth contributions, with a maximum employer matching contribution of 3% each pay period. To receive the maximum matching contribution from Cleveland Clinic you will need to set your total pre-tax and/or Roth contributions to at least 6%. (If you are making both pre-tax and Roth contributions, as long as

1. Per IRS regulations, the value of employer-paid group term life insurance over \$50,000 is included in the caregiver's paycheck as imputed income and subject to tax withholding.
2. Base annual pay is your standard annual rate of pay as of October 1 of the previous plan year – or as of your date of hire if you are a new employee. Base annual pay does not include additional duty pay or any other extra pay.

you are contributing 6% combined you will receive the full 3% match.) There is a three-year vesting³ period for matching contributions to this plan, but you are always fully vested in your own contributions to this plan.

Maximum Contributions

In 2025 you are allowed to contribute up to \$23,500 on a pre-tax and/or Roth basis (up to \$31,000 if 50 or older). The maximum employer matching contribution is \$10,500. There is a total limit for all contributions into the 403(b) plan of \$70,000. This includes your pre-tax, Roth, after-tax and Cleveland Clinic employer matching contributions (excludes age 50 catch up contribution).

Assistance in Managing Your Retirement Accounts

To support your financial well-being, Fidelity representatives are available to discuss your retirement programs at no cost. They can translate all the “financial lingo” to help you understand your choices and create a plan for saving. To schedule time with a representative, visit www.netbenefits.com/clevelandclinic or call 866.715.2059.

Travel Benefit: Educational Conferences

Cleveland Clinic Florida strongly encourages their clinical trainees to participate in scholarly/research activities. Trainees at a PGY 3 level or above may attend academic meetings for the purpose of presenting or engaging in leadership roles within national societies. The trainee must be listed as first author on the poster or presentation and be the “presenter.” Trainees who meet the criteria will qualify for one annual sponsored trip with a maximum reimbursement of \$1,200.

Exceptions may apply. Contact the Graduate Medical Education Department for eligibility requirements.

On-call Meals

Trainees in programs that require them to be on in-house overnight call are provided an on-call meal allowance. This does not include trainees taking call from home.

Uniform Information

Monogrammed lab coats and or scrubs are provided to clinical trainees and laundered by Cleveland Clinic Florida.

Cleveland Clinic-Issued iPhone

Each resident and fellow will receive a Cleveland Clinic-issued iPhone during orientation. iPhones must be returned upon completion of the program.

3. Fully vested means the money in the SIP is yours to keep if you were to end employment with Cleveland Clinic. If you were to end employment prior to completing 3 years of service, you would forfeit Cleveland Clinic’s contributions in the SIP upon your separation from Cleveland Clinic.

Voluntary Benefit Programs

Cleveland Clinic offers voluntary benefits to provide choices that cover as many of your life needs as we can. Identity protection, legal, auto, home and pet insurance help reduce the financial risk of unexpected events. Details can be found on the HR Portal. If you enroll in these programs premiums will be deducted from each paycheck.

To learn more scan the QR code below



Farmers GroupSelectSM Auto and Home Insurance⁴

As a Cleveland Clinic caregiver, you can benefit from exclusive auto and home insurance options through Farmers GroupSelectSM. This program offers special savings, exceptional customer service, and a comprehensive range of products tailored to meet your needs.

Auto Insurance

With custom fit coverages, you can drive your own auto insurance policy, while enjoying savings and benefits like:

- Special group discounts
- Automated payment options
- Claim-free driving rewards
- Car rental
- No deductible windshield repair
- Roadside assistance
- Guaranteed auto repairs for covered losses

MetLife Pet Insurance

Every individual and their pet have unique needs. MetLife pet insurance provides flexible coverage with up to 100% reimbursement and the freedom to visit any U.S. licensed vet, optional Preventive Care coverage, 24/7 access to Telehealth Concierge Services, and discounts and offers on pet care. Some limitations apply; refer to MetLife product overview on the HR Portal. Caregivers can enroll in this program at any time during the year.

To get a quote or enroll in auto, home or pet insurance, visit <https://www.metlife.com/info/cleveland-clinic/>, call 1.888.831.1286, or scan the QR code below.



4. Home insurance has limited availability in the state of MA and is not available in the state of FL.

MetLife Legal Plan

Legal assistance is essential throughout all stages of life. Whether you're getting married, sending your children to college, or planning for retirement, having expert legal support ensures you can handle life's major milestones with confidence. That's why we designed a plan to offer comprehensive legal help for your entire family. MetLife Legal Plans Plus Parents covers you, your spouse, dependents, parents, parents-in-law, and grandparents (up to eight individuals) for a wide range of common legal issues that families encounter.

Covered services include⁵

- Estate planning documents, including Wills and Trusts
- Real estate matters
- Financial matters, such as debt collection defense
- Traffic offenses
- Document review and preparation
- Family law, including adoption and name change
- Advice and consultation on personal legal matters
- Divorce, Custody Order
- Enforcement or Modification of Support Order
- Reproductive Assistance Law (20 hours)
- Habeas Corpus, Misdemeanor Defense
- Insurance Claims, Tax Preparation
- LifeStages Identity Restoration Services
- Eight hours of network attorney time and services for non-covered matters

Allstate Identity Protection

Allstate Identity Protection delivers comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to help you protect yourself, your family, and your finances from emerging threats. See and manage your personal data, safeguard your devices, and protect your identity. If fraud occurs, you can rely on our full-service restoration, plus up to \$1 million in fraud expense reimbursement* – or up to \$2 million for families – to cover stolen funds or out-of-pocket costs.

Allstate Identity Protection Pro+ Cyber offers:

- Cyber protection
- Privacy and data monitoring
- Identity and financial monitoring
- Restoration with full-service remediation support
- Coverage available for family

For questions, contact AIP at 888.312.7963 or visit myaip.com.

* Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. This summary is intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage.

Trustmark Long-Term Care Insurance

Long-term care (LTC) planning is an important aspect of a personal financial plan. LTC services are **not covered by your health insurance, disability insurance, or Medicare**. Today, the average cost of home health care is around \$43,000/year or more.⁶ Trustmark's LTC benefits help protect your retirement savings, ease the burden of caregiving by your loved ones, and allow you to choose the setting where you receive care.

The Trustmark program offers two benefits in one policy:

1. Permanent life insurance protection for your family, and
2. Long-term care protection if you happen to need care.

5. Some limitations apply; refer to MetLife product overview on the HR Portal.

6. US Department of Health & Human Services

Benefits are payable as long as your coverage is active and premiums are paid up.

With this program:

- You choose a life insurance benefit up to \$200,000
- You can access 4% of the selected life insurance benefit per month if you need covered LTC services
- The LTC benefit keeps paying up to twice the life insurance benefit if you continue to need care
- A death benefit is payable to a beneficiary even if you access your LTC benefits

Example: If you select a life insurance benefit of \$50,000, your monthly LTC benefit would be \$2,000 (4% of \$50,000) and your maximum LTC benefit is \$100,000.

The enrollment period for the Trustmark long-term care + life insurance program takes place each year during the month of August. During the August 2025 enrollment period:

- Eligible caregivers hired from Aug. 1, 2024, through July 31, 2025, will have a special one-time opportunity to enroll with **guaranteed acceptance**. This means you cannot be turned down because of your health.
- Eligible caregivers hired prior to Aug. 1, 2024 can apply for coverage (or an increase in their current coverage, up to the limit). Applications will require evidence of insurability, and acceptance depends on your health.

Watch for emails in your Cleveland Clinic inbox beginning in August 2025. No action is required if you have already enrolled in this coverage.

Flexible Spending Accounts

Cleveland Clinic offers two distinct flexible spending accounts (FSAs) administered by Inspira Financial:

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

Healthcare FSA

- Minimum annual election of \$100 (if you choose to enroll) up to a maximum election of \$3,200 in 2025
- Your account will come preloaded with the amount you elect and can be spent right away
- Inspira 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 Inspira needs to verify the eligibility of your expenses

Dependent Care FSA

- Minimum annual election of \$100 (if you choose to enroll) up to a maximum election of \$5,000 (if your salary is \$155,000 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 <https://inspirafinancial.com>.

Reimbursement Deadlines

HealthCare FSA

Eligible expenses must be incurred during the plan year and subsequent grace period.

- The **plan year** is January 1, 2025 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2025 (or the date your employment terminates, if earlier).
- The **grace period** runs from January 1, 2026 through March 15, 2026.

Expenses incurred during the plan year and subsequent grace period must be submitted to Inspira for reimbursement by April 30, 2026. This is referred to as the “run-out period.” This means that expenses incurred from January 1, 2025 through March 15, 2026 (or the date your employment terminates, if earlier) must be submitted to Inspira for reimbursement by April 30, 2026; otherwise, they will be denied.

Dependent Care FSA

Eligible expenses must be incurred during the plan year and subsequent grace period.

- The **plan year** is January 1, 2025 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2025 (even if your employment terminates).
- The **grace period** runs from January 1, 2026 through March 15, 2026.

Expenses incurred during the plan year and subsequent grace period must be submitted to Inspira for reimbursement by April 30, 2026. This is referred to as the “run-out period.” This means that expenses incurred from January 1, 2025 through March 15, 2026 (or through December 31, 2025 if your employment terminates in 2025) must be submitted to Inspira for reimbursement by April 30, 2026; otherwise, they will be denied.

Note: 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.

Well-Being Programs

Cleveland Clinic is committed to offering opportunities to improve your holistic well-being and provides access to resources available to all caregivers along the Physical, Emotional, Financial, Making Connections, and Lifelong Learning dimensions.

A full spectrum of programs aim at helping our caregivers achieve fulfillment, live healthier lifestyles and improve quality of life. Additional information on these programs can be found on the HR Portal accessed through Workday and on the Caregiver Well-Being site in Connect Today. The Caregiver Well-Being Connect Today site is accessible whether you are on or off-site. Connect via your personal mobile device (use QR code) or computer (use web address). No need for a CCF device or network connection!



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 Connect Today site at <https://ccf.jiveon.com/community/caring-for-caregivers> or on the HR Portal which can be accessed through Workday.

Adoption Assistance

Cleveland Clinic provides financial assistance of up to \$5,000 for a legal adoption (\$10,000 lifetime maximum benefit). Caregivers must be employed for 12 months to become eligible. Additional information can be found on the HR Portal which can be accessed through Workday.

Bereavement Leave

Employees are eligible for three (3) bereavement days for a death in the immediate family.

Maternity and Parental Leave

Cleveland Clinic provides caregivers with paid maternity and parental leave:

- 100% pay for 8 weeks of maternity leave for eligible caregivers who give birth to a child, and
- 100% pay for 4 weeks of parental leave for eligible caregivers who become 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 HR Portal accessed in Workday (<https://ccf.org/portal>).

Medical Leave of Absence

If a clinical trainee is temporarily unable to work due to illness or accident as determined by their primary care physician and is unable to carry on duties and responsibilities as required in the training program, salary and benefits will continue for 90 days, the duration of the illness or the remainder of the contract; whichever is shorter. If a medical condition continues beyond 90 days, a trainee may be eligible to receive the long-term disability benefit (see page 13).

Vacation Days

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

Paid Personal Days

Trainees are eligible for up to 5 personal days per year. Personal days can be used for taking board or USMLE exams, when too ill to work or as interview days. Personal days should be requested in advance whenever possible. Please refer to your specific program's time away policy for additional information.

Personal Leave

It is the policy of Cleveland Clinic Florida to grant residents and fellows a leave of absence (without pay) for urgent or emergency situations that personally affect the trainee and cannot be handled in any other way. Program Directors have the final approval for all personal leave of absence requests

Caregiver Leave

Cleveland Clinic provides trainees with up to 6 weeks paid caregiver leave over the course of their training program to care for an immediate family member (i.e., spouse, child, or parent) with a serious health condition. Trainees are eligible for this benefit effective upon their hire date.

Military Leave

In accordance with the Family and Medical Leave Act (FMLA), Cleveland Clinic Florida allows eligible employees time off from work for up to 12 weeks in a leave year, due to any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on active duty (or has been called to active duty) in support of a contingency operation and allow eligible employees up to 26 weeks in a single leave year to care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the service member.

Healthy Choice Program

The Healthy Choice Program is a voluntary premium discount program from the Employee Health Plan that rewards you for taking action to manage your health. The program also provides resources to help you save on health care costs and support your overall well-being. When you participate and meet your goals, you'll become eligible for big savings on your health plan premiums – up to 30%. Have a spouse on your health plan? They can participate too, and together you could achieve your best discount.

The program begins each year in January. To get started, you'll need to create your personalized Healthy Choice portal account so that you can view your health status, submit a Health Visit Form if required and follow your program requirements. If you join and participate for at least six months and achieve your goals by the final deadline, you'll be eligible for a discount the following year.

Your portal account is a critical tool to help you stay on track and meet your goals. Don't have an account? Use your health plan ID and date of birth to create your account and login. You can find more information about the Healthy Choice Program by visiting <http://www.clevelandclinic.org/healthychoice>. For your convenience, you can scan the QR code below to download the Healthy Choice app right to your phone for quick, easy access to all your information. .

To create your personalized Healthy Choice portal account click here: <https://ehp.motionconnected.com/mc1ccehpreg.aspx>.



ANDROID



APPLE

BENEFIT COSTS

2025 Benefit Costs Per Paycheck

Semi-Monthly (24 pays per year)

EHP (PRE-TAX)*

Full-time (0.9–1.0 FTE)					
	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$87.69	\$81.11	\$74.54	\$67.96	\$61.38
Employee + Child	\$171.74	\$158.86	\$145.98	\$133.10	\$120.22
Employee + Spouse	\$224.20	\$207.38	\$190.57	\$173.75	\$156.94
Family I (2-3 Dependents)	\$283.32	\$262.07	\$240.82	\$219.57	\$198.32
Family II (4+ Dependents)	\$313.92	\$290.37	\$266.83	\$243.29	\$219.74

Part-time (0.5–0.89 FTE)					
	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$131.51	\$121.65	\$111.78	\$101.92	\$92.06
Employee + Child	\$257.61	\$238.29	\$218.97	\$199.65	\$180.33
Employee + Spouse	\$336.30	\$311.08	\$285.85	\$260.63	\$235.41
Family I (2-3 Dependents)	\$424.97	\$393.10	\$361.23	\$329.36	\$297.48
Family II (4+ Dependents)	\$470.88	\$435.56	\$400.25	\$364.93	\$329.61

EHP PLUS (PRE-TAX)*

Full-time (0.9–1.0 FTE)					
	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$121.00	\$111.92	\$102.85	\$93.77	\$84.70
Employee + Child	\$219.78	\$203.30	\$186.82	\$170.33	\$153.85
Employee + Spouse	\$286.92	\$265.40	\$243.88	\$222.36	\$200.85
Family I (2-3 Dependents)	\$362.58	\$335.38	\$308.19	\$281.00	\$253.80
Family II (4+ Dependents)	\$401.74	\$371.61	\$341.48	\$311.35	\$281.22

Part-time (0.5–0.89 FTE)					
	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$181.54	\$167.92	\$154.31	\$140.69	\$127.08
Employee + Child	\$329.68	\$304.95	\$280.23	\$255.50	\$230.77
Employee + Spouse	\$430.47	\$398.18	\$365.90	\$333.61	\$301.33
Family I (2-3 Dependents)	\$543.87	\$503.08	\$462.29	\$421.50	\$380.71
Family II (4+ Dependents)	\$602.65	\$557.45	\$512.26	\$467.06	\$421.86

*Health plan costs may be different for trainees hired prior to Jan. 1, 2025.

BENEFIT COSTS

2025 Benefit Costs Per Paycheck

Semi-Monthly (24 pays per year)

DENTAL PLANS (PRE-TAX)

	DHMO	Preventive	Traditional	Enhanced
Employee Only	\$6.00	\$7.58	\$11.14	\$15.24
Employee + 1	\$9.88	\$12.72	\$22.53	\$32.31
Employee + Family	\$17.04	\$22.23	\$37.64	\$54.54

VISION PLANS (PRE-TAX)

	Basic	Enhanced
Employee Only	\$3.25	\$6.79
Employee + 1	\$6.50	\$13.63
Employee + Family	\$8.96	\$18.75

METLIFE LEGAL (POST-TAX)

Employee + Family	\$7.65
Employee + Family + Parents	\$10.15

ALLSTATE IDENTITY PROTECTION (POST-TAX)

Employee Only	\$3.38
Employee + Family	\$6.38

Terms and Definitions

General

FTE: This means “full-time equivalent” and is used to describe your employment status. If you work 100% full-time, your employment status is 1.0 FTE. If you work 50% time, your employment status is 0.5 FTE.

PRN: PRN stands for the Latin term “pro re nata” which means “as needed.” A “PRN” employee is an employee who is utilized on an “as needed” basis.

Health, Dental and Vision Plans

Allowed Amount (Health Plan): Negotiated charges for services covered under the employee health plan

Co-insurance: The percentage of the cost of covered charges that you are responsible to pay when coverage is less than 100%. For example, if a service is covered 80%, your co-insurance is 20% of the covered charges.

Co-payment, or Co-pay: A dollar amount that you are required to pay at the time you receive services.

Covered Charges: Charges for medical services or procedures that are covered by the health and dental plans.

Deductible: A dollar amount that you are responsible to pay each year before the benefit plan will start to provide reimbursement

Maximum Benefit (Dental Plans): This is the maximum amount the dental plan pays for covered services each calendar year.

Maximum Reimbursable Charge (Dental Plans): For services provided by a non-network dentist, Cigna will reimburse according to the “maximum reimbursable charge.” The maximum reimbursable charge is calculated based on the normal charge made by most providers of such service or supply in the geographic area where the service is received, as determined by Cigna. The dentist may balance bill up to their usual fees.

Network Provider: A participating provider who has agreed to accept a contracted amount for covered services they provide (after you pay the applicable co-payment or co-insurance). When you receive services from a network provider, you are not responsible to pay any amount that exceeds the contracted rate.

Out-of-Pocket Maximum: This is the maximum amount of accrued co-pay and co-insurance amounts that *you pay* in a calendar year.

Primary Care Providers (PCP): Physicians expert in providing diagnosis and treatment of illness and provision of preventive care; they also serve as coordinators of the overall care of their patients.

Provider: A person or organization responsible for furnishing health, dental or vision services.

Reimbursement: This refers to the dollar amount paid by the benefit plan.

Specialist, or Specialty Care Provider: A physician with expertise in a specific medical specialty or sub-specialty.

Retirement Programs

Pre-tax Contribution: A pre-tax contribution is one that is made before any taxes are paid on the amount. An advantage of pre-tax contributions to your retirement accounts is that they can reduce your income taxes for the current year. You pay income taxes on the contributions and earnings when you make withdrawals from your retirement account.

Roth Contribution: A Roth contribution is made to your retirement account with post-tax dollars. Earnings then grow tax-free. When you make withdrawals from your account, you do not pay income taxes, since income taxes were already applied to your contributions.

Target Date Fund: A mutual fund that mixes several different types of stocks, bonds and other investments to help you take more risks when you’re young, and gradually get more conservative in your investment strategy as you approach retirement.

Vested: After meeting the vesting period, you have a non-forfeitable right to your full account balance, including any employer contributions. (All of the money in your account belongs to you.)

Vesting Period: The amount of time you must work for Cleveland Clinic in order to become vested in your full account balance, including any employer contributions.



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 HR Portal, which can be accessed through Workday, or by contacting the 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.