

2019 My Pay + Benefits Highlights

for Main Campus Residents and Fellows

INFORMATION ABOUT YOUR BENEFITS

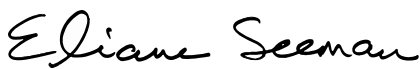


Our Investment in You

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 main campus residents and fellows at Cleveland Clinic.

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 our annual open enrollment period. Open enrollment generally 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 Employee Health Plan (EHP) provides comprehensive healthcare benefits for plan participants. The EHP includes a 3 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.chnetwork.com. 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 real time virtual visits)
- \$35 specialist office visit copay (no referral required)
- \$250 copay for inpatient services, including labor and delivery (prior authorization required)

Tier 2 providers can be found at www.midwesthealthcollaborative.com and consist of other major health systems throughout the state of Ohio. Tier 2 providers are subject to a \$500 annual deductible and most medically necessary services are covered at 80% thereafter.

Tier 3 providers within Ohio can be found at www.supermednetwork.com (excludes University Hospitals Health System providers with the exception of emergency room and urgent care visits). Outside of Ohio, Tier 3 providers can be found at www.firsthealth.com. Tier 3 providers are subject to a \$500 annual deductible and most medically necessary services are covered 70% thereafter.

The \$500 deductible may be satisfied when participants use either Tier 2 or Tier 3 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 EHP Summary Plan Description (SPD), which can be accessed through the EHP website at www.clevelandclinic.org/healthplan.

Employee Health Benefit Program

BENEFIT PROGRAM FEATURES	TIER 1 Cleveland Clinic Quality Alliance Network	TIER 2 Midwest Health Collaborative Network	TIER 3 Medical Mutual of Ohio and First Health Networks
Annual Deductible	Individual: None Family: None	Individual: \$500 Family: \$1,500	Individual: \$500 Family: \$1,500
Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: None Family: None	Individual: None Family: None
MEDICAL BENEFIT PROGRAM FEATURES			
PCP Office Visit – family practice, gynecology, internal medicine, obstetrics and pediatrics	100% of Allowed Amount	\$25 co-pay (after deductible)	\$25 co-pay (after deductible)
Specialist Office Visits	100% of Allowed Amount after \$35 co-pay/visit (no referral required)	\$50 co-pay/visit (after deductible)	\$50 co-pay/visit (after deductible)
Maternity Care	100% of Allowed Amount after one-time \$250 co-pay	One-time \$250 co-pay 80% of Allowed Amount (after deductible)	One-time \$250 co-pay 70% of Allowed Amount (after deductible)
Routine (Annual) Physical Exam by PCP	100% of Allowed Amount	Not Covered	Not Covered
Routine (Annual) Vision Examination	100% of Allowed Amount after \$35 co-pay	Not Covered	Not Covered
Inpatient Hospital Services¹	100% of Allowed Amount after \$250 co-pay/visit	80% of Allowed Amount after \$250 co-pay/visit (after deductible)	70% of Allowed Amount after \$250 co-pay/visit (after deductible)
Outpatient Hospital Services	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Radiology – MRI/CT Scans (non-emergent)²	100% of Allowed Amount after \$50 co-pay	80% of Allowed Amount after \$50 co-pay (after deductible)	70% of Allowed Amount after \$50 co-pay (after deductible)
Laboratory/Diagnostic Tests	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Emergency Department	100% of Allowed Amount after \$250 co-pay/visit	100% of Allowed Amount after \$250 co-pay/visit	100% of Allowed Amount after \$250 co-pay/visit
Urgent Care	100% of Allowed Amount after \$50 co-pay/visit	100% of Allowed Amount after \$50 co-pay/visit	100% of Allowed Amount after \$50 co-pay/visit
Medical Supplies and Durable Medical Equipment (DME)	80% of Allowed Amount	80% of Allowed Amount (after deductible)	80% of Allowed Amount (after deductible)
Extended Care/Skilled Nursing Care 60 days lifetime maximum	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Long-Term Acute Care 60 days lifetime maximum	100% of Allowed Amount	Not Covered	Not Covered
Hospice Respite Care 10 days per benefit year	100% of Allowed Amount	100% of Allowed Amount	100% of Allowed Amount
Home Health Care 60 visits per benefit year	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Acupuncture Maximum of 10 visits per benefit year	50% of Allowed Amount	Not Covered	Not Covered
Chiropractic 20 visits per benefit year maximum	First 10 Visits: 100% of Allowed Amount after \$35 co-pay/visit Second 10 Visits: 50% of Allowed Amount (Children under age 16 require prior authorization by the Medical Management Department)	Not Covered	Not Covered
Therapy Services: Occupational/Speech/Physical 35 visits per therapy per benefit year	First 20 Visits: 100% of Allowed Amount after \$10 co-pay/visit Second 15 Visits: 50% of Allowed Amount	First 20 Visits: 100% of Allowed Amount after \$10 co-pay/visit (after deductible) Second 15 Visits: 50% of Allowed Amount	First 20 Visits: 100% of Allowed Amount after \$10 co-pay/visit (after deductible) Second 15 Visits: 50% of Allowed Amount
Dental – Surgical extractions for soft/bony impactions or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	Not Covered	Not Covered
Family Planning	100% of Allowed Amount	Not Covered	Not Covered
Infertility – Diagnostic Only	100% of Allowed Amount	Not Covered	Not Covered
Hearing Aids	50% of Charge up to \$3,500/ear, limited to one aid per ear every 3 years	Not Covered	Not Covered
Organ Transplant Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See above (out-of-pocket maximum)	80% of Allowed Amount None None	70% of Allowed Amount None None
BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES			
Outpatient (OP) Coverage			
Outpatient Visits	100% of Allowed Amount after \$35 co-pay/visit	100% of Allowed Amount after \$50 co-pay/visit (after deductible)	100% of Allowed Amount after \$50 co-pay/visit (after deductible)
Psychological and Neuro-Psychological Testing	100% of Allowed Amount after \$35 co-pay/visit	Not Covered	Not Covered
Inpatient Coverage³	100% of Allowed Amount after \$250 co-pay	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Intensive Outpatient (IOP)	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Partial Hospitalization Programs (PHP)	100% of Allowed Amount	80% of Allowed Amount (after deductible)	70% of Allowed Amount (after deductible)
Residential Treatment 60 days maximum per benefit year	100% of Allowed Amount	Not Covered	Not Covered

1. Prior authorization required for all inpatient admissions regardless of the network used.
 2. Prior authorization required for non-emergent MRI/CT scans.
 3. Prior authorization required for all inpatient admissions regardless of the network used.

Prescription Drug Benefit

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

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

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

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

Preventive Dental Benefit Program

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

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

*Subject to annual deductible

Traditional Dental Benefit Program

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

Traditional Dental Benefit Program			
	Cigna DPPO Advantage Providers	Cigna DPPO Providers	Out-of-Network
Calendar Year Maximum	\$1,250	\$1,000	\$1,000
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic Care			
Oral Exams	100%	100%	100%
Routine Cleanings			
X-rays			
Fluoride Application			
Sealants			
Basic Restorative Care*			
Fillings	80%	70%	70%
Root Canal Therapy/Endodontics			
Oral Surgery			
Surgical Extraction of Impacted Teeth			
Periodontal scaling and root planing			
Major Restorative Care*			
Crowns	50%	50%	50%
Dentures			
Bridges			
Inlays/Onlays			
Orthodontia (dependent children to age 23)*	50%	50%	50%
Lifetime maximum	\$1,250	\$1,250	\$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 \$65 co-pay 80% of retail less \$120 allowance	\$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	\$110 allowance 15% off balance over \$110 \$110 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 \$65 co-pay 80% of retail less \$120 allowance	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	Fully covered Fully covered Fully covered Fully covered Fully covered Fully covered \$12 \$23 20% off Retail Price 20% off retail price 20% off retail price	\$8 \$8 \$8 \$20 \$20 \$23 \$23 \$23 \$23 Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable	\$160 allowance 15% off balance over \$160 \$160 allowance	\$70 \$70
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Disability

Cleveland Clinic provides and fully pays for a group long-term disability policy for all clinical trainees appointed through the Graduate Medical Education Department. The plan covers 70% of salary, to a maximum of \$3,000 monthly benefit. A benefit is paid after you are disabled for 90 days and will continue for the length of the total disability until Social Security normal retirement age. There is no health exam required for this coverage nor are pre-existing conditions excluded from the policy. The plan includes Partial Disability Benefits, Survivor Benefits, a Loan Payout Benefit of \$100,000 and a delayed Cost of Living Benefit. The insurance is provided at no cost to the clinical trainee with premiums paid by Cleveland Clinic. Enrollment in the program is automatic with coverage beginning on the first day of employment.

As a Cleveland Clinic GME trainee, you also have the unique opportunity to supplement your group long-term disability 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 up to \$7,500 of monthly benefit with future increases up to \$10,000 and protects you in your specialty with strong enhanced true own occupation contractual language. The GSI also provides a student loan protection option and the policy and its discounts 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 six months after. For more information or questions, please contact:

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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 contributions. All newly hired and newly eligible caregivers are automatically enrolled to contribute 3% of pay 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 SIP

Fidelity representatives are available to discuss your SIP at no cost. You can view their on-site schedule at www.netbenefits.com/clevelandclinic. After logging in, click the Menu icon, then click the Tools icon.

Assistance is also available through Financial Engines, an investment advisory firm that works closely with Fidelity Investments. 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. After logging in look for the Financial Engines link found on the homepage.

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

You can designate your beneficiary for life insurance in Workday.

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 \$2,650 in 2019
- 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 in 2019 (if your salary is \$120,000 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. You must spend the money you elect by March 15 of the following calendar year, otherwise you will forfeit any unused balance. You then have until April 30 of the following year to apply for reimbursement from both FSAs.

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.

Loan Program

An emergency loan fund is available for clinical trainees, not to exceed \$2,400. Outstanding loans must be paid in full before a new loan may be requested. Loans must be paid in full when clinical trainees leave the Cleveland Clinic. Loan Repayment Options:

1. 6 months: 12 equal payments (up to \$200/pay for a \$2,400 loan)
2. 1 year: 24 equal payments (up to \$100/pay for a \$2,400 loan)
3. 2 years: 48 equal payments (up to \$50/pay for a \$2,400 loan)
4. 2 years with deferral: 1st year payment deferred, 2nd year 24 equal payments (up to \$100/pay for a \$2,400 loan)

Please contact Graduate Medical Education (meded@ccf.org or 216.444.5690) for additional information and application.

Travel Benefit

Cleveland Clinic strongly encourages their clinical trainees to participate in scholarly/research activities; these activities are mandatory in many training programs. The Education Institute with the recommendation of the Graduate Medical Education Council (GMEC) has set aside funds to allow trainees in accredited programs at a PGY-2 level or above to attend academic meetings for the purpose of presenting or engaging in leadership roles within national societies.

Eligibility for individual trips will be determined by each program director after reviewing the meeting for educational value and the presentation for content. In addition, the trainee must be listed as first author on the poster or presentation and be the “presenter”. Trainees who meet the above criteria will qualify for one annual Education Institute sponsored trip with a maximum reimbursement of \$1,500.00.

On Call Meals

Clinical trainees that are 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. In order to use the on-call meal allowance you must complete the Cleveland Clinic Payroll Deduction Food Purchase Authorization Form. Cleveland Clinic uses a debit system; funds will be loaded on your ID Badge in six month increments based on projected number of calls designated by your program.

Uniform Information

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

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.

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.

Bereavement Leave

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

Maternity/Adoption Leave

Six weeks paid leave are given for maternity leave; eight weeks if a caesarian section is necessary. Additional unpaid time (up to 12 weeks in total) may be taken under the Family Leave Act. Mothers are also granted six weeks leave when a child is adopted.

Paternity Leave/Adoption Leave

Two weeks (10 working days) paid paternity leave is offered to our male clinical trainees for the natural birth or arrival of an adopted child. Under certain circumstances, additional time (up to 12 weeks total) may be taken under the Family Leave Act.

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 the illness continues and the clinical trainee holds a valid appointment he/she will continue to receive Cleveland Clinic benefits; however, in lieu of a salary they will receive payments from the disability plan.

Military Leave of Absence (FMLA)

Pursuant to the Family and Medical Leave Act (FMLA), Cleveland Clinic 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.

Personal Leave

It is the policy of the Cleveland Clinic 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.

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. Participation is completely voluntary and there are no penalties for not participating. As a main campus 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.

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.

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 the Wellness Institute 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.



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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.