

2026 Benefits Highlights

for Main Campus 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

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 main campus.

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 if 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

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) and certain Florida-aligned providers. 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: **Acupuncture, Allergy, Behavioral Health, Chiropractic, Dermatology, Endocrinology, Nutritionist, 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.

Effective 1/1/2026, the use of Aetna providers for the specialty of OB/GYN in our Florida region will be limited to Aetna OB/GYN providers in the counties of Broward, Palm Beach and Miami-Dade. The non-Cleveland Clinic Aetna OBGYN providers that have been included in-network for EHP from Brevard, St. Lucie, Indian River and Martin counties will be removed from the EHP network. Our Cleveland Clinic providers and facilities, Martin Tradition and Indian River hospitals, are able to treat members for these services.

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. Akron Children's Hospital is in-network for EHP Plus only.

In case of an emergency, services will be covered after applicable copays. 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/Find-A-Provider>

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

- No copays or coinsurance for primary care office visits (Internal Medicine, Family Practice, OB-GYN and Pediatrics)
- No copays or coinsurance for primary care virtual visits (includes Express Care Online app and real-time virtual visits)
- \$35 specialist office and virtual visit copay
- \$350 copay for inpatient services (prior authorization is required), including labor and delivery
- \$75 copay on outpatient surgeries, ambulatory surgery centers, hospital outpatient and hospital locations
- \$50 Urgent care copay
- \$250 Emergency Department visit copay (if member is admitted from the ED for an inpatient stay, copay is waived and \$350 inpatient copay applies; observation stays are not considered inpatient admissions)
- Emergency and urgent care services are covered 100% (after applicable copay) no matter where the services are received

Changes for 2026

- Annual medical benefit deductible will be added to the plan: \$250 individual / \$500 family
- The copay on rehabilitative services, Physical Therapy, Occupational Therapy and Speech Therapy, will increase from \$10 to \$20 per visit

The benefit feature 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	EHP		EHP PLUS		OUT OF NETWORK
	Cleveland Clinic, Quality Alliance, and Florida-aligned providers		Cleveland Clinic, Quality Alliance, Florida-aligned providers and Aetna Select Open Access Networks		
Annual Deductible	Single Family	\$250 \$500		\$250 \$500	
Out-of-Pocket Maximum	Single Family	\$3,950 \$7,900		\$3,950 \$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		100% of Allowed Amount after \$350 copay/admission, subject to deductible		100% of Allowed Amount after \$350 copay/admission, subject to deductible	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		100% of Allowed Amount after \$350 copay/admission, subject to deductible		100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Outpatient Hospital Services Radiology – MRI/CT Scans (non-emergent) ¹		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount after \$75 copay/admission, subject to deductible		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount after \$75 copay/admission, subject to deductible	Not Covered Not Covered Not Covered
Outpatient Surgeries/Procedures Ambulatory surgery centers, hospital and outpatient hospital locations)		100% of Allowed Amount after \$75 copay, subject to deductible		100% of Allowed Amount after \$75 copay, subject to deductible	Not Covered
Laboratory/Diagnostic Tests		100% of Allowed Amount, subject to deductible		100% of Allowed Amount, subject to deductible	Not Covered
Emergency Department Emergency Care / ER Hospital Admission Urgent Care		100% after \$250 copay / \$350 if admitted 100% after \$50 copay		100% after \$250 copay / \$350 if admitted 100% after \$50 copay	100% after \$250 copay / \$350 if admitted 100% after \$50 copay
Medical Supplies and Durable Medical Equipment		80% of Allowed Amount, subject to deductible		80% of Allowed Amount, subject to deductible	Not Covered
Skilled Nursing Care¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible		100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Acute Inpatient Rehab¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible		100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Long-Term Acute Care¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible		100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Hospice Symptom Management Respite Care		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	Not Covered Not Covered Not Covered
Home Health Care¹ 60 Visits per Benefit Year		100% of Allowed Amount, subject to deductible		100% of Allowed Amount, subject to deductible	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 65 and Over: Deductible, 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	EHP	EHP PLUS	OUT OF NETWORK
	Cleveland Clinic, Quality Alliance, and Florida-aligned providers	Cleveland Clinic, Quality Alliance, Florida-aligned providers and Aetna Select Open Access Networks	
Acupuncture Maximum of 10 Visits/Benefit Year	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
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 \$20 copay. 30 Visits per Therapy per Calendar Year	100% of Allowed Amount after a \$20 copay. 30 Visits per Therapy per Calendar Year	Not Covered
Therapy Services (Habitative) 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
Dental – Implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Family Planning	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Infertility Treatment ¹	100% of Allowed Amount, subject to deductible LTM: (\$15,000 Medical, \$6,000 Pharmacy)	100% of Allowed Amount, subject to deductible LTM: (\$15,000 Medical, \$6,000 Pharmacy)	Not Covered
Hearing Aids ⁴	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 Transplant ¹ Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount, subject to deductible Unlimited See previous page	100% of Allowed Amount, subject to deductible Unlimited See previous page	Not Covered
Behavioral Health Benefit Program Features			
Physician Office Visits	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Outpatient Coverage Outpatient (OP Visits) ² Psychological and Neuro-Psychological Testing ³	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	Not Covered
Outpatient Telemedicine/Virtual Consultation	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Inpatient Coverage ¹	100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Intensive Outpatient (IOP)	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Partial Hospitalization Programs (PHP) ¹	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Residential Treatment ¹	100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Transcranial Magnetic Stimulation (TMS) ¹	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	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 65 and Over: Deductible, 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 in Ohio only. 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 both the EHP and EHP Plus plans 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 obtained at any in-network pharmacy, or generics obtained at CVS Pharmacies
- Preferred generics covered at 85% at Cleveland Clinic Pharmacies and 80% at CVS Pharmacies
- Preferred 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 Community Pharmacies and Cleveland Clinic Home Delivery or through Cleveland Clinic or CVS Mail Order Pharmacies (depending on your state of residence**)
- Specialty medications (tier 4) can only be filled at Cleveland Clinic Community Pharmacies and Cleveland Clinic Specialty Pharmacy, or CVS Specialty Pharmacy (depending on your state of residence** and the medication)

A summary overview of the prescription drug benefit is on page 9. 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.

Changes for 2026

- The minimum and maximum monthly prescription copays for Tier 1 and 2 prescriptions* filled at CVS pharmacies will increase from \$5 and \$50 per month supply to \$10 and \$75 per month supply, respectively.
- For refills of non-specialty maintenance medications: members residing in states where Cleveland Clinic Community Pharmacies are located or where Cleveland Clinic Home Delivery is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Home Delivery Pharmacy rather than the CVS Caremark Mail Service Program. (Acute or first fill of non-specialty medications may be filled at Cleveland Clinic Pharmacies or CVS Retail Pharmacies)**
- For initial fills and refills of specialty medications: members residing in states where Cleveland Clinic Community Pharmacies are located or Cleveland Clinic Specialty Pharmacy is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Specialty Pharmacy rather than the CVS Specialty Pharmacies.**

*Tier 1 = Preferred Generics (Non-Specialty) and Tier 2 = Preferred Brands (Non-Specialty)

**Cleveland Clinic Home Delivery Pharmacy & Cleveland Clinic Specialty Pharmacy can ship medications to the following states: Florida, Illinois, Indiana, Michigan, New Jersey, Nevada, Ohio, Pennsylvania, Virginia, Wisconsin and West Virginia

The Following Is a Summary Overview of the Prescription Drug Benefit

Categories	<i>TIER 1</i>	<i>TIER 2</i>	<i>TIER 3</i>	<i>TIER 4</i>	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
	Preferred Generics (Non-Specialty)	Preferred Brands (Non-Specialty)	Non-Preferred Brands and Generics (Non-Formulary)	Specialty Brand and Drugs (Hi-Tech)		
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 \$10 Minimum/ \$75 Maximum per Month Supply	Yes \$10 Minimum/ \$75 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	Cleveland Clinic Pharmacies, CVS store pharmacies (including CVS pharmacies located in Target stores). CVS MinuteClinics 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**. For initial fills and refills of specialty medications: members residing in states where Cleveland Clinic Community Pharmacies are located or Cleveland Clinic Specialty Pharmacy is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Specialty Pharmacy.

7. Diabetic Supplies – All diabetic supplies covered, except for most insulin pumps and insulin pump supplies (with the exception of Omnipod Dash, Omnipod 5 G6-G7), continuous glucose monitors (with the exception of

Dexcom and 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, Dexcom products, FreeStyle Libre products, Omnipod Dash and Omnipod 5 G6-G7. 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. For **refills** of non-specialty maintenance medications: members residing in states where Cleveland Clinic Community Pharmacies are located or where Cleveland Clinic Home Delivery is licensed, are required to use Cleveland Clinic Community Pharmacies or Cleveland Home Delivery Pharmacy rather than the CVS Caremark Mail Service Program (acute prescriptions or first fills of non-specialty maintenance medications may be filled at Cleveland Clinic Pharmacies or CVS retail pharmacies).

Dental Plan Options

Changes for 2026

Cleveland Clinic has reviewed the dental plan designs as part of our ongoing commitment to evaluate and exceed industry standards. We're making changes to our dental plan designs for 2026 by aligning with best practice and market leading coverage protocols to continue providing comprehensive coverage and support your oral health. To learn more about what's changing, please review the Summary Plan Descriptions (SPDs) available on the HR portal.

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 24. 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	\$1,000	\$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 \$0 Routine Cleanings \$0 X-Rays \$0 Fluoride Application \$0 Sealants \$12/tooth	100%	100%	100%
Basic Restorative Care Fillings – Amalgam Simple Extractions Minor Periodontics Root Canal Therapy / Endodontics	\$0 \$12–\$115	80%	80% Cigna DPPO Advantage providers 70% all other providers	80%
Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Major Periodontics	\$150–\$490/tooth \$625–\$715 \$150–\$470/tooth \$150–\$470/tooth	10%	50%	60%
Orthodontia	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.

Vision Plan Options

There are two vision plan options administered by EyeMed. The **Basic** and **Enhanced** Vision Plans provide 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 24.

Note: EyeMed Vision Plans cover materials only; coverage for an eye exam is included in the Employee Health Plan if enrolled.

	BASIC VISION PLAN		ENHANCED VISION PLAN	
	In-Network Member Cost	Out-of-Network Member Reimbursement	In-Network Member Cost	Out-of-Network Member Reimbursement
FRAME	\$0 copay; 20% off balance over \$130 allowance	Up to \$35	\$0 copay; 20% off balance over \$180 allowance	Up to \$65
STANDARD PLASTIC LENSES				
Single Vision	\$0 copay	Up to \$25	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$55	\$0 copay	Up to \$55
Progressive – Standard	\$65 copay	Up to \$40	\$10 copay	Up to \$40
Progressive – Premium Tier 1–4	\$85–175 copay	Up to \$40	\$85–175 copay	Up to \$40
LENS OPTIONS				
Anti Reflective Coating:				
Standard	\$45	Not covered	\$0 copay	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 copay	Up to \$20
Scratch Coating – Standard Plastic	\$0 copay	Up to \$8	\$0 copay	Up to \$8
Tint – Solid or Gradient	\$15	Not covered	\$0 copay	Up to \$8
UV treatment	\$15	Not covered	\$0 copay	Up to \$8
All Other Lens Options	20% off retail price	Not covered	20% off retail price	Not covered
CONTACT LENSES				
Contacts – Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$70	\$0 copay; 15% off balance over \$180 allowance	Up to \$104
Contacts – Disposable	\$0 copay; 100% off balance over \$130 allowance	Up to \$70	\$0 copay; 100% off balance over \$180 allowance	Up to \$104
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$70	\$0 copay; paid in full	Up to \$200

Disability

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/rrougheapp

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



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 and Pay Hub link, then clicking the MedMutual Life Beneficiary Designation option under the Suggested Links heading. A job aid is posted on the HR Portal to walk you through the process.

Loan Program

An emergency loan fund is available for clinical trainees, not to exceed \$4,800. 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 \$400/pay for a \$4,800 loan)
2. 1 year: 24 equal payments (up to \$200/pay for a \$4,800 loan)
3. 2 years: 48 equal payments (up to \$100/pay for a \$4,800 loan)
4. 2 years with deferral: 1st year payment deferred, 2nd year 24 equal payments (up to \$200/pay for a \$4,800 loan)

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

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.

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.

Retirement Program

Savings and Investment Plan (SIP)

The Savings and Investment Plan is administered by Fidelity Investments and funded through your pre-tax, Roth, and/or after-tax contributions, along with Cleveland Clinic's matching contributions. Note: employer matching contributions are not made on after-tax contributions.

Automatic Enrollment

All newly hired or newly eligible caregivers are automatically enrolled at a 3% pre-tax contribution rate 31 days after their start date, unless you elect to opt-out of participation in the plan. **Please consult your tax advisor, financial advisor, or Fidelity Investments before making after-tax contributions.**

Employer Match & Vesting

Cleveland Clinic matches 50% of your pre-tax and/or Roth contributions, up to a maximum employer contribution of 3% per pay period. To receive the full match, you must contribute at least 6% combined pre-tax and/or Roth. Matching contributions are vested after completing three years of service; your own contributions are always fully vested.

Contribution Limits (2026)

- Elective deferral limit: \$24,500 Pre-tax and/or Roth
- Maximum employer match: \$10,800
- Age 50+ catch-up contribution: \$8,000 (participants aged 50 and over)*
- Age 60–63 catch-up contribution: \$11,250 (catch-up limit for those aged 60 to 63)*
- Total contributions (excludes age catch-up amounts): \$72,000 (pre-tax, Roth, after-tax, and 403(b) employer match)

*Please note, 2026 catch-up contributions must be made on a Roth basis for anyone who had 2025 FICA wages over \$145,000 at Cleveland Clinic (new hires and other employer wages are excluded).

Financial Guidance

Fidelity representatives are available at no cost to help you understand your options and create a savings strategy. To schedule an appointment, visit www.netbenefits.com/clevelandclinic or call 866.715.2059.

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 Foundation with the recommendation of the Graduate Medical Education Council (GMEC) has set aside funds to allow clinical trainees 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 Foundation sponsored trip with a maximum reimbursement of \$2,500.00.

Uniform Information

Monogrammed lab coats and OR scrubs are provided to clinical trainees and laundered by 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 Insurance

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

MY MONEY

Home Insurance³

Quality home insurance coverage means you can rest easy knowing your most valuable asset is truly protected, along with savings and benefits, like:

- Special group discounts
- Replacement cost coverage
- Referral networks
- Automated payment options

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 www.metlife.com/info/cleveland-clinic/, call 1.888.831.1286, or scan the QR code below.



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 include⁴

- 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

3. Home insurance has limited availability in the state of MA and is not available in the state of FL.
4. Some limitations apply; refer to MetLife product overview on the HR Portal.

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 \$75,504/year or more.⁵ 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.

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.

For the next Open Enrollment opportunity, watch for emails in your Cleveland Clinic inbox beginning in August 2026. No action is required if you have already enrolled in this coverage.

5. US Department of Health & Human Services

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 \$3,300 in 2026
- 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 \$160,000 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, 2026 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2026 (or the date your employment terminates, if earlier).
- The **grace period** runs from January 1, 2027 through March 15, 2027.

Expenses incurred during the plan year and subsequent grace period must be submitted to Inspira for reimbursement by April 30, 2027. This is referred to as the “run-out period.” This means that expenses incurred from January 1, 2026 through March 15, 2027 (or the date your employment terminates, if earlier) must be submitted to Inspira for reimbursement by April 30, 2027; 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, 2026 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2026 (even if your employment terminates).
- The **grace period** runs from January 1, 2027 through March 15, 2027.

Expenses incurred during the plan year and subsequent grace period must be submitted to Inspira for reimbursement by April 30, 2027. This is referred to as the “run-out period.” This means that expenses incurred from January 1, 2026 through March 15, 2027 (or through December 31, 2026 if your employment terminates in 2026) must be submitted to Inspira for reimbursement by April 30, 2027; 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 who 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 refer to the GME policy.

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).

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.

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 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.

Vacation Days

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

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.

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 can save on your health plan premiums. 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 incentive program, 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 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

2026 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	\$83.12	\$76.89	\$70.65	\$64.42	\$58.19
Employee + Child	\$150.99	\$139.66	\$128.34	\$117.01	\$105.69
Employee + Spouse	\$203.65	\$188.37	\$173.10	\$157.83	\$142.55
Family I (2-3 Dependents)	\$249.08	\$230.40	\$211.72	\$193.04	\$174.36
Family II (4+ Dependents)	\$285.14	\$263.76	\$242.37	\$220.99	\$199.60

Part-time (0.5–0.89 FTE)

	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$124.68	\$115.33	\$105.98	\$96.63	\$87.28
Employee + Child	\$226.48	\$209.49	\$192.51	\$175.52	\$158.54
Employee + Spouse	\$305.47	\$282.56	\$259.65	\$236.74	\$213.83
Family I (2-3 Dependents)	\$373.62	\$345.60	\$317.58	\$289.56	\$261.54
Family II (4+ Dependents)	\$427.71	\$395.64	\$363.56	\$331.48	\$299.40

EHP PLUS (PRE-TAX)

Full-time (0.9–1.0 FTE)					
	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$139.15	\$128.71	\$118.28	\$107.84	\$97.40
Employee + Child	\$252.75	\$233.80	\$214.84	\$195.88	\$176.93
Employee + Spouse	\$329.96	\$305.21	\$280.47	\$255.72	\$230.97
Family I (2-3 Dependents)	\$416.96	\$385.69	\$354.42	\$323.15	\$291.87
Family II (4+ Dependents)	\$462.00	\$427.35	\$392.70	\$358.05	\$323.40

Part-time (0.5–0.89 FTE)

	Bronze	Silver	Gold	Platinum	Diamond
Employee Only	\$208.77	\$193.11	\$177.45	\$161.80	\$146.14
Employee + Child	\$379.13	\$350.69	\$322.26	\$293.82	\$265.39
Employee + Spouse	\$495.04	\$457.91	\$420.78	\$383.65	\$346.53
Family I (2-3 Dependents)	\$625.45	\$578.54	\$531.63	\$484.72	\$437.81
Family II (4+ Dependents)	\$693.05	\$641.07	\$589.09	\$537.11	\$485.14

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

BENEFIT COSTS

2026 Benefit Costs Per Paycheck

Semi-Monthly (24 pays per year)

DENTAL PLANS (PRE-TAX)

	DHMO	Preventive	Traditional	Enhanced
Employee Only	\$6.00	\$8.08	\$11.20	\$15.52
Employee + 1	\$9.88	\$13.54	\$22.65	\$32.91
Employee + Family	\$17.04	\$23.66	\$37.84	\$55.55

VISION PLANS (PRE-TAX)

	Basic	Enhanced
Employee Only	\$2.42	\$5.38
Employee + 1	\$4.88	\$10.71
Employee + Family	\$6.71	\$14.75

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

Coinsurance: 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 coinsurance is 20% of the covered charges.

Co-payment, or Copay: 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 coinsurance). 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 copay and coinsurance 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.