

2023 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 ONE 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
Executive Director, Total Rewards

Table of Contents

HOW TO ACCESS THE ONE HR PORTAL ...	3	Flexible Spending Accounts (FSAs)	18
ELIGIBILITY	3	MY WELL-BEING	
BENEFITS ENROLLMENT	4	Well-Being Programs	19
MY HEALTH		Employee Assistance Program	19
Employee Health Plan (EHP)	5	Adoption Assistance	19
Dental Plan Options	10	Bereavement Leave	19
Vision Plan Options	12	Maternity and Parental Leave	20
Disability	13	Medical Leave of Absence	20
MY MONEY		Military Leave of Absence (FMLA)	20
Life Insurance	14	Paid Personal Days	20
Loan Program	14	Personal Leave	20
On Call Meals	14	Vacation Days	20
Retirement Program	14	Caregiver Leave	21
Travel Benefit.....	15	Healthy Choice Program	21
Uniform Information	15	BENEFIT COSTS	22
Voluntary Benefit Programs	15	TERMS AND DEFINITIONS	23

How to Access the ONE HR Portal

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

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



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 which would necessitate a change in benefits elections can initiate a life event benefit change in Workday within 31 days of the qualifying event. Any change in benefit elections must be consistent with the life event, and documentation must be provided to support the life event change request.

Annual Open Enrollment

Caregivers have the opportunity to make changes to benefit elections each year during the annual open enrollment period. Open enrollment takes place in the fall of each year (end of October through early November). Benefit election changes are made in Workday during the open enrollment period, and changes become effective January 1 of the following calendar year. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of the open enrollment process. Failure to provide the requested documentation will result in the dependent(s) being removed from coverage under each benefit program they were added on to during open enrollment.

Employee Health Plan (EHP)

The Cleveland Clinic Employee Health Plan (EHP) provides comprehensive healthcare benefits for plan members. The EHP includes a 2 tier network of providers. Benefits are maximized when members use Tier 1 Cleveland Clinic Quality Alliance network providers.

Tier 1 Network

The Tier 1 provider network is the Cleveland Clinic Quality Alliance (QA) network. This network includes Cleveland Clinic facilities and employed physicians as well as contracted community physicians and facilities in northeast Ohio. Tier 1 providers can be found online at employeehealthplan.clevelandclinic.org.

Highlights of the Tier 1 network include:

- No annual deductible
- No co-pays or co-insurance for primary care office visits (Internal Medicine, Family Practice, OB-GYN and Pediatrics)
- No co-pays or co-insurance for all virtual visits (includes, Express Care Online app and real time virtual visits)
- \$35 specialist office visit co-pay
- \$350 co-pay for inpatient services (prior authorization is required), including labor and delivery

In the Tier 1 network, the services listed above are covered 100% after the applicable copays have been paid.

Tier 2 Network

The Tier 2 provider network is the Aetna Select Open Access Network. **Note:** The University Hospital System, University Hospital Case Medical Center, Summa Health System, Aultman Hospital and their employed physicians and their affiliates are **not** considered in the EHP or Aetna networks. Tier 2 providers can be accessed by visiting employeehealthplan.clevelandclinic.org.

Services from Tier 2 providers are subject to a \$500 annual deductible and most medically necessary services are covered 70% thereafter. *Routine health examinations, routine screening tests, and certain other medical services are not covered in Tier 2.*

Emergency and Urgent Care

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.

Additional Information

The charts on pages 6 and 7 outline the medical benefit coverage for the EHP. 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 employeehealthplan.clevelandclinic.org.

See page 22 for health plan costs.

EHP Benefits Summary

Benefit Program Features	TIER 1	TIER 2
	Cleveland Clinic Quality Alliance Network	Aetna Select Open Access Network
Annual Deductible		
Single	None	\$500
Family	None	\$1,500
Out-of-Pocket Maximum		
Single	\$3,950	\$4,750
Family	\$7,900	\$9,500
Medical Benefit Program Features		
PCP Office Visit (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)	100% of Allowed Amount	\$25 co-pay, then 70% of Allowed Amount (after deductible)
PCP Virtual Visits	100% of Allowed Amount	\$25 co-pay, then 70% of Allowed Amount (after deductible)
Specialist Office Visits	100% of Allowed Amount after \$35 copay (no referral required)	\$50 co-pay, then 70% of Allowed Amount (after deductible)
Specialist Virtual Visits	100% of Allowed Amount	\$50 co-pay, then 70% of Allowed Amount (after deductible)
Maternity Care	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admission, then 70% of Allowed Amount (after deductible)
Routine (Annual) Physical Exam by Primary Care Physician	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Exam	100% of Allowed Amount after \$35 co-pay	Not Covered
Inpatient Hospital Services¹	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admissions, then 70% of Allowed Amount (after deductible)
Outpatient Hospital Services		
Radiology –	100% of Allowed Amount	70% of Allowed Amount (after deductible)
MRI/CT Scans (non-emergent) ¹	100% of Allowed Amount \$75 co-pay, then 100% of Allowed Amount	70% of Allowed Amount (after deductible) \$75 co-pay, then 70% of Allowed Amount (after deductible)
Laboratory/Diagnostic Tests	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Emergency Department		
Emergency Care	100% after \$250 co-pay	100% after \$250 co-pay
Urgent Care	100% after \$50 co-pay	100% after \$50 co-pay
Medical Supplies and Durable Medical Equipment	80% of Allowed Amount	80% of Allowed Amount (after deductible)
Skilled Nursing Care¹	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admission, then 70% of Allowed Amount (after deductible)
Acute Inpatient Rehab¹	\$350 co-pay/admission, then 100% of Allowed Amount	Not Covered
Long-Term Acute Care¹	\$350 co-pay/admission, then 100% of Allowed Amount	Not Covered
Hospice		
Symptom Management	100% of Allowed Amount	100% of Allowed Amount
Respite Care	100% of Allowed Amount	100% of Allowed Amount
Home Health Care¹	100% of Allowed Amount	70% of Allowed Amount (after deductible)
60 Visits per Benefit Year		
Acupuncture	50% of Allowed Amount	Not Covered
Maximum of 10 Visits/Benefit Year		
Chiropractic	100% of Allowed Amount after \$35 co-pay	Not Covered
Maximum of 30 Visits/Benefit Year		

1. Precertification required.

EHP Benefits Summary (continued)

Medical Benefit Program Features	TIER 1	TIER 2
	Cleveland Clinic Quality Alliance Network	Aetna Select Open Access Network
Therapy Services (Rehabilitative) Occupational/Speech/Physical	100% of Allowed Amount after a \$10 copay. 30 Visits per Therapy per Calendar Year	Not Covered
Therapy Services (Habilitative) Physical/Occupational/Speech a. Developmental Delay, Cerebral Palsy, Apraxia b. Autism and Autism Spectrum Disorder	100% of Allowed Amount 30 Visits per Therapy per Calendar Year 100% of Allowed Amount (No visit limitation)	Not Covered
Dental – Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	Not Covered
Family Planning ² (See Coverage Clarifications) Voluntary Abortion	100% of Allowed Amount 100% of Allowed Amount	Not Covered 100% of Allowed Amount
Infertility Treatment ¹	100% of Allowed Amount LTM: (\$15,000 Medical, \$6,000 Pharmacy)	Not Covered
Hearing Aids ⁵	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 Unlimited See previous page	Not Covered
Behavioral Health Benefit Program Features		
Outpatient Coverage Outpatient (OP Visits) ³ Office Visits Psychological and Neuro-Psychological Testing ⁴	100% of Allowed Amount \$35 co-pay, then 100% of Allowed Amount 100% of Allowed Amount	100% of Allowed Amount (after deductible) \$50 co-pay, then 70% of Allowed Amount (after deductible) Not Covered
Outpatient Telemedicine/Virtual Consultation	100% of Allowed Amount	100% of Allowed Amount (after deductible)
Inpatient Coverage ¹	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admission, then 70% of Allowed Amount (after deductible)
Intensive Outpatient (OP) ¹	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Partial Hospitalization Programs (PHP) ¹	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Residential Treatment ¹	\$350 co-pay/admission, then 100% of Allowed Amount	Not Covered
Transcranial Magnetic Stimulation (TMS) ¹ 36 Therapy Related Visits per Benefit Year	100% of Allowed Amount	Not Covered

For Tier 1, co-payments and co-insurance listed on this chart accumulate to your out-of-pocket maximum with the exception of co-payments for bariatric surgery and the Autism School.

1. Precertification required.

2. Marymount and Mercy Hospital employees are subject to Religious Exemption and are not eligible for the following: transgender services and family planning services which include infertility treatment, abortion, vasectomy, contraceptive implants, Depo Provera, IUE, tubal ligation, and oral contraceptives, except if clinically appropriate.

3. 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.

4. Psychological and Neuro Psychological Testing: Up to eight hours testing are automatically covered without precertification. Neuro-Psychological Testing: Testing is covered in Tier 1 only, by trained Behavioral Health Specialists.

5. Hearing aids are only covered when provided by a Cleveland Clinic provider. 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 HBP under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.

Prescription Drug Benefit

The prescription drug benefit is included with the EHP 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 Pharmacies or through Cleveland Clinic or CVS Mail Order Pharmacies

A summary overview of the prescription drug benefit for 2023 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 EHP website at employeehealthplan.clevelandclinic.org.

The Following Is a Summary Overview of the Prescription Drug Benefit for 2023

Categories	TIER 1	TIER 2	TIER 3	TIER 4	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
	Preferred Generics (Non-Specialty)	Preferred Brands (Non-Specialty)	Non-Preferred/ Non-Formulary Brands and Generics	Specialty Brand/ Generic 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 Available through Rx Plan
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 Available through Rx Plan
Cleveland Clinic Pharmacies including Specialty & Home Delivery: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$50 Maximum per Month Supply	No	No
Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	N/A	No	No
CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	No	Yes No Minimum/ \$100 Maximum per Month Supply	No	No
Is there an Annual Out-of-pocket Maximum?	After Deductible Has Been Met: \$3,950 Individual / \$7,900 Family Combined Maximums for Retail, Specialty and Home Delivery				No	No
Components of Each Category			Brand Name Drugs See the EHP Prescription Drug Benefit Formulary	Specialty Drugs ^{6,7} Complete list of Specialty Drugs and Copay Card Assistance Program in the EHP Prescription Drug Benefit Formulary	Lifestyle Drugs See the EHP Prescription Drug Benefit Formulary	Over-the-Counter Drugs See the EHP Prescription Drug Benefit Formulary
Pre-certification Required	See the EHP Prescription Drug Benefit Formulary for list of pharmaceuticals requiring precertification				No	N/A
Diabetic Supplies⁸ Asthma Delivery Devices⁸ and Prescription Vitamins⁹	Co-insurance 20%			No	No	N/A
Pharmacies¹⁰ in the Retail Network	Cleveland Clinic Pharmacies ClevelandClinic Specialty Pharmacy, Cleveland Clinic Home Delivery Pharmacy, CVS store pharmacies (including CVS pharmacies located in Target stores), CVS/caremark Mail Service, CVS/specialty Pharmacy					

Note: Benefit Program includes: generic oral contraceptives – covered for Marymount and Mercy Hospital caregivers for clinical appropriateness only under the HBP.

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

7. 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.**

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

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

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

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

Dental Plan Options

There are four dental plan options administered by Cigna.

Cigna Dental HMO

- Narrowest network – you can only utilize Cigna HMO 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)
- Most popular plan for Cleveland Clinic caregivers

Enhanced Dental Plan

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

Costs for each plan can be found on page 22. Summary Plan Descriptions with complete details are available on the ONE 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

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

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

2. Out of network claims are reimbursed based on reasonable and customary fees, which may result in your costs being higher than if you go to a CIGNA DPPO provider.

3. Subject to annual deductible.

Vision Plan Options

There are two vision plan options administered by EyeMed. The **Basic** and **Enhanced** Vision Plans provide 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 ONE HR Portal for additional details. Costs for each plan can be found on page 22.

Note: EyeMed Vision Plans cover materials only; coverage for an eye exam is included in the EHP 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% of balance over \$130 allowance	Up to \$70	\$0 copay; 100% of 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 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 \$3,000 maximum 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:

Amy P. Dickenson
Dickenson & Associates, LLC.
440.505.6007
amy@dickensoninsurance.com

Rory Bixel Lough
Arthur J. Gallagher & Co.
440.974.4040
rory_lough@ajg.com

Life Insurance

Cleveland Clinic provides a \$25,000 group term life insurance benefit at no cost. You are automatically enrolled on your start date.

Life Insurance Beneficiary Designations

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

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.

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

Caregivers are automatically enrolled in the Savings & Investment Plan (SIP) managed by Fidelity Investments:

The SIP is funded with your own pre-tax, Roth, and/or after-tax contributions. All newly hired and newly eligible caregivers will be automatically enrolled to contribute 3% of pay on a pre-tax basis 31 days after their start date. You can change or stop your contribution percentage at any time online at www.netbenefits.com/clevelandclinic or by calling Fidelity at 888.388.2247. In 2023 you can contribute up to \$22,500 on a pre-tax or Roth basis (up to \$30,000 if age 50 or older).

Contributions to the SIP are invested in a default target date fund based on your age. You can change your investment allocations at any time on Fidelity's website (www.netbenefits.com/clevelandclinic).

Assistance in Managing Your Retirement Accounts

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

Travel Benefit

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.

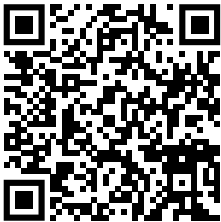
Uniform Information

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 ONE HR Portal. If you enroll in these programs premiums will be deducted from each paycheck.

To learn more scan the QR code below



MetLife Auto & Home

With MetLife Auto & Home®, you can get insurance tailored to your needs and access to special savings and benefits you won't find anywhere else. Caregivers can enroll in this program at any time during the year.

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

Home Insurance⁴

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 ONE HR Portal. Caregivers can enroll in this program at any time during the year.

To get a quote or enroll in auto, home or pet insurance, visit <https://www.metlife.com/info/cleveland-clinic/>, call 1.800.GET.MET8, or scan the QR code below.



MetLife Legal Plan

MetLaw is an affordable, easy-to-use plan that offers you and your family value and comfort in knowing you can access legal services for almost all personal legal matters. You can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events – for a flat monthly fee. The plan provides coverage for you, your spouse/domestic partner and dependent children. You can also elect to provide coverage for parents and parents-in-law.

Covered services include⁵

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

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

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

Allstate Identity Protection

Allstate Identity Protection delivers comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to help protect you, your family, and your finances from emerging threats. Family members are covered under the program if they are dependent on you financially or live in your home (including parents, in-laws and grandparents age 65+). Should fraud or identity theft occur, Allstate's highly-trained and certified experts are available 24/7 to handle and remediate every type of identity fraud case and fully manage restoration cases.

Covered services include:

- Allstate Digital FootprintSM
- Comprehensive identity and credit monitoring
- Dark web monitoring
- Financial transaction monitoring
- Social media monitoring
- Data breach notifications
- Remediation of pre-existing identity theft covered at no additional cost
- Mobile safe browsing and phishing protection
- Wi-Fi network scan and alerts
- Mobile device locator and theft alerts
- Coverage available for family
- Full service, U.S.-based remediation support
- Stolen fund reimbursement
- Tax fraud refund advance
- 401(k) and HSA reimbursement
- Up to \$1 million identity theft expense reimbursement

Trustmark Long-Term Care Insurance

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

The Trustmark program offers two benefits in one policy:

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

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.

A special enrollment period is tentatively planned for August 2023 whereby eligible caregivers will be offered guaranteed acceptance (which means you cannot be turned down because of your health). Watch for communications this summer.

6. US Department of Health & Human Services

Flexible Spending Accounts

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

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 election of \$100 (if you choose to enroll) up to a maximum election of \$3,050 in 2023
- Your account will come preloaded with the amount you elect and can be spent right away
- Payflex will issue a debit card that you can use to pay for qualified out-of-pocket expenses
- You should save receipts and Explanation of Benefit (EOB) statements for qualified purchases in case Payflex needs to verify the eligibility of your expenses

Dependent Care FSA

- Minimum election of \$100 (if you choose to enroll) up to a maximum election of \$5,000 (if your salary is \$135,000 or higher, the maximum annual election is \$1,500)
- Your account is funded through payroll deduction deposits (the account is not preloaded with your full annual election)

A full listing of eligible expense items under the Healthcare and Dependent Care FSAs can be found at www.payflex.com.

Reimbursement Deadline

Eligible expenses must be incurred during the plan year and subsequent grace period. The plan year is January 1, 2023 (or the effective date of your enrollment as a new hire or due to a life event change, if later) through December 31, 2023 (or the date your employment terminates, if earlier). The grace period runs from January 1, 2024 through March 15, 2024. Expenses incurred during the plan year and subsequent grace period must be submitted to PayFlex for reimbursement by April 30, 2024. This is referred to as the “run-out period”. This means that expenses incurred from January 1, 2023 through March 15, 2024 (or your termination date, if earlier) must be submitted to PayFlex for reimbursement by April 30, 2024, otherwise they will be denied.

You must re-enroll in the FSAs each year during annual open enrollment as your annual election will revert back to \$0 at the end of each calendar year.

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 ONE HR Portal accessed through Workday and on the Caregiver Well-Being site in Connect Today. The Caregiver Well-Being Connect Today site is accessible whether you are on or off-site. Connect via your personal mobile device (use QR code) or computer (use web address). No need for a CCF device or network connection!



Employee Assistance Program

Cleveland Clinic offers a full-service employee assistance program (EAP) dedicated to providing resources and support for caregivers are facing challenging issues both inside and outside of the workplace. These services are provided at no cost to the caregiver and can assist with items such as:

- Work problems
- Family issues
- Emotional problems
- Alcohol and drug use
- Legal matters
- Marital problems
- Parenting issues
- Loss/bereavement
- Financial pressures

Additional information can be found on the Connect Today site at <https://ccf.jiveon.com/community/caring-for-caregivers> or on the ONE 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 ONE 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 mothers following childbirth
- 100% pay for 4 weeks of parental leave for both parents following the birth or adoption of a child

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

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.

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 Program⁷

The Healthy Choice Program is a voluntary premium discount program from the Employee Health Plan (EHP) 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 wellbeing. When you participate and meet your goals, you'll become eligible for big savings on your health plan premiums – up to 30%. Have a spouse on your health plan? They can participate too, and together you could achieve your best discount.

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

For your convenience, you can download the EHP Healthy Choice app right to your phone for quick, easy access to all your information. 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 employeehealthplan.clevelandclinic.org or by scanning the Healthy Choice QR code below.



7. As a resident/fellow you are not eligible for Healthy Choice premium discounts as you are already receiving a significant 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.

BENEFIT COSTS

2023 Benefit Costs Per Paycheck

Semi-Monthly (24 pays per year)

EHP (PRE-TAX)

Employee Only	\$36.58
Employee + Child	\$66.50
Employee + Spouse	\$86.79
Family I (2-3 Dependents)	\$109.67
Family II (4+ Dependents)	\$121.54

DENTAL PLANS* (PRE-TAX)

	DHMO	Preventive	Traditional	Enhanced
Employee Only	\$6.00	\$7.38	\$10.83	\$14.79
Employee + 1	\$9.88	\$12.33	\$21.88	\$31.38
Employee + Family	\$17.04	\$21.58	\$36.54	\$52.96

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

*After completing one year of service, DHMO, Preventive and Traditional plans are fully paid by department. If Enhanced is elected, employee pays difference between Enhanced and Traditional.

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

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

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

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

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

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

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

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

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

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

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

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

Retirement Programs

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

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

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

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

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



Every life deserves world class care.

Copyright (© 2022 Cleveland Clinic)

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.