



2018 Total Rewards Program Summary for Main Campus Residents and Fellows

Information About Your Benefits





As a recognized global healthcare leader, Cleveland Clinic is dedicated to providing the same world-class care to you and your family.

We take great pride in offering a comprehensive and affordable Total Rewards Benefits program that recognizes the varying needs of a diverse workforce. Through Total Rewards, individuals and families are offered security and meaningful choices to help prepare them for unpredictable life events to come.

Thank you for your continued dedication to Cleveland Clinic where we come together to keep patients and caregivers first through the ***Power of Every One.***

Toby Cosgrove, MD

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Eligibility

Employees eligible for benefits include:

- Regular full-time employees scheduled to work 72 to 80 hours per pay period.
- Regular part-time employees scheduled to work 40 to 71 hours per pay period.

Dependent Eligibility

Dependent children (naturally born children, stepchildren, legally adopted children, or children under an official court-appointed guardianship) can remain on medical, dental & vision coverage up to age 26.

Dependent benefits terminate at the end of birthday month and then are offered COBRA

*Your unmarried children exceeding age 26 who are disabled as determined by Social Security Administration may remain on coverage with proof of disability provided it is submitted to HR within 31 days of determination of disability date.



Benefit Program

Cleveland Clinic's flexible benefits program lets you select benefits that meet you and your family's needs.

Make your benefit selections carefully because you only have **31 days** from your hire date to enroll. Once you complete your **online enrollment, the coverage you select begins on your date of hire**, and premium payments will be withdrawn retroactively.

Plan option changes can only be made once a year – during Open Enrollment, which usually takes place in October. Outside of your new hire period/Open Enrollment, the only other time(s) it is permissible to make certain changes to benefit selections is within 31 days of a qualifying life event date.

Life Events

IRS defines life events as:

- Marriage/Divorce/Legal Separation/Annulment

- Birth/Adoption/Legal Guardianship of a child

- Death of a dependent: Spouse and/or Child

- Employee/Spouse/Dependent with a Loss of Coverage or Gain of Coverage

- Employee/Spouse/Dependent with a reduction or increase in hours of employment (i.e. – switch between part time to full time vice versa)

- Qualified Medical Child Support Order (QMCSO)

Caregivers who experience a qualifying life event and wish to make certain changes to their coverage must contact ONE HR at 216.448.2247. Representatives will assist you with the proper form(s) to complete and supportive documentation required for updating coverage. Any adjustments to coverage must be consistent with the changes resulting from the qualifying life event.

Employee Health Benefit Program

The following grid is intended to provide a high level overview of the Cleveland Clinic Employee Health Benefit Program. Complete coverage information, including exclusions and limitations, can be referenced in the Cleveland Clinic Employee Health Benefit Program summary plan description (SPD), which can be accessed via the ONE HR Portal through Workday (www.clevelandclinic.org/onehr).

Providers can be located by visiting the following websites:

Tier 1: Cleveland Clinic Providers: www.clevelandclinic.org
Quality Alliance Providers: www.chnetwork.com

Tier 2: Midwest Healthcare Collaborative Providers:
<https://directory.mhcol.com>

Tier 3: Medical Mutual of Ohio Providers (inside Ohio):
www.supermednetwork.com
First Health Providers (outside of Ohio):
www.firsthealth.com

The Employee Health Plan Prescription Drug Benefit Program

The Prescription Drug Benefit is administered through CVS/Caremark, the nation's largest provider of prescriptions and related health care services.

- \$200 for each member, maximum annual deductible of \$400 per family
- Deductible waived if members fill prescriptions with generic medications from Cleveland Clinic Pharmacies
- Enhanced benefits for other prescriptions filled at Cleveland Clinic pharmacies

Additional EHP Programs

The following programs can help you reach your Healthy Choice goals.

EHP Wellness Program – helps members focus on three areas: smoking cessation, weight management and physical activity. If the member completes the application at sign-up, these services are offered free of charge. The Wellness Program application requires an original signature that authorizes the EHP Dept. to collect specific health data along with your participation rates for tracking success.

EHP Medical Management – offers robust coordinated care and pharmacy programs that help members address chronic conditions such as diabetes, high blood pressure, asthma. Medical Management provides reimbursement for office visit co-payments & prescription co-insurance as long as members comply with specific care criteria.

Participation in either program over the course of a year can help you earn a lower medical premium for the following year's enrollment.

For details, visit:

employeehealthplan.clevelandclinic.org



Employee Health Benefit Program

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

1. Prior authorization required for all inpatient admissions regardless of the network used.

2. Prior authorization required for non-emergent MRI/CT scans.

3. Prior authorization required for all inpatient admissions regardless of the network used.

2018 Prescription Drug Benefit Program

administered through CVS Caremark

CATEGORIES	TIER 1 Generic Rx	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands (Non-Formulary)	TIER 4 Specialty Drugs (Hi-Tech)	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
Annual Deductible	\$200 Individual \$400 Family (Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)				No	No
Employee % Co-ins. Cleveland Clinic Pharmacies: up to 90 Day Supply	15%	25%	45%	20%	Employee Pays 100% of the Discounted Price	Not Available through Rx Plan
Employee % Co-ins. CVS Caremark Retail ¹ – 30 Day Supply Mail Service Program – 90 Day Supply	20%	30%	50%	20%	Employee 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-ins.	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 ¹ : Is there a Minimum or Maximum to the Rx % Co-ins.	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	NA	No	No
CVS Caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-ins.	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 Max?	After deductible has been met: Individual – \$1,500 / Family – \$4,500 Combined Maximums for Retail, Specialty and Home Delivery				No	No
Components of Each Category	Generic Drugs	Brand Drugs – See the <i>Prescription Drug Benefit and Formulary Handbook</i>		Specialty Drugs ² See complete list of Specialty Drugs in the <i>Prescription Drug Benefit and Formulary Handbook</i>	Life Style Drugs <i>Acticlate, Benzoyl, Peroxide Only Agents, Caverject, Cialis, Cosmetic Agents, Denavir Cream, Doryx, Edex, Evzio, Fertility Agents, Hysingla, Jublia, Levitra, Muse, Non-controlled Cough and Cold Agents,, Oral Allergy Medication, Penlac, Propecia, Relenza, Saxenda, Stendra, Tamiflu, Testosterone Cypionate, Testosterone Enanthate, Topical Androgen, Products, Viagra, Weight Control Products, Xartemus XR, Xerese, Zipso^r, Zorvolex, Zovirax Cream, Zovirax Ointment</i>	Over-the Counter Drugs <i>Alcohol Swabs DME (Durable Medical Equipment) Medical Devices Medical Supplies</i> Prescription Drugs <i>Brand and Generic Brand versions of: Adoxa, Binosto, Beleodaq, Belsomra, Cyramza, Diclegis, Keytruda, Liptruzet, Monodox, Onmel, Opdivo, Oracea, Oxytrol, Solodyn, Xopenex (not covered for member over 18 years of age.) Proton Pump Inhibitors (Brand Name Products)</i> Certain OTC Medications are covered <i>See the Prescription Drug Benefit and Formulary Handbook</i>
Prior Authorization Required	See the <i>Prescription Drug Benefit and Formulary Handbook</i> for List of Pharmaceuticals Requiring Prior Authorization				No	NA
Diabetic Supplies, ³ Asthma Delivery Devices ³ and Prescription Vitamins ⁴	Co-Insurance 20%			No	No	NA



Note: Benefit Program Includes: generic oral contraceptives – covered for Marymount HBP participants for clinical appropriateness only under the HBP.

1. Members can utilize the CVS/caremark Pharmacies for obtaining acute care prescriptions (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.
2. There are 3 options for obtaining medications in the category listed above. The options are: **1. Cleveland Clinic Pharmacies in Cleveland and Cleveland Clinic Weston Pharmacy, 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.**
3. Diabetic Supplies – Insulin and diabetic supplies covered. Includes: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, and injection pens.
Asthma Delivery Devices – Includes spacers used with asthma inhalers.
4. Refers to vitamins that require a prescription from your healthcare provider.

Dental Benefit Programs

Cleveland Clinic offers four dental plan options administered by Cigna:

1. Dental HMO Benefit Program (HMO)
2. Preventive Dental Benefit Program (DPPO)
3. Traditional Dental Benefit Program (DPPO)
4. Enhanced Dental Benefit Program (DPPO)

You can locate Cigna providers by visiting www.cigna.com or by calling toll-free 800.244.6224. The charts below summarize the coverage under each dental plan.

Cigna Dental HMO Benefit Program¹

This plan requires the participant to use Cigna Dental HMO providers (e.g. Aspen Dental, Hudec Dental, Bright-Now). It provides free preventive care and a set fee-for-service model for all other services. Services performed by non-Cigna DHMO providers are not covered.

Cigna Dental HMO Benefit Program		
	Cigna Dental HMO Providers	Out-of-Network
Calendar Year Maximum	None	N/A
Annual Deductible	None	N/A
SERVICES	Your Charge	Your Charge
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	\$0 \$0 \$0 \$0 \$12/tooth	You pay full cost
Basic Restorative Care Fillings - Amalgam Root Canal Therapy/Endodontics Oral Surgery – Simple Extractions Surgical Extraction of Impacted Teeth	\$0 \$210-\$430 \$12-\$115 \$46/tooth	You pay full cost
Major Restorative Care Crowns Dentures Bridges Inlays/Onlays	\$150-\$490/tooth \$625-\$715 \$150-\$470/tooth \$150-\$470/tooth	You pay full cost
Orthodontia Adult Children under 19	\$2,376 \$2,040	You pay full cost

1. This grid is a sample of services covered under the Cigna Dental HMO Benefit Program. For a complete list of all services you will need to review the Cigna Dental Care Patient Charge Schedule. You can request a digital copy by contacting the ONE HR Service Center at 216.448.2247.

Preventive Dental Benefit Program

This plan is designed for individuals who only want preventive and basic services covered. There is a \$500 annual maximum benefit per covered individual.

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

* Subject to annual deductible

Traditional Dental Benefit Program

This plan covers a wide range of dental services, including preventive care, fillings and extractions, major restorative care and dependent child orthodontia (up to age 23, lifetime maximum of \$1,250). There is a \$1,250 annual maximum benefit per covered individual.

Traditional Dental Benefit Program			
	Cigna DPPO Advantage Providers	Cigna DPPO Providers	Out-of-Network
Calendar Year Maximum	\$1,250	\$1,000	\$1,000
Annual Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150
Reimbursement Levels	Based on reduced contracted fees	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%	100%
Basic Restorative Care* Fillings Root Canal Therapy/ Endodontics Oral Surgery Surgical Extraction of Impacted Teeth Periodontal scaling and root planing	80%	70%	70%
Major Restorative Care* Crowns Dentures Bridges Inlays/Onlays	50%	50%	50%
Orthodontia (dependent children to age 23)* Lifetime maximum	50% \$1,250	50% \$1,250	50% \$1,250

* Subject to annual deductible

Enhanced Dental Benefit Program

This plan covers a wide range of dental services, including preventive care, fillings and extractions, major restorative care and orthodontia for adults and children (lifetime maximum of \$2,500). There is a \$1,500 annual maximum benefit per covered individual.

Enhanced Dental Benefit Program		
	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,500
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%
Basic Restorative Care* Fillings Oral Surgery – simple extractions	80%	80%
Major Restorative Care* Root Canal Therapy/Endodontics Oral surgery – all except simple extractions Surgical Extraction of Impacted Teeth Periodontal scaling and root planing Crowns Dentures Bridges Inlays/Onlays	60%	60%
Orthodontia* Lifetime maximum	80% \$2,500 covered for children and adults	80% \$2,500 covered for children and adults

* Subject to annual deductible

Vision Benefit Programs

Staff members can choose from one of two vision options administered by EyeMed:

- **Basic Vision Benefit Program**

This plan offers discounts on eyewear (frames, lenses and contacts) from providers within the EyeMed Access Network (providers can be found at www.eyemed.com).

- **Enhanced Vision Benefit Program**

This plan offers more extensive discounts on eyewear from providers within the EyeMed Access Network (providers can be found at www.eyemed.com).

Basic Vision Benefit Program

COVERED EYE WEAR	EYEMED VISION CARE ACCESS NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Frames Any available frame at provider location	\$130 Allowance 20% off balance over \$130	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$65 co-pay 80% of retail less \$120 allowance	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	\$15 co-pay \$15 co-pay \$15 co-pay \$40 co-pay \$40 co-pay \$45 \$57 co-pay \$68 co-pay 20% off Retail Price 20% off retail price 20% off retail price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not covered Not covered Not covered Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable	\$110 allowance 15% off balance over \$110 \$110 allowance	\$70 \$70
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Enhanced Vision Benefit Program

Covered Eye Wear	Eyemed Vision Care Access Network Benefits	Out-of-Network Reimbursement
Frames Any available frame at provider location	\$160 Allowance 20% off balance over \$160	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$65 co-pay 80% of retail less \$120 allowance	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	Fully covered Fully covered Fully covered Fully covered Fully covered Fully covered \$12 \$23 20% off Retail Price 20% off retail price 20% off retail price	\$8 \$8 \$8 \$20 \$20 \$23 \$23 \$23 \$23 Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$160 allowance 15% off balance over \$160 \$160 allowance Fully covered	\$70 \$70 \$70
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Flexible Spending Accounts

There are two distinct, Flexible Spending Accounts (FSA), and both are administered by PayFlex.

You can use the FSA accounts to set aside pre-tax money to reimburse yourself for qualified expenses incurred during the calendar year.

The **Medical FSA** is for you and your dependents' out-of-pocket healthcare expenses.

- minimum election: \$100 per year
- maximum election: \$2,600 per year
- annual amount you elect is available immediately

The **Dependent Care FSA** is for adult/child daycare expenses only.

- minimum election: \$100 per year
- Maximum election: \$1,500/calendar year if salary is \$120,000 or higher
\$5,000/calendar year if salary is less than \$120,000¹
- annual amount you elect accumulates per pay
- Eligible dependents include: Children under age 13 who you claim as dependents on your Federal Income Tax return. Spouses physically or mentally unable to care for themselves.
- Individuals (such as parents or children age 13 or older) who reside with you, are physically or mentally incapable of caring for themselves, and can be claimed as dependents on your Federal income tax return
- *For advantages/disadvantages consult with your tax advisor*

*For a complete list of Eligible/Ineligible expense items for either FSA account visit www.payflex.com

Things to consider when making decisions about FSA contributions:

- You can make pretax contributions to either or both accounts
- You cannot transfer funds from one account to the other
- You should carefully consider the amounts you plan to contribute because you will forfeit any account balances that are not claimed for reimbursement at the end of the calendar year
- You have until March 15th of the following year to use up the remaining prior year balance. Claims for reimbursement must be submitted no later than April 30th.
- Accounts do not carry over from year-to-year. Must re-elected every Open Enrollment.

1. \$2,500/calendar year if you are married and you and your spouse file separate tax returns



Life Insurance Program

Cleveland Clinic provides no-cost term life insurance coverage at \$25,000. You can designate your beneficiaries on the ONE HR Portal.

Disability Insurance Program

If you are disabled for 90 days, you may be eligible to receive benefits from the Long Term Disability Program. The LTD benefit, which is paid for by Cleveland Clinic, replaces 70% of base pay, up to \$3,000 per month.

Additional Benefits

Vacation

Trainees receive three weeks (15 working days) of vacation per academic year.

Retirement Program

The **Savings & Investment Plan (SIP)** is your pre-tax contribution toward your retirement administered through Fidelity Investments.

- Newly hired trainees are automatically enrolled at a rate of 3% if no election is made with Fidelity within 31 days of start date.
- Opt out/adjust at any time during the year by calling Fidelity at 888.388.2247 or by logging on to www.netbenefits.com/clevelandclinic.
- You are always 100% vested in your contributions

Employee Assistance Program (EAP)

EAP is a confidential, outside program that helps you and your family members with difficult personal issues. Assistance comes in forms of:

- Confidential Consultations
- Work/Life Services/ Family Dependent Care Program
- Adoption services
- Geriatric Professional assistance with child/elder care

ONE HR: Workday and Portal

The ONE HR: Workday and Portal (www.clevelandclinic.org/onehr) is our secure website that allows you to access all of your payroll and benefits information.

Payroll

- View/update direct deposit account(s)
- View/update tax withholding information
- View pay stubs
- View past W-2 forms

Benefits

- View summary plan descriptions for your benefit plans
- View your current benefit elections
- Update your life insurance beneficiaries
- Make changes to benefit elections (new hire enrollment, life events, open enrollment)

You can also update your personal information such as address changes, phone numbers, personal email addresses and emergency contact information.

You must be physically on site at a Cleveland Clinic location the first time you log in. After your initial login you can access the ONE HR: Workday and Portal from any computer or handheld device.

Your username is your 6-digit employee ID# and your default password is the first two letters of your last name (first letter capitalized) followed by your date of birth in MMDDYYYY format followed by an exclamation point. Example, Joe Smith, born August 1, 1975 – his password would be Sm08011975!

After logging in for the first time you will be prompted to create 3 security questions and to create your own unique password. If you forget your password you can call the ONE HR Service Center at 216.448.2247 to have it reset.

Important Contact Information

ONE HR: Workday and Portal

www.clevelandclinic.org/onehr

Medical

Mutual Health

800.451.7929

www.MutualHealthServices.com

Tier 1 providers

www.clevelandclinic.org

Cleveland Health Network

www.CHNetwork.com

Tier 2 providers

Midwest Healthcare Collaborative

<https://directory.mhcol.com>

Tier 3 providers

Cleveland Health Network

www.CHNetwork.com

Medical Mutual Traditional Network (in Ohio)

www.SuperMedNetwork.com

First Health (outside Ohio)

www.firsthealth.com

EHP Programs

employeehealthplan.clevelandclinic.org

Prescription

CVS/Caremark

866.804.5876

www.Caremark.com

<https://myrefills.clevelandclinic.net>

www.ClevelandClinic.org/pharmacy

Home Delivery

216.328.6076

Dental

Cigna

800.244.6224

www.MyCigna.com

Vision

EyeMed

866.723.0513

www.EyeMed.com

Flexible Spending Accounts

PayFlex

800.284.4885

www.payflex.com

Life Insurance

Consumers Life

855.544.2542

www.ConsumersLife.com

Retirement

Fidelity Retirement

888.388.2247

www.netbenefits.com/clevelandclinic

COBRA Continuation Services

PayFlex

800.359.3921

Employee Assistance Program

216.445.6970

800.989.8820

www.ConcernEAP.org

Other Benefits

College Advantage 529 Plan

800.233.6734

Computer Purchase Program

866.670.3479

MetLife Insurance (Auto/Home/Legal/Pet)

800.438.6388



Every life deserves world class care.

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