

2023 New Hire Benefits & Work Perks Guide



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WHAT'S NEW

KEEP THIS OPEN ENROLLMENT GUIDE

The Open Enrollment Book now includes all available employee benefits AND Work Perks all in one place! Employees will notice that a lot of additional benefits have been added to the book this year. Benefits that you can use all year, not just during your initial enrollment. Use it as a reference guide – a Benefits One-Stop Shop - throughout the entire year.

BENEFICIARIES

Employees now can add, change and view their life insurance beneficiaries in MyHr. You will need to log in and add beneficiaries for the first time. Your choices will remain until you change them.

HEALTHY TRANSPORTATION PROGRAM

MetroHealth is expanding its FREE transit pilot program to employees who commit to riding transit to work for at least 3 days per week. For more details, see page 13.

MEDICAL PREMIUM INCREASE

MetroHealth employees have been fortunate over the last 2 years that medical insurance premiums have remained the same. We have continued to keep your contribution well below the market and below our cost increases. In 2023 and 2024, your contributions will be increasing to match the AFSCME contract. Please note that employee premiums continue to remain below market benchmarks. Please review the new rates on pages 43 - 46.

KEEP THIS GUIDE AS A RESOURCE TO BE USED THROUGHOUT THE YEAR UNTIL NEXT OPEN ENROLLMENT

EMPLOYEE WORKPERKS

MY MOBILE WALLET

All of your benefits information – On the go!

My Mobile Wallet is the easy way to find your benefits contact information, from any device, wherever you are. Visit <http://www.mymobilewalletcard.com/metrohealth> and click on any benefit to see more information, including:

- Group numbers
- Phone numbers
- Email addresses
- Websites
- And more

Visit and bookmark the site today!



BENEFITHUB



**A WORLD OF DISCOUNTS IS WAITING...
SAVE BIG. EVERY DAY!**

All MetroHealth employees are offered our Discount Marketplace! This allows you to enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa Tickets
- Auto & Home Insurance



**IT'S EASY TO ACCESS
AND START SAVING!**

1. *Go to: <https://metrohealth.benefithub.com>*
2. Create an Account
3. Enter Referral Code: 23YZXP

BenefitHub is your home to save on thousands of items all through an easy-to-use, exclusive discount marketplace. BenefitHub negotiates the best discounts on the market for you and many of the offers include additional Cash Back to make it the best overall value to you. Not only saving you money, but time and hassle, too. The diverse platform includes discounts on travel, hotels, restaurants, car rentals, your favorite local establishments and much more!

Some of the items available for purchase/enrollment in BenefitsHub are Pet Insurance, Legal Assistance and ID Theft Protection. These products are outlined on the on the next few pages.

ALLSTATE IDENTITY PROTECTION PRO+

PRODUCT FEATURES

Comprehensive monitoring and alerts

Our proprietary monitoring platform detects high-risk activity to provide rapid alerts, so you can detect fraud at its earliest sign, enabling quick restoration for minimal damage and stress.

Alerts for emerging threats and scams

We provide real-time, personalized content about heightened security risks. Alerts leverage internal data to inform you about emerging threats, how they may affect users, and what steps you can take to better protect yourself.

High-risk transaction monitoring

We send alerts for non-credit-based activity that could indicate fraud, such as a wire transfer or an electronic document signature that matches your information.

Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.

Unemployment fraud center with dedicated support

Our unemployment fraud center ensures that victims have the tools and support they need for a quicker and easier resolution of their case, saving time and stress. Our dedicated specialists are available 24/7 to help you unravel unemployment fraud.

IP address monitoring

We look for malicious use of your IP addresses. IP addresses may contribute to a profile of an individual, which — if compromised — can lead to identity theft.

Social media monitoring

Add your and your family's social media accounts and get notified of suspicious activity that could indicate hacking or account takeover. You can even add YouTube accounts and we'll monitor comments for cyberbullying, threats, and explicit content.

Lost wallet protection

You can store critical information in your secure portal, which conveniently holds important information from credit cards, credentials, and documents. Should you lose your wallet, you'll be able to easily access and replace the contents.

Stolen wallet emergency cash†

We'll reimburse you up to \$500 for cash you had in your wallet when it was lost or stolen, after providing a police report.

ENROLL ON THE BENEFIT HUB

1. Go to: <https://metrohealth.benefithub.com>
2. Create an Account
3. Enter Referral Code: 23YZXP

Allstate Digital FootprintSM - ONLY FROM ALLSTATE

The internet knows a lot about you, but it doesn't have to. Now, you can see where your personal information lives online, so you can take action and help protect it.

- Track where you've been online
- Spot possible threats
- Learn how to take action

Identity Health Status

A unique tool, viewable within the Allstate Identity Protection portal and in your monthly status email, that communicates a snapshot of your overall identity health risk level. Our enhanced algorithm and deep analytics help us spot fraud trends quickly and alert you, to help you stay one step ahead. New enhancements provide personalized tips and information to help you understand and improve your identity health.

Dark web monitoring - BEST-IN-CLASS FEATURE

In-depth monitoring goes beyond just looking out for your Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we alert you if you have been compromised. Users can track:

- Social Security number
- Email address
- Usernames and passwords
- Credit card numbers
- Debit card numbers
- Driver's license number
- Medical ID number
- IP address
- Gamer credentials



EMPLOYEE WORKPERKS

LEGALSHIELD

AFFORDABLE LEGAL PROTECTION AT YOUR FINGERTIPS



**ENROLL ON THE
BENEFIT HUB**

1. Go to: <https://metrohealth.benefithub.com>
2. Create an Account
3. Enter Referral Code: 23YZXP

THE LEGALSHIELD PLAN PROVIDES BENEFITS FOR THE FOLLOWING*:		
ESTATE PLANNING	<ul style="list-style-type: none"> • Codicils • Living Wills • Power of Attorney 	<ul style="list-style-type: none"> • Trusts • Wills
FAMILY	<ul style="list-style-type: none"> • Administrative Hearing • Adoption • Conservatorship • Domestic Violence Protection • Elder Care Assistance • Guardianship • Immigration Assistance 	<ul style="list-style-type: none"> • Incompetency Defense • Juvenile Court Defense • Name Change • Parental Responsibility • Prenuptial Agreements • School Hearings
FINANCIAL	<ul style="list-style-type: none"> • Affidavits • Bankruptcy • Civil Litigation • Consumer Protection • Debt Collection • Identity Theft • Medicaid/Medicare Disputes 	<ul style="list-style-type: none"> • Personal Property Disputes • Promissory Notes • Small Claims Assistance • Social Security Disputes • Tax Audit Protection • Veterans Benefits Disputes
AUTO	<ul style="list-style-type: none"> • Driver's License Restoration • Motor Vehicle Property Damage 	<ul style="list-style-type: none"> • Moving Traffic Violations • Traffic Tickets
HOME	<ul style="list-style-type: none"> • Boundary/Title Disputes • Contractor Disputes • Deeds • Foreclosure • Home Equity Loans • Landlord/Tenant Issues 	<ul style="list-style-type: none"> • Mortgages • Property Tax Assessments • Purchase/Sale of Home (primary or secondary) • Refinancing • Zoning Applications
GENERAL	<ul style="list-style-type: none"> • 24/7 Emergency Legal Access • Document Review • Legal Forms • Live Member Support 	<ul style="list-style-type: none"> • Mobile App • Office Consultation • Telephone Advice

**Limitations may apply. This is a general overview of coverage. See a summary plan description for full details. The following items are not covered with any service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between the participant and/or the employer, and/or Provider Attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; requested service that lacks merit, is frivolous or would violate any ethical rule or law; items related to patent, trademark, or copyright matters. Services outside the United States. For all other personal legal matters, advice and consultation is provided.*

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.



Shielding Over 4 Million People
With Our Legal Plans.

LegalShield provides you and your family the legal protection you not only need but deserve.



EMPLOYEE WORKPERKS



THE COVERAGE THEY NEED THE WAY YOU WANT

There are many reasons why more pet parents today are covering their pets with ASPCA® Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the cost.

COMPLETE COVERAGES

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage.



Get your customized quote and enroll today!



SAVE WITH YOUR DISCOUNT!

www.aspcapetinsurance.com/MetroHealth

1-877-343-5314

YOUR PRIORITY CODE:
EB21MetroHealth

EXAM FEES, DIAGNOSTICS, AND TREATMENTS

Accidents	Cancer	Hereditary Conditions	Illnesses	Behavioral Issues	Dental Disease
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CUSTOMIZABLE OPTIONS

Annual Limit - from \$5,000 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your vet bill.

Deductible - select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care - Get reimbursed scheduled amounts for things that protect their pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents.

SIMPLE TO USE

Just pay your vet bill, submit claims, and get reimbursed! You're free to visit any vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

EMPLOYEE WORKPERKS



Introducing the only
pet insurance
made just for
employees.

- ✓ 90% cash back on eligible vet bills¹
- ✓ Open to pets of all ages
- ✓ Only for employees, not the general public
- ✓ Average savings of 30% over similar plans from other pet insurers²

Sign up anytime year-round and take advantage of **preferred pricing**.³

Visit <https://benefits.petinsurance.com/metrohealth>
or
Call 877-738-7874

¹Some exclusions may apply. See policy documents for a complete list of exclusions. ²Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017. ³Preferred pricing applies to base plan only and is available year-round.

Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5856



Nationwide
is on your side

EMPLOYEE WORKPERKS

BEST BENEFITS CLUB

Best Benefits Club is cost-effective way for companies to offer an extensive amount of discounts to their employees. MetroHealth has joined the club to savings and wants to pass the savings on to you!

Follow these easy steps to create your own accounts and look for savings.

1. Go to the Best Benefits Club Website by going to www.bestbenefitsclub.com
2. Go to the Login screen and create an account
3. Fill out your information and use the MetroHealth Activation Code MHS10420
4. Click Submit
5. Your account has been activated!
6. Your account may take up to 24 hours to be completed



MetroHealth Systems Mhs2022

Going to the movies this weekend?

Need a new cell phone or car?

What about the theater, museum or a sporting event?

Be sure to check out BBC discounts first!

Discounts Include...

Amusement Parks – Apartment Rentals – Auto Dealers

Auto Rentals & Repairs – Cellular Services – Florists

Gifts – Health & Fitness – Home Improvement

Hotels – Jewelry – Movie Theaters – Museums

Restaurants – Satellite Television – Security

Special Events – Sporting Events – Theaters

Travel – Wholesale Clubs – Vacations – Zoos

And so much more – hundreds of offers!



Download the BBC on
the Go mobile app



Follow BBC on social media



EMPLOYEE WORKPERKS

MATERNITY RESOURCES

We are excited to share that we have added benefits that you asked for, including:

1. We have updated our FMLA policy so spouses who both work at MetroHealth will no longer have to split Family Medical Leave time for the birth or adoption of a child
2. In addition to our very generous sick time policy (unlimited roll over), we are now offering two weeks of fully paid Parental leave for new parents. Employees can take this paid leave without using short-term disability, vacation or sick days.
3. We have now added expectant mother parking at Main Campus. Please contact Bill Tomko for details at wtomcko@metrohealth.org
4. We have a comprehensive list of **lactation rooms** listed on the MIV in the Maternity Guide, **listed below**, and available to be reserved in Outlook. Employee wellness rooms may be used and do not require a reservation in Outlook.

MAIN CAMPUS:

1. Mamava Lactation Pod located in the Outpatient Pavilion on the first floor [MetroHealth Unveils Mamava, a Convenient Space for Breastfeeding and Pumping \(sharepoint.com\)](#)
2. Lactation Room on ground floor of CCP near the Emergency Room exit, Room CPG003B –This is only for ED staff
3. Employee Lactation Room, Room 540, Employee Health Clinic 5B, North Towers, 5th Floor
4. B tower room 234 (in between 2B/2C in the hallway before you walk towards the NICU)
5. Glick offers Employee Wellness rooms on floors 3 and above which do not require reservations in Outlook.

FOR SATELLITE LOCATIONS:

1. Old Brooklyn: R_OBC_SM101
2. Brooklyn Heights: R_BRKHT_D122LactationRoom.
3. Ohio City: OC-173

CHILDCARE REFERRAL SERVICES:

1. Call 888-747-1541
2. Or, visit <https://metrohealth.helpwhereyouare.com>
3. Use COMPANY CODE: metrohealth.





EMPLOYEE WORKPERKS

ARE YOU PLANNING TO RETIRE?
SEE BELOW TO GUIDE YOU
THROUGH THE PROCESS

PRE-RETIREMENT CHECKLIST



Contact OPERS to review your retirement eligibility, options and to complete your retirement application. Retirement applications may be done by phone 800-222-7377 or online at www.opers.org

“Account Login” will take you to “My Account” or OPERS can mail you a Paper Retirement Application Packet to your home address.



Once you have finalized your retirement date with OPERS, give a written resignation letter to your Manager/Chair. *Timelines may vary depending on position.*



If you have questions regarding your sick/vacation payout or other retirement questions, contact Denise Banfield in Benefits at 440-592-1357 or dbanfield@metrohealth.org

Physicians and Advanced Practitioners need to contact the Medical Staff office to schedule your exit from MetroHealth - Brittany Valenzano at 216-778-1639 or bvalenzano@metrohealth.org



Set up an appointment for your last day with your Manager/Chair to complete the exit process. Employee Exit Packets can be found on the MIV at Departments > Human Resources > Shared Services > Exiting Employee



EMPLOYEE WORKPERKS

GCRTA COMMUTER ADVANTAGE PROGRAM

GCRTA monthly passes can be purchased at prices through payroll deduction. You can purchase Adult, Senior, Paratransit or Park-N-Ride passes using pre-tax dollars. Passes are mailed to your home each month. You can purchase local/express passes using pre-tax dollars. Once enrolled, passes are mailed to your home address each month. Contact HR Shared Services by submitting a GIVA ticket with the HR Service Desk. More details and enrollment forms can be found MIV. Forms are submitted using a GIVA ticket to the HR Shared Services desk.

HEALTHY TRANSPORTATION CHOICES - FREE TRANSIT PROGRAM

Do you want to save money and decrease air pollution in our community?

Try our FREE transit pass program!

MetroHealth has expanded its FREE transit pilot program to additional employees who commit to riding transit to work for at least 3 days per week!

Participants will:

- Receive FREE GCRTA transit passes for 12 months for commuting/personal use
- Earn MetroHealthy points
- Give feedback on program benefits and challenges



Registration Form

Visit
(On MIV: Departments / Human Resources / New Employee Resources link on the right-hand menu)

Questions?

Submit all questions through email at transitprogram@metrohealth.org.

This is limited to 150 participants at a time, so don't delay!



EMPLOYEE WORKPERKS



EMPLOYEE REFERRAL PROGRAM

MetroHealth's employee referral program is designed to attract and hire talent using our best resource - **YOU!** Use the program to refer friends that share in the same mission and values of MetroHealth!

The payout structure for our Employee Referral Program is as follows:

- \$1,000 paid to employees for referring a candidate who is hired for All positions except for Registered Nurses (e.g. Contact Center, EVS, Finance, IS, Supply Chain, etc.)
- \$3,000 paid to employees for referring a candidate who is hired for Registered Nurse with at least one-year experience

Program Guidelines

- Referred candidate must complete an application online through www.metrohealth.org/careers.
- All employees must submit the Employee Referral Bonus Form found on the MIV.
- If an applicant is referred by more than one employee, the date on each referral bonus form will be used to determine who receives the bonus payment.
- There are no limits regarding the number of qualified applicants an employee may refer.
- Both the referred and referring employee must be employed with The MetroHealth System at the time of the bonus payout.
- Questions? Contact EmployeeReferral@metrohealth.org.

EMPLOYEE WORKPERKS

EMPLOYEE FITNESS OFFERINGS

Metrocize Employee Fitness Center

Metrocize is our employee fitness center open 24 hours, 7 days a week conveniently located at the MetroHealth Main Medical Center, 7th Floor, Hamman Building (off the “C” elevators).

An annual \$60 membership fee provides employees access to strength training equipment and free weights, treadmills, ellipticals, and exercise bikes for a complete full body workout.

To join Metrocize, please complete the following steps:

1. Download and complete the 2022 Metrocize Enrollment Form on the MIV.
2. Save and sign your form.
3. Send the completed form to metrohealthy@metrohealth.org.

Free Group Fitness Classes

Let us help you get your daily movement in by joining a free MetroHealthy fitness class. Our classes are both virtual and on-site and range from restorative yoga to energizing resistance training. For our on-site fitness classes, you do need to be a Metrocize member to participate. To register for a fitness class, visit the Event Calendar on the Virgin Pulse portal. Need to create a Virgin Pulse account? Visit join.virginpulse.com/metrohealthy.

Wellness Discounts

As a MetroHealth employee, you are eligible for a variety of discounts to local fitness centers and different wellness products. Visit our MetroHealthy SharePoint page on the MIV > Quick Links > MetroHealthy > Wellness Discounts to learn about discounts available to you from places like Titan’s Gym, Tremont Athletic Club, Jazzercise, Onyx Health Club, Vitamix, Club Pilates, Zumba and Orange Theory Fitness. We hope you take advantage of these great resources!

Additional Resources

MetroHealthy offers programs and resources all month long like virtual seminars, department stretches, mini fairs and wellness challenges on our Virgin Pulse portal - to name just a few. We encourage you to create an account on Virgin Pulse by visiting join.virginpulse.com/metrohealthy or visiting our MetroHealth SharePoint site located on the MIV > Quick Links > MetroHealthy to learn more!



Visit the MetroHealthy
SharePoint site on
the MIV under Quick
Links for more
information or email
metrohealthy@metrohealth.org.

EMPLOYEE WORKPERKS

VERIZON WIRELESS EMPLOYEE DISCOUNT

The following is information referring the Verizon Wireless Employee Discount plan for personal cell phone usage:

Effective January 28, 2019. The MetroHealth discount rate for participation in the Verizon Wireless Employee discount plan is 19% of the monthly fee of eligible services, plus an additional 3% if enrolled in paperless billing. Some restrictions apply; please make sure to discuss options with a Verizon sales person to ensure that eligible services are being purchased. Once you have your phone, please register it online at <http://www.verizonwireless.com/b2c/myverizonlp/>.

You can sign up for the Verizon discount for a MetroHealth System employee at <https://www.verizonwireless.com/discount-program/#>. You will be required to enter your MetroHealth email address to verify your identity and receive the discount.



EMPLOYEE WORKPERKS

FIELDHOUSE PASS SPECIAL OFFERS

MetroHealth has provided you with EXCLUSIVE Access to select Rocket Mortgage FieldHouse Games, Events and Concerts throughout the year!

Looking for a Group of 10+ to an event please contact the Rocket Mortgage FieldHouse Group Sales Team at groups@cavs.com or call 216-420-2153.

Tickets purchased through these special offers are non-refundable and are not eligible for resale.



Get in touch with
Group Sales Team

Email
groups@cavs.com

Phone
216-420-2152

Use Passcode
METRO



EMPLOYEE WORKPERKS

KELLERWILLIAMS

Buying, Selling, or Investing in RealEstate



The Jones Group from Keller Williams Living is pleased to offer the following benefits to MetroHealth Employees in Northeastern Ohio.

BUYERS

- 1 year Home Warranty when purchasing a home of \$150,000 or more.
- ZeroPlus Mortgage
 - Zero Origination Fees and Zero Lender Fees
 - \$1,000 Closing Credit towards 3rd Party costs for loans above \$150,000.

SELLERS

Discounted Real Estate Commission fee of 4.5% versus the traditional 6% - 7% fee to sell your home. This equates to a savings of:

- \$2,250 for a \$150,000 home
- \$3,750 for a \$250,000 home
- \$5,250 for a \$350,000 home

LEASE WITH OPTION TO OWN

Can't buy now? Rent a qualified home for sale, and buy it back later, with an innovative new rent to own program for which we can register you.

BUYERS AND SELLERS

Buy or Sell a home with the Jones Group, and they will donate the following to support MetroHealth:

- \$100 for a sales transaction up to \$149,999
- \$200 for a sales transaction between \$150,000 - \$199,999
- \$300 for a sales transaction between \$200,000 - \$299,999
- \$400 for a sales transaction between \$300,000 - \$399,999
- \$500 for a sales transaction over \$400,000



**Contact the Jones Group
or visit them at
www.iSellHomesInOhio.com
to get started:**

Stacey Jones

216-577-5874

StaceyLJones1@kw.com

Michael Jones

216-240-1147

MichaelNJones1@kw.com



EMPLOYEE WORKPERKS

PLAYHOUSE SQUARE DISCOUNT TICKETS



The Playhouse Square Corporate Exclusive Online (CEO) Ticketing Program is designed to give you the exclusive convenience of purchasing your tickets online at a special discount and often before the general public.

To order tickets use this link <https://tickets.playhousesquare.org/g04/Online/default.asp> and enter the promo code **METROHEALTH**, in the box on the left of the screen and follow the prompts through the checkout process. You will be sent a confirmation via email with notification on where to pick up your tickets (based on the ticket pick-up method you selected). Please note there is also a discounted ticketing fee (only \$7 per order, not per ticket) with your purchase.

TICKETS AT WORK

Access Your Employee Perks Program Today!



More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



START SAVING ON

- Electronics • Appliances • Apparel • Cars • Flowers • Fitness Memberships
- Gift Cards • Groceries • Hotels • Movie Tickets • Rental Cars • Special Events
- Theme Parks (Including Cedar Point) • Cruises and More!

New to TicketsatWork? Getting Started is Easy.

Maximize your time away from the workplace and start saving today!



Visit TicketsatWork.com



Click *Become a Member*



Enter your company code or work email to create an account



YOUR COMPANY CODE

CPMETRO

NEED HELP? EMAIL US: CUSTOMERSERVICE@TICKETSATWORK.COM



Doc2Go is a membership-based web and mobile app that offers access to on-demand, high-quality healthcare through the convenience of virtual visits (phone or video) for non-emergent symptoms. Get 24/7 access to board-certified doctors 365 days a year from any location in the United States with Doc2Go.

MetroHealth Employee Benefit

Doc2Go is an option for MetroHealth employees through the MetroHealth benefits package. For those enrolled in a MetroHealth employee medical plan, you and your registered dependents will have access to Doc2Go with a \$0 copay.

Doc2Go also offers membership options for those NOT enrolled in the MetroHealth employee medical plan. 6-month memberships are available for individuals, couples and families that start as low as \$70 with a \$10 co-pay per visit.

To learn more, visit www.Doc2Go.com or call 216-778-7769. Simply download the app and register today.



We offer hospital-quality CT and MRI imaging at no cost to you as part of your employee benefit plan.

Our goal is to simplify healthcare by focusing on you and putting the power in your hands. Lumina gives you better control over your experience including when, where and how much you pay for a CT or MRI, without sacrificing quality.

Cost – Lumina is a Tier 1 provider in your network.

- Lumina is able to offer superior imaging services to you at a much lower cost and, in some instances, no cost at all, depending on your medical plan.

Quality

- Modern and relaxed environment fully accredited by the American College of Radiology
- Scans read by fellowship-trained, sub-specialized MetroHealth radiologists
- State-of-the-art equipment providing accurate images and patient comfort

Convenience

- Pre-registration and insurance authorization, plus auto-arrival technology means no waiting
- Patients and physician can see images and reports within 24 hours
- Easy-access locations in Medina, Mentor, Solon and Westlake

luminaimaging.com

Schedule appointments at (440) 592-6060



Providing care that is centered around you, Spry is a membership-based primary care practice affiliated with MetroHealth. Located in downtown Cleveland at 811 Prospect Avenue East, Suite 200, Spry physicians are MetroHealth providers.

Benefits include:

- 24/7 direct communication with your physician by phone call, text or email
- Same day appointments without waiting
- Complimentary parking

MetroHealth Employee Benefit

MetroHealth employees receive a discount on the membership fee and services received at Spry are in-network for those enrolled in any MetroHealth employee medical plan.

For more information, visit www.myspry.com or call 216-957-SPRY (7779).



Created by MetroHealth, Spry Senior is senior healthcare, reimagined. Spry Senior is primary health and wellness care that includes:

- Dedicated primary care provider
- Comprehensive care coordination
- On-site lab and point-of-care testing
- Door-to-doctor transportation if needed
- Comfortable and inviting office space and exam rooms
- Community rooms in flagship locations (Brook Park and Strongsville)
- Partnerships with local community organizations to expand activity offerings and education efforts

MetroHealth Employee Benefit

Physicians are MetroHealth providers and services received at Spry Senior are considered in-network for those enrolled in the MetroHealth employee medical plan.

Call 440-592-6200 to schedule an appointment at any Spry Senior location. Spry Senior is now open in Solon, Brook Park and Strongsville, with Medina coming soon.

For more information, visit www.sprysenior.com or email info@sprysenior.com.



THROUGHOUT THE YEAR, EMPLOYEES AND SPOUSES (IF APPLICABLE) HAVE ACCESS TO A VARIETY OF HEALTH AND WELLNESS RESOURCES SUCH AS:

- Metrocize Employee Fitness Center open 24/7. Complete enrollment/waiver form to get started!
- Free fitness classes - virtual, recorded, and onsite
- Equipment orientation and talk to a Trainer
- Virgin Pulse Wellness site and mobile app - Resources available 24/7 like daily tip cards, wellness workshops, well-being challenges and more for a personalized well-being experience to help you stay accountable and have fun!
- Weight Management & Diabetes Prevention Programs
- Smoking Cessation
- Discounts to local gyms
- Cooking Demonstrations
- Discounted produce delivery
- Stress Management Offerings - Yoga, meditation, department stretches and seminars
- Financial Wellness Seminars and Resources
- Biometrics screenings and education on results
- Wellness Champion Network

DID YOU PARTICIPATE IN THE 2022 METROHEALTHY REWARDS PROGRAM?

For those who will be enrolled on the medical plan in 2023, the reward will be applied bi-weekly as a reduction to the medical plan rate. See pages 24 - 26 for reduced medical plan rates. Employees will see MetroHealthy discounted rates in MyHR during Open Enrollment and on the confirmation statement.

For those eligible for benefits but not enrolled in Metrohealth Plans in 2023, the reward will be applied bi-weekly to a Health Reimbursement Arrangement (HRA) administered by TASC for a maximum of \$500. You can use the HRA to pay for approved medical, dental, vision and prescription expenses throughout 2023.



Visit the MetroHealthy Wellness Portal at join.virginpulse.com/metrohealthy to learn more

Questions?
Contact MetroHealthy at
metrohealthy@metrohealth.org or 216-957-2021.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP provides confidential, short term counseling and assistance for employees and their immediate family members. The EAP is a free service to help you with your concerns both on and off the job. When you call the EAP, you will be connected with caring professional staff members who are prepared to assist you with a wide range of issues.

Services include:

- Short-term counseling
 - Stress management
 - Marital/family/parenting concerns
 - Grief/anxiety/depression
 - Alcoholism/chemical dependency
 - Coping with chronic illness
 - Caregiver support
 - Work and career concerns
 - Child/Eldercare assistance/referral
 - Financial/budget information
 - Referral for legal/financial consultation
- Department debriefings
- Resiliency/Wellness presentations
- Referral to community providers

Childcare and Eldercare Referral Services

- Call 888-747-1541 or visit
- <https://metrohealth.helpwhereyouare.com>
Use COMPANY CODE: metrohealth.



CONTACT INFORMATION

Employee Assistance Program

Central number – 216-778-5098 for appointments, program information, questions and concerns

EAP Staff

- Brent Basile, LISW-S – Counselor
- Vanilda Reyes de Noyes, LISW-S – Counselor
- Keanya Briscoe-Dodson, MA – Employee Assistance Coordinator
- Tangela Woods, MSW, LSW, MPH, Social Determinants of Health Counselor
- Anastasia Webb, LPCC-S, LICDC, CEAP – Administrator, EAP & Wellness



WELCOME TO METROHEALTH'S 2023 NEW HIRE ENROLLMENT

We believe that our benefits should make a difference to you and your family. Having choices means that you can select plans and options best suited for you and your family's particular needs. To make informed choices regarding your benefits, please take time to learn about the features of the various plans that we are offering.

Any elections made during your New Hire Enrollment will remain in effect through 2023, unless you have a qualifying life event. *Exceptions: Disability and Voluntary Benefits can be dropped throughout the year.*

HOW CAN I GET HELP WITH ENROLLMENT?

Benefit Coaches will be available again this year to answer questions, educate you on our benefit offerings and guide you through the enrollment process in MyHR.

The Enrollment Services Call Center is being offered as your frontline enrollment support. They have access to view MyHR and can help guide you through the enrollment process.

TO SCHEDULE A PHONE APPOINTMENT WITH A LICENSED BENEFIT ENROLLMENT COACH:

- Click on the link: <https://v3.rivs.com/36-30-79/>.
- Upon clicking the link you will need to provide your first and last name, email address (work or personal) and a phone number and submit.
- Click on the specific date and time you would like to receive a call back from our partner, Willis Towers Watson (WTW) Enrollment Services Call Center.
- Confirm Time Selection.
- You will receive a confirmation via email.
- Someone will call you at the time you selected and assist by answering any benefit questions you may have or assist by walking you through MyHR.

HOW DO I COMPLETE ONLINE ENROLLMENT?

Open Enrollment must be completed through MyHR. Detailed instructions on how to enroll are located online at the MIV > MyHR > Benefits > LifeEvents New Hire Enrollment

Or call the Benefits Enrollment Services Call Center at 1-866-727-2263; Monday – Friday, 9AM – 9PM EST.

HOW TO ENROLL

To find detailed instructions on how to log in from any computer, go to www.metrohealth.org. Click on Employee>Employee Portal>Remote access installation instructions for PC. Open Enrollment will be completed through MyHR. Detailed instructions on how to enroll are on the MIV > Departments > Human Resources > Benefits > Annual Open Enrollment. If you need additional assistance, you may contact a Benefits Coach as shown above..

BENEFITS ELIGIBILITY CHART

	Non-Bargaining/ OPBA/FOP Eligibility		AFSCME Eligibility		
Budgeted to work at least:	60 hours bi-weekly	35 hours bi-weekly, less than 60	60 hours bi-weekly	40 hours bi-weekly, less than 60	35 hours bi-weekly
Medical Plans	X	X	X		
Prescription Plan	X	X	X		
Dental Plans	X	X			
Vision Plan	X	X			
Flexible Spending Accounts	X	X	X		
Short-Term Disability	X	X	X	X	X
Long-Term Disability	X	X	X	X	X
Basic Life Insurance*	X				
Supplemental Life Insurance*	X		X		
Dependent Life Insurance*	X		X		
WellFleet	X	X	X	X	

* These benefits are not included in 2023's Open Enrollment. If you are enrolled, coverage will remain the same.

	AFSCME Care Plan		
	60 hours bi-weekly	40 hours bi-weekly, less than 60	35 hours bi-weekly
Life Insurance	X	X	
Dental Plan	X	X	
Vision Plan	X	X	
Hearing Aid	X	X	

HOW THE METROHEALTH EMPLOYEE PLANS WORKS

MetroHealth Skycare Plan	MetroHealth Skycare Plus Plan
<ul style="list-style-type: none"> You must use MetroHealth providers for all covered services except for covered services not available through MetroHealth providers. <i>(Covered Services not available at MetroHealth).</i> SkyCare members are permitted to seek behavioral health services outside of MetroHealth, utilizing the Medical Mutual network. Only emergency and urgent care services are covered outside the MetroHealth service area. There is no coverage available for non-network or non-contracting providers. 	<ul style="list-style-type: none"> The SkyCare Plus Plan allows you to use MetroHealth providers, other MetroHealth preferred provider partners (Tier1) or select non-MetroHealth providers (Tier 2). <ul style="list-style-type: none"> Medical Mutual of Ohio (MMO) is the Tier 2 network within Ohio. Cigna PPO Network is the Tier 2 network outside Ohio. There is no coverage available for non-network or non-contracting providers.

Covered Services Not Available at MetroHealth

If you require covered services that are not available at MetroHealth, your provider must contact Medical Mutual's Care Management Department at 800-338-4114 for a determination prior to you obtaining services or contact Skyway to request a waiver at 440-592-1120. When eligible procedures or services are performed outside of MetroHealth, they will be covered at the Tier 1 level of benefits, only if all of the following conditions have been met:

- The procedure must be a covered service under the plan
- The procedure must be medically necessary
- Your physician must prescribe the procedure/service

HOW TO FIND PROVIDERS IN THE MMO/Cigna PPO NETWORK

To confirm your provider is in-network, please visit medmutual.com and register for My Health Plan. Locate the Find a Provider tool to search for a provider. You may also call 877-730-7775 for assistance with finding a provider.

To locate a provider in the Cigna PPO Network, use the special link located on medmutual.com and My Health Plan.



What is a Medical Emergency?

An accidental traumatic bodily injury or other medical condition that arises suddenly and unexpectedly and manifests itself by acute symptoms of such severity, including severe pain, where the absence of immediate medical attention could:

- place an individual's health in serious jeopardy, or with respect to a pregnant individual, the health of the patient and their unborn child;
- result in serious impairment to the individual's bodily functions; or
- result in serious dysfunction of a bodily organ or part of the individual.



Skyway is the MetroHealth health and wellness division that partners with MetroHealth Employee Benefits to oversee the MetroHealth SkyCare and SkyCare Plus plans. (*SkyCare plan is only available for Ohio residents.*)

The dedicated Skyway team at MetroHealth can assist you and your family by providing a personalized health care experience.

Contact the Skyway team at **216-778-8818 (ext. 88818)** or skyway@metrohealth.org for assistance with:

- Appointment scheduling
- Finding MetroHealth providers, services and locations
- Transitioning to MetroHealth providers
- Care navigation
- Managing chronic conditions

OUR DEDICATED TEAM INCLUDES:

- **Member Liaison Specialist** for complex appointment scheduling, assistance with choosing a provider, care navigation and daily inpatient visits.
- **Care Coordinator and Care Navigator** for managing your chronic conditions and discharge planning from the emergency room or an inpatient stay, including clinical questions, developing a care plan and accessing ongoing resources.


**"I believe that the greatest gift
you can give your family and
the world is a healthy you."**

-Joyce Meyer



MEDICAL PLAN COMPARISON

ADMINISTERED BY MEDICAL MUTUAL OF OHIO



If you use a MetroHealth Provider/Facility for any covered service, co-pays, coinsurance and deductibles will be waived.

Effective 1/1/2023	METROHEALTH SKYCARE PLAN <i>(Only available if you live in Ohio)</i>	METROHEALTH SKYCARE PLUS PLAN	
	TIER 1 PARTNER PROVIDERS	TIER 1 PARTNER PROVIDERS	TIER 2 MMO PPO
Benefit Period	January 1 - December 31	January 1 - December 31	January 1 - December 31
Benefit Maximum	Unlimited	Unlimited	Unlimited
Benefit Period Deductible	\$250 Individual / \$500 Family	\$250 Individual / \$500 Family	\$250 Individual / \$500 Family
Coinsurance	90% / 10%	90% / 10%	70% / 30%
Facility Charges	Deductible and coinsurance will apply to facility charges not associated with an office visit	Deductible and coinsurance will apply to facility charges not associated with an office visit	Deductible and coinsurance will apply to facility charges not associated with an office visit
Out-of-Pocket Maximum <i>(includes coinsurance)</i>	\$600 Individual / \$1,200 Family	\$600 Individual / \$1,200 Family	\$2,000 Individual / \$4,000 Family
Maximum Allowable Cost Per Calendar Year for Essential Health Benefits <i>(Includes Deductibles, Co-payments, and Coinsurance)⁴</i>	\$6,350 Individual / \$9,700 Family	\$6,350 Individual / \$9,700 Family	\$6,350 Individual / \$9,700 Family
Office Visit <i>(Illness/Injury)^{1,4}</i>	\$0 co-pay	\$0 co-pay	\$40 co-pay
Specialist Office Visit^{1,4}	\$20 co-pay	\$20 co-pay	\$50 co-pay
Preventive Services, in accordance with state and federal law²	100%	100%	100%
Diagnostic Laboratory, X-ray, Medical Tests <i>Medically Necessary</i>	90% after deductible	90% after deductible	70% after deductible
Surgical Services	90% after deductible	90% after deductible	70% after deductible
Prosthetics <i>(excludes dentures)</i>	90% after deductible	90% after deductible	70% after deductible
Physical Therapy <i>Facility and Professional – 25 visits then medical review</i>	90% after deductible	90% after deductible	70% after deductible
Occupational Therapy <i>Facility and Professional – 25 visits then medical review</i>	90% after deductible	90% after deductible	70% after deductible
Chiropractic Therapy^{1,4} <i>Professional Only – 12 visits per benefit period</i>	\$30 co-pay	\$30 co-pay	70% after deductible
Speech Therapy <i>Professional Only – 25 visits then medical review (for speech loss or impairment due to an illness or injury)</i>	90% after deductible	90% after deductible	70% after deductible
Cardiac Rehabilitation	90% after deductible	90% after deductible	70% after deductible
Podiatry^{1,4} <i>Routine foot care not covered</i>	\$20 co-pay	\$20 co-pay	\$50 co-pay
Medical Nutrition Therapy <i>For Cardiovascular Disease/Eating Disorders/Gastrointestinal Disorders/ Hypertension/Kidney Disease/Seizure</i>	Services covered at 90% after deductible	Services covered at 90% after deductible	Services covered at 70% after deductible

MEDICAL PLAN COMPARISON

ADMINISTERED BY MEDICAL MUTUAL OF OHIO

Effective 1/1/2023	METROHEALTH SKYCARE PLAN <i>(Only available if you live in Ohio)</i>	METROHEALTH SKYCARE PLUS PLAN	
	TIER 1 PREFERRED PROVIDERS	TIER 1 PREFERRED PROVIDERS	TIER 2 MMO PPO
Semi-Private Room and Board	90% after deductible	90% after deductible	70% after deductible
Maternity	90% after deductible	90% after deductible	70% after deductible
Skilled Nursing Facility 100 days per benefit period	90% after deductible	90% after deductible	70% after deductible
Acupuncture	90% after deductible	90% after deductible	70% after deductible
Allergy Testing and Treatments	90% after deductible	90% after deductible	70% after deductible
Air & Ground Ambulance <i>Subject to medical review</i>	90% after deductible	90% after deductible	70% after deductible
Gender Reassignment	90% after deductible	90% after deductible	70% after deductible
Hearing Aids	The plan covers two hearing aids within 24 month period, limited to maximum allowable benefit of \$1,600. AFSCME employees have separate hearing coverage and should contact 216-781-6420 AFSCME Care Plan.		
Home Healthcare 30 visits per benefit period	90% after deductible	90% after deductible	70% after deductible
Hospice 180 days per benefit period	90% after deductible	90% after deductible	70% after deductible
Durable Medical Equipment/ Prosthetics/Orthotics/Home Infusion Services <i>Prior authorization not required to access SuperMed providers.</i>	90% after deductible	90% after deductible	90% after deductible
TMJ Coverage limited to office visit and X-Ray	90% after deductible	90% after deductible	70% after deductible
Fertility <i>Limited to services to diagnose only</i>	90% after deductible	90% after deductible	70% after deductible
Fertility Treatment	50% limited to a lifetime medical maximum of \$10,000 (does not apply to annual out of pocket limit)	50% limited to a lifetime medical maximum of \$10,000 (does not apply to annual out of pocket limit)	50% limited to a lifetime medical maximum of \$10,000 (does not apply to annual out of pocket limit)
EMERGENCY ROOM/URGENT CARE			
MetroHealth Express Care, CVS Minute Clinic⁴	\$0 co-pay	\$0 co-pay	\$40 co-pay
Urgent Care Office Visit^{1 4} <i>Non-life threatening emergency that occurs outside of MetroHealth service area or normal business hours. Prior authorization not required to access Medical Mutual urgent care facility/ providers.</i>	\$50 co-pay, then 90%	\$50 co-pay, then 90%	\$50 co-pay, then 70%
Emergency use of an Emergency Room	100%	100%	100%
Non-Emergency use of an Emergency Room^{3 4}	\$100 co-pay, then 90%	\$100 co-pay, then 90%	\$100 co-pay, then 70%
MENTAL HEALTH AND SUBSTANCE ABUSE			
Residential Treatment Facility <i>Covered only if approved by MMO Care Management</i>	90% after deductible	90% after deductible	70% after deductible
Inpatient Mental Health and Substance Abuse Services <i>Covered only if approved by MMO Care Management</i>	90% after deductible	90% after deductible	70% after deductible
Outpatient Mental Health and Substance Abuse Services^{1 4}	\$0 co-pay	\$0 co-pay	\$40 co-pay

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered services.

1 The office visit co-pay applies to the cost of the office visit only.

2 Preventive services include evidence-based services that have a rating of A or B in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

3 Co-pay waived if admitted. The co-pay applies to room charges only. All other covered charges are subject to coinsurance.

4 Coinsurance applies to the plan's out-of-pocket maximum. The deductible, out-of-pocket maximum, co-pays, and co-insurance apply to Maximum Allowable Cost as required by the Affordable Care Act. Only co-pays continue once the plan's out-of-pocket maximum is met and will stop once the Maximum Allowable Cost is met.

EXAMPLES OF PEOPLE LIKE ME

Pat works full-time and has Employee Only coverage. Pat's provider orders an MRI and a hip replacement, which requires an inpatient hospital stay at MetroHealth. Pat earned 800 MetroHealthy points.

	SkyCare (MH Provider)	SkyCare Plus (SuperMed Provider)	
		Tier 1	Tier 2
Specialist visit	\$0	\$0	\$50
MRI	\$0	\$0	\$700
In-patient stay & surgery	\$0	\$0	\$6,350
2 COVID vaccines	\$0	\$0	\$0
Annual employee cost including bi-weekly premium	\$1,279.98	\$1,430.76	\$8,379.98

Taylor is married, works full-time and has Employee + Spouse coverage. Taylor's spouse is diabetic and requires diabetic supplies (DME) and blood work. Both have an annual preventative visit. They both get a COVID vaccine. Taylor's spouse has already met the annual deductible. Together, they earn \$1,100 MetroHealthy points.

	SkyCare (MH Provider)	SkyCare Plus (SuperMed Provider)	
		Tier 1	Tier 2
2 preventative office visits and COVID vaccines	\$0	\$0	\$0
Diabetic supplies for the year (not provided by Metrohealth)	\$100	\$300	\$300
Blood work	\$0	\$0	\$90
Annual employee cost including bi-weekly premium	\$2,510	\$5,960	\$6,050

Bobbie works full-time and has family medical coverage. Bobbie's spouse gets bronchitis, sees a primary care provider and gets a generic prescription at Metro. One of Bobbie's children goes to the Emergency Room with a stomach-ache (non-emergent). No MetroHealthy points were earned.

	SkyCare (MH Provider)	SkyCare Plus (SuperMed Provider)	
		Tier 1	Tier 2
Primary care visit	\$0	\$0	\$40
30-day generic prescription (MH Rx)	\$5	\$5	\$5
ER visit + tests	\$0	\$0	\$1,000
Annual employee cost including bi-weekly premium	\$4,165	\$8,065	\$9,105

These examples are a few common scenarios and are for illustrative purposes only. The costs provided are estimates based on national benchmarks. To see the 2023 bi-weekly premium rates, go to pages 43 - 46.

PRESCRIPTION DRUG PLAN

ADMINISTERED BY CVS CAREMARK

		BEST VALUE! → MetroHealth Pharmacy	CVS/Caremark Partner Pharmacies	CVS/Caremark Non Partner Pharmacies
Retail Locations Up to 30 Days Short-Term Prescriptions	Deductible	None	None	\$150 Individual/ \$300 Family
	Generics	\$5	\$15	\$15
	Brand Name	\$10	\$40	\$55
	Brand Name with Primary Drug List Equivalent	\$40	\$60	\$75
	Specialty	\$40	N/A	\$150
Retail Locations 90 Day Prescription	Deductible	None	N/A	N/A
	Generics	\$20	N/A	N/A
	Brand Name	\$30	N/A	N/A
	Brand Name with Primary Drug List Equivalent	\$100	N/A	N/A
	Specialty	\$100	N/A	N/A
Mail Order 90 Day Prescriptions	Deductible	None	\$150 Individual/ \$300 Family	N/A
	Generics	\$10	\$30	N/A
	Brand Name	\$20	\$95	N/A
	Brand Name with Primary Drug List Equivalent	\$50	\$135	N/A
	Specialty	\$50	\$300	N/A

* Pharmacy networks are subject to change. Make sure to check if your pharmacy is in the network before submitting a prescription.

Per the Affordable Care Act, prescription copays apply up to an out-of-pocket expense of \$1,000 individual/\$5,000 family. Prescriptions will be covered at 100% after the out-of-pocket maximum is satisfied.

Use Our Mail Order Pharmacy - Free Delivery!

It takes just 1 call to start using your

MetroHealth Pharmacy
(216) 957 - MEDS
www.metrohealth.pharmacy



Metro-Health Retail Pharmacy Locations

Beachwood Cleveland Hts. MetroHealth Medical Center Parma
Monday – Friday
8 a.m. – 7 p.m.
Saturday
8 a.m. – 4 p.m.
Sunday
10 a.m. – 2 p.m.

Bedford Buckeye
Monday – Friday
8 a.m. – 5:30 p.m.

Brecksville
Monday – Friday
8 a.m. – 7 p.m.
Saturday
10 a.m. – 2 p.m.

Broadway Middleburg Hts.
Monday – Friday
8 a.m. – 7:30 p.m.
Saturday
8 a.m. – 4 p.m.
Sunday
10 a.m. – 2 p.m.

Ohio City
Monday – Friday
8:30 a.m. – 7:30 p.m.

Old Brooklyn
Monday – Friday
8:30 a.m. – 5 p.m.

DENTAL PLAN

ADMINISTERED BY CIGNA – FOR NON-BARGAINING, OPBA, AND FOP EMPLOYEES ONLY

Under the MetroHealth Dental Plan option, you must use MetroHealth dentists for all your dental care except for services that are not available at MetroHealth.

COVERED SERVICES	PLAN BENEFIT
Annual Deductible	None
Calendar Year Maximum	\$1,750
Preventive Services	Plan pays 100% (not subject to deductible)
Basic Services rebasings, realigning, endodontic, fillings, root canals, extractions, periodontics	Plan pays 90%
Major Services crowns, bridges, inlays, partials, dentures	Plan pays 90%
Orthodontia – No age limit please visit mycigna.com for a list of network providers	Plan pays 90%, no deductible (\$1,500 lifetime maximum) Services are currently not offered at any Metro location

- Oral surgical procedures will be coordinated under medical.
- To locate a network provider for specialty services not available at MetroHealth, please visit www.mycigna.com or call 800-244-6224.



MetroHealth Dental Locations

<p>Ohio City Monday-Friday: 8 a.m. - 5 p.m. 216-778-4725</p> <p>Broadway Tuesday-Friday: 7 a.m. - 5 p.m. 216-957-1850</p>	<p>Old Brooklyn Monday-Friday: 8 a.m. - 5 p.m. 216-957-3803</p> <p>Rocky River Employee/Family Concierge Clinic Monday-Thursday: 7 a.m. - 5 p.m. 440-799-4567</p>
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PPO DENTAL PLAN

ADMINISTERED BY CIGNA – FOR NON-BARGAINING, OPBA, AND FOP EMPLOYEES ONLY

Under the MetroHealth PPO Dental Plan, you can use Cigna dental providers for all your dental care.

MetroHealth dentists are in-network providers under this plan.

COVERED SERVICES	PLAN BENEFIT
Annual Deductible	\$25 Individual / \$75 Family
Calendar Year Maximum	\$1,500
Preventive Services	Plan pays 100% (not subject to deductible)
Basic Services rebasings, realigning, endodontic, fillings, root canals, extractions, periodontics	Plan pays 80%
Major Services crowns, bridges, inlays, partials, dentures	Plan pays 60%
Orthodontia – No age limit	Plan pays 80%, no deductible (\$1,500 lifetime maximum) Services are currently not offered at any Metro location

- Charges are subject to usual, customary and reasonable rates or contractual discount.
- Oral surgical procedures will be coordinated under medical.
- To locate a network provider, please visit www.mycigna.com or call 800-244-6224.
- Covered services can be obtained from out of network dentists. Please call Cigna for more information on the reimbursement process for out of network providers.

Download the
myCigna App
for your mobile
device.

Disponible
en Español.





VISION PLAN

ADMINISTERED BY EYEMED – FOR NON-BARGAINING, FOP, & OPBA EMPLOYEES ONLY

The Vision Plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The Vision Plan network includes private practitioners as well as retailers. To locate EyeMed Vision Care providers near you, visit www.eyemed.com and choose the Select Network. You may also call 866-723-0514 for assistance.

MetroHealth Ophthalmologists are In-Network providers.

COVERED SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$0 copay	Up to \$40
FRAME		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$200 allowance	Up to \$50
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$50
CONTACT LENSES <i>(Contact lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$100
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$160
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$50
Bifocal	\$0 copay	Up to \$70
Trifocal	\$0 copay	Up to \$90
Lenticular	\$0 copay	Up to \$90
Progressive - Standard	\$65 copay	Up to \$70
Progressive - Premium Tier 1	\$85 copay	Up to \$70
Progressive - Premium Tier 2	\$95 copay	Up to \$70
Progressive - Premium Tier 3	\$110 copay	Up to \$70
Progressive - Premium Tier 4	\$65 copay, 20% off retail price less \$120 allowance	Up to \$70
LENS OPTIONS		
Polycarbonate - Standard	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$0 copay	Up to \$8
DISCOUNTED EXAM SERVICES		
Retinal Imaging	Up to \$39	N/A
CONTACT LENS FIT AND FOLLOW-UP <i>(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)</i>		
Fit and Follow-up - Standard	Up to \$40	N/A
Fit and Follow-up - Premium	10% off retail price	N/A
DISCOUNTED LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	N/A
Anti Reflective Coating - Premium Tier 1	\$57	N/A
Anti Reflective Coating - Premium Tier 2	\$68	N/A
Anti Reflective Coating - Premium Tier 3	20% off retail price	N/A
Photochromic - Non-Glass	\$75	N/A
Tint - Solid or Gradient	\$15	N/A
UV Treatment	\$15	N/A
OTHER ADD-ON SERVICES AND MATERIALS	20% off retail price	N/A

Download the
iMed App
for your mobile
device.

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en Español.



AFSCME CARE PLAN SUMMARY OF BENEFITS

AFSCME employees are eligible for certain benefits through the AFSCME Care Plan based on their budgeted hours. Please contact the AFSCME Care Plan at 216-781-6420 with questions on eligibility and enrollment.

LIFE INSURANCE, VISION, DENTAL AND HEARING AID BENEFITS

These benefits are available to employees budgeted to work at least 40 hours bi-weekly.

AFSCME members should consult the AFSCME Care Plan at 216-781-6420 for more details.

ID CARDS

Please contact the AFSCME Care Plan at 216-781-6420 for information on your ID cards.




FLEXIBLE SPENDING ACCOUNTS

ADMINISTERED BY TASC

A Health Care or Dependent Care Flexible Spending Account (FSA) is a benefit that allows you to pay for eligible expenses on a pre-tax basis.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT	Eligible Expenses	Allowable health care expenses such as plan year deductibles, office visits, prescription copays, coinsurance, dental cost (non-cosmetic), orthodontia, contact lenses and eyeglasses. Go to tasconline.com for a complete listing.
	Maximum Contribution	The maximum annual contribution you can make to a Health Care FSA for 2023 is \$2,850. \$570 Carryover Provision – If you do not spend all of the dollars in your 2023 Health Care FSA by December 31, 2023, you can carry over up to \$570 of unused Health Care FSA dollars to your 2024 FSA account. This will happen automatically. No action is needed on your part. TASC will add any carry over funds to your 2024 balance.
	If you wish to participate in the Health Care Spending Account in 2023, you are required to enroll or re-enroll.	Important dates for individuals enrolled in the 2023 Health Care FSA: <ul style="list-style-type: none"> • 2022 Carryover FSA funds (if applicable) will be added to your 2023 account around 4/15/23. • Claims must be incurred between 1/1/2023 - 12/31/2023. • Claims must be submitted for reimbursement by 3/31/24.



DEPENDENT CARE SPENDING ACCOUNT	Eligible Expenses	Allowable dependent care expenses include child day care before/after school programs, summer programs, and more for children up to their 13 th birthday, or other individuals who you claim as dependents on your federal income tax return, regardless of age, who live with you and are incapable of caring for themselves.
	Maximum Contribution	The maximum contribution you can make to a Dependent Care FSA is \$5,000. <ul style="list-style-type: none"> • If both you and your spouse have a Dependent Care FSA, your total combined contribution limit is \$5,000. • If you and your spouse file separate federal income tax returns, your individual limit is \$2,500. • If you are single with an eligible dependent, you can contribute up to the full \$5,000.
	If you wish to participate in the Dependent Care Spending Account in 2023, you are required to enroll or re-enroll.	Important dates for individuals currently enrolled in the 2022 Dependent Care FSA: <ul style="list-style-type: none"> • Claims must be incurred between 1/1/2023 - 12/31/2023. • Claims must be submitted for reimbursement by 3/31/2024.



Accessing Your Account

You can register and create your account online with TASC at www.tasconline.com.

Or download the MyTASC Mobile App for easy, secure and convenient account access. Available in the Apple Store or Google Play.

Sun Life Clinical Intervention

Virtual behavioral health program for eligible Sun Life members receiving benefits for cancer

A cancer diagnosis can make a person feel anxious and overwhelmed, limiting their ability to get back to health and wellness. Sun Life and AbleTo can help.

The Sun Life and AbleTo partnership brings virtual behavioral health support to eligible members receiving Sun Life benefits for cancer. This clinical intervention is designed to help members with cancer learn how to manage stress, feel more in control, and build healthy, actionable, lifelong skills – all of which can contribute to helping them more effectively manage their diagnosis and treatment plan.

Who is eligible for the program?

Your employees (our members) who are currently receiving Short-Term Disability benefit payments for cancer; or who are approved for a Critical Illness cancer benefit (with a cancer benefit payment date on or after March 1, 2022) are eligible for the program. Employers must have both Sun Life Short- and Long-Term Disability or have Sun Life Critical Illness. In New York, the AbleTo service is not available with standalone Critical Illness policies.

How do eligible members find out about the program?

Eligible members receive an email from AbleTo that introduces them to the virtual behavioral health program. The email explains that the program is an extension of their Sun Life benefit. Members can choose to request a call from AbleTo to start the program. Additionally, AbleTo consultants will call the member to discuss the program. **Enrollment in the program is completely optional and does not affect the status of the member's Sun Life claim or future eligibility.**

Why did Sun Life initiate this clinical intervention?

Sun Life's Clinical Claims Innovation Lab focused on members with cancer. Within case notes and conversations, it became clear that even for members who expect to recover, being diagnosed with cancer can create feelings of anxiety and leave them feeling overwhelmed, and even depressed if they don't have support for their mental wellbeing. The clinical intervention offered through the partnership with AbleTo allows us to offer early access to licensed therapists, coaches and digital tools to help members more effectively manage their diagnosis and treatment plan.

Who is AbleTo?

AbleTo provides high-quality behavioral health care delivered virtually from the comfort, privacy, and convenience of a member's home. A nationwide network of more than 2,400 trusted providers - skilled in clinically rigorous treatment - delivers this tailored care through a remote platform backed by over a decade of experience. AbleTo's outcomes-focused approach has shown measurable improvement in both behavioral and physical health. As the first behavioral health solutions provider to receive URAC accreditation, AbleTo is also certified by NCQA Credentials Verification Organization (CVO).

Program Benefits for Eligible Members



Personalized

The 8-week program is tailored specific to the member's needs and goals



Convenient

Members connect with AbleTo therapists and behavioral coaches weekly by phone or video from the comfort of their home



Private

Sessions with AbleTo's licensed therapists and trained behavioral coaches are always private and confidential



Professional

All AbleTo therapists are licensed, with extensive experience treating people with serious health conditions



Digital support tools

Access to digital tools like relaxation/mindfulness exercises and a mood tracker to use between sessions and after the program ends



Multi-lingual

Sessions available in Spanish and English, other languages available via a translation line

SHORT-TERM AND LONG-TERM DISABILITY

ADMINISTERED BY SUNLIFE

MetroHealth is offering an opportunity for employees to enroll in Short-Term (STD) and/or Long-Term disability (LTD) without medical questions. **You will be approved even if you have been denied coverage previously.**

Employees budgeted to work at least 35 hours bi-weekly are eligible to enroll.

SHORT-TERM DISABILITY

Short-Term Disability coverage pays a percentage of your salary, tax free, when a covered disability prevents you from working. This plan is subject to pre-existing condition limitations.

The benefits under both options is 60% of your Basic Weekly Earnings, up to a maximum benefit of \$2,500 per week.

Option 1	14 day waiting period for injury/sickness, payable for 11 weeks
Option 2	29 day waiting period for injury/sickness, payable for 9 weeks

LONG-TERM DISABILITY

Long-Term Disability coverage replaces your income if you are sick or injured and cannot work and begins after you have been disabled for 90 days. This plan provides income protection to replace up to 60% of your salary, tax free. This plan is subject to pre-existing condition limitations.

LTD	Employees with 5 or more years of service can elect Option 1: Up to 60% of base annual salary for 12 months. Up to 20% after 12 months, up to a maximum payment of \$10,000 per month.
LTD1	Up to 60% of base annual salary, up to a maximum payment of \$10,000 per month

For details about each of these plans, go to the HR-Benefits page MIV Departments > Human Resources > Benefits > Benefits By Plan.



CRITICAL ILLNESS INSURANCE*

Critical Illness Insurance pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack, cancer or stroke. This coverage complements your core medical insurance by helping to cover unexpected out-of-pocket expenses. Plus, benefits are paid directly to you and can be used however you like, from medical bills to student loans and childcare. It also features built-in flexibility that allows you to select the coverage level that meets your family's unique needs.

ADDITIONAL HIGHLIGHTS:

- No health questions asked
- Ability to elect up to \$30,000 in coverage**
- Option to cover your spouse & children
- Annual \$50 Health Screening Benefit per covered individual
- Robust plan covers a range of critical illnesses, such as:
 - Heart attack, stroke, cancer, coma, paralysis, ALS, Parkinson's, advanced dementia, multiple sclerosis, cerebral palsy & congenital defects

HOW IT WORKS

If you elect \$10,000 in coverage and later receive a cancer diagnosis, you would receive a \$10,000 lump-sum benefit to be used however you like. If you then had a heart attack or your cancer came back, you would receive another \$10,000 benefit.

HOSPITAL INDEMNITY INSURANCE*

Hospital Indemnity Insurance pays you directly for covered accidents or sicknesses associated with a hospitalization. This includes admission to and confinement in the hospital and Intensive Care Unit (ICU). Benefit proceeds can be used however you want—from out-of-pocket medical expenses to your mortgage or regular bills—it's up to you.

ADDITIONAL HIGHLIGHTS:

- No health questions asked
- Option to cover spouse & children
- Annual \$50 Health Screening Benefit per covered individual
- Featured coverages include:
 - Hospital admission & confinement, ICU admission & confinement, inpatient mental nervous disorder facility, & inpatient substance abuse facility

HOW IT WORKS

For this example, you carry the "high" Hospital Indemnity plan and are admitted to the ICU (\$2,000). You spend five days (\$1,600) in the ICU and then three days (\$600) in general hospital care, before being discharged. You would receive an \$4,200 benefit.

ACCIDENT INSURANCE*

Accident Insurance pays benefits for injuries and expenses associated with a covered accident. From stitches to broken bones, concussions and dental injuries, this coverage provides you and your family with an added layer of financial support. Plus, with Accident Insurance, benefits are paid directly to you and can be used however you want.

ADDITIONAL HIGHLIGHTS:

- No health questions asked
- Option to cover your spouse & children
- Expansive plan design covers a variety of accidents & related treatments, such as:
 - Ambulance, x-rays, hospital & ICU admission, broken bones, burns, chiropractic care, anesthesia, outpatient surgery & accidental death benefit

HOW IT WORKS

Let's say you carry the "high" Accident plan and are in a car accident, which requires a trip to the emergency room (\$150) via ground ambulance (\$600), where you are x-rayed (\$75) and treated for a broken leg (\$4,000). You would receive a total benefit of \$4,825.

*This is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

**Up to \$30,000 for new Critical Illness policyholders



WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries and it can also gain cash value you can use while you are living. Unlike term life insurance offered through the workplace, this coverage can continue if you leave MetroHealth.

Contact the Benefits Enrollment Services Call Center directly at 1-866-727-2263, Monday - Friday, 9am - 9pm EST



EMPLOYEE BUSINESS RESOURCE GROUPS (EBRGs)

Employee Business Resource Groups (EBRGs) are voluntary, employee-led groups that serve as a resource for participants and organizations by fostering a diverse, inclusive environment. EBRGs are a great platform for both engaging and growing employees, as well as improving outcomes for the organization and most importantly, for the patient populations that we serve.

EBRGs help to create a workplace aligned with organizational mission, values, goals, business practices, and objectives. These groups come together around common interests, issues, and backgrounds that exist to provide organizational support, networking, and professional development opportunities for its participants.

- African American Alliance
- Diverse Nurse
- Emerging Leaders
- Gay-Straight Alliance
- Green Team
- Hispanic Forums
- Veterans
- Woman@Metro
- Wellness Champions
- Christian Fellowship
- Community Health Workers

Join Today!

Click on the "Resources" icon on the front page of the MIV. Review each EBRG and decide which ones you want to join. When you are ready, click "Join An EBRG Today" and complete each question.

Life Insurance Enrollment

Life Insurance Coverage Options

Basic Life and Basic Accidental Death & Dismemberment (AD&D)

Non-Bargaining Employees, Employees of the Ohio Patrolmen’s Benevolent Association (OPBA), budgeted to work at least 60 hours Bi-weekly (excludes Executives & Physicians). The Metro-Health System provides, at no cost to you, Basic Life Insurance in an amount equal to 1.5 times base annual earnings, to a maximum of \$300,000, Basic AD&D insurance in an amount equal to 1.5 times your basic annual earnings, to a maximum of \$300,000.

Supplemental Life Insurance Coverage

Eligible Class for Supplemental Life: Non-Bargaining Employees, Employees of the Ohio Patrolmen’s Benevolent Association (OPBA), Employees of the AFSCME Bargaining Unit, budgeted to work at least 60 hours Bi-Weekly.

Employees are eligible to purchase Supplemental Life Insurance in the amount of one or two times annual base salary with a matching amount of Accidental Death & Dismemberment (AD&D). Coverage amount will be reduced to 67% at age 70 and will further be reduced to 50% of the original amount at age 75.

Guarantee Issue Amount for Optional Life

You can purchase 1 or 2 times your basic annual earnings up to \$500,000. Amounts available with no evidence of insurability required (\$800,000 max basic and optional combined):

Employees earning \$100,000 or less can elect **1x** or **2x** salary Optional Life without submitting Evidence of Insurability Form (EOI) proof of insurability.

Employees earning **greater** than \$100,000 can elect **1x** salary Optional Life without submitting Evidence of Insurability Form (EOI). If you would like to apply for **2x** salary Optional Life you can request Evidence of Insurability Form (EOI) from Benefits Department. If the EOI is approved your Supplemental Life will be effective the first day of the month following your approval.

Bi-weekly Rates per \$1,000 of coverage Supplemental Life

Age	Rate	Age	Rate	Age	Rate
<25	\$.023	45-49	\$.069	65-69	\$.439
25-34	\$.026	50-54	\$.106	70+	\$.946
35-39	\$.031	55-59	\$.198		
40-44	\$.046	60-64	\$.303		

Bi-weekly Calculation

Age	40
Annual Salary (1x)	\$40,000
Divide by 1,000	40
Bi-weekly Rate	0.046
Bi-weekly Contribution	\$1.84

Imputed Income

The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The **taxable value** of this life insurance coverage is called imputed income. Even though you don’t receive cash, you are taxed as if you received cash in an amount equal to the **value** of this coverage.

Physicians & Executives

As an employee at the executive or physician level budgeted to work at least 60 hours bi-weekly, MetroHealth provides you with Basic Group Variable Universal Life (GVUL) with a matching amount of Accidental Death & Dismemberment coverage at no charge. Amount of coverage is based on your level of employment.

You are eligible to elect voluntary supplemental coverage other than your initial eligibility period with Metlife. Voluntary supplemental coverage is available from 1 to 6 times your annual salary, to a maximum amount of \$3,050,000 (employer paid Basic Life and Supplemental combined). Coverage above “**guaranteed issue**” requires the completion of a Health Questionnaire and Authorization Form and underwriting approval. If the coverage exceeds \$500,000 a blood test is also required. For more information go to the Metlife website mybenefits.metlife.com (please register for a first-time user) or call a MetLife customer service representative at 1-800-846-0124.

Tax-Deferred Investment Opportunity

You also have the ability to make after-tax deductions into variable investment portfolios, which have the potential to grow on a tax-deferred basis and build cash value. Extra premium for investment can be invested in your choice of one or more of the 22 investment portfolios. For more information log on to the MetLife website mybenefits.metlife.com (register for first time users) or call MetLife customer service at 1-800-846-0124.

Dependent Life Insurance

Eligible Class for Dependent Life: All employees budgeted to work at least 60 hours bi-weekly.

There are four dependent life options for your spouse and unmarried children at least 14 days of age to age 26.

Dependent Life Options

Option 1

\$5,000 Spouse	\$.440
\$2,000 Children	\$.10
\$5,000 Spouse & \$2,000 Children	\$.54

Option 2

\$10,000 Spouse	\$.88
\$4,000 Children	\$.20
\$10,000 Spouse & \$4,000 Children	\$1.08

Option 3

\$20,000 Spouse	\$1.76
\$8,000 Children	\$.40
\$20,000 Spouse & \$8,000 Children	\$2.16

Option 4

\$50,000 Spouse	\$4.40
\$20,000 Children	\$1.00
\$50,000 Spouse & \$20,000 Children	

* The amount of Child Optional Life for a child under 14 days is None. The amount of Child Optional Life for a child age 14 days but under 6 months is \$500.

RETIREMENT PLAN & SAVINGS RESOURCES

All MetroHealth employees are required to contribute to the Ohio Public Employees Retirement System (OPERS).

Contact Information:

- Talk to OPERS: 1-800-222-7377
- Create an on-line account: www.opers.org

MetroHealth Deferred Compensation 457 Plans:

Deferred Compensation is an optional program that allows you to set aside pre-tax or after-tax contributions for retirement through automatic payroll deduction. In addition to OPERS, contributing to a deferred compensation plan is a great way to save for your future.

Get started by contacting one of the representatives below:

- Ohio Deferred Compensation
877-644-6457

FREE Financial Wellness Tools
ENRICH – Budgeting, insurance, retirement, debt management and more.
Go to Ohio457.org.

- VOYA Financial
Chris Nicola
216-447-3766
or book a virtual appointment with him through the link on the MIV. Go to Departments; Human Resources; Benefits; Benefits by Plan; Deferred Compensation

FREE Financial Wellness Tools:
www.Voya.com
Voya Learn – Budgeting, investing, planning for your future and much more.

IMPORTANT!

You do not have to update your **retirement** plan during Open Enrollment. Changes can be made any time during the year.



Need independent Retirement Planning Advice at no cost?

Contact MetroHealth's partner, CBIZ.

Call 877-323-3867 or email participantsupport@cbiz.com

CONTRIBUTION CHARTS

PRE-TAX BI-WEEKLY EMPLOYEE HEALTH CARE CONTRIBUTIONS

	FULL-TIME EMPLOYEES BUDGETED TO WORK AT LEAST 60 HOURS BI-WEEKLY				PART-TIME NON-BARGAINING, OPBA, & FOP EMPLOYEES BUDGETED TO WORK AT LEAST 35 HOURS BI-WEEKLY			
	MEDICAL		DENTAL & VISION		MEDICAL		DENTAL & VISION	
	MH SKYCARE	MH SKYCARE PLUS	MH DENTAL	CIGNA PPO	MH SKYCARE	MH SKYCARE PLUS	MH DENTAL	CIGNA PPO
SINGLE	\$86.00	\$195.00	\$7.38	\$10.37	\$129.00	\$292.50	\$9.49	\$14.52
EMPLOYEE + SPOUSE	\$155.00	\$409.00	\$15.81	\$21.78	\$233.00	\$613.50	\$21.08	\$30.08
EMPLOYEE + CHILD(REN)	\$140.00	\$360.00	\$12.65	\$18.67	\$210.00	\$540.00	\$17.92	\$26.96
FAMILY	\$180.00	\$584.00	\$21.08	\$32.15	\$270.00	\$876.00	\$28.46	\$43.56

HB1 AFTER-TAX BI-WEEKLY HEALTH CARE CONTRIBUTIONS

DEPENDENT CHILDREN AGE 26-28

NON-BARGAINING AND OPBA BI-WEEKLY HB-1 CONTRIBUTION	
METROHEALTH SKYCARE PLAN & RX	\$130.16
METROHEALTH SKYCARE PLUS PLAN & RX	\$177.00

Call 216-778-4134 for eligibility.



Employees will see MetroHealthy discounted rates in MyHR during Open Enrollment and on their confirmation statements. If you have any questions, call MetroHealthy at 216-957-2021.

METROHEALTHY DISCOUNTED BI-WEEKLY MEDICAL SKYCARE PLAN CONTRIBUTIONS

FULL-TIME Employees budgeted to work at least 60 hours bi-weekly

EMPLOYEE ONLY	EMPLOYEE INCENTIVE LEVEL	METROHEALTH SKYCARE PLAN	
	LEVEL 1: \$200	\$78.31	
LEVEL 2: \$600	\$62.92		
LEVEL 3: \$800	\$55.23		

EMPLOYEE + SPOUSE	EMPLOYEE INCENTIVE LEVEL	SPOUSE INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$155.00	\$143.46	
LEVEL 1: \$200	\$147.31	\$135.77	
LEVEL 2: \$600	\$131.92	\$120.38	
LEVEL 3: \$800	\$124.23	\$112.69	

EMPLOYEE + CHILD(REN)	EMPLOYEE INCENTIVE LEVEL	CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$140.00	\$128.46	
LEVEL 1: \$200	\$132.31	\$120.77	
LEVEL 2: \$600	\$116.92	\$105.38	
LEVEL 3: \$800	\$109.23	\$97.69	

FAMILY	EMPLOYEE INCENTIVE LEVEL	SPOUSE/CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$180.00	\$168.46	
LEVEL 1: \$200	\$172.31	\$160.77	
LEVEL 2: \$600	\$156.92	\$145.38	
LEVEL 3: \$800	\$149.23	\$137.69	

PART-TIME Non-Bargaining and OPBA employees budgeted to work at least 35 hours bi-weekly

EMPLOYEE ONLY	EMPLOYEE INCENTIVE LEVEL	METROHEALTH SKYCARE PLAN	
	LEVEL 1: \$200	\$121.31	
LEVEL 2: \$600	\$105.92		
LEVEL 3: \$800	\$98.23		

EMPLOYEE + SPOUSE	EMPLOYEE INCENTIVE LEVEL	SPOUSE INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$233.00	\$221.46	
LEVEL 1: \$200	\$225.31	\$213.77	
LEVEL 2: \$600	\$209.92	\$198.38	
LEVEL 3: \$800	\$202.23	\$190.69	

EMPLOYEE + CHILD(REN)	EMPLOYEE INCENTIVE LEVEL	CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$210.00	\$198.46	
LEVEL 1: \$200	\$202.31	\$190.77	
LEVEL 2: \$600	\$186.92	\$175.38	
LEVEL 3: \$800	\$179.23	\$167.69	

FAMILY	EMPLOYEE INCENTIVE LEVEL	SPOUSE/CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$270.00	\$258.46	
LEVEL 1: \$200	\$262.31	\$250.77	
LEVEL 2: \$600	\$246.92	\$235.38	
LEVEL 3: \$800	\$239.23	\$227.69	

*Spouse/child(ren) did not achieve incentive level.

METROHEALTHY DISCOUNTED BI-WEEKLY MEDICAL SKYCARE PLUS PLAN CONTRIBUTIONS

FULL-TIME Employees budgeted to work at least 60 hours bi-weekly

EMPLOYEE ONLY	EMPLOYEE INCENTIVE LEVEL	METROHEALTH SKYCARE PLUS PLAN	
	LEVEL 1: \$200	\$187.31	
LEVEL 2: \$600	\$171.92		
LEVEL 3: \$800	\$164.23		

EMPLOYEE + SPOUSE	EMPLOYEE INCENTIVE LEVEL	SPOUSE INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$409.00	\$409.00	\$397.46
LEVEL 1: \$200	\$401.31	\$401.31	\$389.77
LEVEL 2: \$600	\$385.92	\$385.92	\$374.38
LEVEL 3: \$800	\$378.23	\$378.23	\$366.69

EMPLOYEE + CHILD(REN)	EMPLOYEE INCENTIVE LEVEL	CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$360.00	\$360.00	\$348.46
LEVEL 1: \$200	\$352.31	\$352.31	\$340.77
LEVEL 2: \$600	\$336.92	\$336.92	\$325.38
LEVEL 3: \$800	\$329.23	\$329.23	\$317.69

FAMILY	EMPLOYEE INCENTIVE LEVEL	SPOUSE/CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$584.00	\$584.00	\$572.46
LEVEL 1: \$200	\$576.31	\$576.31	\$564.77
LEVEL 2: \$600	\$560.92	\$560.92	\$549.38
LEVEL 3: \$800	\$553.23	\$553.23	\$541.69

PART-TIME Non-Bargaining and OPBA employees budgeted to work at least 35 hours bi-weekly

EMPLOYEE ONLY	EMPLOYEE INCENTIVE LEVEL	METROHEALTH SKYCARE PLUS PLAN	
	LEVEL 1: \$200	\$284.81	
LEVEL 2: \$600	\$269.42		
LEVEL 3: \$800	\$261.73		

EMPLOYEE + SPOUSE	EMPLOYEE INCENTIVE LEVEL	SPOUSE INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$613.50	\$613.50	\$601.96
LEVEL 1: \$200	\$605.81	\$605.81	\$594.27
LEVEL 2: \$600	\$590.42	\$590.42	\$578.88
LEVEL 3: \$800	\$582.73	\$582.73	\$571.19

EMPLOYEE + CHILD(REN)	EMPLOYEE INCENTIVE LEVEL	CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$540.00	\$540.00	\$528.46
LEVEL 1: \$200	\$532.31	\$532.31	\$520.77
LEVEL 2: \$600	\$516.92	\$516.92	\$505.38
LEVEL 3: \$800	\$509.23	\$509.23	\$497.69

FAMILY	EMPLOYEE INCENTIVE LEVEL	SPOUSE/CHILD(REN) INCENTIVE LEVEL	
		\$0*	\$300
NO LEVEL ACHIEVED	\$876.00	\$876.00	\$864.46
LEVEL 1: \$200	\$868.31	\$868.31	\$856.77
LEVEL 2: \$600	\$852.92	\$852.92	\$841.38
LEVEL 3: \$800	\$845.23	\$845.23	\$833.69

*Spouse/child(ren) did not achieve incentive level.

NOW IT'S TIME TO ENROLL

Now that you've reviewed all of your 2023 benefit options, it is time to take action and enroll.

ENROLLMENT CHECKLIST

Prepare to enroll by using this checklist:

- Update your name and address, if applicable.
MIV > MyHR > Edit Profile > Personal Information

- Review your current benefits by logging into MyHR through the MIV on any computer anywhere, anytime.
www.MetroHealth.org > For Employees (bottom of web page) > Employee Portal

- Enroll in your benefits within 30 days of your date of hire
MIV > MyHR > Benefits Enrollment > New Hire Enrollment

- You may enroll with the guidance of the WTW Enrollment Services Call Center Benefit Coaches directing you on the proper steps to follow in MyHR.
 - Schedule a one-on-one meeting with a Licensed Benefit Coach by clicking on <https://v3.rivs.com/36-30-79/> or
 - Call 866-727-2263; Monday - Friday; 9:00 am - 9:00 pm EST

- Employees must elect or re-enroll in the Health Care and Dependent Care Flexible Spending Accounts each year at Open Enrollment if they wish to contribute for the next plan year. Prior annual contributions will not continue automatically.

- Review your confirmation statement for accuracy. It is the employee's responsibility to report any issues within 31 days of their date of hire, by emailing ebenefits@metrohealth.org or by calling 216-778-4134.

QUALIFYING LIFE EVENTS AND DEPENDENT VERIFICATION DOCUMENTS

QUALIFYING LIFE EVENT (QLE)

Making changes outside of Open Enrollment requires a Qualifying Life Event (QLE). **The requested change must be consistent with the event that prompted the election change. Changes must be made in writing within 31 days of the event.** To submit a Life Event in MyHR, select Benefits>Life Events. Select the type of Life Event and navigate through the various tabs to add or remove dependents and select your desired benefit changes. **Newborns will NOT automatically be added even if born at MetroHealth.**

Qualifying Life Events (QLEs) outside of Open Enrollment include:

- Adding a new baby/child.
- Adding a new spouse due to marriage.
- Removing a spouse due to divorce or death.
- Removing a covered child due to a status change.
- Adding or removing dependents because of loss of coverage or change in employment status that affects eligibility for health insurance.

DOCUMENTS FOR VERIFYING ELIGIBILITY OF NEWLY ADDED DEPENDENTS

Please provide required documents for newly added dependents to ebenefits@metrohealth.org within 30 days of the event. Select Benefits > Dependent Verification, as the nature of the request. Complete the form that appears and attach all required dependent documents to the ticket.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
You are required to provide the Social Security numbers (shown as Identification Number within MyHR) for any enrolled dependents.	AFSCME Employees are also required to contact the AFSCME Care Plan directly at 216-781-6420 to update dependent enrollment.
SPOUSE	State issued marriage certificate OR First page of tax return or other proof of joint ownership issued within the last 6 months
DEPENDENT CHILD AGE 26 OR UNDER <ul style="list-style-type: none"> • Biological child/step-child • Adopted child • Child of whom you have legal guardianship • Qualified Medical Support 	State Issued Birth Certificate is required for all dependents OR TO: <ul style="list-style-type: none"> • Adoption Placement Document • Legal Guardianship Court Document • Court Ordered Document for Medical Support
DEPENDENTS AGE 26-28 Medical and Rx coverage only.	HB1 enrollment form with a state-issued birth certificate is required to verify that the dependent meets the eligibility requirements for enrollment. Requirements: <ol style="list-style-type: none"> 1. Unmarried 2. Enrolled as a full-time student at an accredited institution 3. A resident of Ohio 4. Not employed by an employer that offers medical coverage, and 5. Not eligible for Medicare/Medicaid coverage <p><i>Note: additional premium is required to extend coverage to dependents age 26-28.</i></p>
DISABLED CHILD	State Issued Birth Certificate Medical Certification Form An enrollment form will be sent by the Benefits team.

IMPORTANT PHONE NUMBERS AND WEBSITES

Benefit/Contact	Phone	Website/Email
AFSCME Care Plan	216-781-6420	
Caremark Rx	844-431-4873	www.caremark.com
CBIZ – Retirement Counseling by Phone	877-323-3867	participantsupport@cbiz.com
CIGNA Dental PPO & MetroHealth Dental Plan ID 3333964	800-244-6224	www.mycigna.com
Doc2Go Customer Service	216-778-7769	Doc2Go.com
EyeMed Vision (Plan ID 9802190)	866-723-0514	www.eyemed.com
FSA Administrator TASC	800-422-4661	www.tasconline.com
Medical Mutual Customer Service	877-730-7775	www.MedMutual.com
Medical Mutual's Care Management (for approval prior to seeking services outside of MetroHealth)	800-338-4114	
The MetroHealthy Program	216-957-2021	www.metrohealthy@metrohealth.org
Ohio Deferred Compensation	877-644-6457	www.ohio457.org
OPERS	800-222-7377	www.opers.org
Payroll Department	216-957-3449 Fax: 216-957-3446	payroll@metrohealth.org
Skyway For MetroHealth appointment scheduling and questions	216-778-8818	skyway@metrohealth.org skyway.healthcare/members
Lumina	440-592-6060	www.luminaimaging.com
Spry	216-957-SPRY (7779)	www.myspry.com
SunLife FMLA Life/Disability	877-786-3652 800-247-6875	www.sunlife-ams.com
Wellfleet Voluntary Critical Care, Hospital Indemnity & Accident Insurance Customer Service	855-664-5838	www.wellfleetworkplace.com
UNUM Voluntary Whole Life	800-635-5597	www.unum.com
VOYA Deferred Compensation Representative Chris Nicola	800-584-6001 440-536-2866	www.voyaretirementplans.com

ID CARDS

MEDICAL MUTUAL OF OHIO (MMO) – MEDICAL ADMINISTRATOR

- ID cards can also be ordered or printed by calling 877-730-7775 or visiting www.medmutual.com and clicking on “My Health Plan.”
- The Plan ID number is 543323
- All enrolled employees will receive a new ID card mid-January.

CAREMARK – PRESCRIPTION DRUG ADMINISTRATOR

- Caremark prescription coverage information appears on your MMO ID card
- Your Prescription Drug Plan ID number is your Social Security number.

CIGNA – DENTAL ADMINISTRATOR

- The Plan ID number is 3333964.
- Dental ID cards are not required. To order an ID card, please call 800-244-6224 or visit www.mycigna.com.

EYEMED – VISION ADMINISTRATOR

- The Plan ID Number is 9802190.
- You will receive a new ID card automatically if you newly enroll in coverage. To print an ID card, please visit www.eyemed.com.

2023 ID CARDS

Medical

All enrolled members will receive a new ID card. Spouses and dependents (if over 18) names will be printed on ID cards.

Dental & Vision

No new ID cards will be sent unless you are newly enrolled.

FSA/HRA Debit Cards

Only newly enrolled members will receive a new debit card from TASC. Debit cards are good for 4 years. If you currently have a TASC debit card, continue to use it until it expires.



LEGAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALABAMA-Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA-Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

FLORIDA-Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
INDIANA-Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA-Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS-Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
KENTUCKY-Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA-Medicaid
Website: www.medicaid.la.gov or www.lahipp.gov Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

LEGAL NOTICES

MAINE-Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711</p>
MASSACHUSETTS-Medicaid and CHIP
<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
MINNESOTA-Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
MISSOURI-Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA-Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
NEBRASKA-Medicaid
<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA-Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
NEW HAMPSHIRE-Medicaid
<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
NEW JERSEY-Medicaid and CHIP
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
NEW YORK-Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA-Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

NORTH DAKOTA-Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
OKLAHOMA-Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
OREGON-Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
PENNSYLVANIA-Medicaid
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>
RHODE ISLAND-Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA-Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
SOUTH DAKOTA-Medicaid
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS-Medicaid
<p>Website: http://gethiptexas.com/ Phone: 1-800-440-0493</p>
UTAH-Medicaid and CHIP
<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
VERMONT-Medicaid
<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
VIRGINIA-Medicaid and CHIP
<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
WASHINGTON-Medicaid
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
WEST VIRGINIA-Medicaid and CHIP
<p>Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)</p>

LEGAL NOTICES

WISCONSIN-Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING-Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Group health plans that are subject to the Newborns' Act may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider may decide, after consulting with the mother, to discharge the mother and/or her newborn child earlier. Many states have enacted their own version of the Newborns' Act for insured coverage. In these states, State law can govern in lieu of the Federal requirements.

SUMMARIES OF BENEFITS AND COVERAGE (SBCS)

Detailed Summaries of Benefits and Coverage (SBCs) are located online at the MIV > Departments > Benefits. If you would like a hard copy mailed to you, please contact HRSharedservices@metrohealth.org or call 216-778-4134.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA) provides protection for individuals who elect breast reconstruction after a mastectomy and requires employers to inform health plan participants annually about this Act. Under WHCRA, group health plans offering mastectomy coverage must also provide certain services relating to the mastectomy. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient:

- All stages for reconstruction of the breast on which the mastectomy was performed
- Reconstructive surgery of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema (swelling associated with removal of the lymph nodes).

This coverage will be subject to annual deductibles and co-insurance provisions applicable to other such medical and surgical benefits provided under the plan.

LEGAL NOTICES

GINA

The Genetic Information Discrimination Act (GINA) protects Americans against discrimination based on their genetic information when it comes to health insurance and employment. A person cannot be denied health insurance or employment based on genetic information.

HIPAA

You have certain rights under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) related to the confidentiality of your personal health information. Information about these rights, as well as information about how the health plan may use or disclose your medical information for treatment, payment for services or business operations can be found in the Notice of Privacy Practices. If a use or disclosure is not outlined in the Notice of Privacy Practices, the health plan must obtain your permission before releasing the information.

THE HEALTH INSURANCE MARKETPLACE

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. Through the Marketplace, you’ll also learn if you qualify for free or low-cost coverage from Medicaid or the Children’s Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

MENTAL HEALTH PARITY ACT

The Mental Health Parity and Addiction Equity Act of 2008 requires that the financial requirements applicable to covered services for mental health and substance abuse use disorder benefits will be no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all covered services for medical and surgical benefits, as such requirements and limitations are set forth in the Schedule of Benefits. The criteria for medically necessity determination made under this Plan with respect to mental health or substance use disorder benefits will be made available by the Plan’s Administrator to any current or potential participant, beneficiary or contracting provided upon request.

IMPORTANT NOTICE FROM THE METROHEALTH SYSTEM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The MetroHealth System and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The MetroHealth System has determined that the prescription drug coverage offered by The MetroHealth System Group Health Plan through CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

LEGAL NOTICES

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current The MetroHealth System drug coverage will not be affected.

Keep in mind that your current coverage pays for other health care expenses in addition to prescription drugs. The MetroHealth System offers medical and prescription drug benefits as one plan. Thus, if you choose to enroll in a Medicare prescription drug plan, you will still be eligible for medical and prescription drug benefits from The MetroHealth System.

If you do decide to join a Medicare drug plan and drop your current MetroHealth System coverage, be aware that you and your dependents may not be able to get this coverage back until the next open enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with The MetroHealth System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The MetroHealth System changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).
- Name of Entity/Sender - The MetroHealth System; Director, Total Rewards; 2500 MetroHealth Drive; Cleveland, OH 44109-1998. Phone: 440-592-1002

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).



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