



2025-2026 Benefits Guide



**CONFIRM YOUR
BENEFITS TODAY!**
EMPLOYEE BENEFITS ANNUAL
OPEN ENROLLMENT
OPENS MONDAY, APRIL 28, 2025 AND
CLOSES MONDAY, MAY 12, 2025
CHANGES ARE EFFECTIVE
JULY 1, 2025

**Full-Time Faculty and Staff
and Part-Time Administrative Faculty and Staff 30-39 Hours**

mycsu.csuohio.edu/offices/hrd/benefits.html



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FACULTY/STAFF BENEFIT ELIGIBILITY

The following classification of employees are eligible to participate in the University's employee benefit plans and programs:

- Full-time faculty and staff with an appointment of six (6) months or longer.
- Part-time administrative faculty and staff with an appointment of six (6) months or longer who are scheduled to work 30-39 hours.



Review Plan and Premium Changes

Medical plan provisions are not changing during this year's Open Enrollment.

Medical premium contributions are increasing slightly, effective July 1, 2025. See inside for details.

OPEN ENROLLMENT CHECKLISTS

Open Enrollment is your annual opportunity to review your health plan, make changes, add or remove dependents. Changes you make to your health plan elections are effective July 1, 2025. The next opportunity to make changes to your health benefits will be the next annual Open Enrollment period in 2025, unless you experience a qualified change in status.

REVIEW YOUR ENROLLMENTS AND ENROLLMENT AND ELECTION

Please review your Open Enrollment options carefully in order to confirm your elections in myBenefits for the new plan year.

- Log into myBenefits, the online enrollment application**
- Review and update dependents and beneficiaries**
 - **REMOVE DEPENDENTS FROM COVERAGE** – no documentation necessary
 - **ADD DEPENDENTS TO COVERAGE** – required documentation must be provided to the Human Resources Benefits by Monday, May 12, 2025
 - **EMAIL DOCUMENTS TO [BENEFITS@CSUOHIO.EDU](mailto:benefits@csuohio.edu)**
- Click “edit” on each “type of benefit” to view your options and make changes as desired**
- Complete the two-step process to finalize your enrollment**
 - **REVIEW AND EDIT YOUR FINAL CHOICES, THEN CLICK “VERIFY”**
 - **WHEN SATISFIED ELECTIONS ARE CORRECT, CLICK “SUBMIT”**
- Print a hard copy or save a PDF of your submitted enrollment as confirmation of your changes.**



Benefits Enrollment

Enrolling in your benefits is made easy through the myBenefits online enrollment application. Human Resources will authorize your access to myBenefits and notify you by email when it is available for you to indicate your selections. The email includes a notice of the “open date”— the first date the application is available to make your benefit selection and the “close date”— the last date the application will be available. Access instructions for myBenefits are included on page 2. Proof of dependent eligibility is required (refer to page 3 of this booklet). Selections must be submitted online within 31 days of your hire date (or effective date of a qualified change of status).

When enrolling a dependent for coverage, the appropriate documentation to verify eligibility must be submitted to Human Resources Benefits in order to process your enrollment with the insurance providers.

Don't miss your enrollment deadline! NOTE: If you do not make your online enrollment elections by the close date, medical benefits will be waived and enrollment in voluntary benefits plans in the future may not be available. Your next opportunity to elect or change medical coverage will be during the annual Open Enrollment period unless you have a qualified change in status (see Qualified Change in Status section on page 6 of this booklet).

Contact Human Resources Benefits for assistance at benefits@csuohio.edu or **216.687.3636**.

Faculty/Staff Benefits Eligibility

The following classification of employees are eligible to participate in the University's employee benefit plans and programs:

- ▶ Full-time faculty and staff with an appointment of six (6) months or longer.
- ▶ Part-time administrative faculty and staff with an appointment of six (6) months or longer who are scheduled to work 30-39 hours per week.

Updating Your Information

If you have a change in the following, you can make updates to information through [myProfile](#) in the Employee Self-Service section of myCSU:

- ▶ Personal information
- ▶ Home and/or campus addresses
- ▶ Phone numbers
- ▶ Email addresses
- ▶ Emergency contact information
- ▶ Marital status

Changes to your information for the following should be submitted to Human Resources:

- ▶ Education level (after obtaining a new degree)
- ▶ Life insurance beneficiary (during the year)

For changes to your Retirement Plan information (addresses, beneficiaries, etc.), make them directly with:

- ▶ State Retirement Systems ([OPERS](#)/ [STRS](#))
- ▶ Alternative Retirement Plan providers
- ▶ 403(b) Plan providers—403(b) plan provider/ contribution changes are made in [Retirement Manager](#)
- ▶ 457(b) Plan providers—457(b) plan contribution changes are made in [Ohio Deferred Compensation](#)

Refer to [Retirement Manager's Quick Reference Guide](#) to assist you with general security profile setup and navigational guidance.

How To Enroll

You will use CSU's myBenefits online enrollment application for eligible employee benefit changes during the FY 2025-2026 annual Open Enrollment period (Monday, April 28, 2025 - Monday, May 12, 2025).

myBenefits makes Open Enrollment easy for you by providing a paperless, personalized enrollment process to review your current benefit coverage, dependents, beneficiaries and options available for enrollment and/or changes.

myBenefits Access

To begin enrollment using the myBenefits online enrollment application:

- ▶ Access the CSU home page at csuohio.edu from your internet browser
- ▶ Click the orange myCSU icon
NOTE: When accessing myCSU, you may be required to use your CampusNet ID and CampusPass to login.
- ▶ Select "Employee Self-Service" under the "Faculty & Staff" section
- ▶ Select "myProfile" and log in using your CSU ID and CampusPass information
- ▶ Click "Benefits Details"
- ▶ Click "myBenefits Enrollment" to access the online application

Saving Your Enrollment

During the enrollment process, you must click "Save" after adding a new dependent and/or beneficiary, selecting a new plan option and/or entering a change to your current enrollment. Saved changes will be processed after completing a two-step process that finalizes your enrollment.

You can access myBenefits through myCSU on the University's home page at csuohio.edu

Finalizing Your Enrollment

A key component of the application requires you to **complete a two-step process to finalize your enrollment:**

1. **Verify** Enrollment—Once you have completed your benefit plan selections and/or changes, you must click "Verify." This is your opportunity to review and edit your final choices.
2. **Submit** Enrollment—You must click on "Submit" to finalize the enrollment process and assign your electronic signature.

The two-step process must be completed **before the 11:59 p.m. EDT deadline on the date your enrollment period closes.**

Exiting myBenefits—Before Finalizing Enrollment

You may exit or sign off of myBenefits before completing the two-step process to finalize your enrollment without losing your "saved" data. Upon returning to saved data in the application, additional changes can be entered and "saved" and/or you can complete the two-step process to finalize your benefits. You may enroll and update your elections as many times as you want during your period.

The last selections you "submit" before the 11:59 p.m. EDT deadline on your "close date" will be the benefits that will become effective.

System Availability

Due to weekly University system maintenance, the myBenefits enrollment application is not available beginning at 6 p.m. each Saturday until 10 a.m. on Sunday.

Need Help Enrolling Using Mybenefits?

Contact Human Resources if you need help navigating myBenefits or help enrolling. Send an email to benefits@csuohio.edu with your name, CSU ID# and the phone number where you can be contacted.

Having Difficulty Accessing Mybenefits From Your Computer?

If you are experiencing difficulties with accessing the myBenefits online enrollment application, contact the IS&T Help Desk at **216.687.5050**.

Dependent Benefits Eligibility

The following are eligibility rules, guidelines and documentation requirements for enrollment of qualifying dependents in Cleveland State University's group benefit plans, including provisions of Federal legislation for adult children. Adult children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless of whether they live at home or whether you support them. The chart below identifies the required documentation that must be submitted when adding eligible dependent(s) to the applicable coverage. **Documentation must be submitted to Human Resources Benefits at benefits@csuohio.edu upon completion of your enrollment.**

Dependent	Eligibility Requirement	Plan Coverage	Documentation Requirement
Spouse	Husband or wife of a covered employee	<ul style="list-style-type: none"> ▶ Medical ▶ Dental ▶ Vision ▶ Supplemental Spouse Life Insurance 	<ul style="list-style-type: none"> ▶ A copy of your marriage certificate AND One of the following: ▶ A copy of most recent Federal tax return confirming this dependent is your spouse. ▶ A document dated within the last 90 days showing current relationship status such as a recurring monthly household bill or statement of account. ▶ Signed and notarized affidavit declaring you are married. ▶ The document must list your spouse's name, the date, and your mailing address. ▶ Acceptable documents include a utility bill, bank account statement, or credit card statement. ▶ Unacceptable documents include checks/deposit slips, coupon books, advertisements or solicitations, envelopes with a postmark date, or any type of insurance cards or health insurance documents.
Same-Sex Domestic Partner	<p>A person of same gender who meets the following criteria:</p> <ul style="list-style-type: none"> ▶ Shares a residence with an eligible employee for at least 6 months. ▶ At least 18 years of age. ▶ Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage. ▶ Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership. ▶ Is not in relationship solely for the purpose of obtaining benefit coverage. ▶ Is not married or separated from any other person. 	<ul style="list-style-type: none"> ▶ Medical ▶ Dental ▶ Vision ▶ Dependent Life ▶ Supplemental Same-Sex Domestic Partner Life Insurance 	<ul style="list-style-type: none"> ▶ Notarized Affidavit of Domestic Partnership ▶ Two proofs of joint ownership or joint residency issued within last 6 months
Dependent Child	<p>Child related to a covered employee up to age 26 including:</p> <ul style="list-style-type: none"> ▶ Biological child ▶ Adopted child ▶ Step child ▶ Legal Ward <p>▶ Child which employee or spouse of employee is legal guardian</p> <p>▶ Child(ren) may be married, do not have to reside with parents, or be financially dependent upon them, and may be eligible to enroll in their employer's plan</p>	<ul style="list-style-type: none"> ▶ Medical ▶ Dental ▶ Vision ▶ Dependent Life 	<ul style="list-style-type: none"> ▶ A copy of the child's birth certificate/hospital birth record or adoption certificate naming you or your spouse as the child's parent. The document must list the first and last names of the child and parent(s) OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian. <p>Please Note: If you are covering a stepchild you must also provide documentation of your current relationship to your spouse as requested.</p>
Dependent Child (Same-Sex Domestic Partner)	<p>Domestic Partner Child up to age 26 with relationship to a covered employee:</p> <ul style="list-style-type: none"> ▶ The child of the employee's covered Same-Sex Domestic Partner: ▶ Biological, adopted or legal ward 	<ul style="list-style-type: none"> ▶ Medical ▶ Dental ▶ Vision ▶ Dependent Life 	<ul style="list-style-type: none"> ▶ Required documentation for Same-Sex Domestic Partnership ▶ State issued birth certificate ▶ Adoption certificate ▶ Court ordered document of legal custody
Disabled Dependent	<p>Child related to covered employee including:</p> <ul style="list-style-type: none"> ▶ Biological child ▶ Adopted child ▶ Step child ▶ Legal Ward <p>▶ Child which employee or spouse of employee is legal guardian.</p> <p>▶ Child(ren) may be married, do not have to reside with parents, or be financially dependent upon them, and may be eligible to enroll in their employer's plan.</p> <p>Coverage may be extended to a child of any age who is incapable of self-support due to a mental or physical disability.</p>	<ul style="list-style-type: none"> ▶ Medical ▶ Dental ▶ Vision ▶ Dependent Life 	<ul style="list-style-type: none"> ▶ A copy of the child's birth certificate/hospital birth record or adoption certificate naming you or your spouse as the child's parent. The document must list the first and last names of the child and parent(s) OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian. AND ▶ A copy of the physician's documentation declaring the child disabled. <p>Please Note: If you are covering a stepchild you must also provide documentation of your current relationship to your spouse as requested.</p>



Qualified Change In Status

Experience A Qualified Change In Status?

Contact Human Resources Benefits

When a life-changing event (qualified change in status) occurs, you may make a mid-year benefit enrollment change to your current coverage without waiting until the annual employee benefits Open Enrollment period. **You must notify Human Resources Benefits within 31 days of the event to make a change to your coverage by completing a Request for Qualifying Change in Status form along with providing any required documentation.** All forms and required documentation must be emailed to Human Resources Benefits at benefits@csuohio.edu and received within 31 days of the event.

Generally, the following change in status events qualify to make a mid-year enrollment change:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Death of a dependent
- ▶ Change in spouse's employment status resulting in a loss of coverage or acquiring new coverage
- ▶ Loss of dependent's eligibility

Obtaining coverage through the ACA Health Insurance Marketplace qualifies as a mid-year change in status permitting you to make a change to your CSU medical coverage outside of CSU's annual Open Enrollment period.

Please note: Change in status events such as divorce and death require notification to Human Resources Benefits to remove dependents from your plans (if applicable) as they are no longer eligible to remain on your coverage. Failure to do so can result in disciplinary action up to and including termination.

For more information, contact Human Resources Benefits at benefits@csuohio.edu.

Medical Plans

Medical Plan Choices

Cleveland State University will offer eligible faculty and staff four medical plan options during the plan year from July 1, 2025 through June 30, 2026.

- 1. MetroHealth Select (Skyway) Exclusive Provider Organization (EPO)**
- 2. Medical Mutual Value Plan SuperMed Preferred Provider (PPO) Network**
- 3. Medical Mutual Traditional Plan SuperMed Preferred Provider (PPO) Network**
- 4. Taxable Cash Option** (Waiving medical coverage) Must be covered by another medical plan not sponsored by Cleveland State University

Selecting a Medical Plan

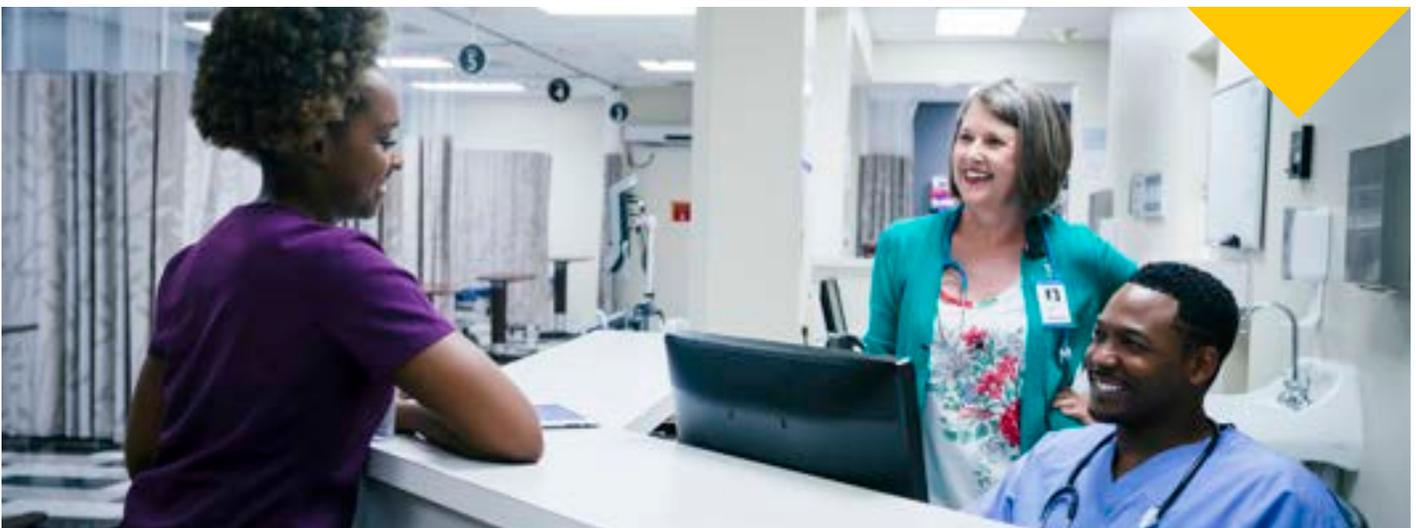
When selecting a medical plan, faculty and staff should consider more than the lowest premium cost. Consideration should be given as to which plan will provide the highest level of benefits at the lowest out-of-pocket expense to meet your medical needs and the network of medical providers of care for you and your family—doctors, hospitals and other ancillary services.

Note: The benefit period for all CSU medical plans is a calendar year (January 1 through December 31). Deductibles and maximum out of pocket accumulators start over January 1.

MetroHealth Select (Skyway) Exclusive Provider Organization (EPO)— In-Network Coverage Only

The MetroHealth Select (Skyway) Plan Exclusive Provider Organization (EPO) through the MetroHealth Hospital System provides health centers located throughout Cuyahoga, Lake, and Medina counties. Covered services must be provided by MetroHealth Select (Skyway) network providers at health center locations.

Prescription Drug coverage is included as part of the MetroHealth Select (Skyway) plan. Medical Mutual is the claims administrator for the MetroHealth Select (Skyway) Plan. Medical Mutual reviews and pays claims for covered services provided by MetroHealth Select (Skyway) Network Providers. Questions regarding covered services, claims and requests for identification cards should be directed to Customer Service at Medical Mutual at **800.774.5284**. Call the MetroHealth concierge line at **216.778.8818** to schedule appointments, locate network doctors and get information on the services provided at health center locations or visit metrohealth.org.



Medical Mutual Value and Traditional Plan

The Medical Mutual Value and Traditional Plans are a Preferred Provider Organization (PPO) through Medical Mutual, which provides three “tiers” or levels of benefit coverage based on medical services and the providers of care:

► TIER 1 CSU On-Campus Health and Wellness Services Provider

For limited covered services received from CSU Health and Wellness Services Clinic. Limited services are available with no deductible, coinsurance or copayment. A claim will be filed with Medical Mutual for payment of services for faculty and staff only. Dependents of faculty and staff are not eligible for care from CSU Health and Wellness Services.

► TIER 2 SuperMed Preferred Provider (PPO) Network (Contracting Provider)

For covered services received from a SuperMed PPO Network Provider, services are subject to deductible, copayments and coinsurance.

► TIER 3 Non-Network Provider (Non-Contracting Provider)

For covered services received from a Non-SuperMed PPO Network or Non-Contracting Provider, services are subject to higher deductibles, copayments, and coinsurance.

Medical Mutual serves as the claims administrator paying benefits for services provided by CSU’s On-Campus Health and Wellness Services Clinic, SuperMed PPO network providers, and non-network providers.

To receive the highest level of benefits at the lowest out-of-pocket expense, use the Tier 1 On-Campus Health and Wellness Services Provider (if/when available) and/ or Tier 2 SuperMed PPO Network Provider. To locate a Tier 2 SuperMed PPO network provider, search online at medmutual.com or call Medical Mutual Customer Service at **800.774.5284** for assistance.

CSU Health and Wellness Services—On-Campus Clinic

The convenience of low/no-cost on-campus health care for faculty and staff is available at CSU Health and Wellness Services, located in the Center for Innovation and Medical Professions (IM), Room 205. Call **216.687.3649** for an appointment. Faculty and staff enrolled in the MetroHealth Select (Skyway), Medical Mutual Value or Medical Mutual Traditional plans can receive office visit care with coverage as shown on the Medical and Prescription Drug Comparison chart.

Taxable Cash Option

The Taxable Cash Option is available when enrollment in a medical plan is “waived” and you are covered by a medical plan not sponsored by Cleveland State University.

Full-time employees can receive, as taxable earnings, a lump sum payment up to \$1,200 a year; part-time employees (30 to 39 hours) up to \$900 per year. The amount of the payment is based on the period of time the employee is enrolled in this option during the benefit plan year. The plan year for benefit enrollment is July 1 to June 30. Full-time employees can earn \$100 per month and part-time employees can earn \$75 per month. The payment is paid annually generally the first pay in June if enrolled in the “Cash Option” during the current plan year ending June 30. A pro-rated payment is disbursed for partial year enrollment.

To receive the payment in their taxable gross earnings at the end of the plan year, the employee must select the Cash Option as their medical plan enrollment, and they must **not** be covered under a medical plan sponsored by Cleveland State University through a family member who is also an employee.

Where to go for care

When you find yourself injured or ill, you can save time and money by thinking about the BEST place to get care. Of course, if your condition is life threatening, call an ambulance or go to the ER. If it can wait, take a look at the lists below and consider these tips.

\$0	Nurse Line If you aren't sure whether you need care or where to go, a good place to start is the nurse line from Medical Mutual. You can speak to a nurse any time to get tips for managing your illness or injury yourself or help deciding on the best place to go.
\$	Telehealth This low cost option allows you convenient care for minor illnesses right at your fingertips. Available to you 24/7, providers can prescribe medication to your local pharmacy.
\$\$	Your Doctor Your first stop—during business hours—is your regular doctor, if available. Whether you choose a telehealth or in-person visit, your provider knows you and is best equipped to provide personalized care. You'll pay less when you choose an in-network doctor.
\$\$\$	Retail Clinic These are a good option for minor illnesses and injuries when your doctor isn't available. They cost a bit less than urgent care centers, but they aren't equipped to stitch you up or take X-rays. Wait times are usually 30 minutes or less.
\$\$\$	Urgent Care An urgent care center may be your next step. They can run simple tests, take x-rays, and treat cuts and sprains. They typically get patients in and out in about an hour, and many visits cost around \$150.
\$\$\$\$	Emergency Room The emergency room is always the best place for treating a life-threatening condition. But think twice—or three times—before using it for a minor illness or injury. The cost is a lot higher—usually \$1,000 or more—and the wait times are often quite long.

Avoid a scare with preventive care

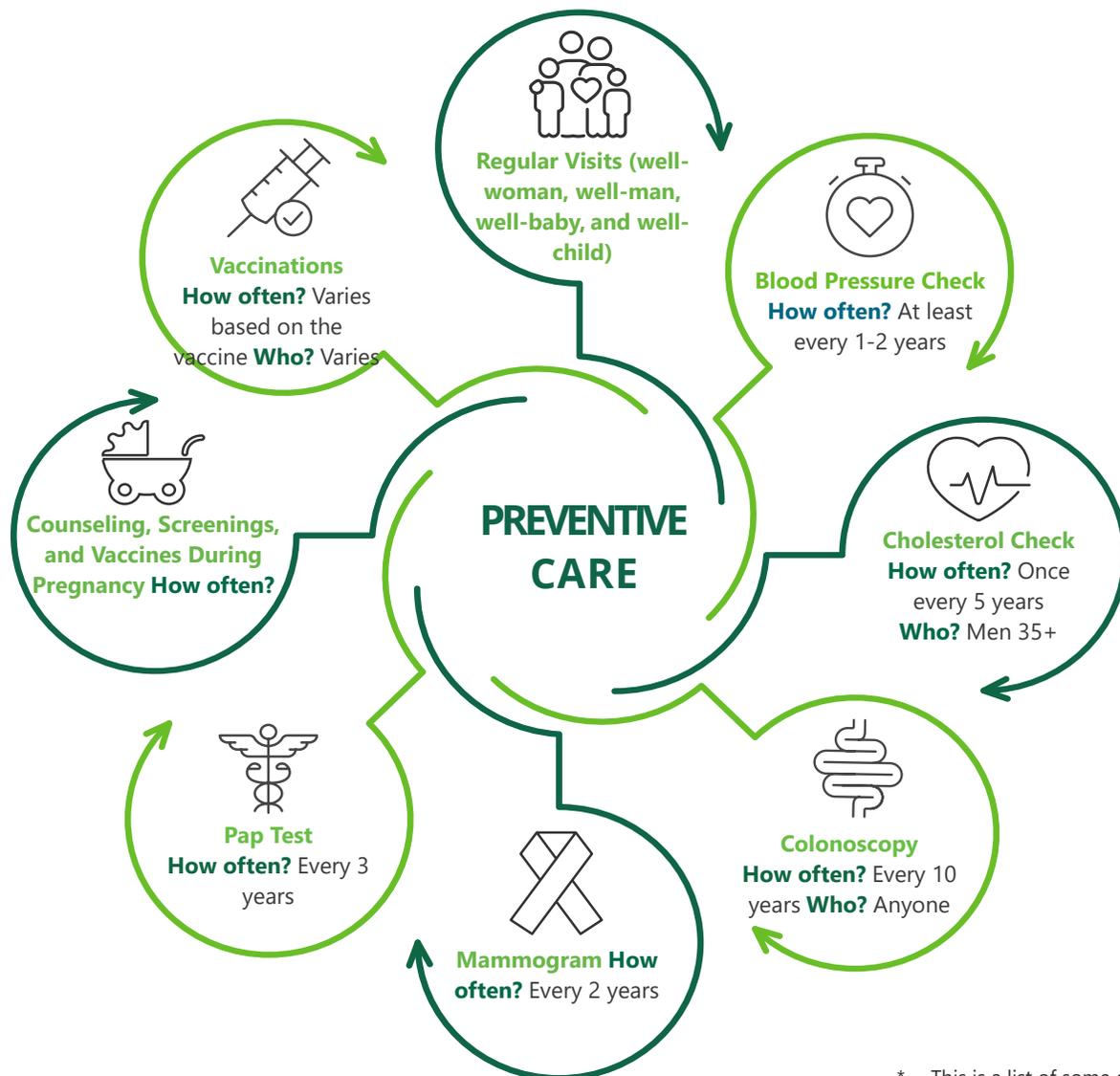
Did you know in-network preventive care is FREE to you if you are covered under one of our health plans? An in-network preventive care visit will not cost you a penny, and it could help you live longer and healthier!

What is Preventive Care?

Preventive care helps evaluate your current health status and can help detect health problems early—before any signs or symptoms have appeared. Through regular preventive exams and screenings, you and your doctor(s) can work together to manage your overall health.

Make Sure Your Visit is Free

When you schedule an appointment, make it known you are interested in getting free preventive care only and want to be informed if any services aren't free preventive care. If there is a diagnosis, medical condition, or additional testing/treatment involved in your visit, it will likely not be coded a preventive visit, and you will incur a charge.



* This is a list of some general guidelines for preventive care services recommended by the CDC. This list is not all-inclusive. Consult with your doctor for preventive care recommendations specific to you.

2025-2026 Medical and Prescription Drug Premium Contributions

Your Monthly Premium Contributions

Plan Name	MetroHealth Select (Skyway) Plan	Medical Mutual Value PPO Plan	Medical Mutual Traditional PPO Plan
Full-Time Faculty/Staff			
Employee Only	\$70.34	\$136.62	\$198.37
Family	\$183.91	\$356.54	\$517.33
Part-Time Staff (30-39 hours)			
Employee Only	\$151.77	\$212.98	\$238.95
Family	\$483.95	\$555.77	\$623.15

NOTE: IRS rules require that the payroll premium for same-sex domestic partner's coverage is contributed by employee after-tax and that the value of any benefits provided to a same-sex domestic partner is taxable to the employee.

Your Per Pay Premium Contributions

Plan Name	MetroHealth Select (Skyway) Plan	Medical Mutual Value PPO Plan	Medical Mutual Traditional PPO Plan
Full-Time Faculty/Staff			
Employee Only	\$35.17	\$68.31	\$99.19
Family	\$91.96	\$178.27	\$258.67
Part-Time Staff (30-39 hours)			
Employee Only	\$75.89	\$106.49	\$119.48
Family	\$241.98	\$277.89	\$311.58

NOTE: IRS rules require that the payroll premium for same-sex domestic partner's coverage is contributed by employee after-tax and that the value of any benefits provided to a same-sex domestic partner is taxable to the employee.

Medical Comparison Chart

This summary of benefit plans is designed to provide a high-level overview of Cleveland State University's Medical and Prescription Drug benefits. Should there be a conflict between this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or an omission in this overview.

Benefit Period January 1–December 31*

	MetroHealth Select (Skyway)		Medical Mutual Value Plan		Medical Mutual Traditional Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
	<ul style="list-style-type: none"> CSU Health and Wellness Services are provided at no cost to Faculty and Staff Covers 100% of preventive care services provided in-network (according to age and gender) Primarily utilizes MetroHealth Select Healthcare Professionals Requires you to Pay 100% for most Non-Network services Option to participate in Health Care Flexible Spending Account 		<ul style="list-style-type: none"> CSU Health and Wellness Services are provided at no cost to Faculty and Staff Covers 100% of preventive care services provided in-network (according to age and gender) In-Network coverage through Medical Mutual SuperMed Network Option to participate in Health Care Flexible Spending Account 		<ul style="list-style-type: none"> CSU Health and Wellness Services are provided at no cost to Faculty and Staff Covers 100% of preventive care services provided in-network (according to age and gender) In-Network coverage through Medical Mutual SuperMed Network Option to participate in Health Care Flexible Spending Account 	
Individual Deductible	\$350	Not covered	\$1,100	\$2,200	\$600	\$1,200
Family Deductible	\$1,050	Not covered	\$3,300	\$6,600	\$1,800	\$3,600
Coinsurance After Deductible	20%, after deductible	Not covered	20%, after deductible	40% after deductible	25% after deductible	40% after deductible
Individual Out of Pocket Max	\$3,500	N/A	\$5,000	Unlimited	\$4,000	Unlimited
Family Out of Pocket Max	\$7,000	N/A	\$10,000	Unlimited	\$8,000	Unlimited
Inpatient Facility Services	20%, after deductible	Not covered	20%, after deductible	40% after deductible	25%, after deductible	40% after deductible
Outpatient Facility & X-Ray/Lab Services	20%, after deductible	Not covered	20%, after deductible	Not covered	25%, after deductible	40% after deductible
Preventive Care Office Visit	\$0 copay, no deductible	Not covered	\$0 copay, no deductible	40% after deductible	\$0 copay, no deductible	40% after deductible
Office Visit—Primary Care Physician	\$20 copay	Not covered	\$35 copay	40% after deductible	\$25 copay	40% after deductible
Office Visit—Specialist	\$40 copay	Not covered	\$50 copay	40% after deductible	\$50 copay	40% after deductible
Urgent Care Visit	\$50 copay	Not covered	\$75 copay	40% after deductible	\$75 copay	40% after deductible
Emergency Room Visit (copay waived if admitted)	0% after \$250 copay	0% after \$250 copay	\$350 copay +20% after deductible	\$350 copay +20% after deductible	\$300 copay +25% after deductible	\$300 copay +20% after deductible
Emergency Room Visit—Non-Emergency	\$250 copay + 10% after deductible	Not covered	\$350 copay +20% after deductible	\$350 copay +40% after deductible	\$300 copay +25% after deductible	\$300 copay +40% after deductible

* The benefit period is based on a calendar year and it is the period of time during which covered services are rendered and benefit maximums, deductibles, and out-of-pocket maximums are accumulated.

Prescription Drug Coverage

Prescription drug coverage is included as part of the medical plan you choose. Your medical ID card also serves as your prescription drug card. Prescription drug coverage for all medical plans is administered by Medical Mutual, Express Scripts®.

Prescription drug coverage under all three medical plans includes a Prescription Drug Cost Management Program. The following is a list of the programs:

- ▶ Specialty Prescription Drugs
- ▶ Prior Authorization for certain prescriptions
- ▶ Quantity Limit
- ▶ Preferred Drug Step Therapy
- ▶ Exclusion of Compound Medications
- ▶ RationalMed Drug Safety Program

More details on the Prescription Drug Cost Management Program is located on Medical Mutual’s website at [medmutual.com](https://www.medmutual.com).

Prescription Drug Benefits	MetroHealth Select (Skyway)		Medical Mutual Value Plan		Medical Mutual Traditional Plan	
	MetroHealth Pharmacy	Medical Mutual Express Scripts	Medical Mutual Express Scripts	Non-Network	Medical Mutual Express Scripts	Non-Network
Retail Drug (30 day supply) Mandatory Generic Non-Maintenance, Non-Specialty Drugs						
Retail Generic (30 day supply)	\$0 copay	\$10 copay	\$15 copay	Not covered	\$15 copay	Not covered
Retail Preferred Brand Name (30 day supply)	\$30 copay	\$45 copay	\$50 copay	Not covered	\$50 copay	Not covered
Retail Non-Preferred Brand (30 day supply)	\$60 copay	\$90 copay	\$95 copay	Not covered	\$95 copay	Not covered
Mail Order Non-Specialty (90 Day Supply) Mandatory Generic Maintenance Drugs						
Mail Generic	\$10 copay	\$20 copay	\$30 copay	Not covered	\$30 copay	Not covered
Mail Preferred Brand	\$60 copay	\$90 copay	\$100 copay	Not covered	\$100 copay	Not covered
Mail Non-Preferred Brand	\$120 copay	\$180 copay	\$190 copay	Not covered	\$190 copay	Not covered
Specialty Drugs (Accredo Specialty Pharmacy Only)						
30 Day Supply	10% up to \$100 max per prescription	Retail copays apply	10% up to \$200 max per prescription	Not covered	10% up to \$200 max per prescription	Not covered
Out-of-Pocket Maximum: Includes Deductible, Copay, and Coinsurance for Medical and Prescription Drugs						
Individual	\$3,500	Unlimited	\$5,000	Unlimited	\$4,000	Unlimited
Family	\$7,000		\$10,000		\$8,000	



MetroHealth Select (Skyway) Prescription Drug Coverage

The MetroHealth (Skyway) plan provides prescription drug benefits for up to a 30-day supply of medication and a 90-day supply (retail or home delivery) of maintenance medication to control chronic health conditions. Copayments are the lowest when members use a MetroHealth pharmacy. Call **216.957.MEDS (6337)** for all pharmacy needs, or go online to metrohealth.org/pharmacy for more information.

MetroHealth Select (Skyway) participants also have access to Medical Mutual Retail and Home Delivery Pharmacy Network through Express Scripts. Members can have prescriptions filled up to a 30-day supply at a network retail pharmacy and/or use the Express Scripts Home Delivery Pharmacy services to fill prescriptions for a 90-day supply of maintenance medications at an increased copayment cost.

The medical plans through CSU include a Prescription Drug Cost Management Program. Specialty prescription drugs are included within the Prescription Drug Cost Management Program. MetroHealth participants have access to the two providers from Medical Mutual for specialty medications—Accredo Specialty Pharmacy or Gentry Health Services. It is important to note that prescriptions for specialty medications must be filled through the Accredo Specialty Pharmacy, or Gentry Health Services. Accredo Specialty Pharmacy and Gentry Health Services are the sole sources for direct delivery of specialty medications. The cost of prescriptions for specialty medications filled at any other pharmacy will be the responsibility of the participant. Refer to the prescription drug coverage section of this booklet for more information.

Medical Mutual Value and Traditional Prescription Drug Coverage

Medical Mutual provides access to its Retail and Home Delivery Pharmacy Network through Express Scripts®. Members can get prescriptions filled up to a 30-day supply at a network retail pharmacy and/or use the Express Scripts® Home Delivery Pharmacy services to fill prescriptions for a 90-day supply of maintenance medications for the retail cost of two-months copayments. Contact Express Scripts® at **800.282.2881** or online at express-scripts.com to locate a network retail pharmacy or for details as to how to use mail order pharmacy services.

Specialty prescription drugs are included within the Prescription Drug Cost Management Program. It is important to note that prescriptions for specialty medications must be filled through the Medical Mutual Specialty Drug Solution—Accredo Specialty Pharmacy or Gentry Health Services. Accredo Specialty Pharmacy and Gentry Health Services are the sole sources for direct delivery of specialty medications. The cost of prescriptions for specialty medications filled at any other pharmacy will be the responsibility of the participant. Refer to Prescription Drug Coverage section of this booklet for more information.



Prescription Drug Cost Management Programs

Cleveland State University has a Prescription Drug Cost Management Program which help to reduce overall plan costs and limit cost-sharing with employees. As a medical plan participant, you may be required to follow program procedures in order for your medication to be covered. This section provides an overview of the programs. Detailed information is located on Medical Mutual's website at [medmutual.com](https://www.medmutual.com).

1. **Specialty Drug Solution Program**—Specialty drugs are medications that require special handling, administration or monitoring. They are often used to treat rare, complex and chronic conditions. These drugs are usually injected but may be taken by mouth.

When using the Specialty Drug Solution Program, covered participants receive a variety of specialized services including:

- ▶ Safe, prompt delivery of medications
- ▶ Access to personalized care from dedicated nursing and pharmacy staff
- ▶ Supplies that accompany certain types of medications
- ▶ 24/7 support services
- ▶ Refill reminders
- ▶ Drug safety monitoring
- ▶ Help with enrolling in patient assistance programs

Contact either Accredo or Gentry, and they will contact your prescriber for your prescription. Your prescriber can also call in or fax the prescription.

- ▶ Accredo Specialty Pharmacy
 - ▷ Phone: **800.803.2523**
 - ▷ Fax: **888.302.1028**
- ▶ Gentry Health Services
 - ▷ Phone: **844.443.6879**
 - ▷ Fax: **844.329.2447**

2. **Prior Authorization for Prescriptions**—In order for a prescription to be covered, certain prescription drugs will require the covered member to obtain an approval through the coverage review process prior to filling your prescription. To initiate the coverage review process, the member, the member's doctor or pharmacist may call Express Scripts at **800.753.2851**.

Express Scripts' "Price a Medication" tool on their website will tell you if a medication is subject to this cost management program. Select "Prescriptions" and then "Price a Medication" from the menu bar. If coverage is approved, members pay the normal copayment for the medication. If coverage is not approved, the member will be responsible for the full cost of the medication. Note: Members have the right to appeal the decision. Information about the appeal process will be included in the notification letter they receive.

3. **Quantity Limit**—Some prescription drugs will be only covered up to a certain quantity limit per fill. This list generally includes medications that are not taken every day. Getting quantities beyond the predetermined limit requires prior authorization from Express Scripts. Express Scripts' "Price a Medication" tool on their website will tell you if a medication is subject to this cost management program. Select "Prescriptions" and then "Price a Medication" from the menu bar.

For general prescription drug questions, call Express Scripts Customer Service at **800.417.1961**



4. **Preferred Drug Step Therapy**—CSU medical plan rules require the use of a generic or lower-cost brand-name alternative before use of higher cost non-preferred drugs can be covered by the Plan, unless special circumstances exist. Express Scripts' "Price a Medication" tool on their website will tell you if a medication is subject to this cost management program. Select "Prescriptions" and then "Price a Medication" from the menu bar. Members using one or more of the medications on the list will need to switch to a generic or a preferred brand-name drug. Members who do not switch will pay the full price for their medication.

Express Scripts will use an automated process to determine if a member qualifies for coverage based on information that Medical Mutual has on file, which includes medical history, drug history, age and gender. If a member's physician believes special circumstances exist, he/she may request a coverage review by calling Express Scripts at **800.753.2851**.

5. **Compound Medications are Excluded from Coverage**—Compound medications are made when a licensed pharmacist combines, mixes or alters a medication's ingredients to meet a doctor's request. Compounded medications are not reviewed as final products by the U.S. Food and Drug Administration (FDA), so there is no way for the FDA to confirm their quality, safety and effectiveness. In addition, compound medications often come at an unusually high cost even though alternatives exist at a lower cost. As a result, the Plan will not provide coverage for compounded medications. Covered members wishing to use these medications will be responsible for paying the full cost.
6. **RationalMed Drug Safety Program**—A Medical Mutual/Express Scripts safety program that uses medical and drug claim data to help identify potential safety issues. Checks for adverse drug risks; coordination of care; omission of essential care. It works mainly by alerts being sent to prescribing physicians.

Dental Plan

Delta Dental Insurance

Cleveland State University partners with Delta Dental of Ohio to offer eligible faculty and staff a robust dental program.

Find a Dental Provider: A list of participating dental providers is located at deltadentaloh.com, or you may call customer service at **800.524.0149**.

Dental ID Card: Dental cards will be available for you to download at deltadentaloh.com. Dental cards will not be mailed to your home. You do not need to present an ID card to confirm your eligibility. Simply, tell your provider that your dental coverage is through Delta Dental, and they can pull your information up in their system.

Access to CSU Dental Plan Information: The website customized for CSU's plan will be available for those enrolled in the dental plan. This will allow you to access your plan of benefits, copayments, coinsurance and claims information. Visit deltadentaloh.com, or contact customer service at **800.524.0149**.

Mobile App: The app is available on the Apple® App Store and Google Play.

Employee Dental Pre-Tax Premium

Monthly	Full-Time Faculty and Staff	Part-Time Admin Faculty and Staff (30-39 Hours)
Employee Only	\$7.18	\$11.76
Employee + 1	\$13.97	\$22.91
Family	\$24.21	\$39.69

Per Pay	Full-Time Faculty and Staff	Part-Time Admin Faculty and Staff (30-39 Hours)
Employee Only	\$3.59	\$5.88
Employee + 1	\$6.99	\$11.46
Family	\$12.11	\$19.85

Dental Plan Schedule of Coverage

	In-Network PPO and Premier Network Provider	Non-Participating Provider
Coverage Type		
Type A: Preventive (exams, cleanings, topical fluoride applications, x-rays, space maintainers, sealants)	100%	100%
Type B: Basic Restorative (fillings, simple extractions, crown, denture, and bridge repair, endodontics, oral surgery, periodontics)	80%	80%
Type C: Major Restorative (crown, denture, and bridge recementations, implants, bridges, dentures, crowns/inlays/ onlays, general anesthesia, TMJ)	60%	60%
Type D: Orthodontia	60%	60%
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,200
Orthodontia Lifetime Maximum		
Per Person	\$1,200	\$1,200

See full certificate of coverage for specifics and limitations.

Utilizing a Non-Participating Dentist: When receiving services from a non-participating Dentist, the percentages indicate the portion of Delta Dental's non-participating dentist fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- ▶ Download your ID card at deltadentaloh.com.
- ▶ Notify your dentist that Delta Dental of Ohio is your insurance company.
- ▶ Smartphone users can manage their dental plan through the Delta Dental mobile app.

Vision Plans

Basic and Opt-Up Vision Plans

Cleveland State University provides a **Basic Vision Plan** to eligible faculty and staff through Vision Service Plan (VSP). Employees have the option to elect an **Opt-Up Vision Plan**.

The **Basic Vision Plan** provides covered services once in a 24-month period from the date of last service. The **Opt-Up Vision Plan** provides covered services once in a 12-month period from the date of last service, including enhanced coverage for tints and photochromic lenses for eyeglasses or “transition” lenses. In addition, each plan allows for limited reimbursement for services provided out-of-network by non-VSP providers; or the member can pay at the point services are received and submit a claim for reimbursement of out-of-pocket cost within six months of receiving services.

Find a Vision Provider

VSP’s preferred provider organization (PPO) network has a large selection of retail providers. Members can maximize vision benefits through both plans by using VSP’s PPO network that offers covered services for eye care examinations, frames and eyeglasses or contacts. To find the nearest location for the new PPO network providers, contact VSP at vsp.com or **800.877.7195**.

Login to Your Account at vsp.com To

- ▶ Choose a VSP network doctor
- ▶ Print an ID card
- ▶ View your personal eye care coverage
- ▶ Find the latest eye health information
- ▶ Learn about special discounts and promotions
- ▶ Or call **800.877.7195**

Employee Vision Pre-Tax Premiums

Monthly	Basic Vision Plan	Opt-Up Vision Plan
Full-Time Faculty and Staff	No premium contributions	Employee Only: \$5.98 Family: \$17.06
Part-Time Admin Faculty and Staff (30-39 Hours)	Employee Only \$.94 Family \$2.70	Employee Only \$6.92 Family \$19.76
Frequency of Coverage	24 months from date of last service	12 months from date of last service
Per Pay	Basic Vision Plan	Opt-Up Vision Plan
Full-Time Faculty and Staff	No premium contributions	Employee Only: \$2.99 Family: \$8.53
Part-Time Admin Faculty and Staff (30-39 Hours)	Employee Only \$.47 Family \$1.35	Employee Only \$3.46 Family \$9.88
Frequency of Coverage	24 months from date of last service	12 months from date of last service

Vision Summary of Benefits for Basic And Opt-Up Plans

	In-Network	Open Access (Non-Network) Reimbursement Level
Vision Exam	100% after \$15 copay	Up to \$45
Prescription Glasses	\$25 copay	N/A
Lenses**	100% Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children.	Single vision up to \$30 Lined bifocal up to \$50 Trifocal up to \$65
Lens Options**	Progressive: covered in full	Progressive: Up to \$50
Frames	Covered up to plan allowance of \$150 \$80 Costco allowance	Up to \$70
Contact Lenses (instead of glasses)	\$150 allowance for contacts and exam, if elective; 100% covered if visually necessary VSP requires proof of visual necessity.	If elective, up to \$105; If visually necessary, up to \$210 VSP requires proof of visual necessity.
Claims	No claim form required	Must file claim for reimbursement within 6 months from date of service.

* The Opt-Up also includes enhanced coverage for lenses for eyeglasses, including coverage for tints and photochromic or “transition” lenses.

** See VSP Vision Benefit Summary for coverage specifics and limitations.

Flexible Spending Accounts

The **Health Care FSA** allows you to set aside funds through pre-tax payroll deductions for qualified health expenses (e.g. deductibles, copays and coinsurance). The **Dependent Care FSA** may be used for qualified dependent day care or elder care expenses. Eligible out-of-pocket expenses are defined by the Internal Revenue Service (IRS). You determine how much money you want to contribute up to the FSA plan limits. The amount you select is deducted through payroll and is based on the number of pay periods you have within the CSU plan year (July 1–June 30). You are reimbursed for eligible expenses from your FSA account as you incur and submit a claim for reimbursement.

The list of eligible expenses is extensive and can be found in IRS Publication 502 or online at irs.gov/publications/p502. You may also visit the online FSA Store at FSASStore.com. The FSA Store is an online marketplace where you can purchase FSA-eligible products.

You can find the complete list of DCFSA eligible expenses at irs.gov/publications/p503

FSA Plan Use It or Lose It Rule

The Internal Revenue Service (IRS) requires a “Use It or Lose It” rule for FSA accounts. If expenses are not incurred and/or filed for reimbursement within the allowable time periods, funds remaining in your account are forfeited. You should carefully calculate the amount you contribute to a FSA each plan year.

FSA Debit Card

A FSA debit card will be issued to each newly enrolled plan participant. Based on your account balance/election, the debit card will allow you to immediately pay for eligible FSA expenses where debit cards are accepted. **When using your debit card, you should retain receipts when you are asked by Surency to substantiate the payment as an eligible expense.**

Surency Flexible Spending Accounts Online Access

Manage your benefits online at surency.com. You can check your balances, view account activity, access forms, view payment history and tax statements. You will also have access to FSASStore.com to purchase eligible items.

FSA Plan Limits and Enrollment Rules

CSU offers two types of flexible spending accounts: Health Care FSA and Dependent Care FSA. The plan year minimum election to \$24/year.

The maximum amount for a Health Care Spending Account is \$3,300. The Dependent Care Account limit is \$5,000.

To participate in a FSA, you must make an election during the Open Enrollment period, unless you have a qualified change in status which allows for a mid-year election change. (Refer to Qualified Status Change rules on the Benefits Enrollment Frequently Asked Questions page. **Benefits Enrollment Frequently Asked Questions.**)

You must re-enroll each plan year to continue participation in a FSA.

Each time you enroll in a FSA, you should carefully calculate the amount you contribute as contributions are subject to the forfeiture rules described here.

Note: Contributions to a Dependent Care account may be further limited based on your marital status, how you file your income taxes and if your spouse works or attends school full-time. Contributions are limited to \$2,500 single or married filing separately, \$5,000 married filing jointly or single person filing as head of household. Consult your tax advisor as how Dependent Care FSA Accounts affect your personal situation.

FSA Deadlines

2025-2026 FSA Plan Year Deadlines	
Payroll Contributions	FSA elections made during the annual Open Enrollment period will be deducted on a pretax basis according to your pay periods during July 1, 2025– June 30, 2026, or through May 15 for faculty paid over nine months.
Plan Year Period To Incur Eligible Expenses	Participants enrolling for the 2025-2026 plan year must incur expenses from July 1, 2025 through September 15, 2026 (which includes a 2½-month grace period).
Claim Filing Deadline	<p>All eligible claims incurred during the plan year period must be received by Surency (not postmarked) no later than November 30, 2026.</p> <p>If you separate/retire from the University, you have 60 calendar days from your separation date for Surency Flexible Spending Accounts to receive claims which were incurred prior to your last day of employment. Refer to claim filing instructions located on the Health Care and Dependent Care Flexible Spending</p>

Contact Surency at **866.818.8805** for additional information.

VikeHealth & Well-Being Program



Get Well, Stay Well, and Live Well with the VikeHealth & Well-Being Program!

Participate in Cleveland State University's (CSU) VikeHealth & Well Being Program and you can earn up to \$700. If you are eligible to enroll in a CSU medical plan you are eligible to participate.

Engaging in a healthy lifestyle and staying healthy is essential to enjoy what is most important to you now and in the future. Maintaining your health can help you have more energy for the things you love and for the valuable work you do at CSU.

Some of the tools you can access to help keep you focused on your health and well-being include:

- ▶ An online health risk assessment
- ▶ Preventive care services and screenings
- ▶ Chronic condition management programs
- ▶ Health and well-being coaching and counseling
- ▶ Online health education course

Visit the Medical Mutual Wellness Portal to get started!

Sign in to your My Health Plan account at www.medmutual.com/member and select Wellness Portal from the Healthy Living drop-down menu even if you were registered under the previous Wellness Program, you will need to sign up for a Health Plan Account through Medical Mutual to participate in this program.

Download the Mobile App by searching for "MedMutual" in the Apple Store or Google Play.

Questions? Give us a call toll free at **855.553.1006** or send us a message on the Medical Mutual Wellness Portal.

Unable to complete some of the program activities due to physical/ medical limitations?

You may be able to earn the reward another way. You can file an appeal if your physician recommends you shouldn't participate, if your screening results were reported incorrectly, or if you've discussed your screening results with your physician. Learn more about appeals on the Medical Mutual Wellness Portal or by calling the Medical Mutual Wellness Team toll free at **855.553.1006**.

If you need to complete an alternative to the tobacco/nicotine goal, enroll in Medical Mutual's QuitLine program by calling **866.845.7702** or start the LivingFree Online Health University course, which is found on the Medical Mutual Wellness Portal.

Additional Medical Care and Wellness Services

CSU Health and Wellness Services

The convenience of FREE On-Campus health care for faculty and staff is available at CSU Health and Wellness Services. CSU has made arrangements with Medical Mutual so that faculty and staff enrolled in the MetroHealth Select (Skyway), Medical Mutual Value, and Medical Mutual Traditional medical plans can receive routine office visit care at no out-of-pocket cost from the CSU Health and Wellness Services medical staff. CSU clinic staff is included in the included in the MetroHealth and Medical Mutual networks as a Tier 1 provider.

- ▶ No deductible or copayment is required for care or services received from CSU Health and Wellness Services clinical staff.
- ▶ Many generic prescription medications are available for a \$5 copay.
- ▶ You will be referred to another MetroHealth or Medical Mutual provider for treatment or care that cannot be provided by CSU Health and Wellness Services.
- ▶ Dependents of faculty and staff are NOT eligible for care from CSU Health & Wellness Services.
- ▶ Visits by appointment only—same day appointments may be available.

The On-Campus Health and Wellness Services is located in the Center for Innovation in Medical Professions (IM), Room 205 at 2112 Euclid Avenue. Call **216.687.3649** for appointments.

CSU Health and Wellness Services is nationally accredited by Accreditation Association for Ambulatory Health Care (AAAHC).



Nurse Line (For all members enrolled in CSU medical plans)

Members of all CSU medical plans have access to a Nurse Line. When you have a health issue, a minor injury or a medical question, you have access at any time to talk to a qualified healthcare professional. Nurse Line, an email and telephone health line that is available 24 hours a day, 7 days a week to MetroHealth Select (Skyway) and Medical Mutual members. Nurse Line is staffed by fully qualified Registered Nurses (RNs) who are available to answer your health-related questions at no charge.

Nurse Line offers peace of mind with around-the-clock guidance and answers to your healthcare questions. Trained RNs can help you:

- ▶ Make decisions about a health issue, including whether you need to visit a doctor or emergency room (ER)
- ▶ Understand medical conditions diagnosed by your doctor, including the importance of following the doctor's plan of care
- ▶ Prepare for doctor visits by knowing what questions to ask
- ▶ Care for minor injuries and illnesses at home
- ▶ Develop healthier lifestyle habits

Nurse Line provides immediate support for everyday health issues and questions that might otherwise lead to unnecessary visits to the doctor or ER. Nurse Line can also give you an early warning of emerging health conditions before they become serious medical problems.

**A nurse is always on call for you at
888.912.0636**

How to Use Nurse Line

You can reach Nurse Line by calling **888.912.0636**. Please have your member ID number ready to access Nurse Line. You can also use Nurse Line via secure and confidential email. If you choose the email option, you will receive a response within 24 hours.

Please note: Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

Additional Programs and Services through Medical Mutual

Medical Mutual offers a variety of the following programs and services at no cost to participants who are covered by their medical plan.

- ▶ Advocacy Solutions Program
- ▶ Chronic Condition Management Program
- ▶ Dispatch Health
- ▶ Fitness Discounts
- ▶ Make theMost of your Membership
- ▶ Maternity App
- ▶ Member Discounts
- ▶ My Care Compare
- ▶ Online Tools
- ▶ On-Site Health Care Advocate Program
- ▶ Quitline
- ▶ Stress Less
- ▶ Telehealth & Telemedicine Services
- ▶ Weight Watchers (WW)
- ▶ Where to Find Care

Employee Assistance & Work Life Program

Employee Assistance and Work/Life Program

Cleveland State University's Employee Assistance and Work/Life Program is through IMPACT Solutions. Services and benefits are provided by the University to all full-time and part-time faculty and staff and their household members, dependents living away from home, parents and parents-in-law at no cost. IMPACT Solutions is designed to confidentially provide guidance and assistance with many of life's every day and sometimes unexpected challenges.

Benefits

- ▶ Unlimited phone consultation
- ▶ Five (5) free face-to-face counseling sessions per person, per occurrence
- ▶ Numerous resources for work/life issues including:
 - ▷ Stress
 - ▷ Depression or anxiety
 - ▷ Job performance difficulties
 - ▷ Alcohol/drug abuse
 - ▷ Tobacco cessation resources

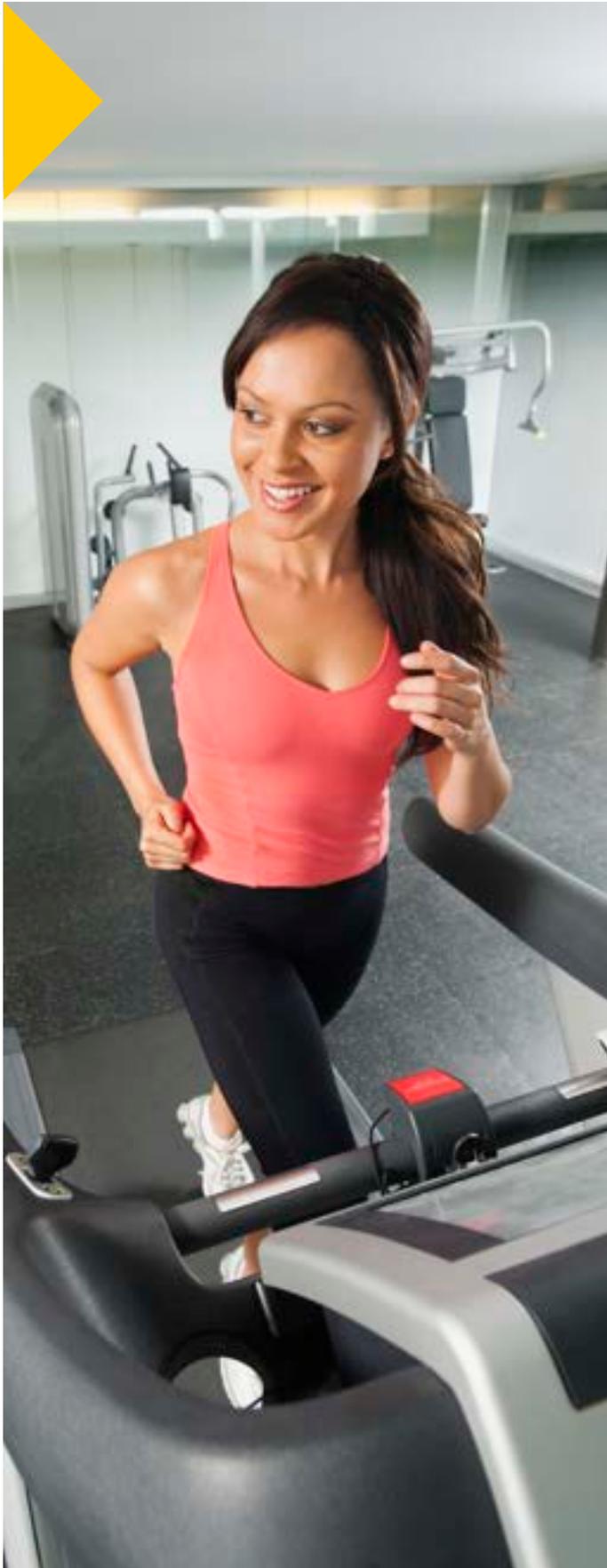
Confidential professional support is available by calling **800.227.6007**, 24 hours a day, 365 days a year. Employees, their household members, dependents living away from home, parents and parents-in-law may also request in-person and virtual counseling and Work/Life Program services through [MyImpactSolution.com](https://myimpactsolution.com).

Member Portal & App MyLifeExpert

IMPACT Solutions, also offers a comprehensive Member Portal & App, MyLifeExpert. This website gives you access to thousands of articles, videos, and worksheets, assessments, interactive checklists, and an events calendar for the latest webinars and online training sessions. Access is personalized, 24/7, and most importantly, confidential.

To get started with MyLifeExpert, you will need to create your own unique username and password using the following instructions:

1. Go to myimpactsolution.com.
2. On the top right, click "Member Portal & App".
3. On the right side, click "Sign Up" to create a new account with the company code.
4. Enter your company code, CSUEAP, and click "Next".
5. Enter your preferred email address and click "Next".
6. Create a username then, click "Submit".
7. Check your email for a message from info@mylifeexpert.com. Enter the 5-character code from the email in the box. Then, click "Verify Your Code"
8. Create a password.
 - ▷ Password must be at least 8 characters and can be any combination of letters, numbers, and special characters. Enter your password again in the "Repeat Password" field and click "Submit".
9. You will be directed to a login page. Log in using your username and password.



IMPACT Solutions and VikeHealth Workshops

IMPACT Solutions provides seminars and workshops as part of CSU's VikeHealth and Well-Being Program.

- ▶ Check out the VikeHealth Events Calendar to see workshops available during the current cycle.

IMPACT Solutions and MyLifeExpert Live Webinar Series

IMPACT Solutions provides a monthly live webinar series on various wellness and work life topics as part of CSU's VikeHealth and Well-Being Program.

- ▶ For instructions on how to login to these live webinar series, view the MyLifeExpert Login Instructions.
- ▶ Once you are logged into MyLifeExpert, scroll down to Events Calendar to view upcoming webinars

IMPACT Solutions EAP Newsletters

Whenever you need assistance, contact IMPACT Solutions at [800.227.6007](tel:800.227.6007) or MyImpactSolution.com and counseling professionals will be there to help.

Basic and Supplemental Life Insurance

Basic Life Insurance (Full-Time and Part-Time 30 to 39 hours)

Cleveland State University provides Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D) with Minnesota Life a Securian Company. The life insurance coverage is equal to 2 times your annual base pay up to a maximum \$150,000. The premium for Basic Life Insurance coverage is paid by the University and enrollment is automatic and does not require you to make an election for coverage.

Taxation of Basic Life Insurance in excess of \$50,000

According to the Internal Revenue Service taxation rules (IRS Code Section 79), the premium value of Group Term Life Insurance in excess of \$50,000 that is provided by an employer is subject to taxation and is calculated as imputed income to you. Applicable Federal, State, Medicare and Local taxes will be withheld. The actual amount of taxes paid will vary based on your individual tax bracket. Taxation of the Life Insurance is automatic and applies to the Basic Life Insurance Plan and not to the Supplemental Employee, Spouse and Dependent Life Insurance.

Factors Used to Determine the Amount of Taxable Imputed Income:

- ▶ Basic Life coverage amounts over \$50,000,
- ▶ The IRS age-based premium rates, and
- ▶ An employee's age as of December 31st of the tax year.

Please note that the tax withholding is based on the value of the premium cost of the insurance over \$50,000.

Life Insurance Plan Rules

- ▶ Employee Supplemental Life Insurance is required to enroll in Supplemental Spouse/Domestic Partner life insurance coverage.
- ▶ Supplemental Life Insurance coverage for your Spouse/ Same-Sex Domestic Partner cannot exceed 100% of your Employee Supplemental Life Insurance coverage.
- ▶ The Maximum Guaranteed Issue limit of coverage without Evidence of Insurability (EOI):
 - ▷ Employee: \$200,000
 - ▷ Spouse/Same-Sex Domestic Partner: \$100,000
- ▶ EOI is required for coverage amounts of \$210,000 to \$500,000 for an employee and \$105,000 to \$250,000 life insurance coverage for a Spouse or Same-Sex Domestic Partner.
- ▶ This policy does not allow an employee to be covered as a Spouse/Same-Sex Domestic Partner of another employee.

Employee Supplemental Life Insurance

Monthly Rates Per \$1,000 of Coverage
(Employee, Spouse/Same-Sex Domestic Partner)

Age	Non-Tobacco User	Tobacco User
< 25	\$0.031	\$0.064
25-29	\$0.031	\$0.064
30-34	\$0.037	\$0.080
35-39	\$0.048	\$0.095
40-44	\$0.069	\$0.138
45-49	\$0.113	\$0.227
50-54	\$0.174	\$0.348
55-59	\$0.323	\$0.646
60-64	\$0.392	\$0.784
65-69	\$0.683	\$1.366
70-74	\$1.107	\$2.214
75 and older	\$1.558	\$3.117

Dependent Life Insurance: \$.50 per month for all covered dependents.

Note: Rates are based on tobacco user status. Monthly premium amount is divided between the first two paychecks of each month.

- ▶ Cost of coverage increases in the month in which your age reaches a new age-band.
- ▶ A reduction in employee Supplemental Life coverage may result in a reduction to spouse/same-sex domestic partner coverage if level does not fall within plan rules.

Waiver of Basic Life Insurance

You can voluntarily “waive” or “opt-down” of coverage in excess of \$50,000 for Basic Life and AD&D Insurance. If you wish to waive coverage in excess of \$50,000, a [Waiver of Basic Life Insurance Over 50k](#) form must be completed and emailed to Human Resources Benefits at benefits@csuohio.edu. You may request to revoke the waiver of insurance at any time by submitting a written request and Evidence of Insurability to Minnesota Life a Securian Company. See details below.

Evidence of Insurability

Evidence of Insurability (EOI) is the process of providing medical evidence to Minnesota Life a Securian Company of your ability to be insured. If EOI is required, the process requires completing a medical history statement. A Life Insurance Enrollment Change Form must be completed and returned to the Human Resources Benefits at benefits@csuohio.edu. Once Human Resources Benefits receives this completed form, an Evidence of Insurability Form will be sent to you to complete and return to Minnesota Life a Securian Company. They will review the information and determine eligibility for coverage.

Supplemental Life Insurance

Cleveland State University offers three Supplemental Life Insurance plans—Employee, Spouse/Same-Sex Domestic Partner, and Dependent Life Insurance. The maximum Employee Supplemental Life Insurance coverage is \$500,000 and \$250,000 for Spouse and Same-Sex Domestic Partners. Each dependent child can be covered at \$10,000, up to age 26. Employees must be enrolled in Employee Supplemental Life Insurance plan to request coverage for a Spouse for Same-Sex Domestic Partner and or Dependent Life Insurance (including children of a registered Same-Sex Domestic Partner).

If you wish to enroll in Employee, Spouse/Same-Sex Domestic Partner, and Dependent Life Supplemental Life Insurance plans, you may request coverage within 31-days of your new hire date through myBenefits, the online enrollment application. A request for coverage of any amount after your new hire election period has expired is considered a late application and is subject to review by Minnesota Life, a Securian Company for Evidence of Insurability (EOI). Late applications for coverage may be submitted at any time during the year.

Evidence of Insurability (EOI) is the process of providing medical evidence to Minnesota Life a Securian Company of your ability to be insured. If EOI is required, the process requires completing a medical history statement. A Life Insurance Enrollment Change Form must be completed and returned to the Human Resources Benefits at benefits@csuohio.edu. Once Human Resources Benefits receives this completed form, an Evidence of Insurability Form will be sent to you to complete and return to Minnesota Life, a Securian Company. They will review the information and determine eligibility for coverage.

The premium cost for Employee, Spouse or Same-Sex Domestic Partner Supplemental Life Insurance is based on a tobacco and non-tobacco user rate structure. The cost is based on your attestation of tobacco or non-tobacco use for yourself and/or Spouse/Same-Sex Domestic Partner and each person’s age.

Travel Assistance

Minnesota Life, a Securian Life Company, offers travel assistance through Redpoint WTP LLC to employees and their family members who are insured under a Basic or Supplemental Life Insurance plan.

Long-Term Disability

Cleveland State University provides Long Term Disability to all eligible Faculty and Staff, at no cost through Unum. Long Term disability offers income protection in the event of injury, illness or if an employee is unable to perform their normal occupation or any occupation after two years. The Long Term Disability Plan provides benefits after 90 days of disability for full-time faculty and staff and part-time staff scheduled to work 30-39 hours per week.

Cleveland State University's sick pay benefits are intended to provide full income replacement during periods of short-term disability prior to the time you are eligible to begin receiving Long Term Disability benefits, if qualified. Employees are required to use their available accumulated sick leave, vacation hours and compensatory time (if available).

The plan coordinates with OPERS, STRS, and Social Security and benefits received by them are reduced to replace up to 60% of your base salary to a maximum of \$5,000 per month if you become disabled.

If you anticipate being on leave for more than 90 days, it is recommended that you apply for LTD around 30-45 days into your leave.

Travel Assistance

Unum offers travel assistance to employees and their family members if the employee is insured under the Long Term Disability plan.

Additional Information

Contact Unum's Voluntary Benefits Call Center

- ▶ Questions on new enrollment **855.202.6367**
- ▶ Questions or requests for changes to an existing policy **800.635.5597** option 2.

Voluntary Benefits

Cleveland State University offers voluntary **Individual Short-Term Disability Insurance and Voluntary Accident Insurance** through Unum. The premium for these products is **not** subsidized by the University. Faculty and staff enrolled in these voluntary insurance options will pay the premium through payroll deduction on an after-tax basis.

- ▶ **Individual Short-Term Disability Insurance** can help you replace a portion of your income if you are unable to work due to a covered injury or illness. This coverage may appeal to an employee who does not have much accumulated paid time off (accrued sick time, vacation or compensation time, as applicable) through the University. Individual Short-Term Disability Insurance provides income during the first 90 days of a non-work-related disability. Age limitations may apply to enrollment eligibility.
- ▶ **Voluntary Accident Insurance** provides a way for you to offset out-of-pocket medical expenses for a covered injury or illnesses. Coverage is also available for your spouse/same-sex domestic partner and/or eligible dependent children, up to age 26.

How to Enroll/Waive Coverage

Access to view coverage options, enroll in a plan(s) or waive coverage must be made through Unum's enrollment site which links to Cleveland State University's myBenefits on-line enrollment application when you are newly hired or during Open Enrollment.

Policy rates, details of the voluntary insurance benefits, and pre-existing condition exclusions/limitations are available on Unum's enrollment site and applied on an individual basis.

Enrollment Period

During the first 31-days following your hire date or a change to an eligible full-time or part-time position, you may be eligible to enroll in the voluntary insurance plan based on plan limitations. This will be the only opportunity for you to enroll in these benefits.

Business Travel Accident Insurance

Cleveland State University provides Accidental Death and Dismemberment (AD&D) insurance coverage to eligible employees while they are traveling on company assignment, including local business travel. The insured employee's spouse and child(ren) are also covered while on a relocation trip or accompanying the employee while they are traveling on company assignment.

The benefit payable in the event of loss of life is equal to two times the employee's annual salary up to a maximum of \$500,000. Benefits for loss of limb or certain bodily functions are paid according to a schedule of benefits.

The Hartford—Europ Assistance USA

- ▶ Travel Assistance ID: **GLD-09012**
- ▶ Policy # For Medical Services: **ETB 141026**
 - ▷ For serious medical emergency, please obtain medical services first then contact Europ Assistance
- ▶ Inside U.S./Canada: **888.286.3802**
- ▶ **240.330.1518** (collect calls accepted from other locations)
- ▶ Website: thehartford.com/employee-benefits



Retirement Plans

Cleveland State University's Faculty and Staff participate in the State of Ohio Retirement Programs

All Cleveland State University (CSU) faculty and staff must contribute to a State of Ohio Retirement Program—the Ohio Public Employees Retirement System (OPERS) for staff; the State Teachers Retirement System of Ohio (STRS) for faculty; or if eligible, the Alternative Retirement Plan (ARP) for faculty and staff. Employee and Employer contributions are mandatory and the amount is determined according to State of Ohio Legislation.

State Retirement Plans and Social Security

As a State of Ohio public employer, CSU faculty and staff do not contribute towards Social Security. You will contribute towards Medicare. The Social Security Administration has specific rules that apply to employees who contribute to a state retirement plan and do not contribute to Social Security. For financial planning purposes, you will want to understand how benefits of a state government retirement plan may impact eligible Social Security benefits. Information regarding this impact is located on Social Security's website at ssa.gov. Publications 05-10051, 05-10045 and 10007 are a few publications which address state government retirement plans and Social Security.

Retirement Plan Overview

State Retirement System membership (OPERS or STRS) and contribution percentages for faculty and staff are determined by the position held while employed at CSU. Newly hired full-time faculty and staff (including some full-time rehired retirees), may be eligible for a 120-Day Retirement Plan Election period. All new members of OPERS/STRS have a 180-day retirement plan selection period. Contributions are required to be deducted from payroll during the 120-day election period. These contributions are held and will be allocated to the plan chosen once a Retirement Plan Election form is received. Refer to the chart on page 23 for retirement plan contribution percentages currently in place. Contribution percentages are subject to change.

Full-Time Faculty/Staff 120-Day Retirement Plan Election Period

The 120-day Retirement Plan Election period is for eligible full-time faculty and staff to make an election as to whether they choose to remain a member of the State of Ohio Retirement System (OPERS or STRS) and select one of their plans; or opt-out to an Ohio Alternative Retirement Plan (ARP). **This 120-day Retirement Plan Election period is a one-time, irrevocable election while continuously employed at Cleveland State University. This election is applied to all positions held during continuous employment with the University.**

Newly eligible, full-time hires, whether choosing to remain with OPERS/STRS or opting out to an ARP, must submit their 120-day Retirement Plan Election form to Human Resources Benefits. Please email benefits@csuohio.edu no later than their 120-day deadline.



OPERS and STRS/New Member 180-Day Retirement Plan Selection Period

Both OPERS and STRS offer three retirement plan types to new members of their system: Defined Benefit Pension Plan (DB), Defined Contribution Plan (DC) or a Combination Plan (part DB/part DC). New members of OPERS/STRS eligible to make a plan selection have a period of time referred to as a 180-day retirement plan selection period. This selection period typically begins with a members first date they begin contributing to the retirement system. During this time new members make a selection as to which of the three retirement plans they wish to participate. A member's plan selection is submitted directly to the retirement system and not CSU. Eligibility, plan selection deadlines and provisions of the State Retirement Plans are determined by the retirement systems. More detailed information, including webinars, for OPERS and STRS plans is located on the webpages including (opers.org or strsoh.org) or you may contact them by phone at OPERS **800.222.7377** or STRS **888.227.7877**. Plan selection information details for new members of these retirement systems will be mailed directly to the member's home address by the retirement systems.

Alternative Retirement Plan

The Alternative Retirement Plan (ARP) is a Defined Contribution 401(a) Plan. Eligible full-time faculty and staff will be provided information on this option from the Human Resources Benefits for review during their 120-day Retirement Plan Election period. This packet of information will include a Retirement Plan Election Form. This form needs to be emailed to benefits@csuohio.edu within the retirement plan election deadline. This election is a one-time, irrevocable election while continuously employed at Cleveland State University. Participants in the ARP do not retain membership with OPERS/STRS for the period of time they contribute to the ARP and are not eligible to use service time under the ARP towards OPERS/STRS retirement plans. Contribution rates for the ARP are based on the State retirement plan for which the position would have participated.

Retirement Plan Contributions

Associated Retirement System	Employee ¹	CSU ¹	Mitigating Rate ²
Ohio Public Employees Retirement System (OPERS)	10.00%	14.00%	Note: OPERS DC plan has a mitigating rate to the employer contribution that is applied. Contact OPERS for details.
OPERS-LE (Law Enforcement)	13.00%	18.10%	
State Teachers Retirement System (STRS)	14.00%	14.00%	Note: STRS DC plan has a mitigating rate to the employer contribution that is applied. Contact STRS for details.
Alternative Retirement Plan (ARP) for staff Positions (Contribute at OPERS Rates)	10.00%	11.76%	2.24%
Alternative Retirement Plan (ARP) for Faculty Positions (Contribute at STRS Rates)	14.00%	11.09%	2.91%

¹ Employee and employer contributions and mitigating rates are legislated and are subject to change.

² Under the State of Ohio Law, a portion of the University's contribution (mitigating rate) is remitted to the State Retirement Systems. The mitigating rate helps to ensure that the funding status of the traditional pension plans is not adversely affected by alternative retirement plans. The mitigating rates are periodically under review and are subject to change.

Voluntary Retirement Savings Programs—403(b)/457(b) Plans

Cleveland State University offers both a Voluntary 403(b) and 457(b) Retirement Savings Plan to all faculty and staff members as an opportunity to supplement their primary retirement plan through payroll deduction. The University does not contribute toward these plans. Faculty and staff can choose to participate in one or both of these plans up to annual tax year limits established by the IRS. The IRS tax year contribution limits for each plan are separate.

What is a 403(b) Plan?

A 403(b) Supplemental Retirement Savings Plan is available to employees of public educational institutions and certain nonprofit organizations. All faculty and staff are eligible to participate through payroll to the tax-deferred Voluntary 403(b) plan offered at Cleveland State University.

The IRS establishes plan limits for pre-tax contributions each tax year. 403(b) plans were created to encourage long-term retirement savings. Generally, distributions are available only when a participant reaches age 59½ or separates from employment. However, distributions can also be available in the event of financial hardship, death or disability and meet the IRS guidelines. Bear in mind, distributions before age 59½ might be subject to Federal restrictions and a 10% Federal tax penalty.

Short-term needs can sometimes be met by nontaxable loans from a 403(b) plan, if available from the provider you select. This type of loan makes it possible for you to access your account without permanently reducing your balance. It is important to remember that defaulted loan amounts will be taxed as ordinary income and might be subject to a 10% tax penalty if participants are under age 59½ and may prohibit future access to loans from all retirement plans sponsored by the University (eg. ARP).

Why Contribute to a 403(b) Plan?

Participating in a 403(b) plan can provide a number of benefits, including the following:

- ▶ **Lower Taxes Today**—Participants contribute before taxes are withheld (Federal and State of Ohio), which means current taxes are based on a smaller amount. This can reduce a participant's current income tax bill. For example, if a participant's Federal marginal income tax rate is 25%, and they contribute \$100 a month to a 403(b) plan, they have reduced their federal income taxes by roughly \$25. In effect, your contribution costs you only \$75. The tax savings grow with the size of the 403(b) contributions up to the annual IRS tax year contribution limits.
- ▶ **Tax Deferred Growth and Compounding Interest**—In a 403(b) plan, interest and earnings accrue tax deferred. That means that interest on the earned interest also grows tax deferred. The compounding interest allows an account to grow more quickly than savings in a taxable account where interest and earnings are generally taxed each year.
- ▶ **Take the Initiative**—Contributing to a 403(b) retirement plan can help participants take control of their future. Other sources of retirement income, including state pension plans, and if applicable, Social Security, rarely replace a person's final salary upon retirement. That is why it is important for faculty and staff to plan to have enough money saved for their retirement.

How to Start a 403(b) Contribution

Cleveland State University's Faculty and Staff can find a list of university approved investment providers who offer a 403(b) investment plan at CSU on the myCSU Human Resources Benefits website. Participants must contact the provider they have chosen from the list to establish an account, select investment allocations and designate a beneficiary. The University does not contribute towards this plan.

Retirement Manager

Need to enroll in a 403b Plan or change your 403b Plan election? Looking to request a loan, distribution or hardship from your 403b? If so, Retirement Manager is a web-based access point where you will perform these actions.

Retirement Manager is a convenient, secure, web-based access point where you can make certain transactions from your 403(b) (Tax Sheltered Annuity) and Alternative Retirement Plan (ARP) accounts anytime, anywhere, 24 hours a day, seven days a week.

Retirement Manager is a plan administration service that provides features for you to access your plan and coordinate transactions in a timely and convenient manner.

Retirement Manager allows you to:

- ▶ Elect or change voluntary contribution amounts or investment provider allocations under the 403(b) via an online salary reduction agreement
- ▶ View current account balances and year to date contributions
- ▶ Request loans, hardships, intra-plan transfers, in-service distributions and distributions for participants under the 403(b) Plan (Tax Sheltered Annuity)
- ▶ Request loans, intra-plan transfers, and distributions under the ARP Plan

Payroll processing and plan deadlines apply when processing your salary reduction request.

Voluntary 457(b) Plan

(Ohio Public Employees Deferred Compensation Program)

The Ohio Public Employees Deferred Compensation Program (OPEDC) is a Supplemental Retirement plan (under the IRS Code Section 457) that offers all public employees located in the State of Ohio the opportunity to accumulate tax-deferred assets to meet their long-term financial goals and to provide a desirable lifestyle and peace of mind in retirement. The OPEDC Program is unique in that it is a public, not-for profit organization created by Ohio legislation and administered by a 13 member Board of Trustees with public employees' best interests in mind.

The OPEDC Program provides participants with educational tools, a diverse set of investment options, flexible savings and withdrawal options, as well as portability when changing jobs within the public sector.

Faculty and staff at Cleveland State University may participate in both the Voluntary 457(b) plan and Voluntary 403(b) Retirement Savings Plans. The IRS contribution limits for each plan are separate.

An important difference between the OPEDC program and a 403(b) plan is: Money can be withdrawn from a 457(b) plan after termination of the job but prior to age 59 ½ without a 10% penalty (unless the money came into the 457(b) plan as a rollover from a 403(b), 401(k) or IRA). The IRS establishes plan limits for pre-tax contributions each tax year. The University does not contribute toward this plan.

How to Start a 457(b) Account

To establish an account, stop or change contributions, contact Ohio Public Employees Deferred Compensation (OPEDC) directly at **877.644.6457** or visit them online. OPEDC determines effective dates of contributions and will notify Human Resources when to setup payroll contributions and/or make changes. In general, allow 30 days to enroll or make changes to an account.

Vacation and Paid Holidays

Vacation Leave

Professional Staff and Certain Administrative Faculty

Salaried professional staff and administrative faculty paid semi-monthly accrue 7.34 hours per pay up to a maximum of 176 hours (22 days) per fiscal year (July 1st through June 30th). Hourly professional staff and administrative faculty paid biweekly accrue at a rate of 6.77 hours per pay up to 176 hours (22 days) per fiscal year. Professional staff and administrative faculty who are regularly scheduled to work less than a 40-hour work week will accrue vacation at a rate proportional to their regularly scheduled hours.

As of the last full earnings period of a fiscal year, the maximum unused vacation hours that may be carried over to a new fiscal year is 240 hours. At no time during the fiscal year may an employee's accumulated unused vacation leave balance exceed 352 hours (44 days). The maximum payout of unused accrued vacation at separation from employment (including retirement) is 176 hours.

Payouts are based on an employee's final rate of pay at separation or retirement.

Classified Staff

Classified staff accrue vacation according to their years of service (refer to the chart below). As of the last full earnings period of a fiscal year, the maximum unused vacation hours that may be carried over to a new fiscal year is 240 hours. At no time may the accumulated unused vacation leave balance exceed the total number of an employee's accrued hours in a three-year period.

The maximum payout of unused vacation accrued at separation (including retirement) is three years' vacation accrual. Payouts are based on an employee's final rate of pay at separation or retirement.

Holiday Pay for Part-Time Employees

Part-time employees are entitled to holiday pay for that portion of the day that is regularly scheduled if the University designates that day as a holiday.

Vacation Leave Requests

Faculty and staff accruing vacation are expected to use available accrued vacation throughout the fiscal year. Vacation leave may be requested by an employee to the extent it is earned and provided that the employee's supervisor or unit head approved the dates for the requested leave in advance.

Full Years of Service	Vacation Leave Accrual Per 80 hours active pay status
1-7	3.1 Hours
8-14	4.6 Hours
15-24	6.2 Hours
25 or More	7.7 Hours

Paid Holidays

The University recognizes the following 11 days as paid holidays.

- ▶ New Year's Day
- ▶ Martin Luther King Day
- ▶ Presidents' Day
- ▶ Memorial Day
- ▶ Juneteenth
- ▶ Independence Day
- ▶ Labor Day
- ▶ Columbus Day
(No classes are held. Administrative offices are open. Faculty and Staff will observe the holiday on the Friday following Thanksgiving Day)
- ▶ Veterans' Day
- ▶ Thanksgiving Day
- ▶ Christmas Day

The administration may establish alternative days of observance for the following holidays.

- ▶ Martin Luther King Day
- ▶ Presidents' Day
- ▶ Columbus Day

A list of the current fiscal year holidays observed by the University is located on the myCSU Human Resources Benefits website.

Family and Medical Leave, Paid Parental Leave and Sick Leave

Family and Medical Leave

You are required to notify the University of your need for a Family and Medical Leave (FMLA) due to:

- ▶ Your serious health condition that prevents you from performing your job duties.
- ▶ Your Spouse, registered Same-Sex Domestic Partner, child or parent having a serious health condition that requires you to take time away from your job to provide care for the family member.
- ▶ Birth or adoption of your child.
- ▶ The serious injury or illness of your Spouse, child, parent or next of kin incurred while on active duty in the Armed Forces.
- ▶ A qualifying exigency arising out of the fact that your Spouse, child or parent is on active duty in the Armed Forces.

If you are absent from work three days or more (consecutive days) or have frequent absences due to one or more qualifying reasons listed above, you should contact Sedgwick at **888.436.9530** to apply for FMLA. Leave approval requires physician statements of medical necessity or other documents to support your request. FMLA leave provides job protection should you need to take a leave of absence and/or frequently use your accrued sick leave.

If eligible and approved for FMLA, you are required to use your accrued sick leave and vacation leave balances as well as compensatory time as applicable. Refer to CSU's Family and Medical Leave policy and other literature on the Human Resources website.

Sick Leave

Sick Leave benefits up to the exhaustion of accrual balance provide income replacement for short-term periods of illness or injury during which you are unable to work and prior to the time you may become eligible for Long Term Disability benefits.

The University provides a sick leave accumulation plan for faculty and staff. Sick leave time is accumulated according to the following schedule:

Employee Type	Number of Hours
Faculty and Salaried Professional Staff	10 hours per month*
Hourly Classified and Professional Staff	4.6 hours per 80 hours worked*

* Pro-rated for Academic Year and Part-Time appointments. Sick pay hours may be used for the employee or immediate family member's illness and/or injury.

Transfer of Sick Leave

Accumulation of unused sick leave is unlimited and may be transferred among city, county or state agencies within Ohio within 10 years of employment. If you have previous employment with any Ohio public agency (State, County and Municipal) that service time and accrued unused sick leave may be transferred to CSU. The amount of sick leave you may transfer to CSU may be limited by your classification and/or bargaining unit. Your previous employer should address a letter to Cleveland State University's Human Resources Department and email it to benefits@csuohio.edu providing the amount of unused sick leave and service from that agency.

Paid Parental Leave

Cleveland State University is proud to support employees in caring for and bonding with their newborn or newly adopted child/children by offering six work weeks of Paid Parental Leave (PPL). Paid Parental Leave will run concurrently with CSU's FamilyMedical Leave Act (FMLA) leave policy, as applicable.

Eligible employees must meet the following criteria:

- Regular employee (temporary, adjunct faculty, intern and student worker not eligible for PPL)
- Full-time or part-time (20 hours per week or more)
- Worked at least 1,250 hours during the 12 consecutive months immediately preceding the date the leave would begin

In addition, employees must meet one of the following criteria:

- Have given birth to a child
- Be a spouse of someone who has given birth to a child
- Have adopted a child age 17 or younger
 - The adoption of a spouse's child is excluded

If eligible for FMLA leave, PPL taken under this policy will run concurrently with leave under CSU's FMLA policy, thus any leave taken under this policy will be counted toward the employee's available FMLA leave. All other requirements and provisions under FMLA will apply. Please refer to the Paid Parental Leave policy for more information.

An employee must provide their supervisor and Human Resources (HR) with notice of requested leave at least 30 days prior to the proposed date of the leave (or if the leave was not foreseeable, as soon as possible). An employee must complete the necessary HR forms and provide all documentation as required by the HR Department to substantiate the request.

Payout of Unused Accumulated Sick Leave

In accordance with ORC 124.39 (A) (1), Faculty and Staff with 10 or more years of service with a State of Ohio agency or any of its political subdivisions, may elect at the time of retirement State of Ohio retirement plan a lump sum cash payout of accumulated sick leave. This payout is based on the employee's rate of pay at the time of retirement and the lump sum is equal to one-fourth of the value of accumulated sick leave balance, but may not exceed 240 hours. Payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued by the employee at that time. A lump sum payout of accumulated sick leave may be made only once to any employee.

Alternative Retirement Plan (ARP) participants are deemed as "retired" when they terminate employment with the University and are at a normal retirement age (as of the effective date of when Human Resources Benefits receives Sick Leave Payout form, the age is 50).

The sick leave payout request form should be completed and submitted to Human Resources when notice of retirement is given.

Please return the form to Human Resources Benefits at benefits@csuohio.edu. Upon verification of an employee's proof of retirement application and eligibility, the request will be processed. This will generally occur with the final paycheck as long as the form is submitted timely.

Sick leave payout earnings are eligible to be deferred to a 403(b) or 457(b), up to the annual IRS limits. In general, it takes 30 days to setup these deferrals. Start by contacting Payroll at payroll@csuohio.edu to find out how much the payout will be for and to verify it will be paid with the final paycheck. Next, contact your provider to setup your deferral.

To setup the 457(b) deferral, contact Ohio Public Employees Deferred Compensation (OPEDC) at **877.644.6457** or log into your account at ohio457.org to arrange a deferral. OPEDC generally—requests 30 days advance notice of the payroll effective date for enrollments and/or salary deferral changes.

To setup a 403(b) deferral, log into Retirement Manager. Refer to Retirement Manager's Quick Reference Guide to assist you with general security profile setup and navigational guidance. It is important that you coordinate these deferrals as soon as possible in advance of your final pay.



Workers' Compensation

Workers' Compensation may provide medical payments and wage or salary continuation in the event you are injured or become ill during the course of performing your regular job duties and the injury or illness relates specifically to the performance of those job duties.

A work related injury or illness should be immediately reported to your supervisor and/ or Human Resources after first receiving care for the injury or illness, if needed. An Accident/Injury Report should be completed and sent to CSU Environmental Health and Safety. A First Report of Injury (FROI) must be filed with the Bureau of Workers' Compensation through the treating physician or through CareWorks, the University's Workers' Compensation administrator. Call CareWorks at **888.627.7586**

Compensation for lost time wages is available if you are off work for eight days or longer because of the work related injury or illness.

If you miss 14 consecutive days due to an allowed illness or injury, you will be compensated for the entire period of time you are disabled as a result of the allowed work related injury or illness. The first seven (7) days of the disability are not paid unless you miss 14 consecutive days.

Tuition Benefits

Tuition Remission for Employees (Staff Development)

Full-time faculty and staff and part-time staff who are regularly scheduled to work 30-39 hours and are appointed to a position which lasts six months or longer are eligible for tuition remission benefits. Eligibility requirements must be satisfied on the first day of the semester term for which you are registering. For more information and forms, visit the [Tuition](#) page on the myCSU Human Resources Benefits website.

Tuition Remission for Dependents

Eligibility requirements must be satisfied as on the first day of the semester term. Also, an eligible dependent child must meet the Internal Revenue Service dependency definition to qualify for tuition remission benefits. Refer to the program guidelines for details of eligibility requirements and taxation of benefits on the Tuition page on the myCSU Human Resources Benefits website.

Full-Time Faculty¹

Upon completion of one academic year of continuous full-time service since your most recent hire date, your Spouse or registered Same-Sex Domestic Partner and Dependent Children become eligible for tuition remission for credit courses.

Full-Time Staff (Professional and Classified)¹

Upon completion of two years of continuous full-time service since your most recent hire date, your Spouse, or registered Same-Sex Domestic Partner and Dependent Children become eligible¹ for tuition remission for credit courses.

Part-Time (30-39 hours) Professional and Classified Staff²

Upon completion of two years of continuous part-time 30-39 hours service since your most recent hire date, your Spouse, or registered Same-Sex Domestic Partner and Dependent Children become eligible for tuition benefits for credit courses.

¹ Generally, an eligible undergraduate student may receive 100% tuition remission. A 50% remission is provided to eligible graduate students. The benefit is limited to 144 credit hours or two degrees, whichever is less.

² Generally, an eligible undergraduate student may receive 75% tuition remission. A 50% remission is provided to eligible graduate students. The benefit is limited to the lessor of 144 credit hours or two degrees.



Discounts and Special Programs

Best Benefits Club

- ▶ The Best Benefits Club offers employee discounts and perks to all Cleveland State University employees.
- ▶ Visit bestbenefitsclub.com or call **330.273.5756** for more information.
- ▶ The activation code is **CSU8710**.

For more information and additional discounts, visit the Employee Discounts page on myCSU Human Resources Benefits website.

Huntington Bank Program

Through the Cleveland State University partnership with Huntington Bank, faculty and staff have access to special programs.

- ▶ **Asterisk-Free Checking**—includes a 24-hour grace, no monthly checking maintenance fee, no minimum balance requirements and no minimum debit card transactions.
- ▶ **CSU Viking Card Link to Huntington Checking Account**—provides access to cash through ATMs and can be used as a debit card for PIN-based purchases.

For more information, visit Huntington Bank at CSU located on the first floor of the Main Classroom Building.



Tobacco Free Campus Policy

Out of respect for the health of others and the environment, Cleveland State University became a tobacco free campus in the Fall of 2013. All forms of tobacco usage are prohibited anywhere on the campus grounds and facilities.

The Tobacco Free Campus policy, FAQs about our policy, and free or low-cost tobacco cessation support services to help employees and students quit are available on the University website at csuohio.edu/tobaccofree. The Tobacco Free Campus Policy Training, Tobacco Free Campus Leader/Supervisor Toolkit, Tobacco Free Campus policy hot card, and online reporting and violation form are available under the words "Help Us Comply" along the left side of the website. We encourage all faculty, staff and students to complete the training to better understand where individuals can smoke and where they cannot, as well as to help us increase the respect and compliance of the policy.

Faculty and Staff can earn VikeHealth Points through CSU's VikeHealth & Well-Being Program for being tobacco free or for completing a tobacco cessation program.

For more details, go to myCSU and click on "VikeHealth & Well-Being" under "For Faculty and Staff" or visit the VikeHealth & Well-Being page on the myCSU Human Resources Benefits website, or email Human Resources at benefits@csuohio.edu.

Tobacco Cessation Support Services

Tobacco cessation support services are available to help employees and their Spouse/Same-Sex Domestic partner become Tobacco-free:

Medical Mutual Quitline: **866.845.7702**

For those employees enrolled in the MetroHealth Select, Medical Mutual Value, and Medical Mutual Traditional Plan, support and advice with proactive coaching sessions by trained health coaches is available. Program includes unlimited calls to the QuitLine. A 24-hour voicemail is available. Leave a message and a QuitLine coach will return your call.

After consultation with your MetroHealth Select and Medical Mutual primary care physician, smoking cessation prescriptions are available with no copay for 180-day supply per rolling 365-day period.

Impact Solutions Employee Assistance Plan (EAP) Tobacco Cessation

Available to all Faculty and Staff (and their dependents) working 20 or more hours per week, regardless if you are enrolled in a CSU health plan. Call **800.227.6007** for up to five (5) tobacco cessation counseling sessions.



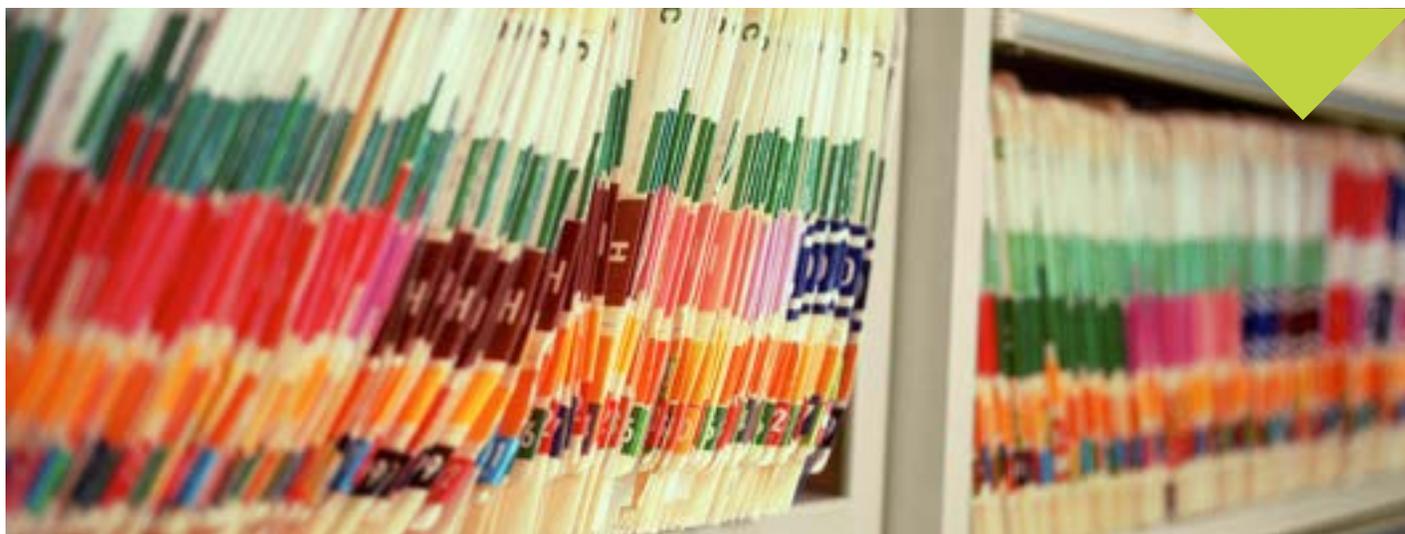
Helpful Definitions

The following are a few definitions which may be helpful when reviewing your health plan choices. More definitions are located in the health plan provider's certificate of coverage.

- ▶ **Allowed Amount/Charges**—The highest amount covered (paid) for a service.
- ▶ **Annual Deductible**—The amount you pay for your health care services before your health insurer pays. Deductibles are based on your benefit period (typically a calendar year).
- ▶ **Benefit Period**—Defines the time period in which benefit maximums accumulate (i.e., deductibles and coinsurance maximums). It has a start and end date and is often a calendar year.
- ▶ **Coinsurance**—A stated percent you must pay, for certain covered services only, of allowed charges related to a health care provider's fee after you have paid your annual deductible.
- ▶ **Coinsurance Maximum**—The maximum amount you will pay in coinsurance costs during a benefit period before the plan pays 100% (excludes amounts paid toward copayments and deductibles).
- ▶ **Copayment (Copay)**—The amount you pay to a health care provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan.
- ▶ **Cost Sharing (Your Share of Costs)**—Refers to your portion of medical and dental costs you pay during the benefit period in deductibles, copayments and coinsurances.
- ▶ **Covered Services**—A medically necessary service or supply for which the benefit plan will reimburse expenses according to the plan's limits.
- ▶ **Exclusive Provider Organization (EPO)**—A type of managed health care organization in which health care providers must be seen within a predetermined network. Services received outside the EPO's network generally are not covered.
- ▶ **Formulary Brand Name Prescription Drug**—A listing of preferred prescription drugs provided by a medical plan that provides a discounted cost to participants. The tiered formulary provides financial incentives for participants to select lower-cost drugs.
- ▶ **Generic Prescription Drug**—A prescription drug that is produced by more than one manufacturer. It is chemically the same as and usually costs less than the brand name prescription drug for which it is being substituted and will produce comparable effective clinical results.
- ▶ **In-Network Provider**—A health care provider who is part of the plan's network.
- ▶ **Inpatient Services**—Services received when admitted to a hospital and a room and board charge is made.



- ▶ **Maintenance Medications**—Prescription drugs prescribed for chronic, long-term conditions which are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are: high blood pressure, high cholesterol and diabetes.
- ▶ **Maximum-Out-Of Pocket Limit (MOOP)**—The most you pay out-of-pocket during a calendar year before your health plan starts to pay 100% for covered essential health benefits. This limit was established from the Affordable Care Act and includes deductibles, coinsurance, copayments or similar charges and any other expenditure required of an individual which is a qualified medical expense.
- ▶ **Non-Maintenance Prescription Drugs**—Medication prescribed for temporary and often short-term conditions, i.e. antibiotics or short-term pain medicines. Non-maintenance drugs are obtained through local in-network retail pharmacies.
- ▶ **Out-Of-Network Provider**—A health care provider who is not part of the plan's network. Costs associated with out-of-network providers may be higher or not covered by the plan.
- ▶ **Outpatient Services**—Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.
- ▶ **Out-Of-Pocket Cost**—The amount you pay for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus cost for services that are not covered. Each plan has a maximum out of pocket (MOOP) cost.
- ▶ **Open Access**—Terminology used by Vision Service Plan (VSP) for non-VSP eye care and eyewear provided by out-of-network providers.
- ▶ **Preferred Provider Organization (PPO)**—A type of health plan that provides participants with reduced costs when utilizing services within a network of health providers. This plan also provides covered services outside a network but may result in more out-of-pocket costs to participants. Medical Mutual Traditional and Value Plans are PPO Point of Service plans.
- ▶ **Specialty Drugs**—Specialty drugs are often used to treat rare, complex and chronic conditions. They typically require special handling, administration or monitoring, and they are typically higher cost.
- ▶ **Tier**—Terminology used by Medical Mutual to identify the provider network used by a participant. Also used to specify a prescription drug copay level (ex. Tier 1 = generic medications).



Benefits Quick Reference

Medical Plans

- ▶ metrohealth.org
- ▶ **800.774.5284** MetroHealth Select (Skyway)
(Administered by Medical Mutual)
- ▶ Plan # 961056-201
- ▶ Appointments only: **216.778.8818**



Medical Mutual Value Plan

- ▶ Plan # 961056-018

Medical Mutual Traditional Plan

- ▶ Plan # 961056-017

24/7 Nurse Line

- ▶ **888.912.0636**



Doc2Go

- ▶ doc2go.com

Prescription Drugs

Express Scripts

- ▶ **800.282.2881**
- ▶ express-scripts.com



Accredo Specialty Pharmacy

- ▶ **800.803.2523**

Dental

Delta Dental of Ohio

- ▶ **800.524.0149**
- ▶ deltadentaloh.com



Vision

Vision Service Plan (VSP)

- Basic and Opt-Up Vision Plans
- ▶ Group # 12022639



- ▶ **800.877.7195**

- ▶ vsp.com

Flexible Spending Account

Surency Health Care and Dependent Care Flexible Spending Accounts

- ▶ Group # 60606



- ▶ **866.818.8805**

- ▶ surency.com

Life Insurance

Minnesota Life, A Securian Company

- ▶ Policy # 34226-G
- ▶ Access Key: clevelandstate
- ▶ **866.293.6047**
- ▶ Lifebenefits.com/continue



Voluntary Benefits

UNUM Accident Insurance

UNUM Individual Long-Term Disability Insurance

- ▶ Policy # 604607

- ▶ **800.858.6843**

- ▶ unum.com



UNUM Individual Short-Term Disability Insurance

- ▶ Policy # R0534685

- ▶ **800.635.5597**

- ▶ unum.com

Employee Assistance and Work/Life Program

IMPACT Solutions

- ▶ Company Code: CSUEAP

- ▶ **800.227.6007**

- ▶ myassistanceprogram.com/impactsolutions



Family Medical Leave

Sedgwick

- ▶ Employer: Cleveland State University

- ▶ **888.436.9530**

- ▶ sedgwick.com



Workers' Compensation

CareWorks (A Sedgwick Company)

(First Report of Injury)

- ▶ BWC Policy # 100.031.28000

- ▶ **888.627.7586**, Option 1

- ▶ froi.sedgwickmco.com/account/login



Business Travel Accident Insurance

The Hartford—Europ Assistance USA

- ▶ Travel assistance ID# GLD-09012
- ▶ Policy # for medical services: ETB 141026
- ▶ For serious medical emergency. Please obtain medical services first then contact Europ Assistance.
- ▶ Inside U.S./Canada
888.286.3802 | 240.330.1518
(collect calls accepted from other locations)
- ▶ thehartford.com/employeebenefits



Travel Assistance

Securian Financial Redpoint Resolutions Travel Assistance Services

- ▶ Inside U.S./Canada **855.516.5433**
- ▶ Outside U.S. **001.1.415.484.4677**
- ▶ redpointtravelprotection.com/corporate-group



UNUM Worldwide Emergency Travel Assistance—Available 24/7

- ▶ Policy # 01-AA-UN-762490
- ▶ INSIDE U.S. **800.872.1414**
- ▶ OUTSIDE U.S. (collect calls accepted)
001.609.986.1234
- ▶ medservices@assistamerica.com
- ▶ assistamerica.com

Cleveland State University On-Campus Services (Faculty, Staff, & Students) Only

CSU Health and Wellness Services On-Campus Clinic (Visits by appointment only)

- ▶ **216.687.3649**
- ▶ healthandwellness@csuohio.edu
- ▶ **Campus Location:** Center for Innovations in Medical Professions, Rm 205



Retirement Plans

State Retirement Plans

- ▶ Ohio Public Employees Retirement System (OPERS)
 - ▷ **800.222.7377**
 - ▷ opers.org
- ▶ State Teachers Retirement System (STRS)
 - ▷ **888.227.7877**
 - ▷ strsoh.org



Alternative Retirement Plan (ARP) & Supplemental 403(b) Plans

See myCSU Human Resources Benefits website for plan numbers.

- ▶ [Alternative Retirement Plan \(ARP\)](#)
- ▶ [Supplemental 403\(b\) Plans](#)

457(B) Plan

- ▶ Ohio Deferred Compensation Program
 - ▷ Plan # 31100
 - ▷ **877.644.6457**
 - ▷ ohio457.org

Retirement Manager

403(b) Distributions, Hardships, Loans

- ▶ **866.294.7950**
- ▶ myretirementmanager.com



VikeHealth & Well-Being Program

CSU Human Resources Department

- ▶ benefits@csuohio.edu
- ▶ **Campus Location:** Parker Hannifin Administration Center, Rm 113
- ▶ mycsu.csuohio.edu/offices/hrd/vikehealth.html



Benefits Website

- ▶ mycsubenefits.com



Notifications

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Under certain circumstances, you and/or your covered spouse or dependent children may continue your health care coverage after your employment with Cleveland State University (CSU) has ended. This is called COBRA coverage, under the Consolidated Omnibus Budget Reconciliation Act.

If you are eligible to continue coverage under COBRA, you will receive information and an election form from Cleveland State University's administrator Surency outlining your benefit options, costs and any deadlines associated with election and/or paying for coverage.

When an employee and any covered dependents lose coverage due to termination of employment with CSU, COBRA benefits are available for up to 18 months. If a covered spouse or dependent loses eligibility resulting in a loss of coverage (and not the employee), COBRA benefits are available for up to 36 months.

Continuation of a health care flexible spending account under COBRA will only be offered when the available balance in the account is more than the cost of the COBRA premiums. A health care flexible spending account is only available under COBRA through the end of the current plan year.

Individuals who elect continuation coverage are required to pay the full cost of the coverage, plus a 2% administrative charge.

GINA WARNING AGAINST PROVIDING GENETIC INFORMATION

The Genetic Information Nondiscrimination Act (GINA) prohibits collection of genetic information by both employers and health plans, and defines genetic information very broadly. Asking an individual to provide family medical history is considered collection of genetic information, even if there is no reward for responding (or penalty for failure to respond). In addition, a question about an individual's current health status is considered to be a request for genetic information if it is made in a way likely to result in obtaining genetic information (e.g., family medical history). Wellness programs that require completion of health risk assessments or other forms that request health information may violate the collection prohibition unless they fit within an exception to the prohibition for inadvertent acquisition of such information. This exception applies if the request does not violate any laws, does not ask for genetic information and includes a warning against providing genetic information in any responses. An employer administering a wellness program might include on the relevant forms a warning such as the one set out below.

GINA WARNING FOR WELLNESS PROGRAM MATERIALS REQUESTING MEDICAL INFORMATION

In answering these questions, do not include any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results

of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

HEALTH CARE REFORM

All medical plan options are up-to-date with the coverage mandates of the Affordable Care Act.

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact the Human Resources Department at (216) 687-3636 or email benefits@csuohio.edu.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans

and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans subject to state law requirements will need to prepare SPD statements describing any applicable state law.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. For additional information on Marketplace coverage options, contact the Human Resources Department at (216) 687-3636 or email benefits@csuohio.edu.

NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as **Michelle’s Law** generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Cleveland State University Benefits Program (the “Plan”) currently permits an employee to continue a child’s coverage **up to the child’s 26th birthday** if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution’s registration and/or attendance policies. Michelle’s Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle’s Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a Plan participant who is eligible under the terms of a group health benefit plan based on his/her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
 - o of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury;
 - o which is medically necessary; and
 - o which causes the dependent child to lose student status under the terms of the Plan.

For the Michelle’s Law extension of eligibility to apply, a dependent child’s treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle’s Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence; or
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student).

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle’s Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

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 healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available. In Ohio, go to medicaid.ohio.gov. 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 (877) KIDS-NOW or 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 askebsa.dol.gov or call (866) 444-ESBA (3272) or email benefits@csuohio.edu.

PRIVACY: HOW WE USE AND PROTECT YOUR HEALTH INFORMATION

In the process of administering your benefits, we sometimes access Protected Health Information (PHI) that belongs to you, your spouse or your dependents for a variety of reasons, including, but not limited to administering claims and determining health plan premiums. The way we can use PHI is regulated under a federal law known as the Health Insurance Portability and Accountability Act (HIPAA). Recently, HIPAA was amended to provide further restrictions on how PHI can be used along with certain notice requirements following a breach of unsecured PHI. You can request a paper copy of this revised Privacy Notice from the Human Resources Department at (216) 687-3636 or email benefits@csuohio.edu.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services and applicants to the uniformed services.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICES

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: please see plan summary of your selected coverage.

Contact the Human Resources Department at 216.687.363 or email benefits@csuohio.edu.

ABOUT THIS GUIDE

This enrollment guide is designed to provide an easy-to-read overview of Cleveland State University's 2025-2026 benefit options and enrollment process. Should there be any conflict between the explanation in this guide and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this booklet. None of the information should be interpreted as a guarantee of employment.

