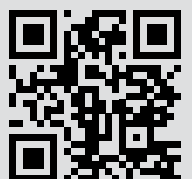


# BENEFITS GUIDE



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Scan the QR code to access [mycsubenefits.com](https://mycsubenefits.com).



## Explore Topics

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## Your Benefits Matter

At Cleveland State University, we are committed to supporting every employee through a comprehensive benefits program offering a wide range of choices. Your physical, emotional, and financial health is important, and providing benefits to you and your family is one of the most valuable rewards we can offer. Our program blends innovative solutions with traditional benefits to provide a dependable safety net—when and where it matters most.

As you review this guide, consider how each benefit can support you and your loved ones. Then, create a personalized benefits package by enrolling in the options that best meet your needs.

## Questions? We Have Answers

1. Reach out to the benefit vendors for support using the handy directory available on pages 25 and 26.
2. Utilize the Medical Mutual Advocate to learn more about our plan offerings or whenever you need assistance finding a provider, reviewing a claim, or understanding your benefits through Medical Mutual. See page 8 for details.
3. Your CSU Benefits team is here to help answer your benefits questions and support you throughout the year. For assistance, email [benefits@csuohio.edu](mailto:benefits@csuohio.edu).
4. Need help accessing the enrollment tool? Contact IS&T help desk by calling **216.687.5050**.

## Who is Eligible for Benefits?

You and your loved ones are eligible to enroll in benefits if you meet the following requirements.



### COVERING YOURSELF

You are eligible for benefits as an employee should you meet the plan eligibility criteria. Refer to the chart below for eligibility based on position and weekly hours.



### COVERING A SPOUSE

You can enroll your legal spouse.



### COVERING CHILDREN

You can enroll children under 26 years old, including:

- Natural
- Adopted
- Stepchildren
- Children you are the full, legal guardian for

Please note: Children who became handicapped or fully disabled before 26 may be eligible for coverage after 26.

## Plan Eligibility Rules

Position	Full-/Part-Time Status	Weekly Hours	Appointment	Program Eligibility
Faculty or Staff	Full-time	40	6 months or longer	All programs*
		30-39		
Administrative Faculty or Staff	Part-time	20-29	Less than 6 months	MetroHealth Medical, Life insurance, paid time off*, and retirement
		<20		Paid time off* and retirement

\* Paid time off and education benefits eligibility rules vary by position, review policy documents carefully.



### DEPENDENT ELIGIBILITY DOCUMENTATION

Proof of eligibility is required when adding a dependent to benefits. Examples of accepted documentation include a marriage license, tax return, birth certificate, or adoption orders. Documentation must be submitted to Benefits at [benefits@csuohio.edu](mailto:benefits@csuohio.edu) upon completion of your enrollment.

# Opportunities to Enroll

As a Cleveland State University employee, you have three opportunities to enroll in benefits or update your elections and dependents coverage.

## New Hire Enrollment

You're eligible for coverage on your first day of employment, but you must complete the online enrollment election process within 31 days. If you miss this deadline, you will not be covered and will not be able to enroll in benefits again until open enrollment or if you experience a qualifying life event (QLE), which allows for enrollment.

## Open Enrollment

This is your yearly opportunity to review your benefits and dependents to make changes for the next plan year. It is important to review your current benefits to make sure they still meet your needs. If you don't make changes, your current benefits will roll over into the 2026-2027 plan year.

**Note: Enrollment in the Healthcare and Dependent Care Flexible Spending Account (FSA) Plans are required annually. Your prior enrollment elections will not be carried forward.**

## Changing Benefits

You may change your benefits throughout the plan year if you experience a qualifying life event (QLE), as determined by IRS regulations. You must process a change to your benefits within 31 days of the event date. Examples of qualifying events include:

- **Legal marital status** (e.g., marriage, divorce)
- **Number of dependents** (e.g., birth, adoption, death of dependent)
- **A dependent's eligibility status** (e.g., a dependent child is no longer eligible)
- **Employment or job status change which impacts benefits eligibility** (gain or loss of coverage)

Keep in mind, you will be required to provide supporting documentation and verify any new dependents for the change request to be approved.

Refer to the chart available on the Benefits website for a list of acceptable supporting documentation for life event changes and dependent verifications.



## HOW TO ENROLL IN BENEFITS

Enroll by visiting [csuohio.edu](https://csuohio.edu). Then, complete these steps:

- Click the myCSU icon
- Select "Employee Self-Service" under the blue "Faculty and Staff" section
- Select "myProfile" and log in using your CSU ID and CampusPass information
- Click "Benefits Details"
- Click "myBenefits Enrollment" to access the online tool
- Complete all screens until you **verify** and **submit** enrollment

**New Hires:** Following receipt of your CSU login credentials and completion of your onboarding, Benefits will notify you via email when it is time to enroll using the steps provided here. Complete your online enrollment and submit your supporting documentation within 31 days.

**QLEs:** Email [benefits@csuohio.edu](mailto:benefits@csuohio.edu) for directions.

## Medical and Pharmacy Benefits

When it comes to choosing the medical plan best for you and your family, you have the choice between three plans administered by Medical Mutual.

### Which Plan is Right for You?

#### How the Plans are Similar

All three medical plans support your health by:

- Using the same broad network of providers and facilities
- Covering in-network preventive care at 100%
- Including prescription drug coverage



Explore resources, including plan details and a provider search, by visiting [medmutual.com](https://www.medmutual.com) or call Medical Mutual Customer Service at **800.774.5284** for assistance.

#### How the Plans Compare

Plan Features	MetroHealth Select	Medical Mutual Value	Medical Mutual Traditional
Health and Wellness Services	Included at no cost when using the CSU On-Site Clinic		
No Cost Preventive Care	Covered at 100% when using in-network providers		
Healthcare Flexible Spending Account (FSA)	All plan options are eligible		
Provider Network(s)	<ul style="list-style-type: none"> <li>■ MetroHealth facilities and providers only</li> <li>■ No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>■ SuperMed network for preferred partners</li> <li>■ Cigna network for out-of-area providers</li> <li>■ Limited coverage when out-of-network</li> </ul>	<ul style="list-style-type: none"> <li>■ SuperMed network for preferred partners</li> <li>■ Cigna network for out-of-area providers</li> <li>■ Limited coverage when out-of-network</li> </ul>
Paycheck Costs	\$	\$\$	\$\$\$

### MetroHealth Select (Skyway)

The MetroHealth Select (Skyway) Plan is an Exclusive Provider Organization (EPO) option through the MetroHealth Hospital System. Coverage is available at the main campus location or at various health centers located throughout Cuyahoga County and the CSU On-Site Clinic. Covered services must be provided by MetroHealth Select (Skyway) network providers.

### Value and Traditional Plans

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

- **TIER 1:** CSU On-Site Clinic
- **TIER 2:** SuperMed Preferred Provider (PPO) Network (contracting provider)
- **TIER 3:** Non-network provider (non-contracting provider)

#### KEEP IN MIND

Note: The benefit enrollment period for all CSU medical plans runs from July 1 through June 30. Deductibles and maximum out-of-pocket accumulators start over January 1.

## Taxable Cash Option

The Taxable Cash Option is available for employees enrolled in a medical plan not sponsored by Cleveland State University.

Full-time employees can receive a lump-sum payment up to \$1,200 a year as taxable earnings; part-time employees (30 to 39 hours) up to \$900 per year. The amount of the payment is based on the period the employee is enrolled in this option during the benefit plan year. The payment is paid annually in July.

Interested? Employees must select the **Cash Option** as their medical plan selection, and not be covered under a medical plan sponsored by Cleveland State University through a family member who is also an employee. Selecting "waived" medical will not result in a Taxable Cash Option payment and corrections will not be made.



## Medical and Pharmacy Benefits Summary

	MetroHealth Select (Skyway)		Medical Mutual Value Plan		Medical Mutual Traditional Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physician Office Visits</b>						
Preventive Care	\$0 copay, no deductible	Not covered	\$0 copay, no deductible	40% after deductible	\$0 copay, no deductible	40% after deductible
Primary Care Physician	\$20 copay	Not covered	\$35 copay	40% after deductible	\$25 copay	40% after deductible
Specialist	\$40 copay	Not covered	\$50 copay	40% after deductible	\$50 copay	40% after deductible
<b>Hospital Services</b>						
Urgent Care	\$50 copay	Not covered	\$75 copay	40% after deductible	\$75 copay	40% after deductible
Emergency Room	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 + 25% after deductible
Inpatient	20% after deductible	Not covered	20% after deductible	40% after deductible	25% after deductible	40% after deductible
Outpatient	20% after deductible	Not covered	20% after deductible	Not covered	25% after deductible	40% after deductible
<b>Prescription Drug Benefits</b>						
	MetroHealth Pharmacy	Medical Mutual Express Scripts	Medical Mutual Express Scripts	Non-Network	Medical Mutual Express Scripts	Non-Network
<b>Retail Drug (up to a 30-day supply) Mandatory Generic Non-Maintenance, Non-Specialty Drugs</b>						
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
<b>Mail Order Non-Specialty (90-day Supply) Mandatory Generic Maintenance Drugs</b>						
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
<b>Specialty Drugs (Accredo Specialty Pharmacy only)</b>						
30-Day Supply	Not covered	Retail copays apply	10% up to \$200 max per prescription	Not covered	10% up to \$200 max per prescription	Not covered
<b>Deductible (calendar year January 1-December 31)</b>						
Individual	\$350	Not covered	\$1,100	\$2,200	\$600	\$1,200
Family	\$1,050	Not covered	\$3,300	\$6,600	\$1,800	\$3,600
Coinsurance	20%	Not covered	20%	40%	25%	40%
<b>Out-of-Pocket Maximum: Includes Deductible, Copay, and Coinsurance for Medical and Prescription Drugs</b>						
Individual	\$3,500	N/A	\$5,000	Unlimited	\$4,000	Unlimited
Family	\$7,000	N/A	\$10,000	Unlimited	\$8,000	Unlimited
<b>Your Semi-Monthly Per Paycheck Cost of Medical and Pharmacy Coverage</b>						
<b>Full-Time</b>						
Employee	\$37.94		\$73.69		\$106.99	
Family	\$99.20		\$192.30		\$279.03	
<b>Part-Time (30-39 hours)</b>						
Employee	\$81.86		\$114.87		\$128.88	
Family	\$261.02		\$299.76		\$336.10	

Benefit deductions occur on a semi-monthly schedule. If you are paid bi-weekly, no benefit premiums will be deducted from the third paycheck in months with three pay dates.

Part-time employees working 20-29 hours per week are only eligible for the MetroHealth Select Plan and will pay the full rate each pay period (\$399.33 Employee Only and \$1,044.09 Family).

## Medical Plan Resources

If you are enrolled in a Cleveland State University medical plan, you have access to a variety of programs and resources to help you and your family get and stay healthy.

### Telemedicine

Access care virtually through Medical Mutual's provider network. You can use on demand telehealth services with Medical Mutual providers to treat common conditions such as colds, allergies, and minor injuries. To explore options like MinuteClinic Virtual Care, SonderMind, and Headway, log in at [www.medmutual.com/member](http://www.medmutual.com/member).

### 24/7 Nurseline

The nurseline is available every hour of every day to address basic, non-emergency health concerns and questions regarding symptoms, medications, and where to go for care. Call **888.912.0636** to get support now.

### Virtual Therapy

Heal joint and muscle pain from the comfort of your home through **Sword Health**. Treatment plans are tailored for you and include stretches and exercises. Your personalized plan may also include one-on-one physical therapy and wearable sensors to send feedback through an app.

Through Sword, you also have access to **Bloom**, which delivers clinician-led AI care from fertility through menopause in one integrated program, with pricing tied to measurable outcomes.

Visit [join.swordhealth.com/medmutual/register](http://join.swordhealth.com/medmutual/register) to start on your path to less pain.

### Lark Digital Coaching

Lark is a digital health coach available 24/7 from your smartphone. Lark's friendly and supportive digital coach can help you eat better, move more, and stress less through personalized tips and recommendations. The programs are part of your Medical Mutual benefits, so there is no additional cost to you!

Enroll by texting **START** to **45595** and use code MedMutual when prompted or go online and visit [enroll.lark.com/medmutual](http://enroll.lark.com/medmutual).

### MedMutual Maternity App

If a new baby is on the way, the MedMutual Maternity app can help you manage your health journey with articles, tips, and to-do lists that will keep you on track. Plus, easily connect with Medical Mutual resources with just one click.

Download the app today. You can find the app by searching MedMutual Maternity in the Apple App Store® and Google Play®. Once you have downloaded the app to your device, it's simple to create an account by entering your Medical Mutual member ID number and your date of birth.

### WeightWatchers

You can save almost 50% on a WeightWatchers membership if you want to live a healthier lifestyle and improve your quality of life.

Eligible members can sign up at [ww.com/mmomembers](http://ww.com/mmomembers) or by emailing [ww@medmutual.com](mailto:ww@medmutual.com) with their details to receive an enrollment guide.

### Quit Smoking Today

If you're a tobacco user, this free program is here to help you quit once and for all. Certified tobacco counselors will create a personalized quit plan and refer you to other resources.

Commit to quit by visiting [pivot.co/medmutual](http://pivot.co/medmutual).

## MEDICAL MUTUAL ADVOCACY SOLUTIONS PROGRAM

Reach out to our dedicated CSU Onsite Medical Mutual Advocate by emailing [CSUAdvocate@medmutual.com](mailto:CSUAdvocate@medmutual.com) or see [here](#) for more details

## CSU Sponsored Medical Resources

### VikeHealth and Well-Being Program

Take your health and well-being to the next level with our comprehensive wellness program through Medical Mutual. Our program is designed to promote physical and emotional well-being, and you can earn up to \$700.

#### Who Can Participate?

All medical-plan eligible employees may participate in the wellness program to earn up to \$700.

#### Helpful Tools

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

#### Getting Started

Sign in to your My Health Plan account at [www.medmutual.com/member](http://www.medmutual.com/member) and select Wellness Portal from the Healthy Living drop-down menu.

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.

For employees not enrolled in a CSU health plan, email [benefits@csuohio.edu](mailto:benefits@csuohio.edu) to be set up with a non-member ID number.

### On-Site Health Center

Our on-site health center connects you to convenient care while you're at work. The clinic is administered by MetroHealth, but all benefit plans including the CSU Medical Mutual options are welcome. Schedule appointments with an experienced care team to access a variety of services, including:

- Preventive care
- Wellness exams
- Chronic condition management
- Sickness care
- Occupational care
- Immunizations

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 **440.592.1900** for appointments.

#### 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**.

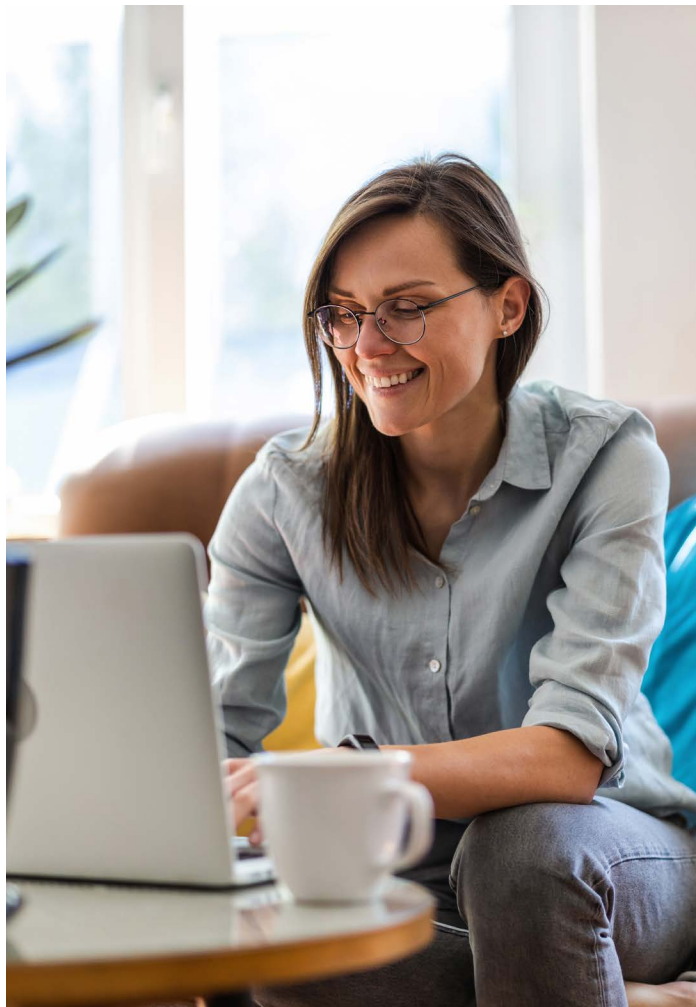
If you need to complete an alternative to the tobacco/nicotine goal, enroll in Medical Mutual's Quitline program by calling **866.845.7702** or log in to My Health Plan at [medmutual.com/member](http://medmutual.com/member) for more information. You can also start the LivingFree Online Health University course, which is found on the Medical Mutual Wellness Portal.

# Prescription Drug Coverage

If you enroll in a Cleveland State University medical plan, you will automatically receive coverage for prescription drug medications. Prescriptions are offered at four different levels: generic, preferred brand, non-preferred brand, and specialty drugs. If you have questions, visit [medmutual.com](http://medmutual.com).

## MetroHealth Select

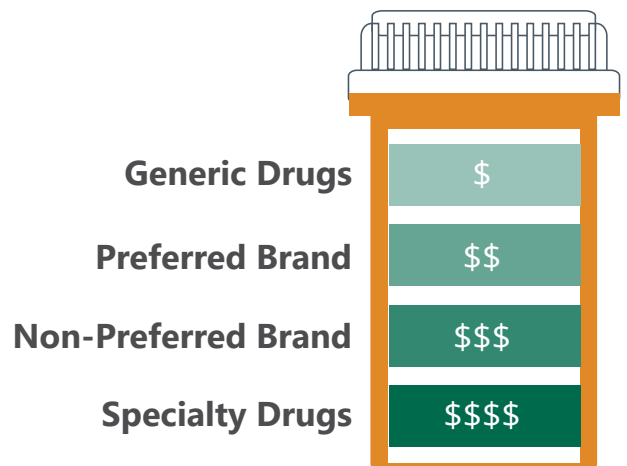
The MetroHealth Select (Skyway) plan provides prescription drug benefits for up to a 30-day supply of medication and a 90-day supply (retail or home delivery) of maintenance medication to control chronic health conditions. Copayments are the lowest when members use a MetroHealth pharmacy. Call **216.957.MEDS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



## Value & Traditional

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](http://express-scripts.com) to locate a network retail pharmacy or for details as to how to use mail order pharmacy services.

In most cases, when filling a brand-name medication, a generic equivalent will be provided with your provider’s approval. If you ask for the brand-name medication in lieu of the generic alternative, you may pay a higher amount, which is the difference in cost between the brand-name and generic medication. **Any difference in the cost you pay will not accumulate toward your deductible and/or out-of-pocket maximum.**



## Prescription Drug Cost Management Programs

Cleveland State University offers several Prescription Drug Cost Management Programs to help reduce plan costs and limit employee cost-sharing. As a medical plan participant, you may need to follow certain procedures for your medication to be covered. Full details are available at [medmutual.com](https://www.medmutual.com).

### Specialty Drug Solution Program

Specialty drugs require special handling, administration, or monitoring and are often used for complex or chronic conditions.

Participants receive:

- Safe, timely medication delivery
- Personalized support from nursing and pharmacy staff
- Necessary supplies
- 24/7 support
- Refill reminders
- Drug safety monitoring
- Assistance with patient support programs

To fill a specialty prescription, contact:

Accredo Specialty Pharmacy

- Phone: **800.803.2523**
- Fax: **888.302.1028**

Gentry Health Services

- Phone: **844.443.6879**
- Fax: **844.329.2447**

### Prior Authorization

Some medications require approval before they are covered.

To start the review, you, your doctor, or your pharmacist may call Express Scripts at **800.753.2851**.

Use the “Price a Medication” tool on the Express Scripts website to see if prior authorization applies.

If approved, you pay the normal copay; if denied, you pay the full cost. Appeal rights are included in the denial letter.

### Quantity Limits

Certain medications are only covered up to a set quantity per fill, often those not taken daily. Exceeding the limit requires prior authorization. Check the “Price a Medication” tool to see if limits apply.

### Preferred Drug Step Therapy

You must try a generic or lower-cost preferred brand before higher-cost, non-preferred drugs are covered.

If you do not switch, you pay the full cost.

Express Scripts automatically reviews eligibility based on medical and drug history.

If special circumstances exist, your doctor may request a coverage review by calling **800.753.2851**.

### Compound Medications (not covered)

Compounded drugs are not FDA-reviewed and often cost significantly more than alternatives.

The plan does not cover compounded medications; members pay the full cost.

### RationalMed Drug Safety Program

Medical Mutual and Express Scripts use claims data to identify potential safety issues, such as drug interactions or missing essential care. Alerts are sent to prescribing physicians when concerns arise.

# Dental Coverage

Your dental health is an important part of your overall wellness, so CSU has partnered with Delta Dental to offer you and your family members affordable dental insurance. Confirm your provider is in-network to make the most of your dental coverage and avoid balance billing. Visit [deltadentaloh.com](http://deltadentaloh.com) to find an in-network provider.

	Delta Dental	
	In-Network	Out-of-Network*
<b>Calendar Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Calendar Year Maximum Benefit</b>		
Preventive, Basic, and Major Services	\$1,500	\$1,200
<b>Coinsurance</b>		
<b>Preventive/Diagnostic</b>		
Examples: Exams, Cleaning, Fluoride Treatment, X-Rays, and Space Maintainers	100% no deductible	
<b>Basic Services</b>		
Examples: Fillings, Extractions, Periodontal Scaling and Root Planning, and Oral Surgery	80% after deductible	
<b>Major Services</b>		
Examples: Crown, Inlays, Fixed Bridgework, and Dentures	60% after deductible	
<b>Orthodontia</b>		
Coinsurance	60%	
Lifetime Maximum	\$1,200 per person	

\* If you choose to visit an out-of-network provider, you may be balance billed.

# Per-Paycheck Deductions

	Full-Time	Part-Time
<b>Semi-Monthly</b>		
Employee	\$4.72	\$6.27
Employee + 1	\$9.18	\$12.23
Family	\$15.98	\$21.19

Benefit deductions occur on a semi-monthly schedule. If you are paid bi-weekly, no benefit premiums will be deducted from the third paycheck in months with three pay dates.



## WHAT IS BALANCE BILLING?

In-network providers are contracted with the plans at negotiated rates. If you see an out-of-network provider, you may be balance billed by that provider. This means you would be responsible for paying the bill.

## Vision Coverage

We partner with Vision Service Plan (VSP) to offer you and your family members affordable vision care at no cost to you with services available on a 24-month frequency. Review the buy-up option if you are interested in upgrading the frequency from 24 to 12 months and paying a modest per paycheck premium. Visit [vsp.com](https://vsp.com) to find an in-network provider.

	In-Network	Out-of-Network
<b>Exam (Once per Calendar Year)</b>		
	100% after \$15 copay	Reimbursement up to \$45
<b>Prescription Glasses Lenses (Once per Calendar Year)</b>		
Single Vision	100%	Reimbursement up to \$30
Lined Bifocal	100%	Reimbursement up to \$50
Lined Trifocal	100%	Reimbursement up to \$65
Lens Options	Progressive: covered in full	Progressive: up to \$50
<b>Frames (Once per Calendar Year)</b>		
	Covered up to plan allowance of \$150; \$80 Costco allowance	Up to \$70
<b>Contacts (Once per Calendar Year, In Lieu of Glasses)</b>		
Contacts	\$150 allowance for contacts and exam, if elective; 100% covered if visually necessary	\$105 allowance for contacts and exam, if elective; up to \$210 if visually necessary

## Per-Paycheck Deductions

Full-Time	Basic Vision Plan	Opt-Up Vision Plan
		Semi-Monthly
Employee	No premium contributions	\$2.99
Family	No premium contributions	\$8.53
Frequency of Coverage	24 months from last date of service	12 months from last date of service

Part-Time	Basic Vision Plan	Opt-Up Vision Plan
	Semi-Monthly	Semi-Monthly
Employee	\$0.47	\$3.46
Family	\$1.35	\$9.88
Frequency of Coverage	24 months from last date of service	12 months from last date of service

Benefit deductions occur on a semi-monthly schedule. If you are paid bi-weekly, no benefit premiums will be deducted from the third paycheck in months with three pay dates.

# Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to cover qualified expenses. We offer two types of FSAs through Surency.

## Healthcare FSA

The Healthcare FSA helps you pay for IRS-approved medical expenses using pre-tax dollars. Funds you contribute to the Healthcare FSA through convenient payroll deductions are available in full on the first day of the plan year or your coverage effective date. Use your FSA debit card or submit claims for reimbursement—it's your choice.

**[Publication 502 \(2025\), Medical and Dental Expenses | Internal Revenue Service.](#)**

## Dependent Care FSA

The Dependent Care FSA helps you pay for qualified daycare, summer camp, or elder care expenses. You must have funds available in your account before submitting claims for reimbursement.

**[Publication 503 \(2025\), Child and Dependent Care Expenses | Internal Revenue Service.](#)**

## Use It or Lose It

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 Funding Limits

FSA Type	2026 IRS Limits
Healthcare FSA	\$3,400
Dependent Care FSA	\$7,500*

\* \$3,750 if married and filing separately.

## Claim Deadlines and Rollovers

The FSAs offer a grace period to incur claims through September 15 and claims against the previous year's funds. All claims must be submitted by November 30.

## Surency Flexible Spending Accounts Online Access

Manage your benefits online at [surency.com](https://surency.com). You can check your balances, view account activity, access forms, and view payment history and tax statements. You will also have access to [FSASore.com](https://FSASore.com) to purchase eligible items.



## Life Insurance

Protect yourself and your loved ones when the unexpected occurs. Life and Accidental Death and Dismemberment (AD&D) insurance is provided in partnership with Minnesota Life, a Securian Company. This protection is available to you as an active employee and can be converted to a direct policy upon your separation from the university.

Don't forget! It's important to designate a beneficiary or ensure your current beneficiary information is up to date.

### Basic Life and AD&D

Cleveland State University automatically provides you with life and AD&D coverage valued at 2 times your annual salary, up to \$150,000. This benefit is provided at no cost to you.

### Employee Life and AD&D

You're eligible to purchase additional coverage in \$10,000 increments up to a maximum of \$500,000. For new enrollees, the Guaranteed Issue (GI) amount is \$200,000. Any coverage elected above the GI amount as a new enrollee, any coverage amount increase, or adding coverage after previously waiving will be subject to Evidence of Insurability (EOI).

If you choose life coverage for yourself, you can also elect coverage for your spouse and/or child(ren).

### Spouse Life

Spousal coverage is available in \$5,000 increments up to a maximum of \$250,000 or half the value of your coverage. The Guaranteed Issue amount is \$100,000. Any coverage elected above the GI amount as a new enrollee, any coverage amount increase, or adding coverage after previously waiving will be subject to Evidence of Insurability (EOI).

### Child Life

You may elect coverage for your eligible dependent child(ren) in the amount \$10,000. The cost of coverage is the same regardless of how many children you enroll.

## Employee Supplemental Life Insurance

Monthly Rates Per \$1,000 of Coverage  
(Employee, Spouse)

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: \$0.50 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 coverage if level does not fall within plan rules.

### WHAT IS EOI?

Evidence of Insurability (EOI), sometimes known as proof of good health, is health information the insurance company requires to approve you for coverage. You may be required to submit EOI if you elect coverage outside new hire enrollment or if you elect above the guaranteed issue amount. Follow the directions provided in the online enrollment tool if EOI is needed.

## Disability Coverage

Disability insurance protects your income by financially supporting you and your family when you are unable to work. We partner with Unum to provide this coverage.

### Long-Term Disability

Cleveland State University automatically provides Long-Term Disability (LTD) insurance to replace a portion of your base salary if you're unable to work for an extended period. The plan covers 60% of your pre-disability earnings, up to a \$5,000 monthly benefit. This plan offers coverage starting on day 91 through the duration of an approved disability up to age 65 or Social Security Normal Retirement Age.

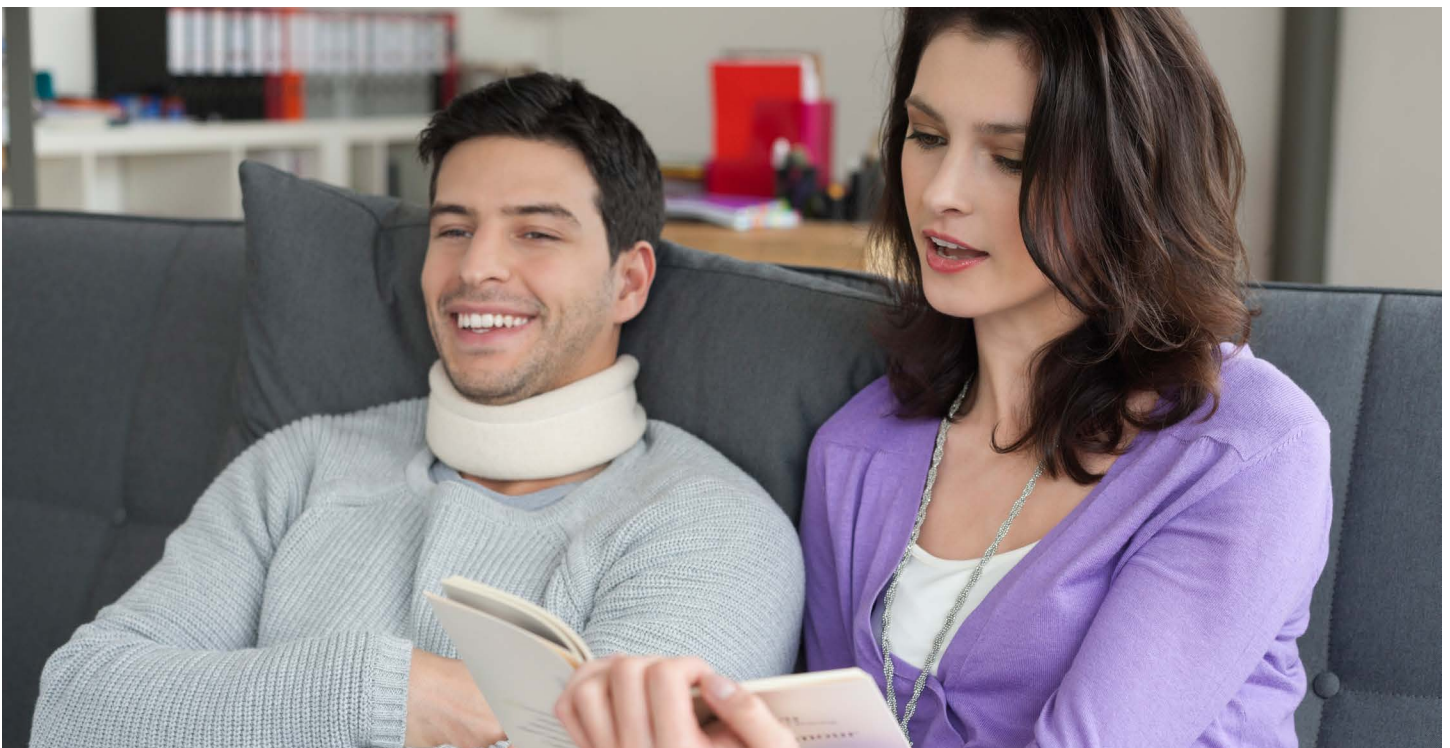
### Voluntary Short-Term Disability

For injury or illness up to 90 days, the Short-Term Disability (STD) insurance plan protects a portion of your base salary. Take advantage of discounted group rates with premiums deducted from your paycheck. Deductions are taken so any benefits you receive can be paid to you tax-free.

### Voluntary Accident Insurance

Voluntary Accident Insurance provides a way for you to offset out-of-pocket medical expenses for a covered injury or illnesses at discounted group rates. Coverage is also available for your spouse and/or eligible dependent children, up to age 26.

Enroll in the Voluntary Short-Term Disability and Accident Insurance by visiting [www.unum.com/employees](http://www.unum.com/employees).



## Retirement Plans

Saving for retirement does more than build a financial safety net. It gives you a sense of security and peace of mind for the future. When you regularly add money to your retirement accounts, you benefit from compound growth, possible tax breaks, and any matching contributions from your employer. Even small, steady investments can add up over time, helping you replace your income, keep up with rising costs, and enjoy the lifestyle you want after you stop working.

### Mandatory Retirement

When working at CSU, all 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, see the chart below.

### Retirement Plan Contributions

Associated Retirement System	Employee	CSU	Mitigating Rate
Ohio Public Employees Retirement System (OPERS)	10.00%	14.00%	Note: OPERS 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 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%

### Retirement Plan Overview

Your retirement system—OPERS or STRS—and contribution rates depend on your CSU position. Benefits will email employees detailed information on these options, plus OPERS/STRS will mail an enrollment packet to your home address.

Important deadlines:

- 120-Day Retirement Plan Election window to choose OPERS/STRS or the Alternative Retirement Plan (ARP)
- 180-Day OPERS/STRS Plan Selection (choose Defined Benefit (DB), Defined Contribution (DC), or a Combined plan)

Payroll contributions begin immediately with employees defaulted into OPERS/STRS. If you choose to elect the ARP option, your prior OPERS/STRS contributions will be allocated.

More info: [opers.org](https://opers.org), [strsoh.org](https://strsoh.org)  
OPERS: **800.222.7377**, STRS: **888.227.7877**.

### State Retirement Plans and Social Security

CSU faculty and staff do not pay into Social Security, but do contribute to Medicare. Because you participate in a state retirement system, your future Social Security benefits may be affected. The Social Security Administration explains these rules at [ssa.gov](https://ssa.gov) (see publications **05-10051**, **05-10045**, **10007**).

# Voluntary Retirement Savings

CSU offers two voluntary retirement savings options for you to supplement your primary retirement plan—403(b) Annuity Plan and 457(b) Ohio Deferred Compensation Plan. You may participate in one or both, up to annual IRS limits. There are no matching contributions from CSU.

## 403(b)

Available to all CSU employees:

- Contributions either pre-tax or post-tax
- Earnings grow tax-deferred
- Withdrawals generally allowed at 59½, separation, hardship, disability, or death
- Loans may be available depending on provider

## How to Enroll

CSU utilizes the services of **Retirement Manager** to help you manage your 403(b) account enrollment and contribution changes. The system is available 24/7. Follow these **step-by-step instructions**.

- Go to [myretirementmanager.com](https://myretirementmanager.com).
- Click New User/Get Started.
- Enter Cleveland State University + verify your info.
- Create your username and password.
- Choose "Change Contribution."
- Select 403(b) Plan.
- Pick the paycheck date your contribution should start.
- Enter your per-paycheck amount (pre-tax or Roth).
- Click Submit.
- Pick your vendor (TIAA, Fidelity, Voya, or Corebridge) and open the link.
- Create your account on the vendor's site.

## 457(b)

The Ohio Public Employees Deferred Compensation Program (OPEDC) is a tax-deferred 457(b) retirement plan for Ohio public employees. It is a public, not-for-profit program overseen by a 13-member Board of Trustees and offers educational tools, flexible investment options, and portability within Ohio's public sector.

A key advantage: 457(b) funds can be withdrawn after leaving employment without the 10% early-withdrawal penalty, unless the money was rolled in from another plan.

## How to Enroll

Contact OPEDC at **877.644.6457** or visit their website to start, stop, or change contributions. OPEDC will notify CSU Benefits with any payroll updates. Allow about 30 days for changes to take effect.

### WHY CONTRIBUTE?

- Lowers taxable income
- Tax-deferred growth and compounding
- Helps close retirement income gaps not covered by pension or Social Security

## Employee Assistance Program (EAP)

We care about you and your family's complete health, including your mental and emotional well-being. That is why we provide a confidential Employee Assistance Program (EAP) at no cost to you through AllOne Health. Our EAP is available 24/7/365 and is designed to connect you with resources, tools, and support.

### Key Features of the EAP

- 5 mental health sessions
- 5 life coaching sessions
- Unlimited access to phone consultants
- Financial consultation
- Work/life resources and referral services
- Medical advocacy

### EAP Supports You

- Anxiety and depression
- Grief and loss
- Stress management
- Job pressures
- Marriage or family relationships
- Alcohol and substance dependency
- Parental guidance
- Child, adult, and elder care
- Legal and financial resources

### HOW TO GET STARTED



**Learn More About the Resources Available 24/7**

- Visit [allonehealth.com/portal](https://allonehealth.com/portal)



**Get Connected with the Right Resource or Professional**

- Call **800.451.1834**

**Company Code**

- CSUEAP



## Paid Time Off

CSU employees are eligible for several paid time-off programs based on their position and/or bargaining unit. We encourage employees to use **Vacation** time to recharge and refresh, take **Wellbeing** days to schedule their annual preventative care checkups, and seek comfort in knowing their **Sick** time is available should they need a day off to care for themselves or a qualifying family member. Employees also enjoy 11 paid **Holidays** throughout the year.

## Wellbeing Days

Wellbeing days are designed to make it easier to take care of yourself and attend preventive care screenings — such as annual physicals, dental cleanings, and vision checks. Each calendar year, full-time employees working 30-40 hours per week receive two paid days and part-time employees working 20-29 hours per week receive one paid day.

## Holidays

Cleveland State University observes the following paid holidays each year:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Columbus Day\*
- Veterans Day
- Thanksgiving Day
- Christmas Day

\* No classes are held. Administrative offices are open. Faculty and staff will observe the holiday on the Friday following Thanksgiving Day.

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

- Martin Luther King Jr. Day
- Presidents' Day
- Columbus Day

## Sick Leave

- Faculty and salaried staff: 10 hours per month
- Hourly staff: 4.6 hours per 80 hours worked
- Pro-rated for part-time/AY appointments
- May be used for your illness or immediate family's
- Sick leave accumulation is unlimited

## Transfer of Sick Leave

Unused sick leave can transfer from other Ohio public agencies if employment was within the last 10 years. Prior employer must send verification to [benefits@csuohio.edu](mailto:benefits@csuohio.edu).

## Payout of Unused Accumulated Sick Leave

Faculty and staff with 10+ years of Ohio state service may receive a lump-sum payout of unused sick leave at retirement.

## Key Details

- Payout equals one-fourth of the employee's sick leave balance, up to 240 hours.
- Applies only upon retirement, not resignation.
- ARP participants follow the same rules if they meet Ohio Administrative Code retirement definitions.
- HR must receive written notice of retirement for payment.

## Processing

- Submit forms to HR Benefits ([benefits@csuohio.edu](mailto:benefits@csuohio.edu)).
- Payments are issued after final payroll.

## Vacation Time

### Professional Staff and Administrative Faculty

- Salaried staff accrue 7.34 hours per pay (max 176 hours/22 days per fiscal year)
- Hourly staff accrue 6.77 hours per pay (max 176 hours)
- Part-time accrues proportionally
- Max carryover: 240 hours
- Max balance during year: 352 hours
- Max payout at separation: 176 hours, paid at final rate

### Classified Staff

#### ACCRUAL BASED ON YEARS OF SERVICE

- Max carryover: 240 hours
- Max balance: 3 years of accrual
- Max payout at separation: 3 years of accrual

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

Vacation requests must be earned and approved in advance by supervisor.



# Paid Parental Leave

We are committed to supporting families of all backgrounds, lifestyles, and stages of life. Whether you are planning to expand your family or looking for parenting resources, we have programs to support you.

## Parental Leave

CSU offers six weeks of Paid Parental Leave (PPL) for employees caring for a newborn or newly adopted child. PPL runs concurrently with FMLA leave.

## Eligibility Requirements

Employees must:

- Be a regular full-time or part-time employee (temporary, adjunct, intern, and student workers are not eligible).
- Have 1,250 hours worked in the previous 12 months.

Meet one of these criteria:

1. Given birth to a child
2. Be the spouse of someone who gave birth
3. Adopt a child aged 17 or younger (not a spouse's child)

### ADDITIONAL NOTES

- PPL counts toward the employee's available FMLA balance.
- Employees must notify their supervisor and HR 30 days in advance (or as soon as possible).
- Required HR forms must be completed to verify eligibility.



### ADDING A NEW DEPENDENT TO BENEFITS

As a reminder, as you welcome a new family member, you must add them to your benefits within 31 days of birth or adoption. Request a change in benefits by emailing [benefits@csuohio.edu](mailto:benefits@csuohio.edu). You must provide documentation to complete this change.

## Benefits Extras

The Cleveland State University benefits program provides you with a variety of additional services to support you no matter what age or stage you find yourself in.

### Tuition Benefits

#### Employees

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 [Human Resources Benefits website](#).

#### Dependents

Following one year of continuous service, employees may apply for the Fee Authorization Program for a covered spouse or tax-dependent child. Eligibility requirements must be satisfied as on the first day of the semester term and employees should submit the required form to Benefits 3-4 weeks before the start of the semester. A new form is required each semester your dependent plans on attending. Refer to the program guidelines found on the Human Resources Benefits website.

### Benefit Levels

#### FULL-TIME FACULTY/STAFF

- 100% tuition remission for eligible undergraduate dependents
- 50% remission for graduate dependents
- Limit: 144 credit hours or two degrees

#### PART-TIME STAFF (30-39 HOURS)

- 75% tuition remission for eligible undergraduate dependents
- 50% remission for graduate dependents
- Limit: 144 credit hours or two degrees

### 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.
- **Home Lending**—CSU employees enjoy discounts of up to \$1,250 on mortgage closing costs. Contact [Mortgage Partner Purchase](#).

To learn more about Huntington Bank or find a nearby branch, visit [www.huntington.com](http://www.huntington.com).



# Helpful Insurance Terms

Insurance can be confusing. Understanding these common insurance terms will help you make the most of your benefits.



## BALANCE BILLING

This is a bill out-of-network providers can you send you for a portion of the bill insurance does not cover.



## FORMULARY (PREFERRED)

The list of medications covered under your health plan; they typically have different tiers, such as generic and brand name.



## COINSURANCE

This is a percentage of what you will pay for covered services after you reach any applicable deductible or copays. Typically, your percentage is lower than the plan's.



## NETWORK

A group of doctors and facilities contracted with the plan at negotiated rates.



## COPAY

This is a set fee you pay for certain services and expenses, such as doctor visits and prescriptions.



## OUT-OF-POCKET MAXIMUM

This is the most you'll pay for eligible healthcare services during the plan year.



## DEDUCTIBLE

This is the amount you pay out of your pocket before the plan begins to help pay for covered expenses.



## PREAUTHORIZATION

Is a process giving the insurance company a chance to review needed services and/or medication and determine if it will be covered.



## EXPLANATION OF BENEFITS (EOB)

This is not a bill; it is a document sent by the insurance company to list the services you receive and what the insurance plan will cover.



## PREMIUM

This is the cost you must pay to be covered by the plan.

## Important Contacts

### MEDICAL

**Medical Mutual**  
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
- [metrohealth.org](http://metrohealth.org)

### PRESCRIPTION



**Express Scripts**

- 800.282.2881
- [express-scripts.com](http://express-scripts.com)

**Accredo Specialty Pharmacy**

- 800.803.2523



### 24/7 NURSE LINE

**Medical Mutual**  
■ 888.912.0636



### DENTAL

**Delta Dental of Ohio**  
■ 800.524.0149  
■ [deltadentaloh.com](http://deltadentaloh.com)



### VISION

**Vision Service Plan (VSP)**  
■ Group # 12022639  
■ 800.877.7195  
■ [vsp.com](http://vsp.com)



### LIFE AND AD&D COVERAGE

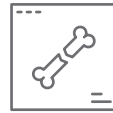
**Minnesota Life, a Securian Company**

- Policy # 34226-G
- Access Key: clevelandstate
- 866.293.6047
- [Lifebenefits.com/continue](http://Lifebenefits.com/continue)



### INDIVIDUAL LONG-TERM DISABILITY INSURANCE

**Unum**  
■ Policy # 604607  
■ 800.858.6843  
■ [unum.com](http://unum.com)



### INDIVIDUAL SHORT-TERM DISABILITY INSURANCE

**Unum**

- Policy # R0534685
- 800.635.5597
- [unum.com](http://unum.com)



### FLEXIBLE SPENDING ACCOUNT (FSA)

**Surency**

- Group # 60606
- 866.818.8805
- [surency.com](http://surency.com)



### STATE RETIREMENT PLANS

**Ohio Public Employees Retirement System (OPERS)**

- 800.222.7377
- [opers.org](http://opers.org)

**State Teachers Retirement System (STRS)**

- 888.227.7877
- [strsoh.org](http://strsoh.org)



### ALTERNATIVE RETIREMENT PLAN (ARP) AND 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](http://ohio457.org)



## FOR ALL YOUR BENEFITS QUESTIONS

We're here to help answer your benefits questions and support you throughout enrollment. For assistance, email [benefits@csuohio.edu](mailto:benefits@csuohio.edu) or call **216.687.3636**.



## RETIREMENT MANAGER

403(b) Distributions, Hardships, Loans

- 866.294.7950
- [www.myretirementmanager.com](http://www.myretirementmanager.com)



## EMPLOYEE ASSISTANCE PROGRAM

AllOne Health

- Company Code: CSUEAP
- 800.451.1834
- [allonehealth.com](http://allonehealth.com)



## BUSINESS TRAVEL ACCIDENT

The Hartford-Europe Assistance USA

- Inside U.S./Canada
- 888.286.3802 | 240.330.1518
- [thehartford.com/employeebenefits](http://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](http://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) 1.609.986.1234
- [medservices@assistamerica.com](mailto:medservices@assistamerica.com)
- [assistamerica.com](http://assistamerica.com)



## CSU ON-SITE CLINIC

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

- 216.687.3649
- [healthandwellness@csuohio.edu](mailto:healthandwellness@csuohio.edu)
- Campus Location: Center for Innovations in Medical Professions, Room 205



## VIKEHEALTH AND WELL-BEING PROGRAM

[mycsu.csuohio.edu/offices/hrd/vikehealth.html](http://mycsu.csuohio.edu/offices/hrd/vikehealth.html)



## BENEFITS WEBSITE

[mycsubenefits.com](http://mycsubenefits.com)









# Cleveland State University

## HEALTH PLAN NOTICES

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2. HIPAA Comprehensive Notice of Privacy Policy and Procedures
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7. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

### IMPORTANT NOTICE

**This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From Cleveland State University About Your Prescription Drug Coverage and Medicare."**

**MEDICARE PART D CREDITABLE COVERAGE NOTICE**

**IMPORTANT NOTICE FROM CLEVELAND STATE UNIVERSITY ABOUT  
YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cleveland State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cleveland State University has determined that the prescription drug coverage offered by the Cleveland State University Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

**Enrolling in Medicare—General Rules**

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

**Late Enrollment and the Late Enrollment Penalty**

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of

the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

#### **Special Enrollment Period Exceptions to the Late Enrollment Penalty**

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

#### **Compare Coverage**

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Cleveland State University Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

#### **Coordinating Other Coverage With Medicare Part D**

Generally speaking, if you decide to join a Medicare drug plan while covered under the Cleveland State University Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Cleveland State University Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Cleveland State University prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

#### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information, or call (216)687-5202. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cleveland State University changes. You also may request a copy.

#### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

**FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:**

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

Date:	July 1, 2026
Name of Entity/Sender:	Jennifer Lavelle
Contact—Position/Office:	Sr. Manager, Benefit & Retirement Programs
Address:	2300 Euclid Avenue Administration Center, Suite 113 Cleveland, OH 44115
Phone Number:	(216)687-5202

**Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents’) right to coverage under the Plan is determined solely under the terms of the Plan.**

**HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY  
AND PROCEDURES**

**CLEVELAND STATE UNIVERSITY  
IMPORTANT NOTICE  
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

This notice is provided to you on behalf of:

These plans comprise what is called an “Affiliated Covered Entity,” and are treated as a single plan for purposes of this notice and the privacy rules that require it. For purposes of this notice, we will refer to these plans as a single “Plan.”

For the remainder of this notice, Cleveland State University is referred to as Company.

**1. Introduction:** This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

**2. General Rule:** A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

**3. Protected Health Information:** The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

**4. Use and Disclosure for Treatment, Payment and Health Care Operations:** A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

**5. Disclosure for Underwriting Purposes.** A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

**6. Uses and Disclosures Requiring Written Authorization:** Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.

**7. Special Rule for Mental Health Information:** Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

**8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required:**

A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

**9. Minimum Necessary Standard:** When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

**10. Disclosures of Summary Health Information:**

A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

**11. Disclosures of Enrollment Information:** A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

**12. Disclosure to the Department of Health and Human Services:** A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

**13. Disclosures to Family Members, other Relations and Close Personal Friends:** A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your consent. Your spouse might choose to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

**14. Appointment of a Personal Representative:**

You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.

**15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information:**

You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other the health plan on behalf of the individual) has paid the covered entity in full.

**16. Individual Right to Request Alternative Communications:**

The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

**17. Individual Right to Inspect and Copy Protected Health Information:**

You have a right to inspect and obtain a copy of your protected health information contained in a “designated record set,” for as long as the group health plan maintains the protected health information. A “designated record set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health plan to make decisions about individuals.

The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

**18. Individual Right to Amend Protected Health Information:**

You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

**19. Right to Receive an Accounting of Protected Health Information Disclosures:** You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.

**20. The Right to Receive a Paper Copy of This Notice Upon Request:** If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).

**21. Changes in the Privacy Practice.** Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

**22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services:** If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 23). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

**23. Person to Contact at the Group Health Plan for More Information:** If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official.

#### **Privacy Official**

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Jennifer Lavelle  
Sr. Manager, Benefit & Retirement Programs  
(216)687-5202

The Plan's Deputy Privacy Official(s) is/are:

Jennifer Lavelle  
Sr. Manager, Benefit & Retirement Programs  
(216)687-5202

#### **Organized Health Care Arrangement Designation**

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

#### **Effective Date**

The effective date of this notice is: July 1, 2026.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

### CLEVELAND STATE UNIVERSITY EMPLOYEE HEALTH CARE PLAN

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 later enroll yourself and 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).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within **31 days** after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a 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 **31 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Jennifer Lavelle  
Sr. Manager, Benefit & Retirement Programs  
(216)687-5202

*\* This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

## GENERAL COBRA NOTICE

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

#### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep your Plan informed of address changes.**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information:**

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Jennifer Lavelle  
Sr. Manager, Benefit & Retirement Programs  
2300 Euclid Avenue Administration Center, Suite 113  
Cleveland, OH 44115  
(216)687-5202

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<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

**WOMEN’S HEALTH AND CANCER RIGHTS NOTICE**

Cleveland State University Employee Health Care Plan is required by law to provide you with the following notice:

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) provides certain protections 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Cleveland State University Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, 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:

MetroHealth Select (Skyway)	In-Network	Out-of-Network
Individual Deductible	\$350	Not Covered
Family Deductible	\$1,050	Not Covered
Coinsurance	20%	Not Covered
Medical Mutual value Plan	In-Network	Out-of-Network
Individual Deductible	\$1,100	\$2,200
Family Deductible	\$3,300	\$6,600
Coinsurance	20%	40%

Medical Mutual Traditional Plan	In-Network	Out-of-Network
Individual Deductible	\$600	\$1,200
Family Deductible	\$1,800	\$3,600
Coinsurance	25%	40%

If you would like more information on WHCRA benefits, please refer to your Policy Booklet or contact your Plan Administrator at:

Jennifer Lavelle  
 Sr. Manager, Benefit & Retirement Programs  
 (216)687-5202

**NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS**

Cleveland State University Wellness Program is a voluntary wellness program available to employees enrolled in a Cleveland State University medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Benefits Guide and available at [mysubbenefits.com](http://mysubbenefits.com).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. Learn more about appeals on the Medical Mutual Wellness Portal or by calling the Medical Mutual Wellness Team toll free at 855.553.1006.

The information from the Health Risk Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cleveland State University may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) "a registered nurse," "a doctor," "a health coach," or "business associates of". in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jennifer Lavelle at (216)687-5202.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dftr/">http://www.in.gov/fssa/dftr/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website:  <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a>            Medicaid Customer Service Line: 1-888-342-6207            Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a>            Louisiana Health Insurance Premium Program (LaHIPP) Website:  <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a>            LaHIPP phone: 1-877-697-6703            LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a>            LaHIPP fax: 1-888-716-9787            LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPProgram@mt.gov">HHSHIPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

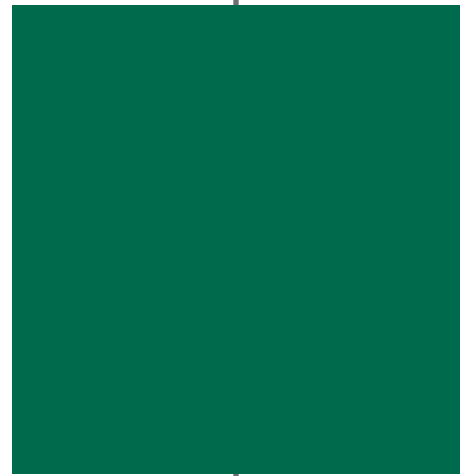
U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

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

OMB Control Number 1210-0137 (expires 3/31/2026)



This document highlights some of the benefits offered through our benefits program. Please refer to the plan document(s) and collective bargaining agreements for a complete description. If there is a conflict between this document and the legal plan documents, the legal plan documents will prevail. The benefits and policies outlined in this document do not constitute the terms and conditions of an employment contract. Although the company maintains the benefits program on an ongoing basis, the company reserves the right to amend or terminate any plan at any time.