



2026

Benefits Guide

LOOK INSIDE FOR:

- Medical Plan Options and Comparison Chart
- Dental, Vision and Life Insurance Plans
- Flexible Spending Accounts
- Voluntary Benefits Program



This page is intentionally left blank.

TABLE OF CONTENTS

Eligibility	4
Changing Your Benefits	4
Medical Plans	5-11
Flexible Spending Accounts	12
Health Savings Account and ALEX	13
Dental and Vision	14
Basic Group Term Life Insurance and Accidental Death & Dismemberment Insurance	15
Voluntary Benefits	16
Additional Valuable Benefits	17
Other Details and Legal Notices	18-20
Benefit Providers' Contact Information	21



Cuyahoga County 2026 Benefits Program

Cuyahoga County's Benefits Program features health care and benefit packages designed to help you and your family "BeWell and Thrive." Making the right choices is key to achieving your health and wellness goals.

You have the opportunity to select the benefits that are best for you and your family. The choices you make can help you reach your goals for physical, mental and financial wellness. Please review this guide and use additional online resources as you make decisions for 2026. Cuyahoga County offers a variety of valuable benefits to all eligible employees, including:

- Medical and Prescription Drugs
- Dental
- Vision
- Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance
- Supplemental Life Insurance
- Dependent Life Insurance
- Flexible Spending Accounts

In addition, you may choose voluntary benefits offered by Lincoln Financial Group and Trustmark Solutions.

Voluntary Benefits through Lincoln Financial Group

- Accident Insurance
- Critical Illness Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance

Voluntary Benefits through Trustmark

- Universal Life Insurance

Open Enrollment

Open Enrollment is the one time of the year that eligible employees can switch medical plans, add an enrollment, drop an enrollment, add dependents to coverage, or remove dependents from coverage without a qualifying life event.

With the exception of Flexible Spending Accounts and the Waiver/Opt-Out payment, the benefits you currently have will continue if you make no changes. However, you **must** make an election for a Flexible Spending Account every Open Enrollment in order to continue to have an FSA account the following year. For those who have health care coverage elsewhere, you **must** apply for the Waiver/Opt-Out payment every Open Enrollment in order for this payment to continue. These two benefits do not automatically renew.

Pre-Tax Plan Elections (IRS Section 125)

All the County's employee health care plan and FSA payroll deductions are pre-tax and, therefore, regulated by IRS Section 125. Under these rules, pre-tax elections for health care coverage and FSAs cannot be changed once Open Enrollment or any other enrollment period during the plan year has closed, unless you experience a qualifying life event that affects coverage (e.g., marriage, divorce, birth/adoption of a child, or change in employment status). Please review your elections carefully during Open Enrollment, upon new hire, and at any other enrollment opportunity as changes are restricted by law.



Eligibility & Changing Your Benefits

Eligibility

You are eligible to enroll in benefits if you are a regular full-time or part-time employee who is scheduled to work at least 30 hours per week. Your eligible dependents may also participate in coverage. An eligible dependent is considered to be:

- Your spouse, provided you are not legally separated; or
- Your child up to the end of the month of their 26th birthday

A child is defined as your, or your spouse's, natural child, stepchild (provided the natural parent remains married to you and resides in the household), legally adopted child or child placed with you for adoption, a child for whom you or your spouse has been appointed the legal guardian or custodian, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order. Coverage may be extended to a child of any age who is incapable of self-support due to a mental or physical disability. Two County employees cannot enroll each other or their dependent(s) in more than one benefit plan sponsored by Cuyahoga County.

Changing Your Benefits

When you enroll in Cuyahoga County's benefits, your coverage is effective through December 31st as long as you remain eligible for the benefit. If you have a qualifying event during the year, you may change your benefits coverage within 30 consecutive days of the event. Qualifying status events include marriage, divorce, legal separation, birth or adoption of a child, loss or gain of employment or coverage by your spouse, or a dependent no longer meets eligibility requirements.

Employees who have waived coverage may be entitled to receive a benefits allowance/taxable Opt-Out Payment but must attest that they have alternative medical and/or dental coverage to receive it. If you do not make any benefit selections(s) within the first thirty (30) consecutive days of employment, your coverage will be automatically waived, and you will not be eligible to receive a benefits allowance/taxable opt-out payment.

Failure to enroll within 30 consecutive days of your date of hire will result in:	
Medical Plans	No Medical Plan
Dental Plan	No Dental Plan
Vision Plan	No Vision Plan
Flexible Spending Account (e.g. Medical and/or Dependent Care)	No Flexible Spending Account(s)
Life Insurance Plan	Basic Life Insurance Only (If applicable)
Dependent Life Insurance (e.g. Spouse and unmarried Dependent(s) under age26)	No Dependent Life Insurance (If applicable)

Health Coverage Waiver/Opt-Out Payment

Employees with healthcare coverage elsewhere who choose to waive County-provided medical and/or dental plan coverage may be entitled to receive a taxable opt-out allowance in their bi-weekly paychecks. Eligibility is determined annually during Open Enrollment, based on the employee's survey responses, or upon hire based on the employee's enrollment application. Verification of other coverage is required.

Benefits Enrollment	Allowance Amount
Enroll in Medical Coverage only – Waive Dental	\$3.00
Enroll in Dental Coverage only – Waive Medical	\$20.00
Waive Medical + Dental Coverage	\$23.00

Medical

A Quick Look at Your 2026 Medical Plan Options

	MetroHealth Select High Deductible Plan	MetroHealth Select Plan	Medical Mutual SuperMed EPO Plan	Medical Mutual SuperMed PPO Plan
Payroll Deductions	None	Low	Middle	Highest
Annual Deductible	Highest	None	Middle	Highest
In-Network Preventive Care Covered in Full	Yes	Yes	Yes	Yes
Eligible for a Health Savings Account (HSA)	Yes	No	No	No
Eligible for a Medical Flexible Spending Account (MFSA)	No	Yes	Yes	Yes
Prescription Drug Coverage	Yes	Yes	Yes	Yes
Out-of-Network Coverage	No	No	No	Yes
Provider Network	MetroHealth Select	MetroHealth Select	Medical Mutual and MetroHealth Select	Medical Mutual and MetroHealth Select

**Please note: If you are not a new employee and are currently enrolled in benefits, you have 30 consecutive days from your qualifying life event to enroll. Failure to complete enrollment within this timeframe will result in continued enrollment in your current benefits elections with no benefits allowance/taxable opt-out payment.*

Be Well and Thrive: Preventive Care

Living well means taking the steps needed to prevent illness. Depending on your age and gender, there are preventive screenings and health care services to help you maintain or improve your health. All the medical plans available offer preventive care benefits at no cost to you when you use in-network providers.

Here's a partial list of preventive care services fully covered by the MetroHealth Select and Medical Mutual plans:

- Routine physical exam
- Routine lab work
- Routine vision exam
- Blood pressure
- Bone density
- Breast cancer screening (mammogram)
- Cervical cancer screening
- Cholesterol
- Colorectal cancer screening
- Height and weight/Body Mass Index (BMI)
- Immunizations
- Prostate exam

Refer to your medical plan's Certificate of Coverage for details about preventive care benefits.

MetroHealth Select High Deductible Plan

- Access to providers in the MetroHealth Select (Skyway) network. Out-Of-Network services are not covered.
- You'll pay an annual deductible and coinsurance for health care services. In-Network preventive services are covered at 100%. Because of the savings you'll receive from zero premiums from your paycheck and the tax-advantaged Health Savings Account (HSA) eligibility, the plan includes a higher annual deductible than the other medical plan options.
- Plan begins to pay benefits after the deductible is satisfied. The deductible is \$2,800 single/\$5,250 family
- Health Savings Account (HSA) feature allows you to make pre-tax contributions to an account that can be used to pay eligible health care costs today, throughout your career, and even into retirement. The HSA can be set up at a financial institution.
- You can contribute up to \$4,400 single/\$8,750 family annually into the HSA. Cuyahoga County does not make any contributions to this account.
- Most services received are covered at 80% after satisfying the annual deductible. There is no copay for emergency room services; those services are subject to the annual deductible and coinsurance. There is no coverage for non-emergency services provided Out-Of-Network.

Medical Mutual SuperMed EPO Plan

- An Exclusive Provider Organization (EPO) is a hybrid of HMO and PPO managed care plans.
- See any provider In-Network; higher benefit is paid when using Tier 1 In-network providers. Learn more about the Tier 1 structure at employeebenefits.cuyahogacounty.us.
- There is no annual deductible for MetroHealth services. You'll pay an annual deductible of \$1,000 single/\$2,000 family for services that have coinsurance in the Medical Mutual SuperMed network. Preventive services are covered at 100%. You'll pay coinsurance or per visit copays for other covered health care services.
- Under the Medical Mutual SuperMed EPO Plan, most services received from Tier 1 providers (MetroHealth) are covered at 90% and/or require a lower copay and out-of-pocket maximum.
- Visits to the Emergency Room are subject to a \$150 copay for emergency services and a \$200 copay for in-network non-emergency. There is no coverage for Out-Of-Network non-emergency services. Tier 2 services are covered at 80% after a deductible or require a copay.

MetroHealth Select Plan

- Access to providers in the MetroHealth Select network.
- You will pay no annual deductible. You will pay copays or coinsurance for health care services. Preventive services are covered at 100%.
- Under the MetroHealth Select Plan, most services require a copay. Visits to the Emergency Room (In-Network or Out-Of-Network) are subject to a \$150 copay for emergency services and a \$200 copay for In-Network non-emergency services. There is no coverage for Out-Of-Network non-emergency services.

Choose the plan that fits your needs!
Compare the medical plans. See the charts on pages 8-11.

Prescription drug benefits are located in the comparison charts shown in this Guide.

Medical Mutual SuperMed PPO Plan

- PPO plans, or Preferred Provider Organization plans, allow you to visit any In-Network physician or health care provider you wish without first requiring a referral from a primary care physician.
- Access to providers in both the MetroHealth Select and Medical Mutual SuperMed networks.
- You'll pay an annual deductible of \$750 single/\$1,500 family in the MetroHealth Select network and an annual deductible of \$1,000/\$2,000 in the Medical Mutual SuperMed network for services that have coinsurance. Preventive services are covered at 100%. You'll pay coinsurance or per visit copays for other covered health care services.
- Under the Medical Mutual SuperMed PPO Plan, you pay a zero (0%) coinsurance for services received from Tier 1 providers (MetroHealth). Under Tier 2 providers (Medical Mutual SuperMed), you may 10% coinsurance. Copays are the same in both tiers.

Your Emergency Room Benefits

Cuyahoga County pays the full cost of the Emergency Room visit after you pay a \$150 copay for an actual emergency (an illness or injury that threatens your life or limb). You are responsible for costs related to tests and services that are subject to the annual deductible. You will pay a \$200 copay for a visit to the Emergency Room for in-network non-emergency services. There is no coverage for Out-Of-Network non-emergency room services for all plans except the Medical Mutual SuperMed PPO Plan. **If you are not sure if your condition is life- or limb-threatening**, contact the 24-hour NurseLine at 888-912-0636. If your illness or injury is not life- or limb-threatening, visit the nearest urgent care center (In-Network when possible) or contact your physician to make an appointment for treatment.

Understanding your Additional Benefits through Medical Mutual and MetroHealth

These Medical Mutual programs are available to participants in all of the medical plans, regardless of what plan you are enrolled in. Get the help you need and put your mind at ease.

Nurse Line

The NurseLine offers peace of mind by providing Medical Mutual and MetroHealth subscribers with 24/7 guidance and answers to health care questions. Highly trained and experienced nurses take your call(s) anytime, day or night to:

- Advise you personally, no matter how big or small the health concern
- Provide easy-to-understand explanations about medical tests and results
- Talk through self-care for treating minor medical conditions at home
- Help determine if you need to go to the emergency room
- Stay on the line until everything is under control

The Nurse Line provides immediate support for everyday health issues and questions that otherwise might lead to unnecessary physician and emergency room visits. It also serves for emerging health conditions before they become serious medical events that require emergency room visits or hospitalizations. The toll-free number is 888-912-0636.

Teladoc®

Teladoc® gives Medical Mutual subscribers 24/7/365 access to a doctor through the convenience of phone or video consults. Teladoc® is covered under your medical plan as a physician's office visit. While, it doesn't replace your primary care physician, it's a convenient and affordable option for quality care. Use Teledoc®:

- When you need a health care answer now
- If you're considering the ER or urgent care center for a non-medical emergency
- On vacation, on a business trip, or away from home
- For short-term prescription refills

If you have any questions, call Teladoc® at 800 -835-2362 or go to [Teladoc.com](https://www.teladoc.com)

Weight Watchers (WW)

Medical Mutual teamed up with Weight Watchers (WW) to help members reach their personal health and weight management goals. As a Medical Mutual member, you can start or renew your WW membership today and save almost 50% off the regular cost.

Pivot Breathe, formerly known as Quit Line

Pivot Breathe offers support to Medical Mutual and MetroHealth subscribers who are ready to kick the tobacco habit. Talk with a coach by phone as little or as much as you need. Your coach knows what you're going through and is here to:

- Help you create a realistic quit plan
- Offer quit tips that really work
- Discuss ways to overcome cravings and break through obstacles
- Provide motivation and advice if things get tough

It's free and easy to get started! All you have to do is pick up the phone and dial 866-845-7702 or log into My Health Plan at [MedMutual.com/member](https://www.MedMutual.com/member) for more information.

Fitness Discounts

Whether you're joining a gym for the first time or have a long-term commitment to fitness, Medical Mutual supports your active, healthy lifestyle. You'll save money on a discounted membership to participating fitness centers in the Husk Wellness network, including Planet Fitness, Anytime Fitness, and more.

As a Medical Mutual member, you'll also enjoy exclusive discounts on:

- Workout DVDs and fitness trackers
- Online diet programs
- Nutritional supplements

To learn more visit: marketplace.huskwellness.com/medmutual or call 1-800-294-1500.

Disease Management Programs

Medical Mutual offers Total Health, a disease management and clinical health support program. Total Health offers comprehensive healthcare solutions that include care navigation, telephonic and digital health coaching, virtual physical therapy, and personalized clinical resources at no additional cost if you have any illness or medical condition, including but not limited to asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure, coronary artery disease, diabetes, muscular-skeletal conditions, managing a pregnancy, transitional care after a hospital stay, and more. For details and to enroll, call 800-590-2583.

STRIDES Diabetes Prevention Program

A proven science-based lifestyle change program available through MetroHealth to help covered members diagnosed with prediabetes or other Type 2 diabetes risk factors prevent or mitigate disease progression.

MetroHealth Select High Deductible Medical and Prescription Drug Comparison

The 2026 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2026.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2026 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage available through MetroHealth Select Network only
- Medical and Prescription Drug costs are out-of-pocket until the deductible is met
- Requires you to pay 100% for Out-of-Network services
- Prescription Drugs are required to be filled at a MetroHealth Pharmacy or Express Scripts
- Option to open and contribute to a tax-favored Health Savings Account to pay for healthcare expenses

	MetroHealth Select Network	Out-of-Network
Deductible (Individual/Family)	\$2,800/\$5,250	Not Covered
Coinsurance	20% After Deductible	Not Covered
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	\$3,850/\$7,950	Not Covered
Inpatient Facility Services	20% After Deductible	Not Covered
Outpatient Facility & X-Ray/Lab Services	20% After Deductible	Not Covered
Preventive Care Office Visit	0%, No Deductible	Not Covered
Office Visit – Primary Care Physician	20% After Deductible	Not Covered
Office Visit – Specialist	20% After Deductible	Not Covered
Urgent Care Visit	20% After Deductible	Not Covered
Emergency Room Visit – Emergency <i>*(Not subject to deductible, Copay waived if admitted)</i>	20% After Deductible	
Emergency Room Visit – Non- Emergency	20% After Deductible	Not Covered
Prescription Drug Benefits Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty- Up to 30-day supply	MetroHealth Pharmacy or Medical Mutual Express Script Network (Mail Order is only available through Express Script Network)	Out-of-Network
Retail Generic	20% After Deductible	Not Covered
Retail Preferred Brand	20% After Deductible	Not Covered
Retail Non-Preferred Brand	50% After Deductible	Not Covered
Retail Specialty	50% After Deductible	Not Covered
Mail Order Generic	20% After Deductible	Not Covered
Mail Order Preferred Brand	20% After Deductible	Not Covered
Mail Order Non-Preferred Brand	50% After Deductible	Not Covered
Mail Order Specialty	Not Covered	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)	\$6,650/\$13,200	N/A

MetroHealth Select Medical and Prescription Drug Comparison

The 2026 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2026.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2026 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage available through MetroHealth Select Network only
- Requires you to pay 100% for Out-of-Network services
- Prescription drug coverage through a MetroHealth Pharmacy, a CVS Pharmacy, or CVS Caremark Mail Order
- Option to participate in Medical Flexible Spending Account for eligible out-of-pocket health care expenses

	MetroHealth Select Network	Out-of-Network
Deductible (Individual/Family)	\$0/\$0	Not Covered
Coinsurance	0%, No Deductible	Not Covered
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	N/A	N/A
Inpatient Facility Services	\$250 Copay	Not Covered
Outpatient Facility & X-Ray/Lab Services	0%, No Deductible	Not Covered
Preventive Care Office Visit	\$0 Copay, No Deductible	Not Covered
Office Visit – Primary Care Physician	\$20 Copay	Not Covered
Office Visit – Specialist	\$40 Copay	Not Covered
Urgent Care Visit	\$40 Copay	Not Covered
Emergency Room Visit – Emergency <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*	
Emergency Room Visit – Non- Emergency	\$200 Copay	Not Covered
Prescription Drug Benefits Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty - Up to 90-day supply	MetroHealth Pharmacy	CVS Pharmacy
Retail Generic	\$10 Copay	\$20 Copay
Retail Preferred Brand	\$25 Copay	\$50 Copay
Retail Non-Preferred Brand	\$50 Copay	\$100 Copay
Retail Specialty	20% to \$750	20% to \$750
Mail Order Generic	\$10 Copay	\$20 Copay
Mail Order Preferred Brand	\$50 Copay	\$80 Copay
Mail Order Non-Preferred Brand	\$80 Copay	\$120 Copay
Mail Order Specialty	Not Covered	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)	\$6,600/\$13,200	N/A

Please Note: When a generic is available, but the pharmacy dispenses the brand name medication for any reason other than the prescriber indicates "dispense as written," you will pay the difference between the brand name medication and the generic plus the brand copayment.

Medical Mutual SuperMed EPO Plan Medical and Prescription Drug Comparison

The 2026 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2026.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2026 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network
- Requires that you pay 100% for Out-of-Network services
- Prescription drug coverage through a MetroHealth Pharmacy, a CVS Pharmacy, or CVS Caremark Mail Order
- Option to participate in Medical Flexible Spending Account for eligible out-of-pocket health care expenses

	Tier 1 MetroHealth Select Network	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-of-Network
Deductible (Individual/Family)	\$0/\$0	\$1,000/\$2,000	Not Covered
Coinsurance	10%, No Deductible	20% After Deductible	Not Covered
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	\$1,250/\$2,500	\$6,000/\$12,000	Not Covered
Inpatient Facility Services	\$250 + 10%	20% After Deductible	Not Covered
Outpatient Facility & X-Ray/Lab Services	0%, No Deductible	20% After Deductible	Not Covered
Preventive Care Office Visit	\$0 Copay, No Deductible	\$0 Copay, No Deductible	Not Covered
Office Visit – Primary Care Physician	\$20 Copay	\$30 Copay	Not Covered
Office Visit – Specialist	\$40 Copay	\$50 Copay	Not Covered
Urgent Care Visit	\$40 Copay	\$60 Copay	Not Covered
Emergency Room Visit – Emergency <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*		
Emergency Room Visit – Non- Emergency	\$200 Copay		Not Covered
Prescription Drug Benefits Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty - Up to 90-day supply	MetroHealth Pharmacy	CVS Pharmacy or MetroHealth Pharmacy	Out-of-Network
Retail Generic	\$10 Copay	\$10 Copay	Not Covered
Retail Preferred Brand	\$40 Copay	\$40 Copay	Not Covered
Retail Non-Preferred Brand	\$60 Copay	\$60 Copay	Not Covered
Retail Specialty	20% to \$750	20% to \$750	Not Covered
Mail Order Generic	\$10 Copay	\$10 Copay	Not Covered
Mail Order Preferred Brand	\$80 copay	\$80 copay	Not Covered
Mail Order Non-Preferred Brand	\$120 copay	\$120 copay	Not Covered
Mail Order Specialty	Not Covered	Not Covered	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)	\$6,600/\$13,200	\$7,000/\$14,000	N/A

Medical Mutual SuperMed EPO Plan: Tier 1 and Tier 2 coinsurance limits work towards each other.

* Tier 1 coinsurance is covered at 90%; however, variable copays and some services at 100% due to HCR.

Please Note: When a generic is available, but the pharmacy dispenses the brand name medication for any reason other than the prescriber indicates "dispense as written," you will pay the difference between the brand name medication and the generic plus the brand copayment.

Medical Mutual SuperMed PPO Medical and Prescription Drug Comparison

The 2026 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2026.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2026 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network
- Out-of-Network coverage available
- Prescription drug coverage through a MetroHealth Pharmacy, a CVS Pharmacy, or CVS Caremark Mail Order.
- Option to participate in Medical Flexible Spending Account for eligible out-of-pocket health care expenses

	Tier 1 MetroHealth Select Network	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-of-Network
Deductible (Individual/Family)	\$750/\$1,500	\$1,000/\$2,000	\$3,000/\$6,000
Coinsurance	0% After Deductible	10% After Deductible	40% After Deductible
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	\$1,750/\$3,500	\$4,000/\$8,000	\$3,000/\$6,000
Inpatient Facility Services	0%, No Deductible	10% After Deductible	40% After Deductible
Outpatient Facility & X-Ray/Lab Services	0%, No Deductible	10% After Deductible	40% After Deductible
Preventive Care Office Visit	\$0 Copay, No Deductible	\$0 Copay, No Deductible	40% After Deductible
Office Visit – Primary Care Physician	\$25 Copay	\$25 Copay	40% After Deductible
Office Visit – Specialist	\$50 Copay	\$50 Copay	40% After Deductible
Urgent Care Visit	\$75 Copay	\$75 Copay	40% After Deductible
Emergency Room Visit – Emergency <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*		
Emergency Room Visit – Non- Emergency	\$200 Copay		40% After Deductible
Prescription Drug Benefits Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty - Up to 90-day supply	MetroHealth Pharmacy	CVS Pharmacy or MetroHealth Pharmacy	Out-of-Network
Retail Generic	\$10 Copay	\$10 Copay	Not Covered
Retail Preferred Brand	\$40 Copay	\$40 Copay	Not Covered
Retail Non-Preferred Brand	\$60 Copay	\$60 Copay	Not Covered
Retail Specialty	20% up to \$750	20% up to \$750	Not Covered
Mail Order Generic	\$10 Copay	\$10 Copay	Not Covered
Mail Order Preferred Brand	\$80 Copay	\$80 Copay	Not Covered
Mail Order Non-Preferred Brand	\$120 Copay	\$120 Copay	Not Covered
Mail Order Specialty	Not Covered	Not Covered	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$6,000/\$12,000

Medical Mutual SuperMed PPO Plan: Tier 1 and Tier 2 coinsurance limits work towards each other.

Please Note: When a generic is available, but the pharmacy dispenses the brand name medication for any reason other than the prescriber indicates "dispense as written," you will pay the difference between the brand name medication and the generic plus the brand copayment.

Flexible Spending Accounts

Lower your taxable income with Flexible Spending Accounts (FSA)

Cuyahoga County offers Flexible Spending Accounts (FSAs) through P&A Group, to help you manage your medical care and dependent care expenses. Both accounts are tax-advantaged, which saves you money! FSAs require active enrollment every year.

Medical FSA (MFSA)

If you're NOT enrolled in the MetroHealth Select High Deductible Plan, you can enroll in the MFSA. You can contribute up to \$3,400 annually through pre-tax payroll deductions.

Use the account to pay for qualified health care expenses not covered by other insurance, including annual deductibles, coinsurance, co-pays, exams, extra eyeglasses, contact lenses, laser eye surgery, medical devices and health monitors, over-the-counter medicines, feminine care items, and more. Keep all receipts (hint: scan or take smartphone photos of paper receipts to keep track) and follow plan instructions to submit substantiation to the FSA plan administrator as needed.

Important: If you're enrolled in the MetroHealth Select High Deductible Plan, you are not eligible to participate in the MFSA. You can participate in a Health Savings Account (HSA) through your bank or preferred financial institution.

Carry Forward (Rollover)

For the 2026 Plan year, we are administering the rollover up to \$680. Unused funds more than \$680 in your MFSA account at the end of the plan year, December 31, 2026, will be forfeited.

For a complete list of eligible MFSA expenses, go to www.irs.gov/pub/irs-pdf/p502.pdf

What is the Health FSA Carry Forward?

Employees who enroll in the Health Care FSA no longer have to worry as much about losing unused funds at the end of the plan year! Beginning with your 2026 account, if you have unused funds in your 2025 account, you can roll unused funds - up to \$680 - into the next plan year. Your carry forward account will continue to roll over until the amount is exhausted. The maximum carry forward amount is indexed annually.

PLEASE NOTE: The carry forward only applies to the Health Care FSA; it does not apply to any other accounts.

How Claims Will Be Paid (2025 and 2026)

- If you have a balance in your 2025 account, you can submit reimbursement claims for expenses incurred in 2025 until the FSA claims runout period ends on March 31, 2026.
- After the FSA claims runout period for 2025 ends, up to \$680 of leftover money in your 2025 Medical FSA will be available in a new account labeled FSA Carry Forward.
- Claims with dates of service in 2026 pay from the 2026 FSA first; then, when funds are exhausted, the 2025 FSA Carry Forward amount is used.

Dependent Care FSA (DCFSA)

Beginning on or after January 1, 2026, you can contribute up to \$7,500 (\$3,750 for married couples filing separately) each year through pre-tax payroll deductions.

Use the account to pay for qualified dependent care expenses for:

- Dependents under age 13 (i.e., age 12 and under)
- An elderly parent who
 - » Lives with you (provided you are responsible for 50% of his/her support)
 - » You claimed as a legal dependent on your federal income tax return, and is mentally and physically incapable of self-care
- Dependent child or spouse of any age who lives with you and is physically and mentally incapable of self-care

Use it or lose it!

Unused funds in your account at the end of the year, December 31, 2026, are forfeited. Take time to carefully estimate the amount you'll need for dependent care services in 2026.

You can find the complete list of DCFSA eligible expenses at www.irs.gov/publications/p503/ar02.html

2026 FSA claims must be submitted by March 31, 2027.

HSA

health savings account

Health Savings Account

Thrive with a Health Savings Account

If you're enrolled in the MetroHealth Select High Deductible Plan, you can use a Health Savings Account (HSA) to help pay for qualified health care expenses. The account belongs to you and can accumulate throughout your career. Unlike an FSA, you do not lose an unused HSA account balance at the end of the year and is yours even if you leave Cuyahoga County employment. Use your HSA to pay for health care expenses now or in the future – even in retirement. You can participate in a Health Savings Account (HSA) through your bank or preferred financial institution. Cuyahoga County does not make any contributions to this account.

An HSA has these tax advantages that save you money now and many years in the future:

2026 Contribution Amount Maximum:

\$4,400 Single

\$8,750 Family

If you are 55 or older, you can contribute an additional \$1,000 each year into an HSA.

Learn more at a financial institution of your choice.

ALEX

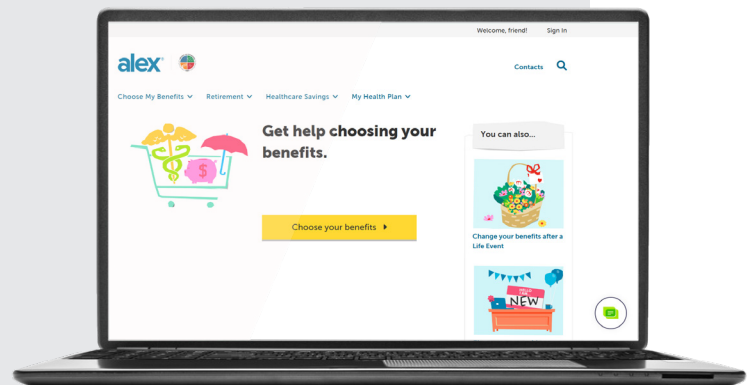
Not sure what plan is right for you?

ALEX is an easy-to-use online tool available to help you figure out which benefits plan will best serve your needs. ALEX will ask a few simple questions about your health needs and preferences, then crunch numbers to help you find personalized coverage options at prices that fit your budget. Don't worry, everything you tell ALEX is completely anonymous.

Try it out today!

<https://www.cuyahogacounty.gov/employee-benefits>

alex[®]



Dental and Vision

Delta Dental Plan

Cuyahoga County offers dental care benefits through Delta Denta PPO. Here are the highlights of the plan:

- You will pay a \$50 deductible for each individual (up to three individuals per family) or \$150 for family for In-Network and Out-of-Network.
- The plan provides a \$1,000 lifetime (per person) benefit for TMJ diagnosis and treatment.
- When you use Out-of-Network providers, you will pay any amount above the usual and customary charge (UCR). The deductible is waived for preventive services.

Find In-Network dentists at: www.deltadentaloh.com

Eligible dependent children are covered to the end of the month of their 26th birthday.

	Your Cost In-Network	Your Cost Out-of-Network
Annual Deductible	\$50 Individual/ \$150 Family (up to three individual per family)	
Preventive Care	\$0	\$0
Basic Services	20% After deductible	20% After deductible
Major Services	50% After deductible	50% After deductible
Annual Benefit Maximum	\$2,500	
Orthodontia Services	50%	50%

\$1,000 Lifetime Maximum for children under age 19 for orthodontic services.

Does not apply to Annual Benefit Maximum.

MetLife Vision Plan

When you enroll in MetLife Vision, you have access to great eye doctors and quality eye wear at affordable costs.

- **Network:** Superior Vision
- When using an in-network provider, you will pay \$10 for each eye exam. This is available one time per calendar year.
- There will be a \$25 Eyewear Materials Copay for lenses and frames or contacts.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Visionworks®, LensCrafters®, Costco® Optical, Walmart®, Sam's Club®, Target Optical®, America's Best and Warby Parker.
- **Lens Enhancements:** How to maximize potential savings. In search results, look for the star icon. These providers have agreed to accept discounts for all covered lens enhancements.
- Find in-network providers at <https://www.metlife.com/insurance/vision-insurance> and select 'Superior Vision by MetLife'.

	Your Cost In-Network	Your Out-of-Network Allowance
Eye Exam <i>(once every calendar year)</i>	\$10 copay	\$45
Eyewear Materials	\$25 copay	\$25
Contact Lenses	Elective: \$170 allowance + 20% off balance Necessary: covered in full	Elective: \$105 allowance Necessary: \$210 allowance
Standard Lenses <i>(once every calendar year)</i> Single Bifocal Trifocal Lenticular Progressives	covered in full after copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance \$50 allowance
Frames <i>(once every calendar year)</i>	\$195 or \$220 allowance, 20% off balance <i>(additional allowance of \$25 at select providers - look for the dollar sign (\$) icon)</i>	\$55 allowance
Lasik Surgery	Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.	not covered



Basic Group Term Life and AD&D

Basic Group Term Life Insurance

Cuyahoga County provides Basic Group Term Life Insurance in the amount of \$30,000 to each eligible full-time employee unless other benefits are provided through your union contract. If eligible for Group Term Insurance, you are also eligible for Accidental Death & Dismemberment (AD&D) Insurance. The benefit amount varies based on type of death or the type of disability.

Supplemental Group Term Life Insurance

Cuyahoga County offers you the opportunity to purchase Supplemental Group Term Life Insurance. The cost is based on your age and amount of coverage selected. Employees have a choice to select coverage in \$10,000 increments up to a \$500,000 maximum. A benefit reduction schedule applies if you are 70 or older. In some cases, you may be required to provide Evidence of Insurability (EOI) on certain Supplemental Life Insurance coverage amounts. EOI is an application process in which you provide information on the condition of your health or your dependent's health to obtain certain types of insurance coverage.

Please note, during Cuyahoga County's Annual Open Enrollment Period, an employee may apply for an additional one increment of \$10,000 without providing EOI, not to exceed the \$500,000 maximum.

Through MedMutual Life, you have access to Will Maker from New Directions. This is a will preparation service that offers a range of services to help you communicate how you want to provide for your loved ones. These services include living trusts for married or single persons, identity theft affidavits, library of information and much more. To get started, go to NDWillPrep.com and enter your login code: MML. Register and create your will today.

Accidental Death & Dismemberment Insurance

Cuyahoga County provides this coverage at no cost (or a nominal cost) to you. If you become disabled or die due to an accident, a benefit will be paid to you or your beneficiary. The benefit amount varies based on death or the type of disability.

Dependent Life Insurance

Cuyahoga County provides \$1,000 as a death benefit for a spouse and \$500 for any eligible unmarried dependent(s) up to age 26, unless other benefits are provided through your union contract.

Calculating Supplemental Group Term Life Insurance		
Example: 42-Year-Old Electing \$100,000 of Coverage		
A	Rate Per \$1000 (taken from chart below)	\$0.079
B	Enter the Amount of Insurance Coverage in Thousands of Dollars (ex: for \$100,000 of coverage enter 100)	100
C	Multiply A times B to determine your monthly cost	\$7.90
D	Multiply C times 12(months) to determine your yearly cost	\$94.80
E	Divided by 26 (pays) to determine per pay amount	\$3.65

2026 Supplemental Group Term Life Monthly Rates Per \$1,000	
Age	Rates
<20	\$0.039
20-24	\$0.039
25-29	\$0.039
30-34	\$0.052
35-39	\$0.059
40-44	\$0.079
45-49	\$0.131
50-54	\$0.206
55-59	\$0.359
60-64	\$0.462
65-69	\$0.831
70-74	\$1.337
75-79	\$1.853
80+	\$1.853

Select the rate based on your effective date age.

Reminder: You can change your beneficiaries by printing and completing a MedMutual Life Beneficiary Designation form and returning it to Cuyahoga County HR Employee Benefits. If you need to view your current beneficiaries, you may view them in MyHR.



Voluntary Benefits

In addition to the income protection benefits offered by Cuyahoga County, you may elect to enroll in voluntary benefits available from Lincoln Financial and Trustmark. You pay for these benefits through payroll deduction.

LINCOLN FINANCIAL GROUP

Accident Insurance

This insurance, through Lincoln Financial, provides financial help to manage the medical costs associated with accidental injuries. You can purchase Optional Accident Insurance for yourself, your spouse, dependent children and dependent grandchildren. Benefits for initial care, injuries and follow-up care are paid directly to you.

Lump sum payments are made directly to you based on the types and severity of the injury, treatment required, hospitalization, transportation and follow up.

Examples of covered injuries:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Concussions

Examples of covered expenses:

- Transportation
- Doctor office visits
- Hospitalization
- Lodging

Critical Illness Insurance

This plan pays a lump-sum cash payment when you are diagnosed with a covered condition in your policy, such as heart attack, stroke or cancer. There are no limits to the number of payouts for each insured family member and no reduction in payouts for later-diagnosed conditions.

Short Term Disability Insurance

The Short-Term Disability Insurance Plan, through Lincoln Financial, provides income that can help replace a portion of your paycheck if you are sick or injured and unable to work. Benefits are paid directly to you and are paid in full even if you have other coverage. If you become disabled, an elimination period may be required before benefits begin.

Long Term Disability Insurance

This insurance protects you and your loved ones against financial hardship if you cannot work full-time for an extended period due to sickness, injury, or surgery. Following your 180 days of absence (six months), known as the elimination period, you will receive a monthly cash benefit that can provide financial assistance during a difficult time in your life. Benefits will be paid until you return to work or your coverage period ends when you reach normal Social Security Retirement age.

TRUSTMARK

Universal Life Insurance

You may elect up to \$300,000 of coverage for you and your spouse, and your children or grandchildren (whether or not you purchase coverage for yourself) through Trustmark. The Universal Life Insurance benefits can be paid as a Death Benefit, Living Benefits, or as a combination. A Death Benefit pays at the time of the insured person's death and the money can be used for funeral costs, rent/mortgage payments, education costs, bills, or savings for future needs.

The Living Benefit is an advance on the Death Benefit and can help pay for home health care, assisted living, nursing home and adult day care services. Coverage is portable; premiums do not increase because of age.



Additional Valuable Benefits

In addition to health care and life insurance benefits, Cuyahoga County offers valuable benefits to help you live well and thrive. The benefits program includes a retirement plan, deferred compensation and an Employee Assistance Program.

The Cuyahoga County Wellness Program

The Cuyahoga County Wellness Program offers a variety of programs to benefits-eligible (full- and part-time) employees whether they enroll in our healthcare benefits plans or not. We have a popular Wellness Incentive program that provides rewards for completing required program activities in the online Wellness platform. We provide Wellness Centers with fitness equipment and classes in several of our County buildings, a gym membership discount program, the Medical Mutual 50 percent discount on WeightWatchers, and special Wellness programming events live and online. We also offer annual onsite preventive screenings and vaccinations to all employees, regardless of their enrollment in our health benefits and/or wellness incentive programs. Note: If you choose to participate in the program a fitness waiver must be completed biannually.

To get started in the Cuyahoga County Wellness Program, or for more information, please visit the Employee Benefits section in your Infor homepage, or email questions to: countywellnesscommittee@cuyahogacounty.gov.

Retirement Plan

Ohio Public Employees Retirement System (OPERS). All employees of Cuyahoga County are required by state law to participate in the OPERS instead of Social Security for their retirement plans. You and Cuyahoga County contribute to this plan which provides income to you during retirement. Deductions for your biweekly pay equaling 10% of gross wages are added to Cuyahoga County's contributions of 14% of gross wages. Retirement eligibility is at any age after 30 years of service, at age 55 after 25 years of service or at age 60 with 5 years of service.

OPERS offers its members three retirement plans so you can choose the one that best meets your retirement needs and goals.

- Traditional Pension
- Member-Directed
- Combined

For more information, visit www.opers.org or call 1-800-222-7377.

Employee Assistance Program (EAP)

EAP services, offered through Moore Counseling & Mediation Services, offer you access to a wide range of health and well-being information 24/7, every day of the year. Here are examples of the services you can find through your EAP:

- Financial Counseling
- Legal Assistance
- Mental Health and Substance Abuse Support
- Parenting Guidance

Your EAP provides 6 free counseling sessions for you and your family members for concerns such as:

- Stress, Anxiety, and Depression
- Marital or Family Issues
- Financial Difficulties
- Legal Issues
- Alcohol and Drug Abuse

For more information or to speak with a counselor today, call (216) 404-1900 or visit www.moorecounseling.com

Deferred Compensation (Section 457(b) Plans)

Planning for your future income needs is important to your financial wellness. Investment options may be purchased directly through the following providers:

- Ohio Deferred Compensation Plan
- The Ohio County Employees Retirement Plan (formerly County Commissioners of Ohio Deferred Compensation Program (CCAO))
- Ascensus (formerly Mutual of Omaha)

For more information, contact the Deferred Compensation providers.



Other Detail and Legal Notices

About This Guide

This enrollment guide is designed to provide an easy-to-read overview of Cuyahoga County's 2026 benefit options and enrollment process. Should there be any conflict between the explanation in this guide and the actual terms and provisions of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this booklet. None of the information should be interpreted as a guarantee of employment or guarantee of benefits without completing the proper application or election process.

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

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

For more information, visit www.healthcare.gov.

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

In Ohio, go to: www.medicaid.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx.

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

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

Newborns' and Mothers' Health Protection Act (NMHPA)

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

Please contact the Member Services Department.



Other Detail and Legal Notices

Privacy: How We Use and Protect Your Health Information

In the process of administering your benefits, we sometimes access Protected Health Information (PHI) that belongs to you, your spouse, or your dependents for a variety of reasons, including, but not limited to administering claims and determining health plan premiums. The way we can use PHI is regulated under a federal law known as the Health Insurance Portability and Accountability Act (HIPAA). Recently, HIPAA was amended to provide further restrictions on how PHI can be used along with certain notice requirements following a breach of unsecured PHI. Cuyahoga County's HIPAA Notice of Privacy Rights pertaining to applicable plans may be found on your Infor home page, at cuyahogacounty.gov/employee-benefits-/medical/notices, or ask your Human Resources representative for a copy.

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). 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
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. Therefore, the deductibles and coinsurance will apply. If you would like more information on WHCRA benefits, call your medical plan administrator.

Health Care Reform

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

ARE YOU, OR A FAMILY MEMBER, MEDICARE ELIGIBLE (OR ABOUT TO BECOME MEDICARE ELIGIBLE)? IF SO, PLEASE READ AND KEEP FOR YOUR RECORDS!

Medicare Part D Notice of Creditable Coverage

Your prescription drug coverage provided by the Cuyahoga County Group Health Plan is expected to pay out, on average, the same or more than what the standard Medicare prescription drug coverage will pay. This is known as “creditable coverage.”

Why This is Important

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. It has been determined that the prescription drug coverage offered by the Cuyahoga County-sponsored Medical Mutual and CVS Caremark plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (or penalty) if you decide to join a Medicare drug plan later. **Important: If you do join a Medicare drug plan while still covered by a Cuyahoga County-sponsored prescription drug plan, your Cuyahoga County-sponsored prescription drug plan will be primary coverage and must be used first.** Your prescription drug coverage is part of your group medical plan enrollment and cannot be elected separately or terminated separately.

When May You Join a Medicare Drug Plan?

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan while still covered, your Cuyahoga County prescription drug plan coverage will continue to be primary and must be used first. If you want the Medicare Drug Plan coverage to be primary, the employee must drop the Cuyahoga County *medical* plan during open enrollment or within 30 days of a qualified life event, such as gaining new coverage. For assistance with a life event, contact the Cuyahoga County Department of Human Resources using the contact information in this notice. Additional guidance is available at <https://www.cms.gov/medicare/prescription-drug-coverage/creditablecoverage?redirect=/creditablecoverage/> which outlines the prescription drug plan provisions and options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cuyahoga County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

Contact: Cuyahoga County, Department of Human Resources
Address: 2079 East Ninth Street, Cleveland, OH 44115
Phone Number: (216) 443-3539
Date of Notice: October 7, 2025

For More Information Regarding 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:

1. Visit www.medicare.gov
2. 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
3. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Benefit Providers' Contact Information

	Policy/Group Number	Toll-Free Customer Service	Web Address
Medical Plans			
MetroHealth Select High Deductible Plan	524675	888-522-8730	www.metrohealth.org
MetroHealth Select Plan	524675	888-522-8730	www.metrohealth.org
Medical Mutual SuperMed EPO Plan	524675	888-522-8730	www.medmutual.com
Medical Mutual SuperMed PPO Plan	524675	888-522-8730	www.medmutual.com
Prescription Drugs			
CVS Pharmacy		888-999-9741	www.caremark.com
Dental			
Delta Dental	10604	800-524-0149	www.deltadentaloh.com
Vision			
MetLife	270598-1-G	833-393-5433	https://www.metlife.com/insurance/vision-insurance
Flexible Spending Accounts (FSAs)			
P&A		716-852-2611	www.padmin.com
Basic & Supplemental Group Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance			
MedMutual Life	524675	866-925-2542	www.medmutuallife.com/lifeemployers/forms
Voluntary Benefits			
Lincoln Financial Optional Accident Insurance Critical Life Events Insurance Short Term Disability Insurance Long Term Disability Insurance	For education about benefits available to you, call a Oswald Benefit Counselor at 888-304-6498. For claims information or questions, call Lincoln at 800-423-2765.	888-304-6498	www.lincolnfinancial.com
Trustmark Voluntary Universal Life Insurance	To enroll in coverage or make changes to your current enrollments	888-304-6498	www.trustmarksolutions.com
Employee Assistance Program			
Moore Counseling	Cuyahogacounty	216-404-1900	www.moorecounseling.com

To contact the Department of Human Resources, Benefits Team:
Call: (216) 443-3539 or Email: benefits@cuyahogacounty.gov (non-PHI only)

2026 Cuyahoga County Employee Benefit Bi-Weekly Rates

MEDICAL

Metro Health Plan Name: Metro Health High Deductible	
Employee Only	\$0.00
Employee + Family	\$0.00

Medical Mutual Plan Name: SuperMed EPO	
Employee Only	\$61.83
Employee + Family	\$160.75

Metro Health Plan Name: Metro Health Select Premier	
Employee Only	\$24.80
Employee + Family	\$64.48

Medical Mutual Plan Name: SuperMed PPO	
Employee Only	\$77.66
Employee + Family	\$201.91

DENTAL

Delta Dental	
Employee Only	\$2.16
Employee + Family	\$5.73

VISION

MetLife	
Employee Only	\$0.27
Employee + Family	\$0.70

Health Coverage Waiver/Opt-Out Payment

Employees with healthcare coverage elsewhere who choose to waive County-provided medical and/or dental plan coverage may be entitled to receive a taxable opt-out allowance in their bi-weekly paychecks. Eligibility is determined annually during Open Enrollment, based on the employee's survey responses, or upon hire based on the employee's enrollment application. Verification of other coverage is required.

Benefits Enrollment	Allowance Amount
Enroll in Medical Coverage only – Waive Dental	\$3.00
Enroll in Dental Coverage only – Waive Medical	\$20.00
Waive Medical + Dental Coverage	\$23.00



2026 BENEFITS GUIDE