



2021 Cuyahoga County Employee Benefits Overview

Cuyahoga County is committed to promoting and sustaining the wellbeing of its employees and their families by providing quality and integrative health and wellness programs. Employees are offered comprehensive and competitive benefits programs, which include, but are not limited to medical, prescription drug, dental, vision and life insurance as well as a wellness program.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2021 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.

Benefits Eligibility

- You are eligible to enroll in benefits if you are a permanent full-time and part-time employee who is scheduled to work at least thirty (30) hours per week.
- If you have dependents, they may be covered by the County's healthcare benefits. Eligible dependents include: your spouse provided you are not legally separated; and/or your child up to the end of the month of their 26th birthday. Coverage may be extended to a child of any age who is incapable of self-support due to a mental or physical disability.
- You have thirty (30) consecutive days from your hire date to make your benefit selections and provide the appropriate proof of relationship documentation for your dependents (i.e. marriage certificate and a document showing proof of relationship for a spouse and a birth certificate for your child/children).
- New enrollments or changes to your enrollments can only be made within thirty (30) consecutive days of a qualifying event (i.e. birth, adoption, marriage, etc.) or during open enrollment.
- If you do not make an election within thirty (30) consecutive days of your hire date, you will not be enrolled in Medical, Dental, Vision, Supplemental Life, Dependent Life, or Flexible Spending Accounts. Employees who waive coverage must attest they have alternative medical and/or dental coverage to receive Benefit Allowance/Taxable Opt-Out Payment.
- Coverage is effective the first day of the month following date of hire or date of hire if you are hired on the first of the month.

Medical and Prescription Drug Plans

- Cuyahoga County offers four medical plan options. Plans are offered through MetroHealth Select and Medical Mutual. These plans pay 100% of preventive services In-Network (according to age and gender) and include prescription drug benefits. More information is available on page 4 of this overview.

Dental and Vision Plans

- Dental coverage is offered through Guardian Dental unless other benefits are provided through your union contract. The deductible is waived for In-Network and Out-Of-Network preventive services. Dependent children are covered through the end of the month of their 26th birthday.
- Your participation in the Guardian Dental Plan can earn eligible students (your children, step-children, grandchildren, nieces or nephews) Tuition Rewards that can be used to pay for up to one year's tuition at a SAGE Scholar college. There are over 340+ private colleges and universities across the nation in the SAGE Consortium and many are here in Northeast Ohio. There is no additional cost to you for this added benefit. You simply need to be a participant in the Guardian Dental Plan to qualify.
- Vision coverage is offered through VSP unless other benefits are provided through your union contract. The VSP Plan offers higher levels of reimbursement when services are obtained through In-Network providers.

Group Term Life Insurance

- Cuyahoga County provides a Basic Group Term Life insurance to each eligible full-time employee unless other benefits are provided through your union contract.
- Cuyahoga County offers the opportunity to purchase Supplemental Term Life Insurance. Cost is based on age and amount of coverage selected. You have a choice to elect flat amounts in \$10,000 increments up to a maximum benefit of \$500,000. A benefit reduction schedule applies if you are 70 or older. The Guarantee Issue amount, for timely enrollment, is \$500,000 for employees less than age 65, and \$20,000 for employee ages 65-69. If age 70+, Evidence of Insurability is needed for all amounts.
- Will Preparation is included at no cost for any employee enrolled in Basic Group Term Life Insurance.



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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.

Flexible Spending Accounts (FSAs)

- Cuyahoga County offers three types of Flexible Spending Accounts (FSA) to help you set aside pre-tax dollars for medical, dental, vision, dependent care and commuter parking/transportation expenses.
- Contributions are made through pretax payroll deductions.
- The Medical FSA is used to pay for qualified health care expenses, not covered by other insurance, including annual deductibles, co-insurance, copays, eyeglasses, and contacts. The minimum contribution is \$5 per pay and the maximum is \$103 per pay.
- The Dependent Care FSA is for childcare expenses for children under thirteen (13) years old and they must be your dependent under federal tax rules. You may also use this plan for the care of a spouse or dependent who is incapable of self-care and regularly spends at least eight (8) hours per day in your home. The maximum contribution varies by Federal tax filing status.
- The Commuter/Parking Benefits Account is used to cover work-related parking and transportation. The maximum contribution is \$270 per month.

Voluntary Benefits

- Cuyahoga County has partnered with Trustmark Solutions to offer several voluntary benefits such as Accident Insurance, Critical Life Events Insurance, Short Term Disability Income Insurance, and Universal Life Insurance to eligible employees. Premiums are paid through after-tax payroll deductions.

Employee Assistance Program

- Confidential counseling services for employees and their dependent family members are available through our employee assistance program, Moore Counseling. Assistance with financial and legal concerns as well as education and referral services are available to assist our employees with childcare, adult care, academic services and more.

Retirement

- All Cuyahoga County employees are required by state law to participate in the Ohio Public Employee Retirement System (OPERS) through payroll deduction. Information is available at <https://www.opers.org/>.

Deferred Compensation

- Investment options may be purchased directly through the following deferred compensation providers: The County Commissioners Association of Ohio Deferred Compensation Plan, The Ohio Public Employees Deferred Compensation Plan, and Mutual of Omaha (AXA Equitable).

Holidays

- Cuyahoga County offers employees eleven (11) paid holidays throughout the year. These holidays include New Year's Day, Martin Luther King, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day.

Vacation

- The County provides paid vacation to full-time and part-time benefits eligible employees. Vacation accrual is based on years of service and begins on the first day of employment with the County. Vacation is computed based on twenty-six (26) bi-weekly pay periods. Vacation is earned during the time an employee is in active pay status. Employees who have previous service with any political subdivision of the State of Ohio may receive service credit for vacation accrual.



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Full-Time Vacation accrual is as follows:

Combined Service Time (Vacation Eligibility Date)	Accrued Rate	Hourly Factor	Annual Amount	Maximum Allowable
Less than 5 years	3.1	0.0388	80 hours/10 days	240 hours/30 days
5 years, less than 15 years	4.6	0.0575	120 hours/15 days	360 hours/45 days
15 years, less than 25 years	6.2	0.0775	160 hours/20 days	480 hours/60 days
25 years or more	7.7	0.0963	200 hours/25 days	600 hours/75 days

Part-Time Vacation accrual is as follows:

Combined Service Time (Vacation Eligibility Date)	Accrued Rate	Hourly Factor	Annual Amount	Maximum Allowable
Less than 5 years	2.47	0.0388	64 hours/8 days	192 hours/24 days
5 years, less than 15 years	3.70	0.0575	96 hours/12 days	288 hours/36 days
15 years, less than 25 years	4.93	0.0775	128 hours/16 days	384 hours/48 days
25 years or more	6.16	0.0963	160 hours/20 days	480 hours/60 days

Sick Leave

- The County provides paid sick leave to full-time and part-time benefits eligible employees. Sick leave accrues at the rate of .0575 hours for each hour of service in an active pay status.

Wellness Program

- Cuyahoga County has partnered with Virgin Pulse to offer a Comprehensive Wellness Program. Our goal is to improve the overall well-being of our employees by promoting mental, physical, nutritional, emotional and financial health.
- Our Slogan: Be Well and Thrive
- Our Vision: Changing Lives by Impacting Well-Being
- Our Mission: Promote and sustain the well-being of Cuyahoga County employees and their families by providing quality and integrative health and wellness programs.
- Throughout the year, the County offers Education & Awareness opportunities through activities such as Lunch and Learns and Wellness Fairs, as we promote a healthy work culture. Employees can participate in activities and earn points towards earning a wellness incentive.

For additional information, please visit
<http://employeebenefits.cuyahogacounty.us>



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MetroHealth Select High Deductible

This Consumer Driven High Deductible Plan:

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

MetroHealth Select High Deductible - What You Pay		
	In-Network	Out-of-Network
Deductible (Individual/Family)	\$2,800 / \$5,250	Not Covered
Coinsurance After Deductible	20% After Deductible	Not Covered
Coinsurance Limit – Medical Only (Individual/Family) - Excludes Deductible	\$3,850/\$5,250	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	20% After Deductible	20% After Deductible
Emergency Room Visit – Non-Emergency	20% After Deductible	Not Covered
Prescription Drug Benefits	MetroHealth Pharmacy or Medical Mutual Express Script Network	Out-of-Network
Retail – Up to 30-day supply (3 fill limit)		
Generic	20% After Deductible	Not Covered
Preferred Brand Name	20% After Deductible	Not Covered
Non-Preferred Brand Name	50% After Deductible	Not Covered
Specialty	50% After Deductible	Not Covered
Medical Mutual Express Script Network - Up to 90-day supply		
Generic	20% After Deductible	Not Covered
Preferred Brand Name	20% After Deductible	Not Covered
Non-Preferred Brand Name	50% After Deductible	Not Covered
Specialty	50% After Deductible	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/Family)	\$6,600 /\$13,200	N/A

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MetroHealth Select

This MetroHealth Select Plan:

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage through MetroHealth Select Network only
- Requires that you pay 100% for Out-Of-Network services
- Prescription Drug coverage through a MetroHealth Pharmacy or CVS CareMark Network
- Option to participate in Medical Flexible Spending Account to pay for eligible health care expenses
- Find a provider at [MetroHealth Physician Directory](#).

MetroHealth Select - What You Pay		
	In-Network	
Deductible (Individual/Family)	\$0/\$0	Not Covered
	0%, No Deductible	
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible	N/A	N/A
	\$250 Copay	
Outpatient Facility & X-Ray/Lab Services	0%, No Deductible	Not Covered
	\$0 Copay, No Deductible	
Office Visit - Primary Care Physician	\$20 Copay	Not Covered
	\$40 Copay	
Urgent Care Visit	\$40 Copay	Not Covered
Emergency Room Visit – Emergency (Not Subject to Deductible, Copay Waived if Admitted)	\$150 Copay	
Emergency Room Visit – Non-Emergency	\$200 Copay	Not Covered
Prescription Drug Benefits*	MetroHealth Pharmacy	CVS CareMark
Retail – Up to 30-day supply (3 fill limit)		
Generic	\$10 Copay	\$20 Copay
Preferred Brand Name	\$25 Copay	\$50 Copay
Non-Preferred Brand Name	\$50 Copay	\$100 Copay
Specialty	20% to \$750	20% to \$750
MetroHealth Pharmacy, CVS Network, & CVS CareMark Mail Service – Up to 90-day supply		
Generic	\$10 Copay	\$20 Copay
Preferred Brand Name	\$50 Copay	\$80 Copay
Non-Preferred Brand Name	\$80 Copay	\$120 Copay
Specialty	20% to \$750	20% to \$750
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 doctor or prescriber indicates “dispense as written,” you will pay the difference between the brand-name medication and the generic plus the brand copayment.		

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Medical Mutual SuperMed Exclusive Provider Organization (EPO)

This Medical Mutual SuperMed EPO Plan:

- Covers 100% of preventive care services provided In-Network (according to age and gender)
- In-Network coverage through MetroHealth Select Network and Medical Mutual SuperMed Network only
- Requires that you pay 100% for Out-Of-Network services
- Prescription Drug coverage through a MetroHealth Pharmacy or CVS CareMark Network
- Option to participate in a Medical Flexible Spending Account to pay for eligible health care expenses
- Find a provider at [MetroHealth Physician Directory](#) or [Medical Mutual Provider Directory](#).

Medical Mutual SuperMed EPO - What You Pay			
MetroHealth Select			
Deductible (Individual/Family)	\$0/\$0	\$500/\$1,000	Not Covered
		20% After Deductible	
Coinsurance Limit – Medical Only (Individual/Family) - Excludes Deductible	\$1,250/\$2,500	\$2,500/\$5,000	Not Covered
	\$250 + 10%	20% After Deductible	
Outpatient Facility & X-Ray/Lab Services	0%	20% After Deductible	Not Covered
		\$0 Copay, No Deductible	
Office Visit - Primary Care Physician	\$20 Copay	\$30 Copay	Not Covered
Urgent Care Visit	\$40 Copay	\$60 Copay	Not Covered
Emergency Room Visit – Emergency (Not Subject to Deductible, Copay Waived if Admitted)	\$150 Copay	\$150 Copay	
Emergency Room Visit – Non-Emergency	\$200 Copay	\$200 Copay	Not Covered
Prescription Drug Benefits*	MetroHealth Pharmacy	CVS CareMark	Out-Of-Network
Retail – Up to 30-day supply (3 fill limit)			
Generic	\$10 Copay	\$10 Copay	Not Covered
Preferred Brand Name	\$35 Copay	\$35 Copay	Not Covered
Non-Preferred Brand Name	\$50 Copay	\$50 Copay	Not Covered
Specialty	20% to \$750	20% to \$750	Not Covered
MetroHealth Pharmacy, CVS Network, & CVS CareMark Mail Service – Up to 90-day supply			
Generic	\$10 Copay	\$10 Copay	Not Covered
Preferred Brand Name	\$70 Copay	\$70 Copay	Not Covered
Non-Preferred Brand Name	\$100 Copay	\$100 Copay	Not Covered
Specialty	20% to \$750	20% to \$750	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 doctor or prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.			

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Medical Mutual SuperMed Preferred Provider Organization (PPO)

This Medical Mutual SuperMed PPO Plan:

- 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 or CVS CareMark Network
- Option to participate in a Medical Flexible Spending Account to pay for eligible health care expenses
- Find a provider at [MetroHealth Physician Directory](#) or [Medical Mutual Provider Directory](#).

Deductible (Individual/Family)		\$750/ \$1,500	\$1,500/\$3,000
Coinsurance After Deductible		10% After Deductible	
Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible		\$1,750/\$3,500	\$2,000/\$4,000
Inpatient Facility Services		10% After Deductible	
Outpatient Facility & X-Ray/Lab Services	0%, No Deductible	10%, After Deductible	30% After Deductible
		\$0 Copay, No Deductible	30% After Deductible
Office Visit – Primary Care Physician	\$25 Copay	\$25 Copay	30% After Deductible
Office Visit - Specialist			
Urgent Care Visit	\$75 Copay	\$75 Copay	30% After Deductible
Emergency Room Visit – Emergency (Not Subject to Deductible, Copay Waived if Admitted)			
Emergency Room Visit – Non-Emergency	\$200 Copay	\$200 Copay	30% After Deductible
Prescription Drug Benefits*	MetroHealth Pharmacy	CVS CareMark	Out-Of-Network
Retail – Up to 30-day supply (3 fill limit)			
Generic	\$10 Copay	\$10 Copay	Not Covered
Preferred Brand Name	\$35 Copay	\$35 Copay	Not Covered
Non-Preferred Brand Name	\$50 Copay	\$50 Copay	Not Covered
Specialty	20% up to \$750	20% to \$750	Not Covered
MetroHealth Pharmacy, CVS CareMark Network, & CVS CareMark Mail Service – Up to 90-day supply			
Generic	\$10 Copay	\$10 Copay	Not Covered
Preferred Brand Name	\$70 Copay	\$70 Copay	Not Covered
Non-Preferred Brand Name	\$100 Copay	\$100 Copay	Not Covered
Specialty	20% up to \$750	20% to \$750	Not Covered
Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/Family)		\$2,500/\$5,000	\$3,500/\$7,000
*Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than the doctor or prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.			

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Guardian Dental Coverage

The Guardian Dental coverage offers many features to help keep your teeth healthy.

- If you choose an In-Network or Out-of-Network Provider, you will have a \$50 deductible and three (3) individual deductibles per family
- Deductible is waived for In-Network and Out-Of-Network preventive services
- If you use Out-Of-Network providers, you will be billed for any amount due beyond the reasonable and customary charges
- There is \$2,500 per person per calendar annual benefit maximum for preventive, basic, and major services combined for In-Network and Out-Of-Network providers
- There is a \$1,000 lifetime maximum per person for TMJ treatment
- Dependent children are covered to the end of the month following their 26th birthday if defined as an eligible dependent
- Find the complete descriptions of covered services at [Guardian Anytime](#).

Guardian Dental		
	In-Network	Out-Of-Network
Deductible (Individual/Family)	\$50/\$150 - (3) Individual deductibles per family	
Preventive Services	100%, No Deductible	100%, No Deductible*
Basic Services	80% after deductible	80% after Deductible*
Major Services	50% after deductible	50% after Deductible*
Annual Benefit Maximum	\$2,500 per member per calendar year	
Orthodontic Services		
<ul style="list-style-type: none"> • \$1,000 Lifetime Maximum for dependent children under age 19 • Deductible does not apply to Orthodontic services • Amount does not apply to Annual Benefit Maximum 	50%	50%*
*Subject to Reasonable and Customary Charges		

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Vision Coverage

The VSP Plan offers higher levels of reimbursement when services are obtained through In-Network providers.

Find a VSP provider at [VSP Providers](#).

	VSP What You Pay:	
	In-Network	Out-Of-Network
Eye Exam	\$10 copay	\$45 allowance
Contact Lenses Exam Lenses – (Once per year)	Up to \$60 copay	N/A
Single Vision Lens	\$25 copay	\$30 allowance
Bifocal Lens	\$25 copay	\$50 allowance
Trifocal Lens	\$25 copay	\$65 allowance
Lenticular	\$25 copay	\$100 allowance
Contact Lenses (In lieu of eyeglasses)	\$170 allowance	\$105 allowance
Cosmetic or Therapeutic Frames (Once per year)	\$170 allowance or \$220 for featured frame (See plan details for other discounts.)	\$70 allowance
LASIK Surgery	Average 15% off regular price or 5% off promotional price at contracted facilities.	

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