

# 2024 Benefits Guide



## Look Inside For:

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







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## Cuyahoga County 2024 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 2024. 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 additional coverage in voluntary benefits offered by Trustmark Solutions. You pay the cost for coverage through after-tax payroll deduction. Trustmark offers:

- Accident Insurance
- CriticalLife Events Insurance
- Short Term Disability Insurance
- Universal Life



## 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 after you 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)

# Medical

## A Quick Look at Your 2024 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	High
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 to enroll from your qualifying event. Failure to enroll will result in you being enrolled in your current benefits with no Flexible Spending Account and/or 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 for 2024 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 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 no premiums and the tax-advantaged Health Savings Account (HSA), 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 \$4,150 single/\$8,300 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 type of managed care plan that is a hybrid of HMO and PPO 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](http://employeebenefits.cuyahogacounty.us).
- There is no annual deductible for MetroHealth services. You'll pay an annual deductible of \$500 single/\$1,000 family in the Medical Mutual SuperMed network. You'll pay copays or coinsurance for health care services. Preventive services are covered at 100%.
- Under the Medical Mutual SuperMed EPO Plan, most services received from Tier 1 providers are covered at 90% and/ or 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 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.

### 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, contact your physician to make an appointment for treatment.

## 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 7-10.

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 will pay an annual deductible of \$750 single/\$1,500 family in the Medical Mutual SuperMed and MetroHealth Select networks. You will pay co-pays or coinsurance for health care services. Preventive services are covered at 100%.
- Under the Medical Mutual SuperMed PPO 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 non-emergency services at In-network providers. Non-emergency services at Out-Of-Network providers are subject to 30% coinsurance, after deductible.

## 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<sup>®</sup>

Teladoc<sup>®</sup> gives Medical Mutual subscribers 24/7/365 access to a doctor through the convenience of phone or video consults. Teladoc<sup>®</sup> 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 Teladoc<sup>®</sup>:

- 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<sup>®</sup> 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.

### Quit Line

Quit Line 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
- Help you take advantage of complimentary quit aids
- 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 membership at facilities in the Curves and GlobalFit networks.

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

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

Visit [medmutual.com](https://www.medmutual.com) and click on Fitness under the Health Living tab, or call GlobalFit at 800-294-1500 for more information.

### VSP Vision Savings Pass

Cuyahoga County partners with VSP to offer a robust vision program. This program gives you access to a large network of providers with online eye wear choices and discount.

### Disease Management Programs

Medical Mutual offers Disease Management programs if you have the following conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes

For details and to enroll, call 800-861-4826.

## MetroHealth Select High Deductible Medical and Prescription Drug Comparison

The 2024 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2024.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2024 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
<b>Deductible</b> (Individual/Family)	\$2,800/ \$5,250	Not Covered
<b>Coinsurance</b>	20% After Deductible	Not Covered
<b>Coinsurance Limit</b> – Medical Only (Individual/Family) – Excludes Deductible	\$3,850/\$7,950	Not Covered
<b>Inpatient Facility Services</b>	20% After Deductible	Not Covered
<b>Outpatient Facility &amp; X-Ray/Lab Services</b>	20% After Deductible	Not Covered
<b>Preventive Care Office Visit</b>	0%, No Deductible	Not Covered
<b>Office Visit – Primary Care Physician</b>	20% After Deductible	Not Covered
<b>Office Visit – Specialist</b>	20% After Deductible	Not Covered
<b>Urgent Care Visit</b>	20% After Deductible	Not Covered
<b>Emergency Room Visit – Emergency</b> <i>*(Not subject to deductible, Copay waived if admitted)</i>	20% After Deductible	
<b>Emergency Room Visit – Non- Emergency</b>	20% After Deductible	Not Covered
<b>Prescription Drug Benefits</b> 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)	<b>Out-of-Network</b>
<b>Retail Generic</b>	20% After Deductible	Not Covered
<b>Retail Preferred Brand</b>	20% After Deductible	Not Covered
<b>Retail Non-Preferred Brand</b>	50% After Deductible	Not Covered
<b>Retail Specialty</b>	50% After Deductible	Not Covered
<b>Mail Order Generic</b>	20% After Deductible	Not Covered
<b>Mail Order Preferred Brand</b>	20% After Deductible	Not Covered
<b>Mail Order Non-Preferred Brand</b>	50% After Deductible	Not Covered
<b>Mail Order Specialty</b>	Not Covered	Not Covered
<b>Maximum Out-of-Pocket</b> – Includes Medical and Prescription (Individual/ Family)	\$6,650 / \$13,200	N/A

## MetroHealth Select Medical and Prescription Drug Comparison

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- 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 and CVS CareMark Network
- Option to participate in Medical Flexible Spending Account for eligible health care expenses

	MetroHealth Select Network	Out-of-Network
<b>Deductible</b> (Individual/Family)	\$0/\$0	Not Covered
<b>Coinsurance</b>	0%, No Deductible	Not Covered
<b>Coinsurance Limit</b> – Medical Only (Individual/Family) – Excludes Deductible	N/A	N/A
<b>Inpatient Facility Services</b>	\$250 Copay	Not Covered
<b>Outpatient Facility &amp; X-Ray/Lab Services</b>	0%, No Deductible	Not Covered
<b>Preventive Care Office Visit</b>	\$0 Copay, No Deductible	Not Covered
<b>Office Visit – Primary Care Physician</b>	\$20 Copay	Not Covered
<b>Office Visit – Specialist</b>	\$40 Copay	Not Covered
<b>Urgent Care Visit</b>	\$40 Copay	Not Covered
<b>Emergency Room Visit – Emergency</b> <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*	
<b>Emergency Room Visit – Non- Emergency</b>	\$200 Copay	Not Covered
<b>Prescription Drug Benefits</b> Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty- Up to 30-day supply	<b>MetroHealth Pharmacy</b>	<b>CVS CareMark</b>
<b>Retail Generic</b>	\$10 Copay	\$20 Copay
<b>Retail Preferred Brand</b>	\$25 Copay	\$50 Copay
<b>Retail Non-Preferred Brand</b>	\$50 Copay	\$100 Copay
<b>Retail Specialty</b>	20% to \$750	20% to \$750
<b>Mail Order Generic</b>	\$10 Copay	\$20 Copay
<b>Mail Order Preferred Brand</b>	\$50 Copay	\$80 Copay
<b>Mail Order Non-Preferred Brand</b>	\$80 Copay	\$120 Copay
<b>Mail Order Specialty</b>	Not Covered	Not Covered
<b>Maximum Out-of-Pocket</b> – 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 2024 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2024.

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- 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 and CVS CareMark Network
- Option to participate in Medical Flexible Spending Account for eligible health care expenses

	Tier 1 MetroHealth Select Network	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-of-Network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$500/\$1,000	Not Covered
<b>Coinsurance</b>	10%, No Deductible	20% After Deductible	Not Covered
<b>Coinsurance Limit</b> – Medical Only (Individual/Family) – Excludes Deductible	\$1,250/\$2,500	\$2,500/\$5,000	Not Covered
<b>Inpatient Facility Services</b>	\$250 + 10%	20% After Deductible	Not Covered
<b>Outpatient Facility &amp; X-Ray/Lab Services</b>	0%, No Deductible	20% After Deductible	Not Covered
<b>Preventive Care Office Visit</b>	\$0 Copay, No Deductible	\$0 Copay, No Deductible	Not Covered
<b>Office Visit – Primary Care Physician</b>	\$20 Copay	\$30 Copay	Not Covered
<b>Office Visit – Specialist</b>	\$40 Copay	\$50 Copay	Not Covered
<b>Urgent Care Visit</b>	\$40 Copay	\$60 Copay	Not Covered
<b>Emergency Room Visit – Emergency</b> <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*		
<b>Emergency Room Visit – Non- Emergency</b>	\$200 Copay		Not Covered
<b>Prescription Drug Benefits</b> Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty- Up to 30-day supply	<b>MetroHealth Pharmacy</b>	<b>CVS CareMark</b>	<b>Out-of-Network</b>
<b>Retail Generic</b>	\$10 Copay	\$10 Copay	Not Covered
<b>Retail Preferred Brand</b>	\$35 Copay	\$35 Copay	Not Covered
<b>Retail Non-Preferred Brand</b>	\$50 Copay	\$50 Copay	Not Covered
<b>Retail Specialty</b>	20% to \$750	20% to \$750	Not Covered
<b>Mail Order Generic</b>	\$10 Copay	\$10 Copay	Not Covered
<b>Mail Order Preferred Brand</b>	\$70 Copay	\$70 Copay	Not Covered
<b>Mail Order Non-Preferred Brand</b>	\$100 Copay	\$100 Copay	Not Covered
<b>Mail Order Specialty</b>	Not Covered	Not Covered	Not Covered
<b>Maximum Out-of-Pocket</b> – Includes Medical and Prescription (Individual/ Family)	\$6,600/ \$13,200		N/A

Medical Mutual SuperMed EPO 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.

## Medical Mutual SuperMed PPO Medical and Prescription Drug Comparison

The 2024 Medical Comparison charts provide a summary of copays, deductibles, out-of-pocket limits and more for each medical plan offered in 2024.

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2024 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 and CVS CareMark Network
- Option to participate in a Medical Flexible Spending Account for eligible healthcare expenses

	Tier 1 MetroHealth Select Network	Tier 2 Medical Mutual SuperMed Network	Tier 3 Out-of-Network
<b>Deductible</b> (Individual/Family)	\$750/ \$1,500		\$1,500/\$3,000
<b>Coinsurance</b>	0% After Deductible	10% After Deductible	30% After Deductible
<b>Coinsurance Limit</b> – Medical Only (Individual/Family) – Excludes Deductible	\$1,750/\$3,500		\$2,000/\$4,000
<b>Inpatient Facility Services</b>	0%, No Deductible	10% After Deductible	30% After Deductible
<b>Outpatient Facility &amp; X-Ray/Lab Services</b>	0%, No Deductible	10% After Deductible	30% After Deductible
<b>Preventive Care Office Visit</b>	\$0 Copay, No Deductible	\$0 Copay, No Deductible	30% After Deductible
<b>Office Visit – Primary Care Physician</b>	\$25 Copay	\$25 Copay	30% After Deductible
<b>Office Visit – Specialist</b>	\$50 Copay	\$50 Copay	30% After Deductible
<b>Urgent Care Visit</b>	\$75 Copay	\$75 Copay	30% After Deductible
<b>Emergency Room Visit – Emergency</b> <i>*(Not subject to deductible, Copay waived if admitted)</i>	\$150 Copay*		
<b>Emergency Room Visit – Non- Emergency</b>	\$200 Copay		30% After Deductible
<b>Prescription Drug Benefits</b> Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90-day supply All Specialty- Up to 30-day supply	<b>MetroHealth Pharmacy</b>	<b>CVS CareMark</b>	<b>Out-of-Network</b>
<b>Retail Generic</b>	\$10 Copay	\$10 Copay	Not Covered
<b>Retail Preferred Brand</b>	\$35 Copay	\$35 Copay	Not Covered
<b>Retail Non-Preferred Brand</b>	\$50 Copay	\$50 Copay	Not Covered
<b>Retail Specialty</b>	20% up to \$750	20% up to \$750	Not Covered
<b>Mail Order Generic</b>	\$10 Copay	\$10 Copay	Not Covered
<b>Mail Order Preferred Brand</b>	\$70 Copay	\$70 Copay	Not Covered
<b>Mail Order Non-Preferred Brand</b>	\$100 Copay	\$100 Copay	Not Covered
<b>Mail Order Specialty</b>	Not Covered	Not Covered	Not Covered
<b>Maximum Out-of-Pocket</b> – Includes Medical and Prescription (Individual/ Family)	\$2,500/ \$5,000		\$3,500/\$7,000

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) to help you manage your medical care and dependent care expenses. Both accounts are tax-advantaged, which saves you money!

### 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 \$3,200 annually through pre-tax payroll deductions.

If you're enrolled in the MetroHealth Select High Deductible Plan, you are not eligible to participate in the MFSA. You can participate in the Health Savings Account (HSA).

Use the account to pay for qualified health care expenses not covered by other insurance, including annual deductibles, coinsurance, co-pays, exams and eyeglasses, contact lenses, and laser eye surgery.

#### Rollover

For the 2024 Plan year, we are administering the rollover up to \$610

For a complete list of eligible MFSA expenses, go to [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

### Dependent Care FSA (DCFSA)

**You can contribute up to \$5,000 each year through pre-tax payroll deductions.**

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

- Dependents under age 13
- 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, 2024, are forfeited. Take time to carefully estimate the amount you'll need for dependent care services in 2024. *Claims must be submitted by May 31, 2025*

You can find the complete list of DCFSA eligible expenses at [www.irs.gov/publications/p503/ar02.html](http://www.irs.gov/publications/p503/ar02.html)

### 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 2023 account, you can roll unused funds - up to \$610 - 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 (2023 and 2024)

- If you have a balance in your 2023 account, you can submit claims for expenses incurred in 2023 until your run out period ends. Please refer to your plan summary to see your plan's specific run out date.
- After your run-out period for 2023 ends, any leftover money in the 2023 FSA will be available in a new account labeled FSA Carry Forward.
- Claims with dates of service in 2024 pay from the 2024 FSA first then, when funds are exhausted, the 2023 FSA Carry Forward 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. Use your HSA to pay for health care expenses now or in the future – even retirement. 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:

**2024 Contribution Amounts:**

\$4,150 Single

\$8,300 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.*



# Dental and Vision

## Delta Dental Plan

Cuyahoga County offers dental care benefits through Delta Dental [www.deltadental.com](http://www.deltadental.com). 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.

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

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

\$1,000 Lifetime Maximum for children under age 19 for orthodontic services  
Does not apply to Annual Benefit Maximum

## VSP Vision Plan

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

- When using an In-network provider, you will pay \$10 for each Well Vision Eye Exam. This is available one time per calendar year.
- Additional Allowance of \$220 is available when purchasing a featured frame brand

**Examples of Featured Frame Brands:**  
Bebe, Cole Haan, Lacoste, Flexon, Calvin Klein, Nike & Nine West

*See more at [VSP.com/OFFERS](http://VSP.com/OFFERS)*

	Your Cost In-Network	Your Cost Out-of-Network
<b>Eye Exam</b>	\$10 Copay	\$45 Allowance
<b>Contact Lenses Exam</b>	\$60 Allowance	N/A
<b>Lenses (once per year)</b>		
Single Vision Lens	\$25 copay	\$30 copay
Bifocal Vision Lens	\$25 copay	\$50 Copay
Trifocal Vision Lens	\$25 copay	\$65 Copay
Lenticular Vision Lens	\$25 copay	\$100 Copay
<b>Contact Lenses (in lieu of eyeglasses)</b>	\$170 Allowance	\$105 Allowance
<b>Cosmetic or Therapeutic Frames (once per year)</b>	\$170 Allowance	\$70 Allowance
<b>Featured Frame Brand</b>	\$220 Allowance	\$70 Allowance
<b>Lasik Surgery</b>	Average 15% off regular price or 5% off promotional price at concentrated facilities	



# 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. The Guaranteed issue amount is \$500,000 for employees less than 65; and \$20,000 for employees who are 65-69. If you are 70 or older, Evidence of Insurability (EOI) is needed for all amounts. In some cases, you may be required to provide Evidence of Insurability (EOI) or 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.

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		
<b>A</b>	Rate Per \$1000 (taken from chart below)	\$0.079
<b>B</b>	Enter the Amount of Insurance Coverage in Thousands of Dollars (ex: for \$100,000 of coverage enter 100)	100
<b>C</b>	Multiply A times B to determine your monthly cost	\$7.90
<b>D</b>	Multiply C times 12(months) to determine your yearly cost	\$94.80
<b>E</b>	Divided by 26 (pays) to determine per pay amount	\$3.65

2024 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 Trustmark. You pay for these benefits through payroll deduction.

### Accident Insurance

This insurance, through Trustmark, 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 Life Events 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 Trustmark, 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. Premiums are waived if you remain disabled for 90 consecutive days. Coverage is portable; premiums do not increase because of age.

### 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.

### Wellness Program-PDHI

We recognize that Cuyahoga County's most valuable resource is its employees, and that your health and wellness has a direct impact upon the continued success of our organization. Healthier employees can build a stronger, happier, more productive workforce. To help foster your health and wellbeing we have a wellness program that will bring you interactive wellness activities designed to keep you healthy and foster overall wellbeing. A healthy lifestyle is a personal choice and our wellness initiatives will provide you with health experts as well as information and opportunities to make it easier for you to make lifestyle changes. If you choose to participate and complete the required annual activities, you will be eligible to receive a monetary wellness incentive.

Visit [employeebenefits.cuyahogacounty.us/](http://employeebenefits.cuyahogacounty.us/) today for more information and to get started.

### 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](http://www.opers.org) or call 1-800-222-7377.

### 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:

- The County Commissioners of Ohio Deferred Compensation Program (CCAO)
- The Ohio Public Employees Deferred Compensation Program
- Mutual of Omaha (AXA Equitable)

*For more information, contact the Deferred Compensation providers.*

### 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](http://www.moorecounseling.com)



## 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 full privacy notice pertaining to applicable plans may also be found at MyHR or ask your Human Resources representative for a copy.

### **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, 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](http://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](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).

### **About This Guide**

This enrollment guide is designed to provide an easy-to-read overview of Cuyahoga County's 2024 benefit options and enrollment process. Should there be any conflict between the explanation in this guide and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this booklet. None of the information should be interpreted as a guarantee of employment.

### **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.



## 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 are up-to-date with the coverage mandates of the Affordable Care Act.

## Notice of Creditable Coverage

Your prescription drug coverage provided under County of Cuyahoga Health & Welfare 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

This information is to help you decide whether or not you want to join a Medicare drug plan. It is important for those eligible for both Medicare and a group health plan to look ahead and weigh the costs, benefits, and participation terms of the various options on a regular, if not annual, basis. Based on individual facts and circumstances some choose to elect Medicare only, some choose to elect coverage under the group health plan only, while some choose to enroll in both coverages. When both are elected, benefits coordinate according to the Medicare Secondary Payer Rules. That is, one plan or the other would reduce payment in order to prevent you from being reimbursed the full amount from both sources. Your age, the reason for your Medicare eligibility and other factors determine which plan is primary (pays first, generally without reductions) versus secondary (pays second, generally with reductions).

## When Are You Eligible for a Medicare Drug Plan?

When someone first becomes eligible to enroll in a government-sponsored Medicare "Part D" prescription drug plan, enrollment is considered timely if completed by the end of his or her "Initial Enrollment Period" which ends 3 months after the month in which he or she turned age 65. If you choose not to enroll in Medicare Part D during your Initial Enrollment Period, when you finally do enroll you may be subject to a late enrollment penalty added to your monthly Medicare Part D premium. Specifically, the extra cost, if any, increases based on the number of full, uncovered months during which you went without either Medicare Part D or else without "creditable" prescription drug coverage obtained from another source.

## 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 also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug plan.

You should also know if you drop or lose your current coverage and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (at least 1%) to join a Medicare drug plan later. Carefully coordinating your transition between plans is therefore essential.

Those who miss these opportunities are generally unable to enroll in a Medicare Part D plan until another enrollment period becomes available.

## For More Information Regarding Your Options Under Medicare Prescription Drug Coverage

If you are unsure as to whether or when you will become eligible for Medicare, or if you have questions about how to get help to pay for it, please call the Social Security Administration at (800) 772-1213 or visit [socialsecurity.gov](http://socialsecurity.gov). Specific questions about our prescription drug coverage should be directed to the customer service number on your ID card, if enrolled, or to the Plan Administrator.

## Benefit Providers' Contact Information

	Policy/Group Number	Toll-Free Customer Service	Web Address
<b>Medical Plans</b>			
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.mmoh.com
Medical Mutual SuperMed PPO Plan	524675	888-522-8730	www.mmoh.com
<b>Prescription Drugs</b>			
CVS Caremark		888-999-9741	www.caremark.com
<b>Dental</b>			
Delta Dental	10604	800-524-0149	www.deltadental.com
<b>Vision</b>			
VSP Plan	30061431	800-877-7195	www.vsp.com
<b>Flexible Spending Accounts (FSAs)</b>			
P&A		716-852-2611	www.padmin.com
<b>Basic &amp; Supplemental Group Term Life Insurance and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>			
MedMutual Life	524675	866-925-2542	www.medmutuallife.com/lifeemployers/forms
<b>Voluntary Benefits- Trustmark</b>			
Optional Accident Insurance		888-304-6498	www.trustmarksolutions.com
Critical LifeEvents Insurance		888-304-6498	www.trustmarksolutions.com
Short Term Disability Insurance		888-304-6498	www.trustmarksolutions.com
Universal Life Insurance		888-304-6498	www.trustmarksolutions.com
<b>Employee Assistance Program</b>			
Moore Counseling	Cuyahogacounty	216-404-1900	www.moorecounseling.com

# 2024 Cuyahoga County Employee Benefit 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	\$52.90
Employee + Family	\$137.53

Metro Health Plan Name:	Metro Health Select Premier
Employee Only	\$21.05
Employee + Family	\$54.72

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$66.82
Employee + Family	\$173.73

## DENTAL

Delta Dental	
Employee Only	\$1.65
Employee + Family	\$4.38

## VISION

VSP Vision Plan	
Employee Only	\$0.29
Employee + Family	\$0.75



## 2024 BENEFITS GUIDE