

2019 My Pay + Benefits Highlights

for Cleveland Clinic Florida Employees

INFORMATION ABOUT YOUR BENEFITS



Our Investment in You

Cleveland Clinic cares about your health and well-being. That’s why our *My Pay + Benefits* package is a cut above what other employers offer. We invest in you for everything you do to support our patients, communities and fellow caregivers.

Please take a few moments to review these benefits highlights, or reference more detailed summary plan descriptions in the ONE HR Portal. Making informed benefits selections provides you and your family greater security — and improves your caregiver experience.

Thank you for your continued dedication to Cleveland Clinic.



Eliane Seeman
Executive Director, Total Rewards

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Eligibility

In general, the benefits described in this summary are extended to active regular full-time (72 to 80 hours/pay period) and regular part-time (40 to 71 hours/pay period) Cleveland Clinic caregivers. PRN caregivers are only eligible for enrollment in the Fidelity retirement benefit programs.

Dependent Eligibility

Dependents eligible for coverage under the Cleveland Clinic health, dental, vision and life insurance benefit programs include:

- A caregiver's lawful spouse (not divorced or legally separated)
- The following child(ren) of a caregiver or caregiver's spouse:
 - a natural or legally adopted child
 - a child placed for adoption with the caregiver or spouse
 - a child for whom the caregiver or spouse has been appointed by a court as the legal guardian a child for whom the caregiver or spouse is required to provide coverage under a qualified medical support order (as defined in Section 609 of ERISA)

provided the child is less than 26 years old, or prior to age 26 the child is determined by the Social Security Administration to be physically or mentally incapable of self-support and is receiving principal financial support from the caregiver and/or spouse and was enrolled in the plan(s) at the time they turn 26.

Benefits Enrollment

New Hires and Newly Eligible

Newly hired or newly eligible caregivers can enroll in benefits in Workday on their start date and will have 31 days from their start date to enroll. Failure to enroll in benefits within this 31 day window will result in waiving coverage under the health, dental, vision, flexible spending accounts (FSAs) and supplemental/dependent life insurance benefit programs.

New hire and newly eligible benefit elections become effective retroactively to the caregiver's start date. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of this enrollment process. After enrollment has been completed caregivers will be contacted by Willis Towers Watson via postal mail with instructions on what documentation is required and where to send it. Failure to provide the requested documentation will result in the dependent(s) being removed from coverage under each benefit program they were originally added on to.

Life Events

Caregivers may be able to make benefit election changes after experiencing a qualifying life event change. The IRS defines life events as follows:

- Change in marital status
- Birth/adoption/legal guardianship of a child
- Death of a dependent
- Loss or gain of outside coverage
- Employment status change (full-time to part-time, vice versa)
- Qualified medical support order (QMSO)

Caregivers who experience a life event which would necessitate a change in benefits elections can initiate a life event benefit change in Workday within 31 days of the qualifying event. Any change in benefit elections must be consistent with the life event, and documentation must be provided to support the life event change request.

Annual Open Enrollment

Caregivers have the opportunity to make changes to benefit elections each year during the annual open enrollment period. Open enrollment takes place in the fall of each year (end of October through early November). Benefit election changes are made in Workday during the open enrollment period, and changes become effective January 1 of the following calendar year. Caregivers are required to provide dependent verification documentation after adding a dependent to benefit programs as part of the open enrollment process. Failure to provide the requested documentation will result in the dependent(s) being removed from coverage under each benefit program they were added onto during open enrollment.

Employee Health Plan (EHP)

The Cleveland Clinic Florida Employee Health Plan (EHP) provides comprehensive healthcare benefits for plan participants. The EHP includes a 2 tier network of providers. Benefits are maximized when participants use Tier 1 Cleveland Clinic Quality Alliance network providers. Tier 1 providers can be found online at www.chnetwork.com. Highlights of the Tier 1 network include:

- No annual deductible
- No copays or coinsurance for primary care visits (includes Family Health Center Express Care locations, Express Care Online app and real time virtual visits)
- \$35 specialist office visit copay (no referral required)
- \$250 copay for inpatient services, including labor and delivery (prior authorization required)

Tier 2 providers can be found at www.umar.com by searching under the UnitedHealthcare Choice Plus network. Tier 2 providers are subject to a \$250 annual deductible and most medically necessary services are covered at 70% thereafter.

OB/GYN, pediatric, and ophthalmologic services are covered 100% at UMR UnitedHealthcare Choice Plus network providers.

Emergency care and urgent care visits are covered 100% (after applicable copay) regardless of which provider is used. Emergency department visits are subject to a \$250 copay and urgent care visits are subject to a \$50 copay.

Non-emergency services received outside of the Tier 1 and Tier 2 networks will not be covered, so be sure to utilize either Cleveland Clinic or UMR UnitedHealthcare Choice Plus network providers for all health plan related services.

Complete coverage information, including exclusions and limitations, can be referenced in the EHP Summary Plan Description (SPD), which can be accessed through the EHP website at www.clevelandclinic.org/healthplan.

Florida Employee Health Plan

BENEFIT PROGRAM FEATURES	TIER 1 Cleveland Clinic Quality Alliance Network ¹	TIER 2 UMR UnitedHealthcare Choice Plus Network <i>(All Tier 2 services are subject to deductible unless otherwise stated.)</i>	Non-Participating Providers ²
Annual Deductible	Individual: None Family: None	Individual: \$250 Family: \$1,000	Not Covered
Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$5,000 Family: \$8,700	Not Covered
MEDICAL BENEFIT PROGRAM FEATURES			
PCP Office Visit – Family Practice, Internal Medicine and Gynecology	100% of Allowed Amount	70% of Allowed Amount after \$25 co-pay	Not Covered
Obstetrics, Pediatrics and Ophthalmology³ (Includes Routine Care by OB-GYN or GYN)	Not Available	100% of Allowed Amount (Not subject to deductible)	Not Covered
Specialist Office Visits	\$35 co-pay, then 100% of Allowed Amount	70% Allowed Amount after \$50 co-pay	Not Covered
Routine (Annual) Vision Examination	Not Available	100% after \$35 co-pay (Not subject to deductible)	Not Covered
Maternity	Not Available	100% of Allowed Amount after \$250 co-pay per confinement	Not Covered
Inpatient Hospital Services Obstetrics and Pediatrics ³	100% of Allowed Amount after \$250 co-pay/admission Not Available	70% of Allowed Amount after \$250 co-pay/admission 100% of Allowed Amount after \$250 co-pay/admission (Not subject to deductible)	Not Covered Not Covered
Outpatient Hospital Services Obstetrics and Pediatrics ³ Radiology – MRI/CT Scans (non-emergent)	100% of Allowed Amount Not Available 100% of Allowed Amount after \$50 co-pay	70% of Allowed Amount 100% of Allowed Amount (Not subject to deductible) 70% of Allowed Amount after \$50 co-pay	Not Covered Not Covered Not Covered
Laboratory/Diagnostic Tests	100% of Allowed Amount	70% of Allowed Amount	Not Covered
Emergency Department Urgent Care Services Ambulance	100% after \$250 co-pay 100% after \$50 co-pay Not Available	100% after \$250 co-pay (Not subject to deductible) 100% after \$50 co-pay (Not subject to deductible) 100% of Allowed Amount (Not subject to deductible)	100% after \$250 co-pay (Not subject to deductible) 100% after \$50 co-pay (Not subject to deductible) 100% of Allowed Amount (Not subject to deductible)
Medical Supplies and Durable Medical Equipment	Not Available	80% of Allowed Amount (Not subject to deductible)	Not Covered
Extended Care/Skilled Nursing Care 60 Days per Benefit Year	Not Available	100% of Allowed Amount (Not subject to deductible)	Not Covered
Long-Term Acute Care 60 Days Lifetime Maximum	Not Available	100% of Allowed Amount (Not subject to deductible)	Not Covered
Hospice	Not Available	100% of Allowed Amount (Not subject to deductible)	Not Covered
Home Health Care – 60 Visits per Benefit Year	100% of Allowed Amount	100% of Allowed Amount (Not subject to deductible)	Not Covered
Chiropractic Maximum of 20 Visits per Benefit Year	First 10 visits: 100% of Allowed Amount after \$35 co-pay Second 10 visits: 50% of Allowed Amount	70% of Allowed Amount	Not Covered
Therapy Services: Occupational/Physical/Speech 35 Visits per Therapy	First 20 visits: 100% of Allowed Amount after \$10 co-pay Second 15 visits: 50% of Allowed Amount	70% of Allowed Amount	Not Covered
Dental – Surgical extractions for soft/bony impactions, or Dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	70% of Allowed Amount	Not Covered
Infertility – Diagnostic Only	100% of Allowed Amount	Not Covered	Not Covered
Hearing Aids	50% of Charge up to \$3,500/Ear – Limited to one aid per Ear every 3 years	Not Covered	Not Covered
BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES			
Outpatient Coverage	Not Available	100% of Allowed Amount after \$35 co-pay	Not Covered
Inpatient Services	Not Available	100% of Allowed Amount after \$250 co-pay/ Admission (Not subject to deductible)	Not Covered
Physician Services	Not Available	100% of Allowed Amount after \$35 co-pay (Not subject to deductible)	Not Covered
Residential Treatment 60 days maximum per Benefit year	Not Available	100% of Allowed Amount (Not subject to deductible)	Not Covered

1. Tier 1 includes Cleveland Clinic providers in Florida and Cleveland Quality Alliance.
2. Services at a non-Cleveland Clinic and/or UMR provider may be subject to balance billing. Co-insurance is stated as what the Cleveland Clinic Florida EHP will pay.
3. Pediatric services defined as patient age 0-18 regardless of the provider specialty. The \$250 co-pay/admission also applies to Pediatric Behavioral Health services.

Prescription Drug Benefit

The prescription drug benefit is included with the EHP and provides participants with coverage for prescriptions obtained through Cleveland Clinic/Akron General Pharmacies and CVS Pharmacies. Highlights of the prescription drug benefit include:

- No deductible on generic medications obtained at Cleveland Clinic/Akron General Pharmacies
- \$200 deductible for brand name medications or generics obtained at CVS Pharmacies
- Generics covered at 85% at Cleveland Clinic/Akron General Pharmacies and 80% at CVS Pharmacies
- Most brands covered at 75% at Cleveland Clinic/Akron General Pharmacies and 70% at CVS Pharmacies
- 90 day supplies and routine maintenance medications can only be filled at Cleveland Clinic/Akron General Pharmacies or through Cleveland Clinic or CVS Mail Order Pharmacies

Additional information on the prescription drug benefit, including a full listing of Cleveland Clinic/Akron General locations, can be found in the Cleveland Clinic Employee Health Plan Prescription Drug Benefit and Formulary Handbook which can be accessed through the EHP website at www.clevelandclinic.org/healthplan.

Dental Benefit Programs

Cleveland Clinic offers four dental plan options administered by Cigna. A full directory of Cigna providers can be found at www.cigna.com or by calling 800.244.6224. The charts below summarize the coverage under each dental plan.

Cigna Dental HMO Benefit Program

- Narrowest network – you can only utilize Cigna HMO providers such as Aspen Dental, Hudec Dental and Bright Now
- Includes coverage for routine cleanings/x-rays, restorative care and adult/child orthodontia

Cigna Dental HMO Benefit Program ¹		
	Cigna Dental HMO Providers	Out-of-Network
Calendar Year Maximum	None	N/A
Annual Deductible	None	N/A
SERVICES	Your Charge	Your Charge
Preventive and Diagnostic Care		
Oral Exams	\$0	You pay full cost
Routine Cleanings	\$0	
X-rays	\$0	
Fluoride Application	\$0	
Sealants	\$12/tooth	
Basic Restorative Care		
Fillings - Amalgam	\$0	You pay full cost
Root Canal Therapy/Endodontics	\$210-\$430	
Oral Surgery – Simple Extractions	\$12-\$115	
Surgical Extraction of Impacted Teeth	\$46/tooth	
Major Restorative Care		
Crowns	\$150-\$490/tooth	You pay full cost
Dentures	\$625-\$715	
Bridges	\$150-\$470/tooth	
Inlays/Onlays	\$150-\$470/tooth	
Orthodontia		
Adult	\$2,376	You pay full cost
Children under 19	\$2,040	

1. This grid is a sample of services covered under the Cigna Dental HMO Benefit Program. For a complete list of all services you will need to review the Cigna Dental Care Patient Charge Schedule. You can find this on the ONE HR Portal which is accessed through Workday.

Preventive Dental Benefit Program

- Includes coverage for routine cleanings/x-rays and minor restorative care such as fillings
- Does not cover major restorative care or orthodontia

Preventive Dental Benefit Program		
	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	\$500	\$500
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%
Basic Restorative Care* Fillings Root Canal Therapy/Endodontics Oral Surgery Surgical Extraction of Impacted Teeth Periodontal scaling and root planing	80%	80%
Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Implants	Not covered	Not covered
Orthodontia	Not covered	Not covered

*Subject to annual deductible

Traditional Dental Benefit Program

- Includes coverage for routine cleanings/x-rays, minor/major restorative care and child orthodontia (up to age 23)
- Most popular plan for Cleveland Clinic caregivers

Traditional Dental Benefit Program			
	Cigna DPPO Advantage Providers	Cigna DPPO Providers	Out-of-Network
Calendar Year Maximum	\$1,250	\$1,000	\$1,000
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%	100%
Basic Restorative Care* Fillings Root Canal Therapy/ Endodontics Oral Surgery Surgical Extraction of Impacted Teeth Periodontal scaling and root planing	80%	70%	70%
Major Restorative Care* Crowns Dentures Bridges Inlays/Onlays	50%	50%	50%
Orthodontia (dependent children to age 23)* Lifetime maximum	50% \$1,250	50% \$1,250	50% \$1,250

*Subject to annual deductible

Enhanced Dental Benefit Program

- Includes coverage for routine cleanings/x-rays, minor/major restorative care and adult/child orthodontia
- Highest annual benefit maximum

Enhanced Dental Benefit Program		
	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,500
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Reimbursement Levels	Based on reduced contracted fees	Based on reasonable and customary allowances
SERVICES	Plan Pays	Plan Pays
Preventive and Diagnostic Care Oral Exams Routine Cleanings X-rays Fluoride Application Sealants	100%	100%
Basic Restorative Care* Fillings Oral Surgery – simple extractions	80%	80%
Major Restorative Care* Root Canal Therapy/Endodontics Oral surgery – all except simple extractions Surgical Extraction of Impacted Teeth Periodontal scaling and root planing Crowns Dentures Bridges Inlays/Onlays	60%	60%
Orthodontia* Lifetime maximum	80% \$2,500 covered for children and adults	80% \$2,500 covered for children and adults

*Subject to annual deductible

Vision Benefit Programs

Cleveland Clinic offers two vision plan options administered by EyeMed. The Basic and Enhanced Vision Plans provide discounts on eyewear needs for you and your dependents each calendar year. Benefits under each plan are maximized when EyeMed Access Network providers are used. A full directory of providers can be found at www.eyemedvisioncare.com. The charts below summarize the coverage under each vision plan.

Basic Vision Benefit Program		
COVERED SERVICES / EYE WEAR	EYEMED VISION CARE ACCESS NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Exam with Dilation as Necessary	\$10 co-pay	\$35 co-pay
Fundus Photography Benefit	Up to \$39 allowance	Not covered
Standard Contact Lens Fit and Follow-up Premium Contact Lens Fit and Follow-up	Up to \$55 allowance 10% off Retail Price	Not covered Not covered
Frames Any available frame at provider location	\$130 allowance 20% off balance over \$130	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$65 co-pay 80% of retail less \$120 allowance	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	\$15 co-pay \$15 co-pay \$15 co-pay \$40 co-pay \$40 co-pay \$45 co-pay \$57 \$68 20% off Retail Price 20% off retail price 20% off retail price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not covered Not covered Not covered Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$110 allowance 15% off balance over \$110 \$110 allowance Fully covered	\$70 \$70 \$70
Lasik or PRK from US Laser Network	15% off Retail Price or 5% off Promotional Price	Not covered
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Enhanced Vision Benefit Program

COVERED SERVICES / EYE WEAR	EYEMED VISION CARE ACCESS NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Exam with Dilation as Necessary	\$10 co-pay	\$35 co-pay
Fundus Photography Benefit	Up to \$39 allowance	Not covered
Standard Contact Lens Fit and Follow-up Premium Contact Lens Fit and Follow-up	Up to \$55 allowance 10% off Retail Price	Not covered Not covered
Frames Any available frame at provider location	\$160 allowance 20% off balance over \$160	\$35
Standard Plastic Lenses Single Vision Bifocal Trifocal	Fully covered Fully covered Fully covered	\$25 \$40 \$55
Standard Progressive Lens	\$65 co-pay	\$40
Premium Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$85 co-pay \$95 co-pay \$110 co-pay \$65 co-pay; 80% of retail less \$120 allowance	\$40 \$40 \$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate – Adults Standard Polycarbonate – Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Coating Tier 1 Tier 2 Tier 3 Polarized Other Add-ons	Fully covered Fully covered Fully covered Fully covered Fully covered Fully covered \$12 \$23 20% off Retail Price 20% off retail price 20% off retail price	\$8 \$8 \$8 \$20 \$20 \$23 \$23 \$23 \$23 Not Covered Not Covered
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$160 allowance 15% off balance over \$160 \$160 allowance Fully covered	\$70 \$70 \$70
Lasik or PRK from US Laser Network	15% off Retail Price or 5% off Promotional Price	Not covered
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
Frequency Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months	Once every 12 months Once every 12 months

Short and Long Term Disability

Regular, full-time caregivers with one continuous year of uninterrupted service are eligible for both short and long term disability benefit payments equal to 60% of base salary. These benefits are provided for eligible caregivers at no cost.

Short Term Disability Plan – If a caregiver is on an authorized leave of absence, the short term disability benefit may provide up to 26 weeks of income at 60% of base pay through the disability period.

Long Term Disability Plan – If a medical condition continues beyond the short term disability period, a caregiver may be eligible to receive the long term disability benefit. The long term disability benefit provides 60% of base pay, up to \$15,000 per month.

Part-time caregivers are provided with the opportunity to purchase Voluntary Long Term Disability coverage through Unum. Voluntary coverage provides 60% of base monthly pay and can be elected during Unum's open enrollment period which typically occurs in the fall of each year. Unum will mail enrollment information to eligible part-time caregivers at that time.

Retirement Programs

Caregivers are automatically enrolled in two retirement programs managed by Fidelity Investments:

1. Investment Pension Plan (IPP)¹
2. 403(b) Savings & Investment Plan (SIP)

Contributions to both programs are invested in a default target-date fund based on the caregiver's age. Caregivers can change their investment allocations at any time on Fidelity's website (www.netbenefits.com/clevelandclinic).

Investment Pension Plan (IPP)

The IPP is fully-funded by Cleveland Clinic – caregivers cannot contribute to this plan. Contributions to this plan are based on years of service as of December 31 of each year (see chart below). Caregivers become fully vested³ in the IPP after 3 years of service at Cleveland Clinic.

YEARS OF SERVICE (AS OF DECEMBER 31)	CONTRIBUTION PERCENTAGE
Under 5	2.5%
At least 5 and less than 10	3.5%
At least 10 and less than 15	4.5%
At least 15 and less than 20	5.0%
20 or more	5.5%

403(b) Savings & Investment Plan (SIP)

The SIP is funded with your own Pre-Tax, Roth, and/or After-Tax contributions and the corresponding matching contributions (there are no matching contributions made on After-Tax contributions). All newly hired and newly eligible caregivers will be automatically enrolled to contribute 3% of pay on a Pre-Tax basis 31 days after their start date. You can change your contribution percentage at any time online at www.netbenefits.com/clevelandclinic or by calling Fidelity at 888.388.2247. Please consult with your tax accountant, financial advisor, or Fidelity before making any After-Tax election.

Cleveland Clinic will match half of your Pre-Tax or Roth contributions, with a maximum matching contribution of 3% each pay period. To receive the maximum matching contribution from Cleveland Clinic you should set your total Pre-Tax plus Roth contributions to be at least 6% (if making pre-tax and Roth contributions, as long as you are contributing 6% combined you will receive the full 3% match). There is a three year vesting period for matching contributions to this plan but you are always fully vested in your own contributions to this plan.

Maximum contributions

In 2019 there is a total limit for all contributions into the 403(b) plan of \$56,000. This includes your Pre-Tax, Roth, After-Tax and Cleveland Clinic matching contributions (excludes age 50 catch up contribution). You are allowed to contribute up to \$19,000 on a Pre-Tax or Roth basis (up to \$25,000 if 50 or older). The maximum matching contribution is \$8,400.

1. Caregivers must be at least 21 years of age to be eligible for the IPP.

2. Fully vested means the money in the retirement program is yours to keep if you were to end employment with Cleveland Clinic. If you were to end employment prior to having 3 years of service you will forfeit Cleveland Clinic's contributions in the retirement programs upon your separation from Cleveland Clinic.

Example:

A caregiver is 50 years old and contributes \$25,000 into the 403(b) plan with Pre-Tax and Roth contributions. They receive \$8,400 in matching contributions to the 403(b) plan. They are allowed to contribute an additional \$28,600 using After-Tax contributions based on the following formula:

Max allowable contribution:	\$56,000
Minus Pre-Tax and Roth (excludes age 50 catch-up):	\$19,000
Minus matching contribution:	\$8,400
Allowed After-Tax contribution	\$28,600

Assistance in Managing Your Retirement Accounts

Fidelity representatives are available to discuss your retirement programs through Cleveland Clinic at no cost. You can view their on-site schedule at www.netbenefits.com/clevelandclinic.

Assistance is also available through Financial Engines, an investment advisory firm. Caregivers may choose to use Online Advice which is offered at no cost or Professional Management which is a fee-based service. Additional information can be found by visiting www.netbenefits.com/clevelandclinic.

Life + Accident Insurance

Cleveland Clinic provides three employer-paid life insurance policies that become effective on your start date:

1. Group Term Life Insurance¹ – 1.0x base annual pay² (max of \$500,000);
2. Accidental Death & Dismemberment Insurance – 1.0x base annual pay (max of \$500,000);
3. Business Travel Accident Insurance – 3.0x base annual pay (max of \$2,000,000) while traveling on official Cleveland Clinic business to a non-routine work location

Additionally, Cleveland Clinic provides caregivers the option of purchasing supplemental life insurance and dependent life insurance on a self-pay basis as follows:

Supplemental Life Insurance

- Option to elect from 1.0x to 10.0x base annual pay (max of \$1,000,000)
- New hires and newly eligible caregivers can elect up to 6.0x base annual pay without providing evidence of insurability (EOI)
- During open enrollment EOI is required if not currently enrolled; otherwise caregivers can elect to increase their current election up to 2.0x without requiring EOI, while elections over 2.0x their current election requires EOI

Dependent Life Insurance

- Covers legally married spouse at \$25,000 and dependent children up to age 26 at \$10,000 each
- New hires and newly eligible caregivers can elect coverage without providing evidence of insurability

1. Per IRS regulations, the value of employer-paid group term life insurance over \$50,000 is included in the caregiver's paycheck as imputed income and subject to tax withholding.

2. Base annual pay is a caregiver's standard annual rate of pay non-inclusive of over-time or additional duty pay. For new hires base annual pay is as of your start date. For ongoing caregivers base annual pay is as of October 1 of the preceding year.

- During open enrollment EOI is required if an added dependent is not currently enrolled

Life Insurance Beneficiary Designations

Beneficiary designations for the above life insurance policies are made in Workday.

Flexible Spending Accounts

Cleveland Clinic offers two distinct flexible spending accounts (FSAs) administered by Payflex:

1. Healthcare FSA – used to pay for you and your dependents' eligible out-of-pocket healthcare-related expenses with pre-tax dollars.
2. Dependent Care FSA – used to pay for your dependents' eligible out-of-pocket childcare and/or adult daycare-related expenses with pre-tax dollars.

Healthcare FSA

- Minimum election of \$100 (if you choose to enroll) up to a maximum election of \$2,650 in 2019
- Your account will come preloaded with the amount you elect and can be spent right away
- Payflex will issue a debit card that you can use to pay for qualified out-of-pocket expenses
- You should save receipts and Explanation of Benefit (EOB) statements for qualified purchases in case Payflex needs to verify the eligibility of your expenses

Dependent Care FSA

- Minimum election of \$100 (if you choose to enroll) up to a maximum election of \$5,000 in 2019 (if your salary is \$120,000 or higher, the maximum annual election is \$1,500)
- Your account is funded through payroll deduction deposits (the account is not preloaded with your full annual election)

A full listing of eligible expense items under the Healthcare and Dependent Care FSAs can be found at www.payflex.com. You must spend the money you elect by March 15 of the following calendar year, otherwise you will forfeit any unused balance. You then have until April 30 of the following year to apply for reimbursement from both FSAs.

You must re-enroll in the FSAs each year during annual open enrollment as your annual election will revert back to \$0 at the end of each calendar year.

Caregiver Discounts

Several local and national vendors provide discounts to our caregivers. All of our caregiver discounts can be found on the ONE HR Portal accessed through Workday.

Paid Time Off (PTO)

PTO combines vacation, holidays, personal days and sick days to provide eligible caregivers with flexibility in determining individual time-off schedules. PTO allowances are based on position and length of service. Additional information can be found on the ONE HR Portal which can be accessed from Workday.

Healthy Choice Program

What Is It?

The Healthy Choice Program was created to encourage Cleveland Clinic Health Plan members and their spouses to take a proactive approach to wellness. By participating in Healthy Choice you have the opportunity to reduce your health plan premiums each year. Participation is completely voluntary and there are no penalties for not participating. If you choose not to participate you simply won't get the discounted health plan premium.

How Do I Participate?

1. Visit a primary care provider to determine your current health status.

You will need to have them fill out a Health Visit Report Form (found at www.clevelandclinic.org/healthplan). Once completed it will need to be sent directly to the Health Plan Office for processing. This form will be used by the Health Plan Office to determine which wellness program(s) you and your spouse will need to participate in. Think of it as your entry ticket into the Healthy Choice Program.

2. Create an account on the Healthy Choice Portal

Go to www.clevelandclinic.org/healthplan and click on the orange Healthy Choice Portal button found on the top right-hand corner of the homepage (if you are married and your spouse is covered under your health plan they will also have to create their own Healthy Choice Portal account). You will need your Health Plan ID# which can be found on your Health Plan ID card in order to create your account. Once logged in your health status will be displayed along with instructions for what you need to do in order to qualify for the Healthy Choice discount.

3. Meet the goals that were set for you in your program

Meeting the participation requirements and the goals set for you will allow you to get the largest discount on your health plan premiums in the following calendar year. If you and your spouse actively participate but you do not meet your goals you are still eligible to receive a partial discount. Participation is required each year in order to sustain the discounted health plan premiums in subsequent years.

Is There a Deadline?

Yes, the Healthy Choice Program requires 6 months of active participation from January 1st through September 30th of each year. This means you will need to be enrolled in a program no later than March 31st of each year to be eligible for a discount the following calendar year. To be eligible for a partial discount you need to enroll by June 30th of each year. Discounted premiums will apply to the following calendar year's payroll deductions, and you need to continue participating each year in order to keep the discounted rates in effect.

How Do I Find More Information?

You can find more information about the Healthy Choice Program by visiting www.clevelandclinic.org/healthplan.

Wellness Programs

Cleveland Clinic offers a full spectrum of wellness programs aimed at helping our caregivers achieve healthier lifestyles and improve quality of life. These programs are managed by the Wellness Institute and the Employee Health Plan and focus on physical activity, nutrition, stress management and education.

Additional information on these programs can be found on the ONE HR Portal accessed through Workday.

Employee Assistance Program

Cleveland Clinic offers a full-service employee assistance program (EAP) dedicated to providing resources and support for caregivers are facing challenging issues both inside and outside of the workplace. These services are provided at no cost to the caregiver and can assist with items such as:

- Work problems
- Family issues
- Emotional problems
- Alcohol and drug use
- Legal matters
- Marital problems
- Parenting issues
- Loss/bereavement
- Financial pressures

Additional information can be found on the ONE HR Portal which can be accessed through Workday.

Adoption Assistance

Cleveland Clinic provides up to \$5,000 in financial assistance for legal adoptions (\$10,000 lifetime maximum benefit). Caregivers must be employed for 12 months to become eligible. Additional information can be found on the ONE HR Portal which can be accessed through Workday.

Tuition Reimbursement

Cleveland Clinic provides tuition reimbursement for regular full-time and part-time caregivers who have successfully completed one year of employment at Cleveland Clinic.¹ The annual tuition reimbursement limit is based on caregiver FTE status and the course of study, as follows:

DEGREE TYPE	ANNUAL MAXIMUM CAP ALLOWANCE			
	Nursing Major Full Time	Nursing Major Part Time	Non-nursing Major Full Time	Non-nursing Major Part time
Graduate/Doctorate/Ph.D.	\$7,500	\$3,750	\$4,500	\$2,250
Bachelor	\$5,000	\$2,500	\$3,000	\$1,500
Associate	\$2,500	\$1,250	\$1,500	\$750

DEGREE TYPE	ANNUAL MAXIMUM CAP ALLOWANCE	
	Physician Assistant Major Full Time	Physician Assistant Major Part Time
Graduate/Doctorate/Ph.D.	\$7,500	\$3,750

Additional information can be found on the ONE HR Portal which can be accessed from Workday.

1. The one-year Cleveland Clinic service requirement is waived for nurses.

Voluntary Benefits

MetLife Auto/Home/Pet Insurance

MetLife offers discounted rates on automobile, home and veterinary pet insurance for Cleveland Clinic caregivers. For additional information or to request a free quote contact MetLife at 800.438.6388.

MetLaw Group Legal Plan

The MetLaw Group Legal Plan provides access to legal counsel for a multitude of legal matters for a flat monthly fee. Covered services include:

- Estate planning documents, including wills and trusts
- Real estate matters
- Identity theft defense
- Financial matters, such as debt collections defense
- Traffic offenses
- Document review and preparation
- Family law, including adoption and name change
- Advice and consultation on personal legal matters

Enrollment in the MetLaw Group Legal Plan is only available during annual open enrollment. MetLife sends enrollment information via postal mail to all benefits-eligible caregivers in October. For additional information contact MetLife at 800.438.6388.

Global CARE Program

The Global CARE Program provides guaranteed transport to a Cleveland Clinic facility should you or a covered dependent require hospitalization while traveling more than 150 miles from home (including internationally). The program charges an annual fee based on individual or family coverage. For more information and/or to enroll visit www.ccfglobalcare.com.



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This summary is intended to provide a high level overview of Cleveland Clinic benefit programs. By its nature, this is not a legal document. Benefit program details are covered in summary plan descriptions (SPDs) and controlling legal documents. SPDs can be found on the ONE HR Portal, which can be accessed through Workday, or by contacting the ONE HR Service Center at 216.448.2247. This summary does not create a contract between Cleveland Clinic and its caregivers for either employment or any other benefit program offered. Cleveland Clinic routinely reviews the benefit programs offered and has the right to change or terminate these offerings at its own discretion at any time.