

EMPLOYEE BENEFITS



FULL-TIME FACULTY & STAFF AND PART-TIME STAFF 30-39 HOURS

2011–2012

Welcome to Cleveland State University!

Cleveland State University
engagedlearning™

We're glad you're here

As part of your total compensation, Cleveland State University (CSU) offers a competitive and comprehensive benefit package that includes medical, dental, vision, life insurance, disability insurance, flexible spending accounts, and retirement programs. Most benefits are effective your first full day of employment. Descriptions of your benefits are contained in this booklet and are available on the Human Resources webpage at <http://mycsu.ohio.edu/offices/hrd>.

Enrolling in your benefits is made easy through the **myBenefits online enrollment application**. Human Resources will authorize your access to **myBenefits** and notify you by email when online access is available to enroll in medical, dental, vision, supplemental life insurance and flexible spending plan coverage. The email includes a notice of the “open date”—the first date the application is available to make your benefit selection and the “close date”—the last date the application will be available. Access instructions for **myBenefits** are enclosed with this booklet. Selections must be submitted to Human Resources within 31 days of your hire date or effective date of qualified change of status. After submitting your enrollment, coverage will be effective as of your benefits eligibility date and cannot be changed unless you have a qualified change in status. Proof of dependent eligibility is required (see pages 4-5).

NOTE: If you do not make your online enrollment by the close date, the next opportunity to elect or change coverage will be during the annual open enrollment period.

Contact a member of HR Benefits staff for assistance at (216) 687-3636.

Notification of Grandfathered Health Plan

Cleveland State University believes its plans to be “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (216) 687-3636. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

▶ You must use myBenefits, the new online enrollment application, to enroll in your benefit plans. Instructions are included with this booklet.

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<http://mycsu.csuohio.edu/offices/hrd>

FEDERAL AND STATE HEALTH CARE REFORM & CLEVELAND STATE UNIVERSITY'S HEALTH PLANS



Federal Health Care Reform

CSU's health care plans are "Grandfathered." Grandfathered status means certain provisions of Federal Health Care Reform legislation do not apply to CSU's plans until the plan year in which significant changes are made or 2014, whichever occurs first. Certain provisions of Federal Health Care Reform do apply to CSU's plans regardless of "Grandfather" status. Below are the changes effective July 1, 2011 due to Federal Health Care Reform.

1. Adult Dependent Children are eligible for health coverage to age 26.

You can enroll your Adult Dependent Child(ren) in your family coverage with Kaiser HMO or Medical Mutual PPO Plans. Dental and Vision coverage is also available to age 26.

An adult dependent child must be your biological, adopted or step child, the child of a same-sex domestic partner, or a child for whom you or a spouse are the guardian or have legal custody. The child must not be eligible to enroll in another employer sponsored health plan (other than the parent's plan).

The enrollment of an adult dependent child ages 19 to 26 requires the submission of documentation (refer to Dependent Eligibility Guidelines included with this booklet).

Coverage for an adult dependent child **does not require** proof of student status, tax dependency or Ohio residency. You must enroll in family coverage to add the dependent. No additional premium cost will be applied to the family premium paid by the employee.

2. The limit for maximum benefits payable in a lifetime by group health plans is no longer applicable for certain covered medical services.

This change allows for certain covered services by a group health plan to be provided without a member being concerned with reaching a lifetime benefit limit. Covered services defined as "essential" by Health Care Reform and deemed medically necessary will continue to be provided, (e.g. preventive services, inpatient hospital stays and prescription drug coverage). Medical services that have calendar year benefit period maximums will continue to apply (e.g. outpatient physical therapy, occupational therapy and chiropractic visits).

State of Ohio House Bill 1 (HB1) Legislation

The State of Ohio enacted House Bill 1 allows employees the opportunity to purchase health care coverage for unmarried children ages 26 to 28.

Employees are permitted to enroll adult dependent children under their family health coverage. Employees are required to pay a family premium plus an additional premium cost for the adult child's coverage. Below are coverage provisions of HB1 legislation and guidelines for an adult dependent child who is no longer eligible for coverage under Federal Health Reform legislation:

1. Health care coverage is contingent upon the adult dependent child meeting the following criteria:

- Has not reached the age of 28 (i.e. 28th birthday); and
- Is the employee's biological child, step child, or adopted child; and
- Is not married; and
- Is a resident of the State of Ohio or a full-time student at an accredited public or private institution of higher education outside the State of Ohio; and
- Is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and
- Is not eligible for coverage under Medicaid or Medicare.

2. If an adult dependent child meets the HB1 coverage criteria, the employee must enroll the dependent under his/her coverage and submit required documentation before the enrollment is processed. **Refer to Dependent Eligibility Guidelines section of this booklet.**

3. Eligibility for HB1 adult dependent coverage **does not require**:

- the child live with a parent;
- be financially dependent upon the parent; or
- be a student

4. A premium is paid for adult dependent children in addition to the parent's family premium and is withheld through payroll deduction. The HB1 coverage premium is deducted on an after-tax basis. Below are the monthly HB1 health plan premiums effective July 1, 2011 – June 30, 2012:

Medical Mutual Traditional:	\$213.32 /month
Medical Mutual Value:	\$189.92 /month
Kaiser:	\$181.40 /month


5. Dental and/or Vision coverage is not available for an adult dependent child ages 26 to 28.



You will use CSU's **myBenefits online enrollment application** to enroll in eligible benefits.

myBenefits Access:

To begin enrollment using the myBenefits online enrollment application:

- Access the CSU home page at www.csuohio.edu from your internet browser
- Click the myCSU icon 
- **NOTE:** When accessing myCSU, you may be required to use your campusnet log-in.
- Select "Employee Self-Service" under the "Faculty & Staff" section
- Select myProfile and log-in using CampusID and CampusPass
- Click myProfile
- Click myBenefits
- Click myBenefits Enrollment to access the online application

You can access myBenefits through myCSU on the University's home page at www.csuohio.edu.

Saving Your Enrollment

During the enrollment process, you must click "Save" after adding a new dependent and/or beneficiary, selecting a new plan option, and/or entering a change to your current enrollment. Saved changes will be processed after completing a two-step process which finalizes your enrollment.

Finalizing Your Enrollment

A key component of the application requires you to complete a two-step process to finalize your enrollment:

- (1) **Verify** Enrollment – Once you have completed your benefit plan selections and/or changes, you must click "**Verify**." This is your opportunity to review and edit your final choices.
- (2) **Submit** Enrollment – You must click on "Submit" to finalize the enrollment process and assign your electronic signature.

Generally, the two-step process must be completed within 31 days from your hire date or status change date.

Exiting myBenefits—Before Finalizing Enrollment

You may exit (sign off) the application before completing the two-step process to finalize your enrollment without losing your "saved" data. Upon returning to saved data in the application, additional changes can be entered and "saved" and/or you can complete the two-step process to finalize your enrollment.

Having Difficulty Accessing myBenefits from Your Computer?

If you are experiencing difficulties with accessing the myBenefits online enrollment application, contact the IS&T Help Desk at (216) 687-5050.

Need myBenefits Navigation Assistance?

Contact the Department of Human Resources at (216) 687-3636.

Need Access to a Computer to Use myBenefits?

Computer Access is available in the Department of Human Resources. Call (216) 687-3636 to schedule an appointment.

myBenefits Instructions

Human Resources will authorize your access to **myBenefits** and notify you by email when online access is available to enroll in medical, dental, vision, supplemental life insurance and flexible spending plan coverage. The email includes a notice of the "open date"—the first date the application is available to make your benefit selection and the "close date"—the last date the application will be available.

System Availability

Due to weekly University system maintenance, the myBenefits enrollment application is not available on Saturdays from 6 p.m. until Sundays at 10 a.m.

Detailed myBenefits instructions are available through the CSU Employee Self-Service webpage, <http://mycsu.csuohio.edu/offices/hrd>. The guides include key points to help you successfully access myBenefits, navigate through the pages, add/update dependents, add/update beneficiaries, review plan options, and select and/or change coverage.

DEPENDENT ELIGIBILITY GUIDELINES



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The following are eligibility rules, guidelines and documentation requirements for enrollment of qualifying dependents in Cleveland State University's group benefit plans, including provisions of Federal and State legislation for Adult Children. Information in this chart is in summary form. Refer to the University's Eligibility Rules Chart for details at <http://mycsu.csuohio.edu/offices/hrd> under "Frequently Requested Enrollment Information" Dependent Eligibility section.

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirements
Legal Spouse	Husband or wife of a covered employee	<ul style="list-style-type: none"> • Medical • Dental • Vision • Spouse Life Insurance 	<ul style="list-style-type: none"> • State issued marriage certificate • Federal tax return issued within last 2 years
Same-Sex Domestic Partner	A person of same gender who meets the following criteria: <ul style="list-style-type: none"> • Shares a residence with a eligible employee for at least 6 months • At least 18 years of age • Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage • Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership • Is not in relationship solely for the purpose of obtaining benefit coverage • Is not married or separated from any other person 	<ul style="list-style-type: none"> • Medical • Dental • Vision 	<ul style="list-style-type: none"> • Notarized Affidavit of Domestic Partnership • Two proofs of joint ownership or joint residency issued within last 6 months
Dependent Child	Child under age 19 with relationship to a covered employee as a: <ul style="list-style-type: none"> • Biological child • Adopted child • Step child • Legal Ward • Child in which employee or spouse of employee is legal guardian 	<ul style="list-style-type: none"> • Medical • Dental • Vision • Dependent Life Insurance 	<ul style="list-style-type: none"> • State issued Birth Certificate • Adoption Certificate • Court ordered document of legal custody

Adult Child Availability Notice

This is to notify you that, effective July 1, 2011, your children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless whether they live at home or whether you support them. Thus, dependents whose coverage ended, or who were denied coverage (or were not eligible for coverage) because the availability of dependent coverage of children ended before attainment of age 26, are eligible to enroll in the Cleveland State University Plan. More information is available on the Human Resources webpage of myCSU or contact Human Resources at (216) 687-3636.



DEPENDENT ELIGIBILITY GUIDELINES

(CONTINUED)

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirement
Adult Dependent Child	<p>Federal Health Care Reform (age 19 but less than age 26):</p> <ul style="list-style-type: none"> • Biological, adopted, step child or a child which an employee or spouse of the employee is legal guardian • Child may be employed but not eligible for health care coverage through an employer sponsored health plan other than the parents' • Child may be married or unmarried regardless of whether they live at home or the parent supports them 	<ul style="list-style-type: none"> • Medical • Dental • Vision • Dependent Life Insurance (full-time student to age 25) 	<ul style="list-style-type: none"> • State Issued Birth Certificate (<i>required for new enrollment or reenrollment in health plans</i>) • Adult Dependent Child Eligibility Certification Form
Adult Dependent Child (Coverage beyond age limit of Federal Health Reform Coverage)	<p>State of Ohio House Bill 1 (HB1) Legislation (age 26 to 28):</p> <ul style="list-style-type: none"> • Biological, adopted or step child; and • Unmarried; and • Resident of the State of Ohio or full-time student outside State of Ohio at an accredited public or private institution of higher education; and • Not eligible for health care coverage under his/her employer's health benefit plans; and • Not eligible for coverage under Medicare or Medicaid 	<ul style="list-style-type: none"> • Medical coverage only 	<p>The following forms (based on parent's enrollment) must be submitted to Human Resources before enrollment is processed:</p> <ul style="list-style-type: none"> * Kaiser Permanente HMO ¹HB1 <u>Attestation Form</u> * Medical Mutual of Ohio Traditional Plan or Value Plan ¹Adult Dependent Child HB1 <u>Certification Form</u> <p>¹Forms are located at http://mycsu.csuohio.edu/offices/hrd/benefits.html under "Frequently Requested Enrollment Information" Dependent Eligibility section</p>
Dependent Child and Adult Dependent Child (Same-Sex Domestic Partner)	<p>Domestic Partner Child to age 26 with relationship to a covered employee:</p> <ul style="list-style-type: none"> • The child of the employee's covered Same-Sex Domestic Partner: <ul style="list-style-type: none"> ▫ Biological, adopted or legal ward 	<ul style="list-style-type: none"> • Medical • Dental • Vision 	<ul style="list-style-type: none"> • Required documentation for Same-Sex Domestic Partnership • State issued birth certificate • (Age 19 to 26) Adult Dependent Child Eligibility Certification Form

Experience a Family Status Change? Contact Human Resources

When a life-changing event occurs, you can make a mid-year benefit enrollment change to your current coverage without waiting for the annual open enrollment period.

CSU permits a change in your benefit enrollment when you experience a qualified family status event. You must notify Human Resources within 31 days of the event to make a change to your coverage.

Generally, the following family status events qualify to make a mid-year enrollment change:

- marriage or divorce
- birth or adoption of a child
- death of a dependent
- change in spouse's employment status resulting in loss of coverage or acquiring new coverage
- loss of dependent child's eligibility for coverage
- change in circumstance for Adult Dependent Child for HB1 coverage

CSU's plan year for enrollment in all medical plan choices (Medical, Dental, Vision, FSAs) is July 1 – June 30. For the purposes of out-of-pocket limitations and benefits provided, the benefit year is a calendar year (January 1 – December 31).

You have four medical plan choices for the July 1, 2011 – June 30, 2012 plan year:

1. Medical Mutual (MMO) Traditional Preferred Provider Organization (PPO)
2. Medical Mutual (MMO) Value Preferred Provider Organization (PPO)
3. Kaiser Permanente Health Maintenance Organization (HMO)
4. Taxable Cash

The option which is best for you depends on your family circumstances, your choice of providers, premiums and the expenses you may need to assume if you or a family member needs medical care. Refer to the Medical Plan Comparison Chart on page 8 for a summary of the CSU medical plan options. Enrollment in any of the options requires the submission of your enrollment through the myBenefits online enrollment application within 31 days of your hire date or a qualifying change in status. Upon receipt of your enrollment, the effective date of coverage will be your hire date.

Kaiser Permanente HMO

Kaiser is a Health Maintenance Organization (HMO). An HMO only pays for benefits when members use HMO network doctors and hospitals. You must select a primary care physician; otherwise a physician will be selected for you and your family. If participants receive care outside of the network, the HMO pays no benefits, except in a medical emergency and within plan limits.

The Kaiser HMO plan covers a wide range of comprehensive medical benefits and services in full, including urgent care, after a \$35 co-payment. Emergency room services require a \$75 co-payment, which is waived upon hospital admission. A summary of the plan is provided on the chart on page 8.

Kaiser HMO Prescription Drug Coverage

Generic and brand name prescription drugs are available from Kaiser Permanente pharmacies after a co-payment is paid, \$10 Generic/\$15 Brand. A 62-day supply of prescription medication is available from Kaiser's mail order pharmacy for the same co-payments. Contact Kaiser Permanente for details.

Medical Mutual of Ohio—SuperMed Plus PPO Plans

The University offers two Medical Mutual of Ohio (MMO) SuperMed Plus plans — Traditional or Value. Both plans are Preferred Provider Organizations (PPOs), and they cover a wide range of inpatient and outpatient services, including wellness care. The MMO plans give you the option of seeking care within the Medical Mutual Network of physicians and facilities or using non-network providers. When you use network providers, benefits are paid at a higher coverage level. Both plans require co-payments for office visits. Certain services are subject to an annual deductible. Preventive care services are not subject to an annual deductible.

The major differences between the Traditional and Value plans are the contributions, co-payments, deductibles and co-insurance. For example: if you select the Value Plan, you pay lower contributions. However, your annual deductible, your share of the cost for medical services and prescriptions under the Value Plan are higher than if you were enrolled in the Traditional Plan. A comparison of the plans is located on the chart on page 8. All services under both plans are subject to medical necessity.

MMO Prescription Drug Coverage

Both the Traditional and Value plans include a three-tier retail and mail order prescription drug plan, a formulary (preferred drug list), and a mail order incentive for maintenance medications. A maintenance medication is a prescription drug that you take regularly to manage a chronic health condition (e.g., high blood pressure or diabetes).

Co-payments for each of the Medical Mutual plans are summarized in the chart on page 9. Note that co-payments for maintenance medications dispensed at a retail pharmacy are the same as non-maintenance medications the first time dispensed up to four refills. After the fourth fill of a maintenance medication at a retail pharmacy, the co-payment will increase to the mail order copayment amount. By using mail order for maintenance medications, you will save money.



Taxable Cash Medical Coverage Waiver

The taxable cash option provides you with the ability to waive medical coverage and receive an annual taxable cash payment. Enrollment requires an election of this option in the myBenefits online enrollment application and proof of coverage from another source. Payment is made at the end of the plan year, typically the first pay in June. If you are not enrolled in this option the entire plan year (July 1, 2011- June 30, 2012), your payment is pro-rated.

Annual Taxable Cash Payments	
Full-time Faculty and Staff	Up to \$1,200
Part-time Staff 30-39 Hours	Up to \$900



HELPFUL DEFINITIONS

Following are a few definitions which may be helpful when making your health plan choice. More definitions are located in the health plan provider's certificate of coverage.

Co-Insurance — The percentage of a health care provider's fee, after the annual calendar-year deductible is taken. For example, with single coverage in the MMO Value Plan pays 80% of an in-network covered expense after the calendar-year deductible is met. You pay 20%.

Co-Payment — The fixed dollar amount you pay each time you receive specific services, supplies or prescriptions. For example, the MMO Traditional Plan requires \$15 co-payment each time you have an office visit with an in-network health care provider. The co-payment is not applied to the deductible.

Deductible — The specified amount of covered medical expenses you pay for yourself and/or covered dependents each calendar year before any additional covered medical expenses are paid by the Plan. (For example: MMO Traditional Plan expenses for covered outpatient surgical procedures are covered in full at 100% after you pay the \$150 annual deductible.)

Out-of-Pocket Maximum — The maximum amount you pay in co-insurance for covered expenses in a calendar year before the Plan pays 100% (Excludes amounts that are paid towards co-payments and deductibles.).

Usual, Customary & Reasonable (UCR) — a fee usually established by health insurance or government agency that is considered to be the "usual" cost of a specific medical service. The fee is commonly based on the amount the company or agency will pay for that service and may vary with geographic area.

Brand Name Prescription Drug — A prescription drug that has been patented with the Brand Name and is produced by the original manufacturer under that Brand Name.

Generic Prescription Drug — A prescription drug that is produced by more than one manufacturer. It is chemically the same as and usually costs less than the brand name prescription drug for which it is being substituted and will produce comparable effective clinical results.

Covered Services — A medically necessary service or supply for which the benefit plan will reimburse expenses according to the plan's limits.

MEDICAL PLAN COMPARISON CHART 2011-2012



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	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Employee Payroll Contributions ¹ • Full-time Faculty/Staff	Single \$105.66 / month Family \$274.62 / month		Single \$47.02 / month Family \$122.38 / month		Single \$22.46 / month Family \$60.04 / month
• Part-time Staff 30-39 Hours	Single \$132.08 / month Family \$343.28 / month		Single \$117.60 / month Family \$305.96 / month		Single \$112.30 / month Family \$300.22 / month
¹ Note: IRS rules require that the value of any benefits provided to same sex domestic partner is taxable to the employee.					
Benefit Period	← Calendar Year →				
Annual Deductible (Calendar Year)	\$150 single / \$300 per family (covered preventive care services NOT subject to deductible)	\$300 per single / \$600 per family	\$250 single / \$500 per family (covered preventive care services NOT subject to deductible)	\$500 per single / \$1,000 per family	No Annual Deductible
Maximum Annual Co-Insurance Limit	N/A	\$1,200 per single / \$2,400 per family (Does not include co-pays or deductibles)	\$500 per single / \$1,000 per family (Does not include co-pays or deductibles)	\$2,000 per single / \$4,000 per family (Does not include co-pays or deductibles)	N/A
Physician Office Visit Co-payment	100% after \$15 co-payment	80% ² After Deductible	100% after \$25 co-payment	70% ² After Deductible	100% after \$15 co-payment
Preventative Services	100%	80% ² After Deductible	80%	70% ² After Deductible	100%
Inpatient Hospital Admission Co-payment	\$200 per admission (Not subject to annual deductible)	N/A	N/A	N/A	\$200 per admission
Inpatient Medical & Surgical Hospital Services	100% After per admission co-payment May require pre-authorization	80% ² After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% ² After Deductible and <u>within plan limits</u> May require pre-authorization	100% after \$15 co-payment
Outpatient Hospital Medical & Surgical Services / Laboratory & Diagnostic Tests	100% After Deductible and <u>within plan limits</u> May require pre-authorization	80% ² After Deductible and <u>within plan limits</u> May require pre-authorization	80% After Deductible and <u>within plan limits</u> May require pre-authorization	70% ² After Deductible and <u>within plan limits</u> May require pre-authorization	100%
Urgent Care Services	100% after \$35 co-pay	80% ² after Deductible <u>within plan limits</u>	100% after \$50 co-pay	70% ² after Deductible <u>within plan limits</u>	100% after \$35 co-pay
Emergency Room Use Co-payment /Coinsurance for Emergency Services	100% after \$75 co-pay Waived if admitted	100% \$75 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	80% after \$150 co-pay Waived if admitted	\$75 co-pay Including non-plan facilities Waived if admitted
Emergency Room Use Copayment/Coinsurance for Non-Emergency Services	100% after \$75 copayment Waived if admitted	80% after Deductible	80% after \$150 co-pay Waived if admitted	70% after Deductible	Not Covered

²MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE. PRE-AUTHORIZATION (BY MMO) MAY BE REQUIRED FOR SOME SERVICES (E.G. SURGICAL PROCEDURES, DIAGNOSTIC TESTS, MRIS, AND SCANS) FOR WHICH YOU ARE FINANCIALLY RESPONSIBLE. REFER TO YOUR PLAN CERTIFICATE. INFORMATION CONTAINED IN THIS CHART IS IN SUMMARY FORMAT. IF DISCREPANCIES OCCUR, PLAN DOCUMENTS AND CERTIFICATES PREVAIL.



PRESCRIPTION DRUG PLAN COMPARISON CHART 2011 - 2012

	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Non-Maintenance Retail Pharmacy Prescription Drugs ALL Mandatory Generic	\$10 Generic \$20 Formulary Brand \$35 Non-Formulary Brand 30-day Supply Retail co-payment for a 30-day supply of maintenance medications increases to mail order copayment amounts after the 4th fill.	75% ² Claim form required 30-day Supply	\$15 Generic \$25 Formulary Brand \$40 Non-Formulary Brand 30-day Supply Retail co-payment for a 30-day supply of maintenance medications increases to mail order copayment amounts after the 4th fill.	75% ² Claim form required 30-day Supply	\$10 Generic / \$15 Brand (Kaiser Formulary) 30-day Supply
Mail Order Maintenance Prescription Drugs ALL Mandatory Generic	\$20 Generic \$30 Formulary Brand \$40 Non-Formulary Brand 90-day supply	N/A	\$30 Generic \$40 Formulary Brand \$60 Non-Formulary Brand 90-day supply	N/A	\$10 Generic / \$15 Brand (Kaiser Formulary) 62-day supply

² MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE. REFER TO YOUR PLAN CERTIFICATE. INFORMATION CONTAINED IN THIS CHART IS IN SUMMARY FORMAT. IF DISCREPANCIES OCCUR, PLAN DOCUMENTS AND CERTIFICATES PREVAIL.



DENTAL PLAN

SuperDental is the Cleveland State dental plan option administered by Medical Mutual of Ohio. Medical Mutual has partnered with DenteMax, a Preferred Provider Organization (PPO), to offer a comprehensive dental benefit program. Preventive care services are covered in full by network and non-network providers and are not subject to a deductible. However, you may be responsible for paying any charges that exceed the Usual and Customary Amount or the “going rate” when care is received from a non network dental provider.

When you use non-network providers for essential care, the plan pays benefits after you pay an annual deductible of \$50 per person.

The maximum dental benefit per calendar year is \$1200 per person. The plan offers an Orthodontia benefit providing coverage up to a \$1200 per person lifetime limit.

Monthly Dental Employee Pre-Tax Premium Contributions

Full-time Faculty/Staff	No employee premium contributions
Part-time Staff 30-39 hours	Single \$8.20 Family \$20.24

	In-Network	Out-of Network
Provider	Dentemax Dentist	Any Dentist
Annual Deductible	None	\$50/person
Preventive	100% (2 Visits/Cleanings in a Calendar Year)	100% UCR
Diagnostic	100%	80% UCR
Restorative	80%	80% UCR
Prosthodontic	60%	60% UCR
Orthodontia	60%	60% UCR

Maximum Annual Benefit: \$1,200/calendar year. Orthodontia Lifetime Limit: \$1,200/person

VISION PLANS



You have two Vision plan options from which to choose — the “Basic” Vision plan and the “Opt-up” Vision plan. Both plans are administered by Vision Service Plan (VSP), a preferred provider organization (PPO). VSP plans provide benefits for an eye examination, frames and lenses or contact lenses.

The Basic Vision Plan provides covered services once in a 24-month period from last date of service.

You may choose to enroll in the “Opt-up” plan. This plan provides covered benefits once in a 12-month period from last date of service.

Monthly Vision Employee Pre-Tax Premium Contributions

	Basic Vision Plan	Opt-Up Vision Plan
Full-time Faculty/Staff	No premium contributions	Single \$6.36 Family \$18.16
Part-time Staff 30-39 Hours	Single \$1.00 Family \$2.86	Single \$7.36 Family \$21.02

Vision Summary of Benefits

	In-Network	Out-of Network
Vision Exam	100% after \$15 Co-pay	Up to \$35 after \$15 Co-pay
Lenses Tints/Coatings Not covered	100% after \$25 Co-pay	Single Vision up to \$25 Bifocal up to \$40 Trifocal up to \$55 Lenticular \$80
Lens Options	Blended: Covered in Full Progressive: Covered in Full	Blended: Up to \$40 Progressive: Up to \$55
Frames	Covered up to plan allowance of \$120	Up to \$35
Contact Lenses	Up to \$120, if elective; 100% covered if visually necessary. VSP requires proof of visual necessity.	If elective, up to \$105; If visually necessary, up to \$210 VSP requires proof of visual necessity.
Claims	No claim form required	Must file claim for reimbursement within 6 months from date of service



The Flexible Spending Account Plan (FSA) allows you to set aside funds through pre-tax payroll deductions for unreimbursed out-of-pocket medical or dependent day care expenses. You determine how much money you want to contribute up to the FSA plan limits. The amount you select is withheld through payroll deduction and is based on the number of pay periods you have within the CSU plan year (July 1 – June 30). You are reimbursed for eligible expenses from your FSA account as you incur and submit a claim for reimbursement.

CSU offers two types of FSA accounts under the plan—Health Care FSA and a Dependent Day Care FSA. The plan year limits for each account is a minimum of \$24/year and a maximum \$5,000/year. You must re-enroll each plan year to continue participation in an FSA. To participate in an FSA, you must make an election within 31 days of hire or change in status date through the online myBenefits enrollment application. (Refer to Change in Status Rules included in this booklet and/or on the HR webpage of myCSU for information on a mid-year election change.) Note: Contributions to a Dependent Day Care account may be further limited based on your marital status, how you file your income taxes, and if your spouse works or attends school full-time. Consult your tax advisor.

You should carefully calculate the amount you contribute to an FSA each plan year. The IRS requires a “Use It or Lose It” rule for these type of accounts. If expenses are not incurred and/or filed for reimbursement within the allowable time periods, funds remaining in your account are forfeited.

CSU's Flexible Spending Account Plan is administered by Vantage Financial Group. Details of the CSU Flexible Spending Account Plan, including a FSA Expense Worksheet, are located in the benefits section of the HR web page at myCSU.csuohio.edu/offices/hrd or contact Vantage at (877) 289-0448.

Recent Changes to Eligible Flexible Spending Account Reimbursements

Over-the Counter (OTC) Medications

Due to Health Care Reform legislation, effective January 1, 2011, over-the-counter (OTC) medication expenses are eligible for reimbursement through a Health Care FSA if you have a written prescription for the medicine. While you do not need a prescription to purchase an OTC medication, you will be required to have one to be reimbursed through a Health Care FSA. The legislation only addresses OTC medicines such as cough medicine, allergy medication, and pain relievers. Non-prescription health care expenses are unaffected.

Lactation Equipment & Supplies: New this year

Expenses for lactation equipment and supplies are eligible for reimbursement through your Health Care FSA.

You must re-enroll each plan year to continue participation in an FSA.

2011-2012 FSA Plan Year Deadlines	
Payroll Contributions	FSA elections will be deducted on a pre-tax basis according to your pay periods after effective date of enrollment through June 30, 2012
Plan year period to incur eligible expenses	Participants enrolling for the 2011–2012 plan year must incur expenses from July 1, 2011 through August 31, 2012 (which includes a 60 day grace period).
Claim Filing Deadline	All eligible claims incurred during the plan year period must be filed with Vantage Financial Group no later than September 30, 2012. Refer to claim filing instructions located on the HR benefits webpage of myCSU or at the Vantage Financial website: https://hrbenefitsdirect.com/vanfin

FSA Online Account Balance Availability and Claims Filing

Faculty and staff participating in the Flexible Spending Accounts (FSAs) are able to view the status of their FSA balance and file claims with Vantage Financial Group on-line at <https://hrbenefitsdirect.com/vanfin>. This website will require your login and password.

Login: The letters CSU plus Your CSU ID Number (e.g. CSU1234567)

Password: The last 4-digits of your Social Security Number plus the last 2 digits of your zip code (e.g. 999915)

If you have any questions or require assistance with the website, your login or password, contact Vantage Financial Group at (877) 289-0448.



Basic Life and AD&D Insurance

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance underwritten by The Standard Insurance Company is provided at no premium cost to you. It provides coverage equal to (2) times your annual salary up to a maximum \$150,000. The premium value for Basic Life Insurance is subject to IRS imputed income taxation for the amount of coverage exceeding \$50,000.

Your Basic Life Insurance and Imputed Income

The IRS requires employers to add the premium value of the employer paid Basic Life Insurance coverage in excess of \$50,000 to your income for Federal tax purposes each pay period. Accidental Death & Dismemberment (AD&D) and Employee Supplemental life coverage is not subject to imputed income tax.

Consequently, your Federal tax will increase depending on the premium value as determined by an IRS premium rate table, your age at the end of the year, and the amount of insurance coverage you have over \$50,000. A worksheet is available on www.mycsuohio.edu/offices/hrd under the life insurance section to estimate the imputed income added to your taxable earnings.

You can voluntarily “waive” or “opt-out” coverage in excess of \$50,000 for Basic Life and AD&D. A “Waiver Agreement” must be complete and submitted to Human Resources. Additional information regarding Basic Life Insurance and the “Waiver Agreement” can be located at www.mycsuohio.edu/offices/hrd under the life insurance section. The effective date for requests to waive Basic Life Insurance coverage over \$50,000 is determined by the Standard Insurance Company.

Supplemental Life Insurance – Employee, Spouse and Dependent Children

The University offers three Supplemental Life Insurance plans — employee, spouse and dependent child life insurance. The cost of supplemental employee and spouse coverage is based upon the employee’s age. (Refer to rate chart on page 13). The premium cost of the voluntary insurance is withheld after-tax through payroll deduction.

Plan rules apply:

- You must enroll in the employee supplemental coverage to purchase coverage for your spouse and/or dependent children.
- Supplemental Spouse Life coverage cannot exceed 50% of your Employee Supplemental Life Insurance coverage.
- You may enroll in the employee supplemental life insurance plan without Evidence of Insurability up to the maximum Guarantee Issue Amount of \$200,000 coverage for an employee or \$100,000 for spouse coverage if elected within 31 days of hire date.

You must enroll in the employee supplemental coverage to purchase coverage for your spouse and/or dependent children.

Employees may purchase supplemental life insurance amounts in addition to the basic term life insurance provided by the University in increments of \$10,000 up to \$200,000 guaranteed issued (without Evidence of Insurability). Amounts between \$210,000 and \$500,000 require an evidence of insurability form to be completed and a determination for approval is made by the insurance company.

Spousal insurance may be purchased in increments of \$5,000 up to half the amount of the employee’s voluntary insurance purchased (no evidence of insurability required for amounts up to \$100,000).

Dependent children may be covered with a \$10,000 policy at a cost of \$.50 per month no matter how many children are covered. Dependent children may be covered up to age 19, or up to age 25 if a full-time student.

The Evidence of Insurability form (health questionnaire) can be obtained from Human Resources’ website at www.mycsuohio.edu/offices/hrd and should be provided to The Standard Insurance Company. Evidence of Insurability may include a blood profile and/or paramedical examination.

Employment Status	Employee Guaranteed Issue Amount	Maximum Employee Coverage	Spouse Guaranteed Amount	Maximum Spouse Coverage
Full-time and Part-Time 30-39 hours	\$200,000	\$500,000	\$100,000	\$250,000



LIFE INSURANCE BENEFITS

(CONTINUED)

Life Insurance Premium Rate Chart

Employee Age	Monthly Cost per \$10,000 of Coverage	Monthly Cost per \$5,000 Spousal Coverage
< 30	\$0.60	\$0.30
30-34	\$0.70	\$0.35
35-39	\$0.90	\$0.45
40-44	\$1.30	\$0.65
45-49	\$2.20	\$1.10
50-54	\$3.60	\$1.80
55-59	\$6.10	\$3.05
60-64	\$7.40	\$3.70
65-69	\$12.90	\$6.45
70-74	\$20.90	\$10.45
Age 75 and over	\$31.90	\$15.95



OTHER CSU EMPLOYEE BENEFITS

Long-Term Disability Coverage

CSU's Long-Term Disability program, underwritten by the Standard Insurance Company, is designed to protect you in the event you become injured or ill and are unable to work for longer than a period of 90 days. The plan coordinates with OPERS, STRS and Social Security to replace up to 60% of your income up to a maximum of \$5,000 per month, if you become disabled (within plan limits). Premiums for this disability protection are paid entirely by CSU.

For the first 90 days of any disability, including short term illness or injury, employees are required to use their available accumulated sick leave, vacation hours and compensatory time (if available).

Employee Assistance Program

Impact Solutions, an Employee Assistance Program, is available to all full-time and part-time employees and their household members. Impact Solutions is designed to confidentially provide professional guidance and assistance in such areas as stress, legal issues, financial concerns, marital or family stress, alcohol or drug abuse, depression, wellness issues, physician research, or relocation support. Up to five counseling sessions per incident are available at no cost to each eligible employee and family member.

Impact Solutions can be reached at 1-800-227-6007 or <http://www.myimpactsolution.com>

Business Travel Accident Insurance

The University provides additional Accidental Death and Dismemberment Benefit coverage in the event of loss of life, limb or certain bodily functions while on covered Business Travel for the University.

The benefit payable in the event of loss of life is equal to two times Annual Compensation, to a maximum benefit of \$500,000. Benefits for loss of limb or certain bodily function are paid according to the schedule of loss shown in the detailed policy certificate posted on the HR webpage of myCSU.

The Hartford, the University's insurer for Business Travel Accident coverage, also provides several programs available to all employees for personal travel as well as University business travel.

- With the Hartford's Travel Assistance program, provided by Europ Assistance USA, you'll have the help you need with toll-free emergency assistance available to you, your spouse and your dependents, 24 hours a day, seven days a week when traveling 100 miles or more from your primary home (national or international travel) for 365 days or less.
- The Hartford's Identity Protection Support Service is available to you while on personal or University business travel. If you suspect that you're a victim of identity theft, a toll-free call will put you in touch with our professional fraud support.

Details of these travel services are available at the Business Travel Accident section of the HR/Benefits website on myCSU.

OTHER CSU EMPLOYEE BENEFITS

(CONTINUED)



MEDEX Travel Assist – Business or Personal Travel

MEDEX Travel Assist is a comprehensive program of information, referral, assistance, transportation and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel.

The MEDEX Travel assist program is available whether traveling for University business or for pleasure and whether it is 100 miles or 10,000 miles from home. Details of the services offered are available on the HR webpage of myCSU.

Vacation Leave Benefits

Professional Staff and **certain Administrative Faculty** employees accrue 7.34 hours of paid vacation leave each pay for a total of 22 days per year. Professional Staff with full-time academic year appointments or staff who work less than 40 hours will earn vacation on a pro-rated basis. Professional Staff members are expected to use accrued vacation leave periodically. Vacation leave shall be available to the employee to the extent earned provided that the employee’s supervisor or unit head approves the dates for such leave in advance.

The maximum unused vacation hours that may be carried over at the end of a fiscal year (July 1—June 30) is 240 hours, however, vacation leave accumulation may not exceed 44 days at any time within a fiscal year. The maximum payout of unused vacation hours payable at separation or retirement is 176 hours.

Classified Staff accrue paid vacation according to years of service (refer to chart below). The maximum unused vacation leave that may be carried over at the end of a fiscal year (July 1—June 30) is 240 hours. Staff members are expected to use accrued vacation leave periodically. Vacation leave shall be available to the employee to the extent earned provided that the employee’s supervisor or unit head approves the dates for such leave in advance. At no time may the accumulated vacation leave balance during the fiscal year exceed the number of hours earned in a three-year period. The maximum payout of unused vacation leave that may be paid to an employee at separation or retirement is three years’ accrual.

Full Years of Service	Vacation Leave Accrual per Pay
1–7	3.1 Hours
8–14	4.6 hours
15–24	6.2 hours
25 OR MORE	7.7 hours

Paid Holidays

The University recognizes the following ten days as paid holidays:

- New Year’s Day
- Martin Luther King Day
- Presidents’ Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans’ Day (No classes are held. Administrative offices are open.)
- Thanksgiving Day
- Christmas Day

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

- Martin Luther King Day
- Presidents’ Day
- Columbus Day
- Veterans’ Day

A list of the current fiscal year holidays observed by the University is located on the Human Resources webpage.

Holiday Payment for Part-Time Employees

Part-time employees are entitled to holiday pay for that portion of the day they normally would have been scheduled to work if the University designates that day as a holiday.



Sick Leave Benefits

Sick Leave benefits provide full income replacement for short-term periods of illness or injury during which you are unable to work and prior to the time you may become eligible for Long-Term Disability benefits.

The University provides a sick leave accumulation plan for faculty and staff. Sick leave time is accumulated according to the following schedule:

Employee Type	Number of Hours Accumulated per Pay
Faculty & Salaried Professional Staff	10 Hours per month *
Classified Hourly Staff	4.6 hours per 80 hours worked

* Pro-rated for Academic Year and Part-Time appointments. Sick pay hours may be used for the employee or family member's illness and/or injury. Accumulated sick leave is also available for incidents of short-term disability until an employee satisfies the long-term disability waiting period.

Transfer of Sick Leave

Accumulation is unlimited and may be transferred among city, county or state agencies within Ohio within 10 years of employment. If you have previous employment with any Ohio public agency (State, County, Municipal) that service time and accrued unused sick leave may be transferred to CSU. Your previous employer should address a letter to Cleveland State University's Human Resources Department providing the amount of unused sick leave and service from that agency. This additional service time may affect your longevity and vacation accrual if you are a classified employee.

Payout of Unused Accumulated Sick Leave

In accordance with ORC 124.39 (A) (1), Faculty and Staff with 10 or more years of service with a State of Ohio agency or any of its political subdivisions, may elect at the time of retirement from a State of Ohio retirement plan a lump sum cash payout of accumulated sick leave. This payout is based on the employee's rate of pay at the time of retirement and the lump sum is equal to one-fourth of the value of accumulated sick leave balance, but may not exceed 240 hours. Payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued by the employee at that time. A lump sum payout of accumulated sick leave may be made only once to any employee.

Tuition Benefits

Tuition Remission for Employees (Staff Development)

Full-time faculty and staff and part-time staff who are regularly scheduled to work 30-39 hours and are appointed to a position which lasts six months or longer are eligible for tuition remission benefits. Eligibility requirements must be satisfied as of the first day of the semester term for which you are registering. For more information and forms, contact Human Resources or visit the HR webpage of myCSU.

Tuition Remission for Dependents*

- **Full-time Faculty**

Upon completion of one academic year of continuous full-time service since your most recent hire date, your spouse or registered same-sex domestic partner and dependent children become eligible for tuition remission for credit courses.

- **Full-time Staff (Professional and Classified)**

Upon completion of two years of continuous full-time service since your most recent hire date, your spouse, or registered same-sex domestic partner and dependent children become eligible for tuition remission for credit courses.

Generally, an eligible undergraduate student may receive 100% tuition remission. A 50% remission is provided to eligible graduate students. The benefit is limited to 144 credit hours or two degrees, whichever is less.

Eligibility requirements must be satisfied as of the first day of the semester term. Also, an eligible dependent child must meet the Internal Revenue Service dependency definition to qualify for tuition remission benefits.

* Refer to the program guidelines for details of eligibility requirements at the HR webpage of myCSU.



OTHER CSU EMPLOYEE BENEFITS

(CONTINUED)

Worker's Compensation

Worker's compensation may provide medical payments and wage or salary continuation in the event you are injured or become ill during the course of performing your regular job duties and the injury or illness relates specifically to the performance of those job duties.

A work related injury or illness should be immediately reported to your supervisor and/ or Human Resources after first receiving care for the injury or illness. A First Report Of Injury (FROI) must be filed with the Bureau of Workers Compensation through the treating physician or through CareWorks, the University's Workers Compensation administrator. Call CareWorks at 888-627-7586 or go online at cwroi@careworks.com.

Compensation for lost time wages is available if you are off work for 8 days or longer because of the work related injury or illness.

If you miss 14 consecutive days due to an allowed illness or injury, you will be compensated for the entire period of time you are disabled as a result of the allowed work related injury or illness. The first 7 days of the disability are not paid unless you miss 14 consecutive days.

If you are eligible for leave under the University's Family Medical Leave Act Policy (FMLA), you are required to request FMLA. To request FMLA, call CareWorks at 888-436-9530. Accordingly, you are required to use available sick leave, comp time and vacation leave to remain in pay status during FMLA. You will not receive payment for lost time from Worker's Compensation while you are receiving sick pay, comp time or vacation pay while on FMLA.

Employee Discount Program

The University arranges with selected vendors to provide discount available to employees and their family members. The Discount Program includes employee discounts on:

Membership in the Best Benefits Club offering discounts on area entertainment, attractions, restaurants, services and products

- Airport Parking
- Bookstores
- Car Repair
- Financial Services
- Pet Insurance
- Property residential purchase/rental
- Flowers
- Personal PC's Printers
- Wireless Phones/Services

For more information, visit the Employee Discount section of the HR/Benefits website of myCSU.



FAMILY AND MEDICAL LEAVE

Employees may be entitled to a leave of absence under the University's Family and Medical Leave Act (FMLA) policy for certain family and medical reasons. The policy provides eligible employees up to 12 weeks of unpaid leave. CSU requires employees to substitute available accrued sick leave, vacation or compensatory time (comp time) for any unpaid Family & Medical Leave.

You may be eligible for FMLA leave if you:

- Have worked for CSU for at least 12 months;
- Have worked at least 1,250 hours during the 12 months prior to the time FMLA is to begin ("hours" means actual hours worked, and does not include paid or unpaid time off); and
- Work at a location with at least 50 employees within 75 miles of the worksite.

Refer to CSU's Family and Medical Leave policy at the Human Resources Department webpage of **myCSU** for a detailed list of covered reasons FMLA leave may be taken.

To apply for FMLA, contact Careworks, the University's administrator, at 1-888-436-9530. If your leave is longer than two weeks and you wish to stop your parking deductions/permit, contact Parking Services at (216) 687-2023.

**CONTACT CAREWORKS
USA AT 1-888-436-9530
TO APPLY FOR FMLA.**



Health and wellness are two components of our lives that will never go away. We must find time to focus on our wellness in order to lead long, healthy, and productive lives. In order to place more focus on health and wellness, Cleveland State is continuing to develop a campus-wide wellness initiative called VikeHealth to make wellness a priority on campus.

VikeHealth's focus is on topics such as nutrition, exercise, smoking cessation, and stress in its journey to promote healthier lifestyles to faculty, staff and students.

There is an abundance of health and wellness resources on campus and VikeHealth's charter is to bring it all together under a single identity and access point for the benefit of the campus community. A Wellness Council has been established which meets monthly. The Council includes members from key health and wellness stakeholders, including Human Resources/Benefits, the Recreation Center, Dining Services, Student Life, Health Services, Health Sciences, HPERD, the Center for Leadership Development, and Marketing.

You can visit the VikeHealth website, found under the Human Resources tab on the myCSU webpage. The VikeHealth site is rich in health and wellness resources for the campus community, including information on wellness programming and links to the Recreation Center, Campus Health and Wellness Services, Healthy Menus on campus dining, and HPERD Fitness for Life. Community resources such as Healthy Ohio wellness resources, Healthy Ohio quit smoking resources, and North East Ohio Health Living and Medical Consumer news are also located on the VikeHealth website. CSU hosts a Weight Watchers at Work program.

The VikeHealth site also includes links to your benefit plans for health and wellness programs available through Medical Mutual, Kaiser, Vision Service Plan (VSP) and Impact Solutions EAP. For instance, Medical Mutual includes information on a Weight Watchers reimbursement program.



All Cleveland State University employees must contribute to a State of Ohio Retirement Program—the Ohio Public Employees Retirement System (OPERS) for staff; the State Teachers Retirement System of Ohio (STRS) for faculty; or if eligible, the Alternative Retirement Plan (ARP) for faculty and staff. Employee and Employer contribution percentages are determined by State of Ohio Legislation. Current contribution rates are available on the HR webpage of myCSU.

OPERS & STRS Benefits Overview

State Retirement System membership and contribution percentages for employees and the University are determined by an employee's position at CSU and State legislation. Within the first 120 days from hire or promotion, eligible full-time faculty and staff (including full-time rehired retirees of an Ohio Public Retirement System), may have the opportunity to opt-out of their OPERS or STRS membership and select the CSU Ohio Alternative Retirement Program (ARP).

Both OPERS and STRS offer three retirement plan types to new members—Defined Benefit Pension Plan, Defined Contribution Plan or Combination Defined Benefit-Defined Contribution Plan. Eligibility for the various plans is determined by the State Retirement System for which an employee participates (OPERS or STRS). The ARP is a 401(a) defined contribution program.

In addition to retirement income benefits, OPERS and STRS provide survivor and disability benefits under certain plans. At present, access to retiree health care benefits is associated with certain OPERS and STRS plans; however, retiree health benefits are not statutorily mandated and are not guaranteed by the State Retirement Systems. OPERS and STRS provide detailed information for their plans on their websites at opers.org or strsoh.org.

Voluntary 457 Program

(Ohio Public Employees Deferred Compensation Program)

The Voluntary 457 Program is a supplemental retirement plan regulated by Section 457 of the Internal Revenue Code. Currently, Ohio Public Employees Deferred Compensation Program (OPEDCP) is the provider for this plan. Contributions to a 457 plan may be made in addition to any contributions you make to a 403(b) plan. Similar to the 403(b), annually the IRS establishes your tax year contribution limits to the plan.

For more information and to enroll, contact OPEDCP at 877-OHIO-457 or visit their website at ohio457.org.

RETIREMENT PLANS

(CONTINUED)



Voluntary 403(b) Retirement Savings Plan

CSU offers a Voluntary 403(b) Retirement Savings Plan to all faculty and staff members to supplement their retirement benefits by contributing on a tax-deferred basis. The University does not contribute towards this plan. Annually, the IRS establishes your tax year contribution limits to the plan.

Retirement plan providers approved to offer tax-deferred savings plans to faculty and staff are listed on the CSU Human resources webpage of myCSU at <http://mycsu.csuohio.edu/offices/hrd/benefits>.

You are able to begin contributions to this plan at any time during the tax year. To participate in this program, you need to contact an approved investment plan provider to open a 403(b) account. You must also complete a CSU 403(b) Salary Reduction Agreement (SRA) which defines the amount you wish to contribute and time period for contributions from salary. Return completed SRA to Human Resources, AC 113. Additional questions may be directed to Human Resources at **(216) 687-3636**.

RETIREMENT EDUCATION



Retirement Education

Cleveland State University is committed to offering retirement education opportunities – in-person seminars, webinars and State Retirement System counseling sessions. Watch for communications in Campus Mailbag and on the HR webpage Retirement Education section of myCSU.

Financial Topics 101

New to CSU is a web-based education subscription for Faculty, Staff, Students and their families through Financial Topics 101.

What does your free subscription offer?

- Independent, conflict-free financial education means no one is trying to sell you a product.
- Up to 30 live and interactive web seminars each month
- Recorded seminars, videos, and articles on demand

Education topics to make you successful:

- Investing
- Debt management
- College savings
- Insurance
- Maximizing the potential of your defined contribution account (e.g. 403b, 401(a) [ARP], 457 Ohio Deferred Compensation)

It's as easy as 1 - 2 - 3:

1. Go to financialtopics101.com
2. Select a seminar to attend
3. Enter subscription code: `fintop10` (all lower case)

CSU is helping you make dollars and sense of it all!



A VikeHealth initiative for your well being.



Woman's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy and requires employers to inform health plan participants annually about this Act.

Under WHCRA, group health plans offering mastectomy coverage must also provide certain services relating to the mastectomy.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

WHCRA Benefits:

- All stages for reconstruction of the breast on which the mastectomy was performed;
- Reconstructive surgery of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymph edema (swelling associated with removal of the lymph nodes).

This coverage will be subject to annual deductibles and co-insurance provisions applicable to other such medical and surgical benefits provided under the plan.

Faculty and staff members should refer to their plan coverage certificate for deductibles and co-insurance information applicable to the plan in which they choose to enroll.

Health Insurance and Portability Accountability Act of 1996 (HIPAA) Special Enrollment Periods

The Health Insurance and Portability Accountability Act of 1996 (HIPAA) provides rights and protections for participants in group health plans. Under HIPAA, if you waive or drop coverage for yourself and/or your covered dependents because of other health insurance coverage, and you and/or your covered dependents involuntarily lose coverage, you may be able to enroll yourself and your eligible dependents in a CSU health plan. To do so, you must request enrollment and notify the CSU Human Resources Benefits Department within 31 calendar days of the loss of coverage.

In addition, if you are not enrolled in a CSU sponsored medical plan and you acquire a newly eligible dependent as a result of marriage, birth, placement for adoption, or obtaining legal guardianship, you may be able to enroll yourself and your eligible dependents in a CSU health plan. Again, you must request enrollment and notify the CSU Human Resources Benefits Department at (216) 687-3636 within 31 calendar days following the event.



myCSU

UPDATING YOUR INFORMATION

- ▶ If you have a change in the following, you can make updates to information through **myProfile** in the Employee Self-Service section of myCSU:
 - personal information
 - home and/or campus addresses
 - phone numbers
 - email addresses
 - emergency contact information
 - marital status
- ▶ Changes to your information for the following should be submitted to Human Resources:
 - education level (after obtaining a new degree)
 - Life insurance beneficiary
- ▶ Changes to your retirement plan information (addresses, beneficiaries, allocations, etc.), should be submitted directly to the provider:
 - State Retirement Systems (OPERS / STRS)
 - Alternative Retirement Plan Providers
 - 403(b) providers
 - 457 Plan provider



CSU BENEFITS DIRECTORY

Human Resources Development & Labor Relations
Parker Hannifin Administration Center, AC 113
Phone: (216) 687-3636
Fax: (216) 687-3976
Email: benefits@csuohio.edu
Website: <http://mycsu.csuohio.edu/offices/hrd>

Medical Plans

Kaiser (800) 686-7100
Network, Plan and Claim Questions www.kp.org
Medical Mutual of Ohio (Traditional & Value Plans) (800) 774-5284
(SuperMed Plus) www.medmutual.com
Network, Plan, Claims & ID Card Questions
Medco Health Solutions (Prescription Drug) (800) 417-1961
(Medical Mutual Traditional & Value Plans) www.medmutual.com

Dental Plan

Medical Mutual of Ohio (SuperDental) (866) 336-8251
Network and Claims Questions www.medmutual.com
ID Cards (800) 774-5284

Vision Plans – Basic & Opt-up

Vision Service Plan (VSP) (800) 877-7195
Network, Plan and Claims Questions www.vsp.com

Flexible Spending Accounts

Vantage Financial Group (877) 289-0448
Health Care and Dependent Day Care Accounts www.vfgps.com
On-line account access <https://hrbenefitsdirect.com/vanfin>

Family Medical Leave

CareWorks (888) 436-9530

Workers Compensation

CareWorks (First Report of Injury) (888) 627-7586, Option 2
cwfroi@careworks.com

Employee Assistance Program

Impact Solutions (800) 227-6007
www.myimpactsolution.com

Life & Long Term Disability Insurance

The Standard Insurance
Life Insurance (800) 378-4668
Long Term Disability (800) 426-4332

Travel Assistance Programs

Hartford Travel Assistance U.S. or Canada: (888) 286-3802
From other locations: (240) 330-1518
MedEx Travel Assist (800) 527-0218

Retirement Plans

Ohio Public Employees Retirement System (OPERS) (800) 222-7377
www.opers.org
State Teachers Retirement System (STRS) (888) 227-7877
www.strsoh.org

457 Plan

Ohio Deferred Compensation Program (877) 644-6457
www.ohio457.org

*Alternative 401a Retirement Plan (ARP)

*Supplemental 403b Savings Plan

*Vendors and contact information for the ARP and 403(b) plans are located on the HR webpage of myCSU.

Cleveland State University health care and flexible spending benefits are provided under a cafeteria Plan intended to qualify under Section 125 of the Internal Revenue Code. Information contained in this newsletter is in summary form. Certain benefits, limitations or exceptions may not be described in detail. If there are any discrepancies between the information presented and the actual plan documents, the plan documents will govern.