

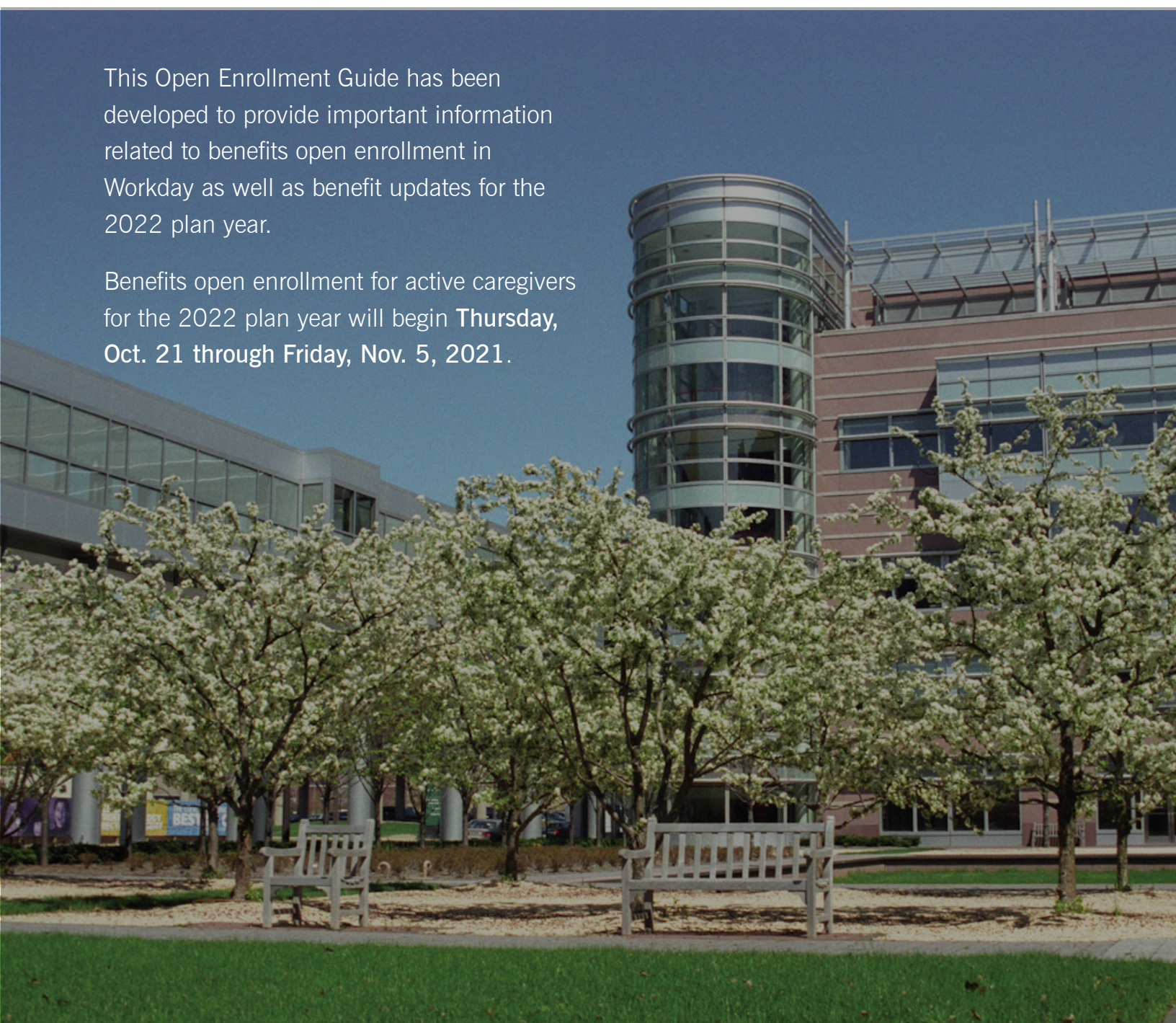


2021–2022 Open Enrollment Guide

MAIN CAMPUS RESIDENTS/FELLOWS

This Open Enrollment Guide has been developed to provide important information related to benefits open enrollment in Workday as well as benefit updates for the 2022 plan year.

Benefits open enrollment for active caregivers for the 2022 plan year will begin **Thursday, Oct. 21** through **Friday, Nov. 5, 2021**.



Benefits Enrollment in Workday

You will have the opportunity to make your 2022 benefit elections in Workday from Oct. 21 through Nov. 5, 2021. Before making your 2022 benefit elections in Workday, review current benefit plan offerings and costs so you can make the best decisions for yourself and your family. Benefits information can be found on the ONE HR Portal, as follows:

- Go to www.ccf.org/onehr and log in
- Click the ONE HR Portal link under the Announcements heading
- Click the Open Enrollment banner on top of the next page that loads
- Click the 2022 My Pay + Benefits Highlights link to review plan offerings
- Click the 2022 Cost Sheet link to review health, dental and vision plan costs
- Click the Benefits Open Enrollment job aid which provides step-by-step instructions on how to make your 2022 benefit elections in Workday

After you have reviewed benefits information and are ready to make your 2022 elections, navigate back to the Workday homepage and click on the “Benefits Open Enrollment” link under the Announcements heading. A job aid to walk you through the benefits open enrollment process can be found on the ONE HR Portal, as referenced above. You must submit elections in Workday by Nov. 5, 2021, otherwise you will default to your current coverage elections for the 2022 plan year. **Please note – FSA elections do NOT automatically carry over from year-to-year. If you would like to have an FSA for 2022 you will need to actively elect one during open enrollment.**

Employee Health Plan (Medical and Prescription Drug Benefit)

Employee Health Plan (EHP) Partnering with Aetna in 2022

Cleveland Clinic Employee Health Plan (EHP) partners with a third party administrator for claims processing, eligibility verification, explanation of benefits, and more. Starting Jan. 1, 2022, we will transition from Mutual Health Services (MHS), a subsidiary of Medical Mutual of Ohio, to Aetna for these services.

For the rest of 2021, Mutual Health Services remains as the third party administrator. Continue to use the same health insurance cards you have now. We are working closely with Aetna and MHS to ensure a smooth transition for our current and new EHP members.

The EHP will be issuing new medical ID cards for 2022 to reflect the change to Aetna. Your new ID cards should arrive in late December.

Note: The prescription drug benefit is not affected by this change and will continue to be administered by CVS Caremark.

If you have questions, contact the ONE HR service center at 216.448.2247.

What does this change mean for EHP members?

- **Aetna will be your Tier 2 Provider Network** – your Tier 2 network of providers will change in 2022 to the Aetna Select Open Access network. The Tier 1 Cleveland Clinic Quality Alliance network will remain the same.
- You can view/search your plan's networks on the Aetna Preview Site at clevelandclinic.org/healthplan. Click on the “Aetna 2022 Preview Site” at the top of the page.
- When your plan is active on Jan. 1, 2022, you will be able to create an account using your new ID number. You will be able to view your claims and explanation of benefits, as well as

have access to the provider network for your specific plan. To create an account on Jan. 1, visit [MyAetnaWebsite.com](https://www.aetna.com). You can also call Aetna's customer service at 833.414.2331.

- **Continuation of services you rely on**
 - All Cleveland Clinic employed physicians and our Quality Alliance network will remain in-network, as they are today.
 - As always, EHP will continue to offer a comprehensive benefit plan with low out-of-pocket costs.
 - The Healthy Choice program and incentives will continue.

How Healthy Choice Works

Healthy Choice is a discount program from the Employee Health Plan. The program rewards you with a discount on your health insurance premium each year for taking action to manage your health.

EHP identifies whether participating members are taking action by collecting information about your health status from your provider. Your health status is the key to determining the goals you must achieve in order to earn the best discount on your premium.

Each year in January, your health status resets for the year and will be visible early in the month on your Healthy Choice portal. Log in to the portal to view your health status, which may be:

- **Healthy**
- **Chronic Condition, or**
- **Unknown (missing information)**

The chart below explains what you need to do based on your status. We require six months of participation toward your Healthy Choice goals no later than Sept. 30 of each year.

What You Need To Do		
Healthy	Chronic Condition	Missing Information
<ul style="list-style-type: none">• Wear an approved activity device.• Track at least 180,000 steps or 900 activity minutes each month in the Healthy Choice Portal.• Do this for six months by Sept. 30, 2022.	<ul style="list-style-type: none">• Join the appropriate Coordinated Care Program(s) by March 31.• Meet all of your Coordinated Care Program goals for six months by Sept. 30, 2022.• If your health status includes one of the six chronic conditions, enroll via the Healthy Choice portal or call Medical Management at 216.986.1050 to join the applicable program. The six chronic conditions are:<div><div>Asthma</div><div>Overweight</div><div>Hypertension</div></div><div><div>Hyperlipidemia</div><div>Diabetes</div><div>Nicotine Use</div></div>	<ul style="list-style-type: none">• Schedule a visit with your provider to complete the Health Visit Report Form.• Submit the form to the Employee Health Plan. <p>If your health status is “healthy” or you receive one of the six chronic condition diagnoses, follow the appropriate steps outlined in both columns at left.</p>

What is the Healthy Choice Portal?

The Healthy Choice Portal guides you through what you need to do to earn a premium discount. It helps you manage your personal Healthy Choice requirements.

- Once registered, log in to view the following:
- Current year health status.
- Current year premium status and premium history.

- Instructions on what you need to do to earn a premium discount.
- Current year physical activity tracked by your approved device. (Note: The device needs to be registered and linked in the Healthy Choice Portal for it to track your activity.) **You must also sync your device weekly with your device app to upload your data.**
- Goals and progress for any chronic condition you are managing through the Coordinated Care Program.
- The name and telephone number of your care coordinator.

You can access the portal two ways:

1. Visit clevelandclinic.org/healthplan and click the “Healthy Choice Portal” button.
2. Download the new EHP Healthy Choice mobile app now available in the App store (iPhone and Apple devices) and Google Play (Android users). Just search for “EHP Healthy Choice”.

If you are not already registered, create an account. Simply use your insurance ID number and your date of birth. Once registered, you can then log in and view your health status and other information.

Full details can also be found on our website by clicking on the “Healthy Choice” tab.

Premium Structure and Rates

As you may be aware, health care costs have been increasing substantially over the years. The health plan has maintained a cost-sharing approach where Cleveland Clinic and the caregiver share in the cost of premiums. This has allowed EHP members to have premium increases that are much lower than the national trend for the last several years.

In 2021, the Healthy Choice program resumed its Jan.–Sept. timeline and six month participation requirement.

The chart below shows our five-level premium structure and is placed in order from “no discount” to “greatest discount.” These discount levels range from Bronze (standard), to Silver, Gold, Platinum and Diamond. Please refer to the enclosed cost sheet to view the 2022 rates that correspond to each discount level shown below.

Healthy Choice Credit Earned		
Premium Level	If You Have Employee Only Coverage	If You Have A Spouse Covered by Medical
Bronze <i>(plan's standard – and highest premium) no discount</i>	<ul style="list-style-type: none"> • Did not participate <i>OR</i> • Participated but met No program requirements 	<ul style="list-style-type: none"> • Both did not participate <i>OR</i> • One or both participated but met No program requirements
Silver <i>7.5% discount off of Bronze</i>	<ul style="list-style-type: none"> • N/A without spouse 	<ul style="list-style-type: none"> • One or both actively participated <i>AND</i> one met <i>Some</i> program requirements but the other met <i>No</i> program requirements
Gold <i>15% discount off of Bronze</i>	<ul style="list-style-type: none"> • Participated and met <i>Some</i> program requirements 	<ul style="list-style-type: none"> • Both actively participated and both met <i>Some</i> program requirements <i>OR</i> • One actively participated and met <i>All</i> program requirements but the other met <i>No</i> program requirements

Platinum 22.5% discount off of Bronze	<ul style="list-style-type: none"> • N/A without spouse 	<ul style="list-style-type: none"> • Both actively participated <i>AND</i> one met <i>All</i> program requirements and the other met only <i>Some</i> program requirements
Diamond 30% discount off of Bronze	<ul style="list-style-type: none"> • Participated and met <i>All</i> program requirements 	<ul style="list-style-type: none"> • Both actively participate <i>AND</i> both met <i>All</i> program requirements

EHP Coverage Changes Effective Jan. 1, 2022

Medical

The following benefit changes will be effective Jan. 1, 2022. All copays and coinsurances will remain the same.

- Coverage for LASIK surgery.
- Infertility treatment – lifetime maximum of \$15,000.

Pharmacy

There are no Prescription Drug Benefit changes for 2022. CVS/Caremark will continue to administer our pharmacy benefit.

More About Your Medical Coverage

Joining and Participating in Coordinated Care Programs is Easy

Living with a chronic condition can be challenging, but getting it under control is easier when you don't go it alone. That's why the Health Plan offers more than 20 Coordinated Care (disease management) Programs at no cost to you. Below is a list of those with the highest enrollment. The programs marked with asterisks (*) qualify for the voluntary Healthy Choice program.

- Asthma (for adults and children)*
- Chronic Kidney Disease (CKD)
- Depression
- Diabetes (for adults and children 17-1/2 years old and older)*
- Heart Failure
- High Cholesterol*
- Hypertension*
- Migraine
- Nicotine Cessation*
- Weight Management*

How the Programs Work

Members have regularly scheduled contacts with their Care Coordinator. Care Coordinators help you and your health care providers optimize your health care benefits to meet your health-related needs. Their goal is to educate, coordinate, and facilitate your care needs related to your chronic condition and reduce your risk for serious complications. This program does not replace your physician's care. It is designed to work with your physician, reinforcing your physician's recommendations so you can stay healthier between physician visits.

Advantages of Joining

Plan members who join and then meet and maintain the goals they set with their care coordinators can save money by receiving reimbursement for a number of medical expenses:

- When they enroll, copays for some condition-related equipment and supplies
- After reaching all their goals, copays for condition-related office visits – including those to arrange for medically necessary screening equipment
- Six months after reaching their goals, copays for some condition-related medications

Receipts must be submitted within six months of the date occurrence and cannot pre-date program enrollment.

More detailed information and how to join is available on our website at clevelandclinic.org/healthplan.

Rare or Complex Condition Management Programs

Accordant Care (a CVS/Caremark company) works with EHP to administer the following rare condition programs. These programs are not eligible for co-pay reimbursement. However, a \$300 incentive is available when program guidelines are met. For program details, visit our website at clevelandclinic.org/healthplan and click on the “Coordinated Care” tab.

- Amyotrophic lateral sclerosis (ALS)
- Chronic Kidney Disease
- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Crohn’s disease
- Cystic Fibrosis
- Dermatomyositis
- Gaucher disease
- Hemophilia
- Hereditary angioedema
- Lupus
- Multiple Sclerosis
- Myasthenia Gravis
- Parkinson’s disease
- Polymyositis
- Rheumatoid Arthritis
- Scleroderma
- Seizure disorders
- Sickle Cell Anemia
- Ulcerative Colitis

These programs do not replace a physician’s care – they reinforce your plan of care and help you stay well between doctor visits.

Case Coordination Programs

Case Coordination Programs give members telephone access to a registered nurse or a licensed social worker or counselor when they need help with a range of complex medical or behavioral health needs including:

- Progressive neurological conditions
- Anxiety disorders
- Childhood disorders
- Dual diagnoses (both psychiatric and chemical dependence)
- Eating disorders
- Mood disorders
- Psychotic disorders
- Substance abuse

Case coordination also can help members with network access issues and referrals to community services.

Members can refer themselves or be referred by their physician or family for evaluation.

To get more information about case coordination, call the EHP Medical Management Department at 216.986.1050 or toll-free at 888.246.6648.

Pharmacy Management Programs

The EHP Pharmacy Management Department administers five programs that assist members in using prescription medications safely and effectively.

- Quantity Level Limits
- Prior Authorization
- Mandatory Maintenance Drug Program
- Step Therapy Program
- Specialty Drug Benefit

For details about each program, visit our website at clevelandclinic.org/healthplan to view the pharmacy benefit handbook.

Other Important Health Plan Information

Dependent Eligibility Processes

1. New Enrollees

After they enroll in the plan for the first time, all employees (new hires or those with longer service) need to provide documentation that proves dependent eligibility. The plan accepts these documents:

Spouse

- Copy of marriage license, or
- Copy of page 1 of your most recent tax return (make sure to cross out wage information)

Children under age 26

Natural born children:

- Copy of birth certificate or one of the following:
 - Copy of page 1 of your most recent tax return (make sure to cross out wage information)
 - Copy of court-issued qualified medical child support order (QMCSO) (if applicable)
 - Copy of divorce decree (if applicable)

Stepchildren/Custodial:

- Copy of birth certificate and one of the following:
 - Marriage license
 - Copy of court-issued qualified medical child support order (QMCSO) (if applicable)
 - Copy of divorce decree (if applicable)
 - Custodial papers

Adopted Children:

- Adoption papers

2. Coordination of Benefits (COB)

All members are expected to complete the COB process when they enroll, each year in January, or if they experience a life event change. Here's how the process works:

- If the employee/dependent(s) has other insurance, the COB form can be completed online via the Aetna website or the completed form can either be faxed or mailed to Aetna. The form is available on our website at clevelandclinic.org/healthplan.
- If the employee/dependent(s) does not have other insurance, they can complete the information online at MyAetnaWebsite.com or they can call Aetna customer service at 833.414.2331 and the information will be updated during the call. Employees have one year to complete the COB process. As long as the COB process remains uncompleted, claims for covered dependents will be denied. The member will receive a COB form with each dependent's first claim statement until the COB process is complete. If a member does not respond within 45 days, Aetna will send an *Explanation of Benefits (EOB)* form explaining that all claims for dependents will be denied until the COB form is completed. If the member still has not completed the COB process by the end of the year, he or she will be financially responsible for all the dependent claims submitted that year.

3. Life Event Changes

Members whose legal marital status changes (for example, through divorce or death of a spouse) or who have changes in the number of their dependents will need to verify the changes and dependent eligibility with the proper documentation. This ensures that only eligible dependents are enrolled in the plan. If you have questions about this, call the ONE HR Service Center at 216.448.2247 or toll-free at 877.688.2247.

Reminder: Social Security Numbers are Required

Under Healthcare Reform, Cleveland Clinic is required to report to the government the Social Security numbers of each member on the health plan. When enrolling your dependents in the health plan, make sure to include their Social Security numbers. If already enrolled, you can update Social Security numbers for your health plan dependents on the ONE HR: Workday and Portal.

Dental and Vision Updates

There will be no changes in dental or vision plan options or premiums for the 2022 calendar year. You can review dental options on the ONE HR Portal accessed through Workday (www.ccf.org/onehr).

Flexible Spending Accounts (FSAs)

Flexible spending accounts (FSAs) allow you to set aside pre-tax dollars to pay for out-of-pocket medical expenses for you and your dependents or out-of-pocket daycare expenses for eligible dependents. We offer two separate FSA options:

1. **Healthcare FSA:** used to pay for eligible out-of-pocket healthcare expenses for you and your dependents (e.g., copays, coinsurance, medications, glasses and contacts).
2. **Dependent Care FSA:** used to pay for childcare services for children under the age of 13 or elder care expenses for a dependent living with you.

In 2022 the following maximum contribution elections are permitted:

1. **Healthcare FSA:** maximum of \$2,750 (if your spouse is also an employee of Cleveland Clinic, you can each elect up to \$2,750).
2. **Dependent Care FSA:** maximum of \$5,000 if your salary is less than \$130,000; maximum of \$1,500 if your salary is \$130,000 or more. The maximum combined limit for married couples is \$5,000 (please keep this in mind if your spouse also plans on enrolling in a dependent care FSA, either at Cleveland Clinic or with another employer).

More information on flexible spending accounts can be found on the ONE HR Portal, accessed through Workday.