



UNIVERSITY OF MICHIGAN RESERVATION

Your Benefits. Your Choices.

Enroll in your benefits by completing the enrollment form and returning it to the HR Service Center. You can also contact the HR Service Center for more information.

Enrollment Form
Open Enrollment
5/1/2025
2025



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Complete the Benelect Enrollment form provided in your newhire packet, indicating your choices for benefits and your desired coverage level. @ x « Ü Ü æøÜ benefit « «Ü«ÐÜ ü select "waive" a turn the completed ! Ü ÜÜÑ form and other Ü üÜx documents to the HR Service Center, 320 Crawford Hall, or via Box at Ask "ent ! en HR Box.

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Call 216.368.6964, or email HR@case.edu for more information. You can also visit the HR Service Center website at hr.case.edu.

The Board of Trustees of Case Western Reserve University is pleased to announce the appointment of a new member to the Board of Trustees. The new member will be joining the Board in the fall of 2025.

HEALTH CARE REFORM

Spouses Both Working at CWRU

- Each spouse can select employee only, or
- One spouse can select employee + child(ren) and the other must select employee only, or
- One spouse can select family coverage and the other waive benefits coverage

YOUR QUALIFYING FAMILY MEMBERS

For some Benelect benefits, coverage is available for you and for qualifying family members.

Qualifying family members are:

- Your spouse/spouse equivalent
- Children – refer to specific benefits section for age and other eligibility requirements

Children currently covered through Benelect and who have reached the end of their eligibility for coverage under Benelect are eligible for COBRA coverage if they currently are covered through Benelect.

Detailed information can be obtained from Benefits Administration.

FUTURE RETIREES

When you retire from CWRU, you can choose the coverage that best fits your post-retirement needs by taking advantage of the university's retiree Medicare Advantage Plan offered through Medical Mutual. This plan includes:

- Hospital and medical coverage
- Prescription drug benefits
- Dental coverage
- \$0 preventive services
- Large network of doctors and hospitals
- Additional health and wellness programs and services at no extra cost

CHANGES DUE TO QUALIFYING LIFE EVENTS

The benefit choices you make are in effect for one calendar year and may be changed only during the annual open enrollment period to take effect for the following year unless a Qualifying Life Event occurs during the year.

Qualifying Life Event changes include:

- Marriage or divorce of spouse/spouse equivalent
- Birth or adoption of a child(ren)
- Death of a family member(s)
- Change in your child's insurance status, i.e., gaining or losing coverage
- Change in your employment status, i.e., part-time to full-time work status
- Gain of insurance through your spouse's/spouse equivalent's employment
- Loss of your spouse's/spouse equivalent's medical, dental and/or vision coverage

You must report changes to Benefits Administration within 30 days of the Qualifying Life Event. You must also include appropriate documentation and the requested change must correspond with the change requested.

Medical Coverage Highlights

Peace Of Mind When You Need Health Care

Our medical benefits provide you and your family with financial protection and access to quality health care. All Benelect medical insurance plans comply with Health Care Reform requirements. With Benelect, you can choose from several medical plans and coverage levels.

NO COVERAGE

Medical coverage is not available for employees who are not eligible for Benelect.

COVERAGE LEVELS

Medical coverage is available for employees who are eligible for Benelect. Coverage levels include:

- Single
- Single + Child
- Single + Spouse
- Single + Family

COORDINATION OF BENEFITS

Coordination of benefits rules apply to all Benelect medical plans. The primary payer is determined by the following order:

- 1. Employee's primary health plan
- 2. Employee's secondary health plan
- 3. Employee's spouse's primary health plan
- 4. Employee's spouse's secondary health plan

WORKING SPOUSE PREMIUM

Employees who are eligible for Benelect and whose spouse is also eligible for Benelect may elect to pay for their spouse's medical coverage. The cost of the spouse's medical coverage is \$100 per month.

All Benelect medical plans are subject to the terms, conditions, exclusions, limitations, and other provisions of the applicable policy.

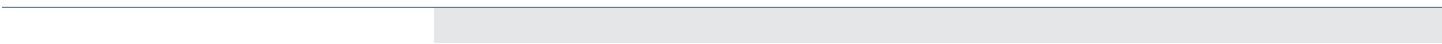
Holders of Benelect medical plans are responsible for paying the applicable premium for their coverage. Premiums are deducted from the employee's paycheck.

PPO plans are subject to the terms, conditions, exclusions, limitations, and other provisions of the applicable policy. All PPO plans are subject to the terms, conditions, exclusions, limitations, and other provisions of the applicable policy. The cost of the spouse's medical coverage is \$100 per month.

PRESCRIPTION DRUG COVERAGE



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Medical Plans Overview



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Vision coverage is available to:

- Employee
- Employee + Child(ren)
- Employee + Spouse/Spouse Equivalent
- Employee + Family

[VISION SERVICE PLAN VSP](#)

VSP provides private practice quality with retail choice and convenience at 39,000 locations nationwide. Nearly 90% of VSP's network is open for early morning, evening and/or weekend appointments with



SUPPLEMENTAL
LIFE INSURANCE

Disability

Financial Protection Is Yours

Disability insurance provides you and your family with important financial protection if you become disabled. This valuable benefit is at no cost to you.

Disability coverage is in addition to the university's income protection plan, which allows student members to draw from their sick leave balance up to a maximum of 26 weeks within any 12-month period for personal medical leave, depending on the accrued balance. Disability benefits are subject to offset from other sources of income and are taxable when paid.



SHORT TERM DISABILITY COVERAGE (Student [Salary grades 2-17]) Short-term disability coverage

Short-term disability coverage provides you and your family with financial protection if you are temporarily unable to work as a result of an illness or nonwork-related injury. Students are eligible after 90 days of service.

After 14 days of disability, this coverage pays 50% of salary up to a maximum of \$400 per week. The benefit covers up to 26 weeks of disability.

LONG TERM DISABILITY COVERAGE (All Benefits-Eligible Employees)

Long-term disability coverage provides you with financial protection if you are ever unable to work for an extended period of time as the result of an illness or injury.

If you are disabled for more than 180 days, you receive 60% of your pay, minus any primary Social Security payments, workers compensation and other group long-term disability benefits. The maximum monthly benefit is \$6,000; the minimum monthly benefit is \$100. Long-term disability payments continue until:

- Your disability ends
- You begin working
- Your death
- You attain age 65*

*Payments may continue beyond age 65 if you become disabled at age 60 or later.

Health Care Flexible Spending Account (FSA)

Choose To Reimburse Yourself

Case Western Reserve University offers Health Care Flexible Spending Accounts so you can save up to \$3,200 in pre-tax dollars.

Plan your FSA contributions carefully. Your maximum annual contribution cannot exceed \$300. Your deposit amount cannot be changed, stopped, or started during the year, except if a Qualifying Life Event occurs. If dollars remain in the account at the end of the year or if the account terminates, balances in the account will be forfeited.

- The Health Care Flexible Spending Account reimburses you for certain medical care services, equipment, and supplies (2017 IRS Code (regulation) claim, most (in) state (home) possession (1) 2017a 538



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Optional After-Tax Benefits

Choose What You Need

Internal Revenue Service rules require you to use after-tax dollars to pay for these optional benefits. After-tax benefits are available through payroll deduction. Voluntary benefits generally can only be started or stopped each year during open enrollment (except for Group Auto and Home).

DEPENDENT LIFE INSURANCE

Dependent life insurance is a benefit that will be paid to you if your spouse/equivalent and/ or child dies. The price for covering just a spouse/ equivalent or an entire family is the same. You can choose from two levels of coverage:

- \$5,000 spouse / \$1,000 each child
- \$10,000 spouse / \$2,000 each child

No person may be covered both as a Case Western Reserve University employee and as a dependent of an employee, and no person may be covered as a dependent of more than one employee.

If you and your spouse/equivalent both work for the

Choose To Make The Most Of Your Health

Case Western Reserve University is committed to helping you find the resources you need to manage your health while taking the right steps to be as healthy as possible.

Making better choices in the food we eat, the activities we do, and the lifestyles we live is easier than ever.

- The CWRU campus includes free fitness and recreational facilities, cafeterias with wholesome options, and classes and programs to increase awareness on the importance of good health.
- The Impact Solutions employee assistance service provides confidential counseling from a network of licensed and credentialed professionals.
- Our Medical Mutual offers wellness programs, plans, and tools on easily accessible websites.

INCENTIVES

You may be able to receive \$25 each month in your paycheck in 2025. If you are a medical plan participant, or will be adding our medical coverage for 2025, simply complete the Health Risk Assessment and 2 of the following 3 activities before November 30, 2024, to qualify:

- Biometric Screening
- Primary Care Provider Assessment form
- Tobacco Use Assessment (B/(W)3t25)8 (.7r

NOTICE OF REASONABLE ALTERNATIVE STANDARD: If a medical condition makes it unreasonably difficult for you to achieve the standards for the incentive under this program, or if it is medically inadvisable as determined by your physician or health care provider for you to attempt to achieve the standards for the incentive under this program, contact erc10@case.edu to request a reasonable alternative standard, and we will work with you to provide another way to qualify for the incentive. Recommendations of your physician or health care provider will be considered and accommodated in developing an alternative standard that is reasonable considering your health status.

WELLNESS

CWRU Wellness Resources

PHYSICAL ACTIVITY

Campus Recreation Centers

Free use of the Veale Convocation, Recreation and Athletic Center and James C. Wyant Athletic Wellness Center for swimming, other cardiovascular workouts and strength training is available. Spouses/domestic partners may join the Veale Center for a \$150 annual fee.

One to One Fitness

Located on campus, this center offers a full range of fitness equipment and classes. Monthly fees are discounted if paid through payroll deduction. Call 216.368.121.

Squire Valleevue Farm

This Hunting Valley farm is used for scientific study, education, and recreation for students and employees. Call 216.368.0275.

WELLNESS PROGRAMS

Stress management, physical activity, nutrition, community, sleep, career and financial well-being programs are offered on campus and online throughout the year for benefits-eligible employees. Programs are being offered virtually, via Zoom as well as in person. Additional information may be found on the [Wellness website](#).

TOBACCO CESSATION

Individual and telephonic coaching and an online program for tobacco cessation are offered throughout the year. Additional information may be found at the [Wellness website](#).

WEIGHT MANAGEMENT

A 50% subsidy for Weight Watchers participants is available for all benefits eligible faculty and staff. Additional information may be found at the [Wellness website](#).

For additional wellness information available to all employees regardless of medical plan selection:

call 216.368.5790
or 216.368.5997

e-mail erc10@case.edu
or dxd516@case.edu

visit the
[Wellness website](#)

When complications arise from stress, marital and family issues, parenting challenges, depression, anxiety, substance use, medical issues, and other emotional concerns, please contact Impact Solutions CWRU's Employee Assistance Program. Professional phone support is available around the clock on an unlimited basis for you and your family members. Just call 1 800 227 6007.

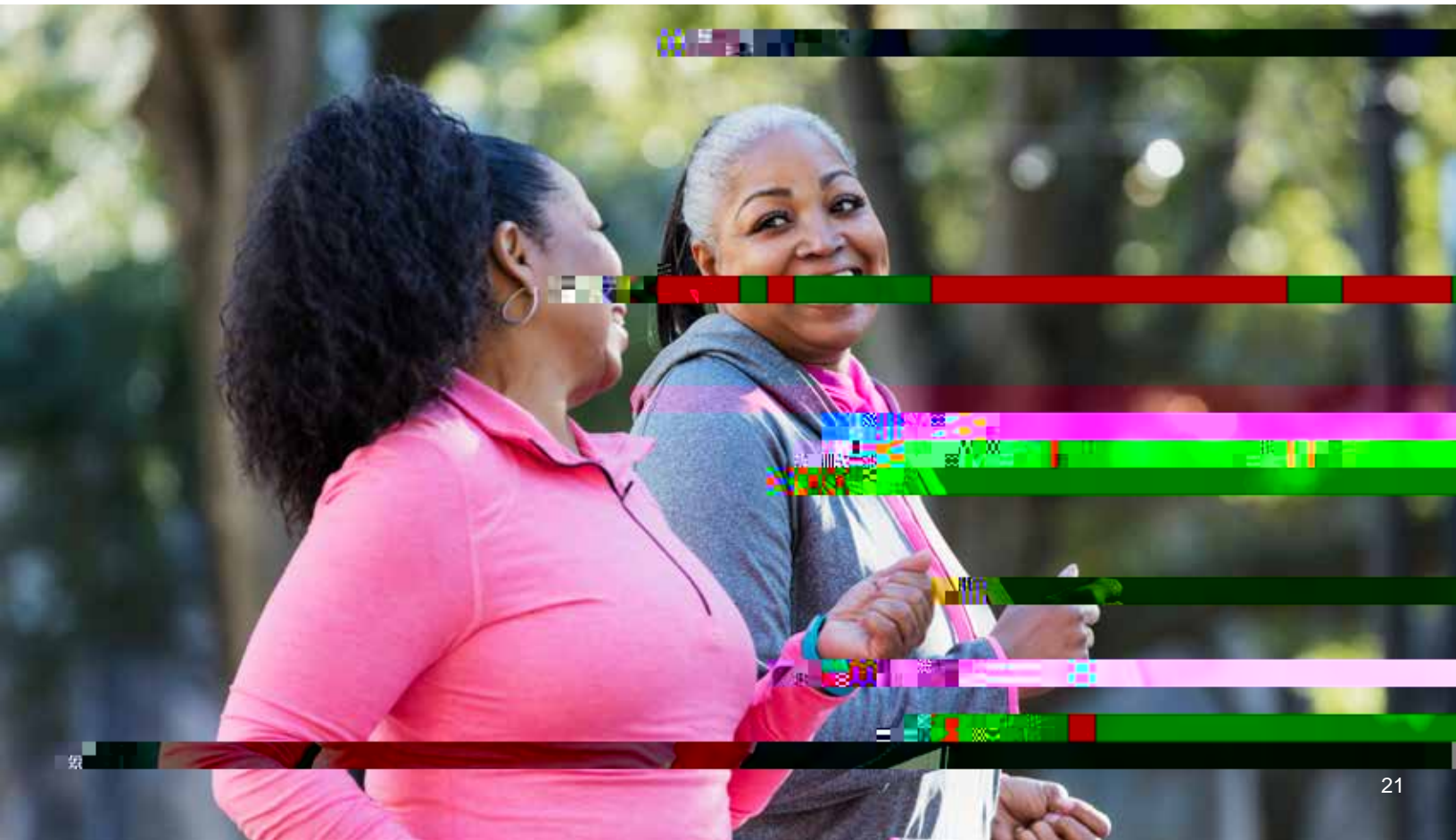
Carrier Wellness Resources

Sample Wellness Offerings

	Medical Mutual
Website	Medmutual.com
Mobile App	Yes
Health Assessment	Yes
Health Coach	Yes (through disease and maternity management programs)
Fitness Discount	GlobalFit
Tobacco Cessation	SuperWell Quitline
Disease/ Chronic Condition/ Maternity Management	Yes
Other	MyCare Compare 24/7 NurseLine: 888.912.0636

Medical Mutual of Ohio has devoted portions of their website to wellness. Access detailed information at the Wellness website under “Additional Programs” then “Insurance Company Programs.”

In addition, you will find discount programs, disease management information and nutrition coaching to help you and your family balance healthy living with the demands of your life.



Glossary Of Terms

Co-payment: A fixed sum and/or percentage that an enrollee pays for specific health services, regardless of the total charge for service (the insurer pays the rest of the total charge). For example, an enrollee may pay a \$20 co-payment for each doctor's office visit, \$250 for each stay in the hospital, and \$15 for each prescription.

Co-insurance: The portion of covered health care costs for which the covered person has a financial responsibility, usually according to a fixed percentage.

Deductible: A predetermined annual amount an enrollee must pay before the insurer will begin paying its portion of covered expenses. For example, if the plan has a \$500 deductible, the insured person would be responsible for the first \$500 of his or her health care bills each year.

Domestic partner: see definition of spouse equivalent.

Drug formulary: A listing of prescription medications (name brand and generic) that are preferred for use by the health plan and will be dispensed through participating pharmacies to covered persons. This list is subjected to periodic review and modification by the pharmacy benefit management plan.

Evidence of coverage: A detailed description of the benefits included in the health plan. An evidence/certificate of coverage is required by state laws and representative of the coverage provided under the contract issued to an employer.

Medically necessary: The evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner and consistent with national medical practice guidelines regarding type, frequency, and duration of treatment.

Preferred provider organization (PPO): Plan participants may seek care from an in-network provider or from an out-of-network provider, but the plan makes no provision to couple a patient with a primary-care physician or gatekeeper. Typically, the patient pays more for services from an out-of-network provider.

Preventive care: Comprehensive care emphasizing priorities for prevention, early detection, and early treatment of conditions, generally including routine physical examination, immunization, and well-person care.

Spouse equivalent: The same- or opposite-sex domestic partner of a benefits-eligible employee. Eligibility for medical and dental insurance is contingent upon completion of a affidavit.

Usual, customary, and reasonable amount (UCR amount): The maximum amount allowed (reimbursable) for a covered service provided by a physician and other professional provider based on the provider criteria (see appropriate certificates of coverage).

