

Employee
**BENEFITS
GUIDE**

2025 PLAN YEAR

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DISCLAIMER:

The information in this benefit guide is presented for illustrative purposes only. The benefit guide is intended to provide a summary of the benefits available, and describe eligibility requirements and enrollment procedures. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the benefit guide is a tool to answer most of your questions, it is not intended to be a complete description of the terms and conditions of the insurance benefit plans offered by CMHA. In the event of any discrepancy between the benefit guide and the actual plan documents, the actual plan documents will prevail. CMHA reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification.

BENEFITS ELIGIBILITY

CMHA provides quality, affordable and competitive benefits to eligible employees. Great care has been taken to select plan providers to ensure you receive quality benefits at a competitive rate.

CMHA employees who are eligible may enroll in benefits described in this guide. The following family members are eligible as your dependents for medical, dental and vision coverage: Spouse, children, or other qualified dependents.

Children are covered until the end of the month in which they turn 26 except in the case of physical or intellectual disability. Additional forms are required. See the Forms & Documents Library for the applicable form.

Dependent children who reach age 26 that are no longer eligible for health benefits through our plan may continue lost coverage through COBRA. Please look for an election notice from Discovery Benefits. NOTE: It will be mailed to your dependent.

More information is available on the Employee Self-Service (ESS) portal, www.paycom.com, in the Forms & Documents Library. It is your responsibility to notify Human Resources/Benefits when your spouse or other dependents are no longer eligible for benefits.

CHANGE IN STATUS

Changes to benefit elections can only be made during Open Enrollment unless you have a qualifying event.

Throughout the plan year, if you have a qualifying event, you may make changes to your benefit elections. Qualifying events include: marriage; divorce; legal separation; birth or adoption of a child; death of spouse, or other covered dependent, commencement or termination of adoption proceedings; change in spouse's benefits or employment status; a covered dependent becoming eligible for Medicare, Medicaid; an adult dependent child becoming eligible for his or her own employer's benefits; or your own loss of other coverage.

If you wish to make a benefits change due to one of these qualifying events during the balance of the plan year, you must notify Human Resources/Employee Benefits, complete a Life Event change online via the Employee Self Service (ESS) and submit supporting documentation within 30 days of your change in status date. Please refer to the Forms & Documents Library in the ESS for the required documentation to be submitted to Benefits.

HOW TO GET SUPPORT

Should you have questions or a technical issue with registration, please do not hesitate to contact HR/Benefits at 216-348-5030.

Location	HR Representative	Email	Phone
Campus	John Mincey	minceyj@cmha.net	216-271-2726
Campus	Annette Abranovich	abranovicha@cmha.net	216-271-2727



MEDICAL



Coverage period: 01/01/2025 - 12/31/2025

Services	PPO		CleCare HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Physician Office Visit	\$25 copay, then 100%	40% coinsurance 60% after deductible	\$25 copay, then 100%	Not Covered
Specialist Office Visit	\$50 copay, then 100%	40% coinsurance 60% after deductible	\$50 copay, then 100%	Not Covered
Independent Lab / X-Ray	100% (at Physician)	40% coinsurance 60% after deductible	100%	Not Covered
Deductible (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,000 / \$2,000	N/A
Inpatient Hospitalization	20% coinsurance 80% after deductible	40% coinsurance 60% after deductible	20% coinsurance	Not Covered
Outpatient Services	20% coinsurance 80% after deductible	40% coinsurance 60% after deductible	20% coinsurance	Not Covered
Preventative Care	100%	40% coinsurance 60% after deductible	100%	Not Covered
Emergency ER Use	\$250 copay, then 100% (copay is waived if admitted)	\$250 copay, then 100% (copay is waived if admitted)	\$250 copay, then 100% (copay is waived if admitted)	\$250 copay, then 100% (copay is waived if admitted)
Urgent Care	\$60 copay, then 100%	40% coinsurance 60% after deductible	\$60 copay, then 100% <i>MetroExpress Locations Only</i>	Not Covered
Co-Insurance (Individual/Family)	\$3,500 / \$7,000	\$7,000 / \$14,000	\$2,500 / \$5,000	N/A
Out of Pocket Max (Individual/Family) <i>Includes deductibles, copays & coinsurance</i>	\$6,600 / \$13,200	Unlimited	\$6,600 / \$13,200	N/A
Prescription Drugs Retail (30 Days)				
	Administered by CVS		MetroHealth Pharmacies	MMO Pharmacies
Generic	\$8	N/A	\$8*	\$16**
Preferred	\$30		\$30*	\$60**
Non-Preferred	\$50		\$50*	\$100**
Specialty	50% up to \$150 Maximum		50% up to \$150 Maximum*	N/A
Mail Order (90 Days)				
Generic	\$16	N/A	\$16*	N/A
Preferred	\$60		\$60*	
Non-Preferred	\$100		\$100*	

Under the PPO plan, you are required to fill 90 day supplies of maintenance medications at mail order or through a CVS retail pharmacy.

Monthly Employee Contributions	PPO	CleCare HMO
Employee	\$89.00	\$66.75
Family	\$285.26	\$213.95

*MetroHealth Pharmacy Only
** All Other Pharmacies

Paycom will show separate medical and prescription rates for CleCare.

PRESCRIPTION

PPO PLAN ONLY



Medications When You Need Them

CVS Caremark is the prescription plan carrier for the PPO plan. Your prescription drug program allows you to obtain medications via mail or your in-network, local retail pharmacy. If you take certain medications on an ongoing basis, you must have those drugs filled for a 90-day supply through the CVS Caremark Mail Service or a CVS Pharmacy. Be sure to ask your doctor for a 90-day supply of your maintenance drugs.

If you are on PPO Medical Plan, your prescription drug benefits are separate from your medical benefits. You have a separate CVS Caremark ID card that should be used at the pharmacy when filling prescriptions.

Benefit	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic	\$8 copay	\$16 copay
Preferred Brand	\$30 copay	\$60 copay
Non-Preferred	\$50 copay	\$100 copay
Specialty	50% up to \$150 Maximum	N/A

Mail Order

It is easy to enroll in the Mail Order prescription program. Employees must complete the Mail Order Form and submit it with a 90-day prescription from their physician. Mail order forms are available on cmhabenefits.com. When filling a maintenance drug, you'll pay 2 months of a copays but receive 3 months' worth of medication.

CLECARE PLAN

The pharmacy plan for CleCare participants is administered by Medical Mutual of Ohio. The copays below reflect the price of a medication if filled at a MetroHealth Pharmacy only.

Benefit	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic	\$8 copay	\$16 copay
Preferred Brand	\$30 copay	\$60 copay
Non-Preferred	\$50 copay	\$100 copay
Specialty	50% up to \$150 Maximum	N/A



MARATHON HEALTH

MARATHON HEALTH (FORMERLY EVERSIDE HEALTH)

Marathon Health offers **NO-COST** primary care services and medications. Providers are dedicated to your healthcare virtually or in-person at a convenient location near your home or work. Marathon Health provides easy-to-schedule appointments with significantly shorter wait times, more time face –to time with your provider and 24/7 after hours phone access for urgent needs.

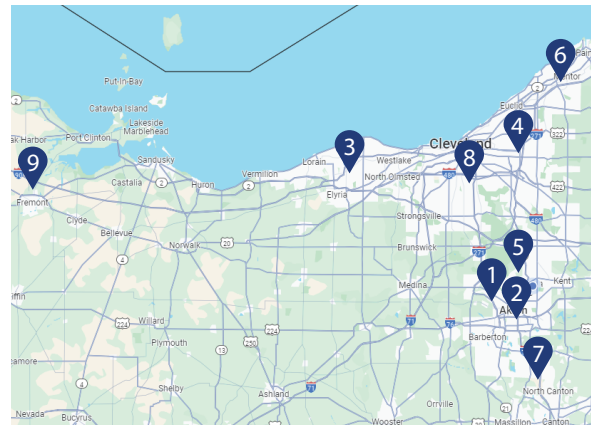
MARATHON HEALTH SERVICES

- Complete Primary Care
- Urgent Care
- Chronic Condition Management
- Well-child exams
- Annual Physicals
- Low-cost on-site Lab services
- Low-cost Medications
- Mobile App

Marathon Health Locations:

1. Akron White Pond Drive
2. Avon Sheffield Detroit Ave.
3. Mentor Great Lakes Plaza
4. Seven Hills Lombardo Center
5. North Canton Lauby Rd.
6. Beachwood Science Park Drive
7. Akron S. Main
8. Cuyahoga Falls
9. Fremont

Marathon Health covers up to 90% of your comprehensive primary care needs with no out-of-pocket costs. CMHA employees and their dependents can access Marathon Health at one of the 10 convenient Ohio locations.



What's Different About Marathon Health?

Marathon Health doctors see 70% fewer patients compared to a typical primary care doctors.

Traditional Primary Care Health



Marathon



Schedule your appointment today at **866-808-6005**

DENTAL

MetLife Coverage period: 01/01/2025 - 12/31/2025

Services	Base Plan		
	In-Network	Non-Network	
Diagnostic and Preventative Services – exams, cleanings, fluoride, and space maintainers	100%	100%	
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	
Sealants – to prevent decay of permanent teeth	100%	100%	
Brush Biopsy – to detect oral cancer	100%	100%	
Radiographs – X-rays	100%	100%	
Minor Restorative Services – fillings and crown repair	80%	80%	
Endodontic Services – root canals	80%	80%	
Periodontic Services – to treat gum disease	80%	80%	
Oral Surgery Services – extractions and dental surgery	80%	80%	
Major Restorative Services – crowns	80%	80%	
Other Basic Services – misc. services	80%	80%	
Relines and Repairs – to bridges, implants, and dentures	80%	80%	
TMD Treatment treatment of the disorder of the temporomandibular joint	80%	80%	
Prosthodontic Services – bridges, implants, and dentures	80%	80%	
Orthodontic Services – braces	60%	60%	
Orthodontic Age Limit	No Age Limit		
Orthodontic Lifetime Benefit Maximum (per eligible person)	\$1,500	\$1,500	
Plan Year Max	\$2,500	\$2,500	
	Base	MetLife Dentist	Non-Network Dentist
	Non-Network Usual and Customary (UCR):	N/A	Maximum Allowable Cost (MAC)

Monthly Employee Contributions	Base Plan
Employee	\$0
Family	\$0

DENTAL

 **MetLife** Coverage period: 01/01/2025 - 12/31/2025

Services	Buy Up Plan	
	In-Network	Non-Network
Diagnostic and Preventative Services – exams, cleanings, fluoride, and space maintainers	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%
Radiographs – X-rays	100%	100%
Minor Restorative Services – fillings and crown repair	80%	80%
Endodontic Services – root canals	80%	80%
Periodontic Services – to treat gum disease	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%
Major Restorative Services – crowns	80%	80%
Other Basic Services – misc. services	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%
TMD Treatment treatment of the disorder of the temporomandibular joint	80%	80%
Prosthodontic Services – bridges, implants, and dentures	80%	80%
Orthodontic Services – braces	60%	60%
Orthodontic Age Limit	No Age Limit	
Orthodontic Lifetime Benefit Maximum (per eligible person)	\$1,500	\$1,500
Plan Year Max	\$2,500	\$2,500
Buy-Up	MetLife Dentist	Non-Network Dentist
Non-Network Usual and Customary (UCR):	N/A	80th percentile

Monthly Employee Contributions	Buy Up Plan
Employee	\$9.66
Family	\$25.51

VISION



Coverage period: 01/01/2025 - 12/31/2025

National Vision Administrators, L.L.C.

Services	In-Network	Out-of-Network
Examination Once Every Plan Year	Covered 100%	(Reimbursement Amounts) Up to \$35
Lenses Once Every Plan Year	Standard Glass or Plastic Covered 100%	Single Vision Up to \$25 Bi-focal Up to \$45 Tri-focal Up to \$75 Lenticular Up to \$75
Frame Once Every Plan Year	Covered up to \$85 Retail Allowance ³ (20% discount off remaining balance over \$85 allowance) ⁴	Up to \$45
Contact Lenses Once Every Plan Year	(In lieu of Lenses/Frames)	(In lieu of Lenses/Frames)
Elective	Covered up to \$60 Retail Allowance ⁵ (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$60) ⁶	Up to \$45
Fit & Follow-Up ¹		
Standard Daily Wear	Covered 100%	Daily Wear: \$20
Standard Extended Wear	Covered 100%	Extended Wear: \$30
Specialty Wear	Covered 100% after \$10 Copay	Specialty: \$50
Medically Necessary ²	Covered 100%	\$120

1. Covered only if member chooses Contact Lenses.

2. Prior Authorization required from NVA. Includes fitting & follow-up.

3. Includes frames up to \$32 Every Day Low Price-price point at Walmart/Sam's Club locations (if included in network).

4. Discount does not apply at Walmart/Sam's Club locations or for certain proprietary frame brands or where prohibited by law.

5. \$42 Every Day Low Price-price point for contact lenses at Walmart/Sam's Club locations (if included in the network).

6. Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable) or Contact Fill. Prohibited by some manufacturers or where prohibited by law.

NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the ECP



LIFE & AD&D

MedMutual Life is the carrier for the Life Insurance and Accidental Death and Dismemberment (AD&D) plan.

Basic Life Insurance

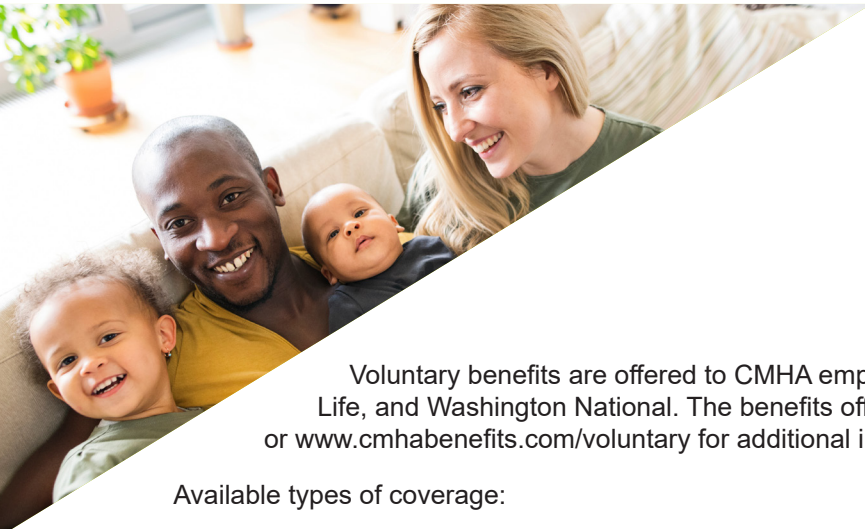
CMHA provides all permanent, full-time, active employees with \$30,000 of Basic Life and Accidental Death & Dismemberment (AD&D) at no cost to the employee.

Optional Life Insurance

You may enroll in Optional Life Insurance through MedMutual Life in \$10,000 increments not to exceed \$300,000.

Contact Information

- Website: medmutuallife.com
- Customer Service Phone Number: 866-925-2542
- Please refer to the Summary Tabs and Registration Flyer found on the CMHA website: www.cmhabenefits.com/life



VOLUNTARY

Voluntary benefits are offered to CMHA employees through Aflac, Colonial Life Insurance, New York Life, and Washington National. The benefits offered by each carrier differ; please see plan documents or www.cmhabenefits.com/voluntary for additional information.

Available types of coverage:

- Accident
- Cancer
- Short-Term Disability
- Critical Illness
- Hospital Indemnity
- Term Life
- Whole Life
- Adult Universal Life
- Heart and Stroke Protection

Employees may enroll in Voluntary benefits at any time on a after tax basis.

During the Voluntary open enrollment, in May of each year, employees will have the opportunity to change their payroll deductions to pre-tax.



DEFERRED COMPENSATION

Deferred compensation refers to a tax-deferred supplemental retirement strategy an employee pays into while working and collects after retirement. The purpose of deferred compensation is to provide employees with a convenient way to save on a regular and long-term basis, thereby providing for their retirement. For employees who are members of a pension plan, deferred compensation offers savings to supplement their pension.

Under a deferred compensation plan, a flat dollar amount or percentage, that you determine, is deducted from your paycheck on a pre-tax basis. The amount of income that can be tax deferred is subject to IRS limitations.

Both federal and state income taxes are deferred on your deposits and interest/accumulation until you withdraw funds from your retirement account. Once distribution begins, the distributed monies are fully taxable as ordinary income for federal and state tax purposes. However, at retirement, most people will not have as much taxable income, so the tax rate is often less than the tax rate while the employee is working.

Employees of CMHA may enroll into the Deferred Compensation Plan at anytime. To enroll in Deferred Compensation today, call 877-644-6457 or visit Ohio457.org.



FLEXIBLE SPENDING ACCOUNT

A Flexible Savings Account (FSA) allows you to save for qualifying medical, dental, vision and dependent care expenses on a tax free basis. When you elect this benefit, the money you designate to your FSA account is deducted on a pre-tax benefit, thus reducing your taxable income. Once you enroll, you will receive a debit card to pay for eligible expenses incurred during the plan year.

If you do not have Medical Mutual health insurance:

- Go to MedMutual.com/myspendingaccounts
- Click Register and complete the registration process
- Log into your account

Access your FSA, along with educational information, forms and savings estimators

For additional information, you can visit www.medmutual.com and log in to the My Health Plan account and under Claims & Balances choose “My Spending Accounts” and you will be directed to the FSA portal. Or you call 800-525-9252.



HEALTHY LIVING WELLNESS PROGRAM

Program Purpose

The purpose of the CMHA Healthy Living Wellness Program is to encourage and empower employees in making healthier lifestyle changes to live healthier, happier and more productive lives.



Program Objective

The Healthy Living Wellness Program is committed to creating and supporting a culture of wellness that encourages employees to change unhealthy behaviors. Employees that participate in the wellness program will have the opportunity to earn points and incentives for getting healthy and achieving results.

Program Participation

All regular fulltime employees can participate in the Healthy Living Wellness Program. Participation is completely voluntary and employees that participate in the program are required to submit a participation agreement to be enrolled in the program period of January 1, 2025 through December 31, 2025.

Program Measurement Period

Program participation and measurement period will begin January 1st through December 31st. Employees that enroll in the program can begin tracking their activities to earn points effective January 1, 2025.



EMPLOYEE ASSISTANCE PROGRAM

We're here to help

Your employer provides you and your family with an Employee Support Program that can help you live the life you want. Anytime, any day, you have free, confidential access to professional consultants and online resources to assist you with these and other topics:



- Dealing with financial issues
- Anger and aggression
- Handling daily life stressors
- Helping with an elderly parent
- Relaxation techniques
- Understanding and managing depression
- Healthy eating and nutrition
- Wellness goal-setting
- Coping with health and medical challenges
- Child being bullied at school
- Suicidal thoughts
- Grief counseling
- Stress
- Anxiety
- Improving family relationships
- Coping with crisis
- Mental health assessment
- Substance use assessment, treatment
- Parenting skills
- Conflict management tools
- Handling difficult people and situations
- Improving communication

Ask your HR or Benefits Manager about additional programs available to you and your family.

FMLA

The Family and Medical Leave Act (FMLA) is a federal law that guarantees certain employees up to 12 work weeks of unpaid leave without the fear of losing your job.

Only eligible employees are entitled to take FMLA leave. An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months; and
- Has at least 1,250 hours of service for the employer during the 12 month period immediately preceding the leave.

FMLASource provides employees with quick access to experts who will answer questions, review guidelines and provide information regarding a job protected medical or family leave of absence. Please contact FMLASource at 877-462-3652 or fmlasource.com for information and forms required for your leave.





FREQUENTLY ASKED QUESTIONS

Question: Can I Access Paycom From Home?

Answer: You can access it from anywhere that Internet service is available

Question: Can I Access Paycom From My Mobile Phone?

Answer: Yes, access the Internet service on your mobile phone and enter the link <https://www.paycomonline.net/v4/ee/web.php/app/login>.

Question: What Happens If I Forget My Paycom User Name? How Can It Be Reset?

Answer: Usernames are not reset. If you have forgotten your user name, select the Forgot Your Username option on the login page.

Question: What Happens If I Forget My Paycom Password? Who Can Reset It For Me And How Long Will It Take?

Answer: If you have forgotten your password, select the Forgot Your Password option on the login page.

Question: What Happens If I Lock Myself Out Of the System?

Answer: Contact HR Benefits at 216-348-5030

Question: Is the Online System Secure?

Answer: Yes, the online HWSE benefits administration system is secure. CMHA is committed to ensuring your personal information remains confidential. We have taken steps to safeguard the integrity of our communications and computing infrastructure, including but not limited to: User ID and password authentication, monitoring, auditing, and encryption.

Question: If I Use The Online System, How Will I Know That You Received My Changes?

Answer: You will receive a confirmation number after completing your Online enrollment entries. Read the Summary page beneath the Confirmation Number to be sure your Benefit Election choices and dependents' names are shown next to each plan in which you intended to enroll them. If so, you have successfully completed your enrollment. If the word "waived" appears next to the benefits you elected, or if family members' names are not shown, your enrollment is not complete. Go back and read the instructions in this guide and take any steps you might have missed. If problems persist, contact the HR for assistance.

Question: Why Do I Recieve An Email From HR-Benefits When I Have Not Made Any Changes?

Answer: Every employee with an email registered in HWSE will receive an automated email to notify you when an enrollment event begins and when the enrollment event closes, even if you have made no changes.

Question: What If I have Questions About How A Plan Works Or What Is Covered?

Answer: If you have any questions about how a plan works or what is covered, please refer to the Benefit Forms & Links section within the Paycom Platform. You may also contact the Department of Human Resources Benefits Helpline at 216-348-5030.

Question: Do I Need To Send Documentation To Enroll Or Remove Dependents?

Answer: Yes. You must always send the required documentation to the HR Department. Coverage is pended until the documentation is received.

Question: How Do I Submit The Documentation Required?

Answer: Hand-deliver documentation to the HR Department at 8120 Kinsman Road, Cleveland, Ohio 44104.

Question: How Do I Find Out If My Doctor Is In The Medical Mutual PPO Or CleCare Network?

Answer: There are two options to submit your documentation to the HR Department:

- Hand-deliver the documentation to the HR Department at 8120 Kinsman Road, Cleveland, OH 44104
- Upload the documentation into Paycom

Question: What If I Need Further Assistance With Resetting Any Of My Passwords?

Answer: Please contact HR Benefits at, 216-348-5030.

Question: How Do I Log Into Paycom To Access HWSE Online Benefits Administration System?

Answer: Once registered, you access Paycom using this link: <https://www.paycomonline.net/v4/ee/web.php/app/login>

Question: Whom Do I Contact If I Have Issues With Paycom?

Answer: Please contact HR Benefits at 216-348-5030

Question: What Do I Do If I Can't Find My Medical Insurance Card?

Answer: Call Medical Mutual at 877-328-6664 to request a new card.

CONTACT RESOURCES

MEDICAL	Additional Information
Medical Mutual's Member Site: Overview of benefits, Claims information, "Find a provider", "Estimate your services" tool, Wellness program	MedMutual.com/member You will need the identification number (found on your ID card).
Customer Service	https://www.medmutual.com/ 1-800-382-5729
PRESCRIPTION DRUG (PPO Plan Only)	Additional Information
CVS Customer Service	www.caremark.com 800.776.1355
DENTAL	Additional Information
MetLife	1-800-942-0854 www.metlife.com/dental
MARATHON HEALTH	Additional Information
Member Services	my.marathon.health 1-866-808-6005
VISION	Additional Information
NVA's Member Service Department	1-800-672-7723 Available 24/7
Participating Dentist	www.e-nva.com
Contact Fill	1-866-234-1393 www.contactfill.com
EMPLOYEE ASSISTANCE PROGRAM	Additional Information
Schedule an Appointment with a Counselor or for a Referral at MCMS	1-216-404-1900 1-866-340-MCMS (6267)
Employee Support Website (for articles, tips, links, and tools)	www.MooreCounseling.com
MEDMUTUAL LIFE	Additional Information
Customer Service	medmutuallife.com 866-925-2542
FMLA	Additional Information
FMLASource	877-462-3652 fmlasource.com
Ohio Deferred Compensation	Additional Information
Ohio Public Employees Deferred Compensation Program	877-644-6457 Ohio457.org

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BENEFITS GUIDE

