Benelect

2027



CASE WESTERN RESERVE
UNIVERSITY

Your Benefits. Your Choices.

Your life, your choices. We know one size doesn't fit all. Benelect puts you in control, letting you select the benefits that truly fit your needs and family.

Open Enrollment for 2027 is November 2 – November 20, 2026. Don't miss the deadline! If you don't enroll, your current 2026 benefits will carry over (including Flexible Spending Accounts). The IRS announced that the Health Care Flexible Spending Account (FSA) contribution limit will increase to $3,500 for 2027, up from $3,400 in 2026. The Dependent Care FSA limit remains at $7,500 for 20207.

To take advantage of the increased FSA limits, you must make an election during open enrollment. Due to IRS rules, you cannot change your FSA choice outside of Open Enrollment without a qualifying life event.

Make sure you're prepared for Open Enrollment:

- Review your 2026 benefit use to predict your needs for 2027.
- Acknowledge the impact of Health Care Reform on your options.
- Read this Benelect Guide carefully to know your choices.
- Utilize the resources within this guide to get all your questions answered.

Enroll online via PeopleSoft HCM. This is your primary enrollment method. If required, complete and submit any additional enrollment forms to Benefits Administration by December 2, 2026.

What if you do nothing?
Your 2027 Benelect elections will automatically default to the elections you had for 2026, including your flexible spending account contributions.

Confirm your choices!
Once you enroll, review your confirmation statement and address any errors. Remember to submit any required paperwork.

If you have concerns or questions, contact the HR Service Center at 216.368.6964, email AskHR@case.edu, or visit case.edu/hr.

This Benelect Guide provides an overview of Benelect, the flexible benefits program offered by the university. It is not a comprehensive description of the benefit plans. Summary plan descriptions can be obtained from Benefits Administration or via the Health Benefits webpage.

HEALTH CARE

Be confident knowing that your Case Western Reserve University health plans are fully compliant with all provisions of the Affordable Care Act (ACA), enhancing your coverage and ensuring access to essential care.
The university's health insurance plans:

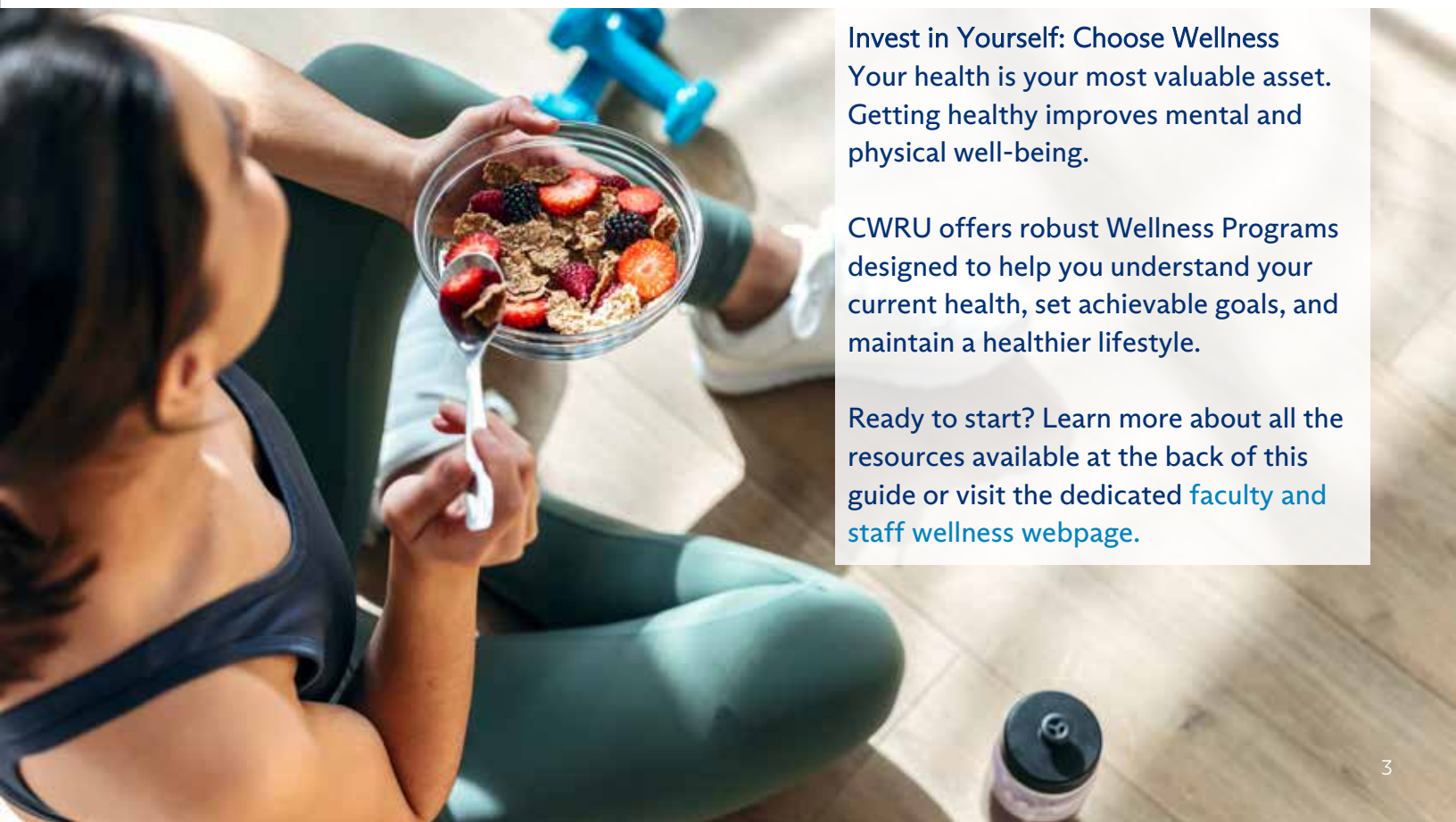
- Offer essential health benefits
- Provide preventive care services at no cost to you
- Provide a minimum level of coverage
- Have no lifetime dollar caps on coverage
- Can include dependents up to age 26

While most employees receive coverage through employer-sponsored plans, individuals who don't have access to one can find options through the Individual Health Insurance Marketplace.

To compare plans, check eligibility, and enroll in coverage that fits your needs, visit healthcare.gov.

Depending on income and family size, some individuals may qualify for tax credits or subsidies to significantly reduce their monthly premiums and out-of-pocket health care costs. It is important to note: these financial aids are only available when insurance is purchased directly through the Individual Marketplace.

CWRU is committed to ensuring you understand your health insurance options.. If you have specific concerns or questions please contact the Human Resources Service Center at 216.368.6964 or email AskHR@case.edu.



Invest in Yourself: Choose Wellness
Your health is your most valuable asset. Getting healthy improves mental and physical well-being.

CWRU offers robust Wellness Programs designed to help you understand your current health, set achievable goals, and maintain a healthier lifestyle.

Ready to start? Learn more about all the resources available at the back of this guide or visit the dedicated faculty and staff wellness webpage.

Build Your Best Benefit Package

Benelect: CWRU's flexible benefits program, is all about maximizing value and savings for you.

Flexibility to Fit Your Life:
Choose the specific coverage options you want, the family members you wish to cover, or even choose to waive coverage. This tailored approach allows you to control your costs and ensures the benefit offerings meet the diverse needs of our entire university community.

Tax Savings Built In:
Take advantage of significant tax savings! Most premiums and health care savings contributions are paid with pre-tax dollars, reducing your taxable income. (A few benefits, however, will continue to be paid with after-tax deductions from your net pay.)

BENEFITS ELIGIBILITY

Open Enrollment

Your benefits begin January 1, 2027, and remain in effect through December 31, 2027.
CWRU extends benefits to spouses and domestic partners (spouse equivalent) and children.

You must document a qualifying member's relationship to substantiate eligibility. Proof of domestic partnership through a notarized affidavit is required for spousal equivalent coverage.

INITIAL ENROLLMENT FOR NEW HIRES

Benefits coverage begins on the first business day of the month if your employment starts on that day. Otherwise, coverage begins on the first day of the month following your start date.

Complete the enrollment form by marking your desired options and return it, with all relevant documentation, to Benefits Administration within the first 30 days of employment.

Consequences of Late Enrollment:
Failure to enroll within the 30-day period limits your coverage to basic life insurance ($20,000). Full benefit enrollment will not be available until the next annual Open Enrollment period, with coverage effective January 1 of the following year.

PREMIUM COSTS

The university shares in the cost of your benefits. The amount depends on number of hours worked

Full-time	non-exempt employees working 37.5 hours per week employees working 40.00 hours per week
Three-fourths-time	non-exempt employees working 28.00 - 37.40 hours per week exempt and certain non-exempt employees working 30.00 - 39.90 hours per week
One-half-time	non-exempt employees working 18.75 - 27.90 hours per week exempt and certain non-exempt employees working 20.00 - 29.90 hours per week

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

The Benelect plan allos you to cover yourself and your qualifying family members.
Who is eligible for coverage?

- Your spouse/spouse equivalent
- Children – refer to specific benefit 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.

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

Your benefit elections are effective for the entire calendar year and cannot be changed until the next annual Open Enrollment period, unless you experience a Qualifying Life Event.

Qualifying Life Event (QLE) 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

To process a mid-year change, you must report the QLE using the Change of Status form and submit to Benefits Administration within 30 days of its occurrence. All requests must include the appropriate supporting documentation, and the requested benefit change must align with the type of QLE (e.g., marriage allows you to add your spouse).

Medical Plan Essentials

Secure Your Health. Review Your Options.

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

If you already have medical coverage you may elect to waive coverage.

COVERAGE LEVELS

Once you choose the medical option that is right for you, you also choose the number of family members to cover. You may choose from these coverage categories:

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

WORKING SPOUSE PREMIUM

If your spouse/spouse equivalent has access to medical coverage through their own employer but is enrolled in a Benelect plan, a $150 monthly surcharge will be added to your premium. This surcharge helps offset the university's increased cost of providing coverage when another employer's plan is available.

Action Required: When enrolling your spouse, you must actively waive this surcharge if it does not apply. If no election is made, the $150 monthly premium will be automatically applied.

COORDINATION OF BENEFITS

If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time.

Carefully read the rules, including the Coordination of Benefits section in the plan material and compare them with the rules of any other plan that covers you or your family.

As you begin to think about the best health insurance for you and your family, you should consider how the deductible and out-of-pocket expenses coordinate between family members.

High deductible plans include family deductible and family co-insurance limits. Each family member contributes to these limits. An individual can satisfy the family deductible and co-insurance limits.

PPO plans require that more than one family member contribute to meeting the family deductible and co-insurance limits. Additionally, medical co-payments and prescription co-payments accumulate toward separate out-of-pocket limits. Once the family deductible is met, co-insurance and co-payments will apply. The entire family will not incur charges over the deductible and out-of-pocket limits.

PRESCRIPTION DRUG COVERAGE

The CLE-Care HMO Plan includes prescription drug coverage through MetroHealth pharmacies or pharmacies in the CLE-Care network.

MedImpact, a separate carrier, provides prescription drug coverage for all other medical plans offered. Review your prescription history by logging on to MedImpact's website. MedImpact is also available as a mobile app.

Long-term maintenance medications can be filled through mail order. Birdi, Inc. is the mail order pharmacy used by MedImpact. You can obtain refills at any network pharmacy; however, you will not receive the mail order discount.

MEDICAL MUTUAL® OF OHIO CLE-CARE Health Maintenance Organization (HMO)

When you elect this plan, you will receive comprehensive health care services from a specified list of in-network providers. Your CLE-Care primary care physician (PCP) oversees your care; however, no referrals are required when you see specialists within the MetroHealth System. The plan includes:

- Prescription drug coverage
- Low co-payments
- No deductibles
- No claim forms to complete

The CLE-Care HMO operates medical facilities throughout Cuyahoga County.
Find a PCP that works for you.

MEDICAL MUTUAL® OF OHIO High Deductible Health Plan (HDHP)

The HDHP is comprehensive medical coverage that provides access to high quality health care through Medical Mutual's network of health care providers. The plan:

- Pays a large part of medical costs after the deductible is met
- Includes an out-of-pocket maximum amount
- Offers prescription drug coverage through MedImpact
- Prescription costs apply to your deductible and out-of-pocket maximum amounts
- Allows you to make pre-tax contributions to a Health Savings Account

MEDICAL MUTUAL® OF OHIO SUPERMED PLUS Preferred Provider Organization (PPO)

This PPO allows you full access to medical care from any physician or hospital in the Medical Mutual (SuperMed Plus) network with Medical Mutual of Ohio and MMO-affiliated networks out-of-state or outside of the United States:

- You do not need to designate a primary care physician
- You do not need referrals for services
- You have coverage for medical emergencies in your area or when you travel out-of-state or outside of the United States
- Includes an out-of-pocket maximum amount
- Prescription drug coverage is available through a separate carrier, MedImpact. The prescription plan has a separate out-of-pocket maximum

Consider contributions to a Health Savings Account if you enroll in the High Deductible Health Plan (HDHP).

Available only in conjunction with a high deductible health insurance plan, a Health Savings Account provides tax savings and flexibility.

- Contributions can be made on a pre-tax basis through payroll deduction
- You open the account, are responsible for contributions, and direct any investment of the balance
- The account goes with you if you leave CWRU
- Balances roll over year to year
- Use the account to pay for current medical expenses or let the balance accumulate for future needs
- Contributions, interest, and investments are not subject to federal, state, or FICA taxes

Find more information on Health Savings Accounts.

Medical Plans Overview

Effective January 1 through December 31, 2027. Refer to plan booklets for detailed coverage information.

Medical Plans	PPO Plan | MMO Supermed Plus			
	In-Network			Out-of-Network
Primary Care Physician (PCP)	Not Required			Not Required
Annual Deductible	Non-Exempt/Exempt base salary < $50K	Exempt base salary $50-$99K	Exempt base salary >$100K	Varies by Salary
Individual	$275	$412.50	$550	$550 - $1,100
Family	$550**	$825**	$1,100**	$1,100 - $2,200**
Annual Out-of-Pocket Limit				
Individual				
Medical	$1,100	$1,925	$2,475	$3,850
Prescription (PPO Only)	$1,000	$1,750	$2,250	$3,500
Family				
Medical	$2,200**	$3,850**	$4,950**	$7,700**
Prescription (PPO Only)	$2,000**	$3,500**	$4,500**	$7,000**
After Meeting Annual Maximum	100% paid			100% paid
Medical Claim Forms	None Required			Required in provider is non-contacting
Hospital Services				
Inpatient/Outpatient Care	Co-insurance 20%+			Co-insurance 40%+
Emergency Care	$110 Co-pay (waived if admited) Co-insurance 20%+	$220 Co-pay (waived if admited) Co-insurance 20%+		$220 Co-pay (waived if admited) Co-insurance 20%+
Urgent Care	Co-insurance 20%+			Co-insurance 20%+
Pre-Certification	Provider handles			Member must call if provider is non-contracting
Physician Office Visits	$22	$33		Co-insurance 40%+
Specialty Care Visits	$33	$55		
Diagnostics	Co-insurance 20%+			
Preventive Care	100% paid			
Mental Health & Substance Abuse				
Inpatient Hospital	Co-insurance 20%+			Co-insurance 40%+
Outpatient Care				
Pre-Certification	Provider handles			Member must call if provider is non-contracting
Prescription Drugs				
Retail and Specialty Pharmacy (up to 30 day supply)	MedImpact			Out-of-network Pharmacy
	$15 Co-pay generic	$15 Co-pay generic		No benefit from out-of-network pharmacy
	$50 Co-pay high cost generic	$50 Co-pay high cost generic		
	$30 Co-pay preferred brand	$40 Co-pay preferred brand		
	$50 Co-pay high cost generic	$75 Co-pay non-preferred brand		
	$60 Co-pay non-preferred brand	$100 Co-pay non-preferred brand		
Direct Mail Service Pharmacy (up to 90 day supply)	Birdi™			Out-of-network Pharmacy
	$30 Co-pay generic	$30 Co-pay generic		No benefit from out-of-network pharmacy
	$100 Co-pay high cost generic	$100 Co-pay high cost generic		
	$60 Co-pay preferred brand	$80 Co-pay preferred brand		
	$120 Co-pay non-preferred brand	$150 Co-pay non-preferred brand		

** See page 6 for additional information on how the deductible and out of pocket expenses coordinate between family members

\+ Co-insurance begins after deductible is satisfied

^ The HDHP annual out-of-pocket limit includes the deductible, all medical co-payments, and all prescription co-payments

Medical Plans Overview

Effective January 1 through December 31, 2027. Refer to plan booklets for detailed coverage information.

Medical Plans	High Deductible Health Plan		HMO Plan | CLE-Care[1]	
	In-Network	Out-of-Network	[1]a CLE-Care HO provider must be used to receive benefits	
Primary Care Physician (PCP)	Not Required	Not Required	Not Required	
Annual Deductible				
Individual	$1,815	$3,300	None	
Family	$3,630**	$6,600**	None	
Annual Out-of-Pocket Limit				
Individual				
Medical Prescription (PPO Only)	$3,300^	$6,600^	$2,200 Limit for medical and prescription co-pays	
Family				
Medical Prescription (PPO Only)	$6,600^ **	$13,200^ **	$6,600 Limit for medical and prescription co-pays	
After Meeting Annual Maximum	100% paid		100% paid	
Medical Claim Forms	None	Required	Required in provider is non-contacting	
Hospital Services				
Inpatient/Outpatient Care	Co-insurance 20%+	Co-insurance 40%+	100% paid	
Emergency Care		Co-insurance 20%+	$110 Co-pay (waived if admited)	
Urgent Care			$16.50 Co-pay	
Pre-Certification	Provider handles	Member must call	Provider handles	
Physician Office Visits	Co-insurance 20%+	Co-insurance 40%+	$16.50 Co-pay	
Specialty Care Visits			$33 Co-pay	
Diagnostics			100% paid	
Preventive Care	100% paid		100% paid	
Mental Health & Substance Abuse				
Inpatient Hospital	Co-insurance 20%+	Co-insurance 40%+	100% paid	
Outpatient Care			$16.50 Co-pay; $5.50 Co-pay for group therapy	
Pre-Certification	Provider handles	Member must cal if provider is non-contractingl	Provider handles	
Prescription Drugs				
Retail and Specialty Pharmacy (up to 30 day supply)	MedImpact After deductible:	After deductible:	MetroHealth	Out-of-network Pharmacy
	$15 Co-pay generic	Co-insurance 40%+	$15 Co-pay generic	$25 Co-pay generic
	$50 Co-pay high cost generic	Claim form must be submitted	$30 Co-paybrand	$40 Co-paybrand
	$40 Co-pay preferred brand			
	$75 Co-pay non-preferred brand			
	$100 Co-pay specialty			
Direct Mail Service Pharmacy (up to 90 day supply)	Birdi™ After deductible:	After deductible:	MetroHealth	
	$30 Co-pay generic	Co-insurance 40%+	$15 Co-pay generic	
	$100 Co-pay high cost generic	Claim form must be submitted	$30 Co-paybrand	
	$80 Co-pay preferred brand			
	$150 Co-pay non-preferred brand			

1 A CLE-Care HMO provider must be used to receive benefits. †

** See page 6 for additional information on how the deductible and out of pocket expenses coordinate between family members

\+ Co-insurance begins after deductible is satisfied

^ The HDHP annual out-of-pocket limit includes the deductible, all medical co-payments, and all prescription co-payments

Health Savings Account (HSA)

Choose To Save Money

When you choose the Medical Mutual High Deductible Health Plan (HDHP), your HSA is automatically created for you. This account is fully owned by you and is a flexible, pre-tax way to save for health expenses. Contribute pre-tax dollars to cover everything from current co-pays to deductibles, or let the funds grow for future needs. Because your funds roll over every year and go with you if you leave the university, your HSA is a powerful, long-term asset.

When you open an HSA, you get all the conveniences of a bank account. Such as:

- You are the account owner
- You control the deposits and withdrawals from the account
- You may also have the opportunity to invest the funds
- You may choose to use the funds for qualified medical expenses
- You can take the balances with you when you change medical plans, change jobs, or retire

You may want to use after-tax dollars for small expenses, saving the balances for larger or future medical needs. Like an IRA, an HSA has contribution limits for each tax year.

For 2027, contributions up to $4,500 can be made for individuals with self-only coverage or up to $9,000 for family coverage.

Contributions are made through payroll deduction and the account is opened and serviced at HealthEquity. Learn more at the about HSAs on the CWRU HSA webpage.

When you enroll in the HDHP, HealthEquity will send you a new account welcome kit, including instructions for opening your HSA. You can activate the account at the HealthEquity website or call 1.877.472.4200 for assistance.

The Internal Revenue Service (IRS) governs HSA accounts and sets the contribution limits, eligibility requirements, qualifying medical expenses, and tax reporting rules. The IRS does not consider a domestic partner to be a spouse. However, if you are enrolled in a family HDHP that covers your domestic partner and your domestic partner satisfies the other HSA eligibility rules, the domestic partner may be able to establish and contribute to their own HSA. Consult with your personal tax advisor to assess the application of these rules to your personal tax situation.



The university will pay the account set-up fee and monthly maintenance fees for HealthEquity during 2027 while you are actively employed at CWRU. You will pay any additional fees for the account, including investment fees, check reorders and debit cards. IRS rules consider any banking fees deducted from your account to be allowable distributions. These charges are paid tax-free.

Dental Coverage

Choose Healthy Teeth

With Benelect, you can choose dental coverage through Superior Dental Care or the Case Western Reserve University School of Dental Medicine.

Dental coverage is available to:

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

SUPERIOR DENTAL CARE (SDC)

Superior Dental Care is a dental PPO. You may receive care from any dentist, but more of your costs will be covered if you use a dentist who is affiliated with the network. Visit the SDC website to find participating dentists.

SCHOOL OF DENTAL MEDICINE (SODM)

The School of Dental Medicine provides one dental benefit plan. The comprehensive plan offers a full range of services. In addition, value-added services such as implants, tooth whitening, veneers, and mouth guards are included at a 20% discount. Prior to enrolling in this plan, it is important to review services currently offered. See the SODM website for details.

Care is provided primarily by graduate dental practitioners at the School of Dental Medicine. Visit the School of Dental Medicine website for current coverage details.

Dental Plan Features		Superior Dental Care			Case School of Dental Medicine	
		Services	In-Network	Out-of-Network	Services	Comprehensive
Annual Deductible	Individual		None	$50		None
	Family			$100		
	Annual Maximum Benefit		$2,000 per person			$3,000 per person
	Preventive Care	Semi-annual exams and x-rays	100%	70% of UCR*	Semi-annual exams and x-rays	100%
	Basic Care	Fillings, extractions, oral surgery, periodontia and endodontia	80%	60% of UCR*	Simple restorative, simple extractions, emergency care	100% See website for details
	Major Care	Bridgework, dentures, and crown restorations	60%	40% of UCR*	Major restorative, fillings, bridgework, crowns, dentures and specialty care	50% See website for details
	Orthodontic Care	Children under age 19. Adult orthodontia is not covered.	50% $1,250 lifetime benefit	35% of UCR* $800 lifetime benefit	Children under age 19 after one year of participation. Adult orthodontia is not covered.	50% $1,400 max See website for details

Refer to the plan booklets for detailed coverage information.
*Usual, Customary and Reasonable Fees (UCR)

Vision Coverage

Choose To See Clearly

Under Benelect, you can choose vision coverage through Vision Service Plan (VSP).

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 24- hour on-call availability. To find a doctor near you visit the VSP website.

	In-Network	Out-of-Network
	Benefit (every plan year)	
Routine Exams		
Eyeglasses	$10 co-pay	up to $50 covered
Contact Lens exam (in lieu of eyeglasses)	$10 co-pay	up to $50 covered
Prescription Lenses		
Lenses (single vision, lined bifocal/lined trifocal; Polycarbonate lenses for dependent children	$25 co-pay	single vision - up to $50
		lined bifocal - up to $75
		lined trifocal - up to $100
Frames	$170 allowance	up to $70 covered
Contact Lens exam (in lieu of eyeglasses)	$170 allowance	up to $105 covered

Additional information on the plan is available at the VSP website.

Personal Life Insurance

Choose To Protect Your Financial Security

Case Western Reserve University provides benefits-eligible faculty and staff with $20,000 term life and accidental death & dismemberment (AD&D) insurance at no cost to you.

The AD&D benefit is payable to you in certain types of accidents or to your beneficiary if you die as a result of an accident.

SUPPLEMENTAL LIFE INSURANCE

You can add to the basic $20,000 coverage provided by the university, based on multiples of your salary (1x, 1.5x, 2x, 2.5x, or 3x) or you can add $30,000 of supplemental insurance so your total insurance amount equals $50,000.

You may want to consider the total amount of life insurance you need and then add coverage to get to that total. You pay only for coverage over $20,000.

Example: If you choose to have a total of $50,000 of life insurance, you pay for only the $30,000 of additional coverage. ($50,000 minus $20,000)

The cost of the additional coverage is based on your age as of October 31 of the current year.

The maximum amount of life insurance coverage available under Benelect is $500,000.

The life insurance benefit is reduced by 35% at age 65, and further reduced to 50% of the original amount at age 70. Premiums reflect the reduced benefit amounts.

EVIDENCE OF INSURABILITY

If you want to increase your life insurance coverage by any amount, you must provide evidence of insurability. Changes in the amounts of insurance will take effect on the first day of the month following the date stated in the approval notice from the provider.

New hires—Policies are guarantee-issue up to three times your salary.

NAMING A BENEFICIARY

You should have a beneficiary designation on file with Benefits Administration. Forms are available on the Human Resources website forms directory. If you die while covered under Benelect and have not named a beneficiary (or if the named beneficiary predeceases you), your benefit will be paid in order of survivorship shown in the group insurance plan description.

ACCELERATED BENEFIT

Personal life insurance includes a provision allowing for an accelerated insurance benefit to be paid if you become terminally ill. This benefit is payable if you are suffering from an incurable, progressive, and medically recognized disease and are not expected to survive more than six months beyond the date of the request for this benefit. Consult your group insurance plan description for details.

IMPUTED INCOME

Life insurance is a tax-free benefit in amounts up to $50,000. The Internal Revenue Service requires you to pay income tax on the value of any amount exceeding $50,000. The IRS-determined value is called “imputed income” and is calculated from the government’s “Uniform Premium Table I.” See IRS Publication 15b for Uniform Premium Table I.

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 staff 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 (Staff [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. Staff 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 $3,500 in pre-tax dollars.

Plan your FSA contributions carefully. Your maximum annual contribution cannot exceed $3,500. 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
- Claims must total at least $50
- Insurance premiums cannot be reimbursed
- Over-the-counter drugs can be reimbursed
- You can be reimbursed for expenses incurred by legal dependents, but spouse-equivalent status is not recognized
- The account does not earn interest
- You have until June 30, 2028, to file claims for 2027.

You will receive a Benny™ Prepaid Master Card® that can be used to pay for qualifying medical expenses. Some expenses will validate automatically. If this is not the case, you will receive a letter requesting itemized receipts, per IRS regulations. Submit receipts as soon as possible to avoid card suspension.

- Abortion
- Acupuncture
- Alcoholism (treatment for)
- Ambulance
- Artificial limb
- Birth control pills
- Braille books and magazines
- Car with special hand controls or other equipment for use by a handicapped person
- Chiropractors
- Christian Science practitioners
- Co-insurance & Co-payments
- Contact lenses
- Crutches
- Deductibles
- Dental treatment
- Drug addiction (treatment for)
- Eyeglasses
- Guide dog
- Health club for medical reasons prescribed by a doctor
- Hearing care/aids
- Hospital services
- Laboratory fees
- Learning disability (treatment for)
- Legal fees paid to authorize treatment for mental illness
- Lifetime care (advance payment for a physically or mentally handicapped dependent if you should die or become unable to provide care)
- Medicine
- Nursing homes (for medical reasons only)
- Nursing services
- Over-the-counter drugs
- Oxygen
- Psychiatric care
- Psychoanalysis
- School for a mentally or physically handicapped person
- Special telephone and television for a deaf person
- Sterilization
- Surgery
- Therapy
- Transplants
- Vision care
- Wheelchair
- X-ray fees

GRACE PERIOD: The grace period is a two-and-a-half-month period of time at the end of the plan year that allows you extra time to incur expenses and use your remaining Health Care FSA balance. You will need to submit a claim form to receive reimbursement from your prior year FSA during the grace period. All claims submitted for services provided during the grace period will automatically be processed first against the previous year's remaining balance. If your claims exceed the available funds from the previous plan year, any excess will be automatically applied to your current FSA election.

If you use your debit card to pay for expenses during the FSA grace period, the purchase will be applied toward your new plan year balance. FSA debit card purchases during the grace period cannot be charged to the balance from the previous plan year.

Dependent Care Flexible Spending Account

Choose To Take Care Of Others

The university offers an additional type of Flexible Spending Account where you can save up to $7,500 for the reimbursement of expenses incurred for the care of your children or certain qualifying adults. If you and your spouse file separate tax returns or your spouse uses a separate dependent care spending account, the most you may deposit in your dependent care spending account is $2,500 per year.

Expenses for these qualifying family members are eligible for reimbursement:

- Children under age 13 who qualify as dependents on your federal income tax return
- Other qualifying family members who are physically or mentally incapable of caring for themselves and who qualify as dependents on your tax return

Claims for reimbursement must total at least $50 and are processed weekly by Meritain Health. You will receive an account statement each time you are reimbursed. You have until June 30 of the following year to have claims for reimbursement for the prior year processed.

LIFE EVENT CHANGES

If your family or job status changes, for reasons specified in IRS regulations, you can start or stop a Dependent Care Spending Account, and under certain circumstances you can change the amount of the deposit. An account can be stopped or started, or the deposit amount can be changed only if the change is consistent with the documented Qualifying Life Event. For more information, please refer to the summary of permissible life event changes in this booklet.

FEDERAL TAX CREDIT

If you have dependent care expenses, you may be eligible for a tax credit on your federal income tax return. You cannot apply the same expenses to both a spending account and the tax credit, however. Your particular situation (and your possible eligibility for an earned income tax credit) will determine which method is better for you. By law, spending account balances do not earn interest. Money deposited in the health care spending account cannot be used for dependent care expenses, and vice versa.

IRS RULES: Spending accounts are governed by Internal Revenue Service rules. Please refer to IRS guidelines for specifics. In addition, the IRS says that any unspent balance at the end of the year must be forfeited. This "Use or Lose" rule is the trade-off for the tax advantages you enjoy by using the accounts. In addition, if you terminate your participation in a spending account, only expenses incurred prior to the termination date can be considered for reimbursement. Since this account is to be used for predictable expenses, careful planning should help you avoid any forfeiture. Any money forfeited at the end of the year will be used to offset the costs of administering Benelect.

For expenses to be reimbursed, care cannot be given by anyone you claim as a dependent on your tax return. You can be reimbursed for expenses paid to a relative age 19 or older if you do not claim the person as a dependent. You must submit a receipt from your caregiver, showing the caregiver's taxpayer ID. Any amount deposited in your dependent care spending account will be reported on your W-2 form at the end of the year.

GRACE PERIOD: The grace period is a two-and-a-half-month period of time at the end of the plan year that allows you extra time to incur expenses and use your remaining Dependent Care FSA balance. You will need to submit a claim form to receive reimbursement from your prior year FSA during the grace period. All claims submitted for services provided during the grace period will automatically be processed first against the previous year's remaining balance. If your claims exceed the available funds from the previous plan year, any excess will be automatically applied to your current FSA election.

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 university, you may not elect the spousal life insurance and only one of you may elect dependent life insurance for your children.

Coverage for spouse/equivalent ends at age 85. Coverage for dependent child(ren) ends at age 26. Please notify Benefits Administration to stop deductions for dependent life.

Dependent life insurance for both children and spouse/ equivalent are guarantee issued for new hires. Dependent life insurance added during open enrollment requires evidence of insurability for spouse/ equivalent. The addition of dependent life insurance covering your spouse/equivalent will take effect on the first day of the policy month coinciding with or the month following the date stated in the approval notice from the provider.

PREPAID LEGAL

MetLife Legal Plans offer representation for many personal legal services through the prepaid Legal Plan. Covered services include:

- Wills and estates
- Debt matters
- Injury and insurance
- Traffic
- Criminal
- Real estate

You receive telephone advice and in-office consultations for a wide range of personal legal matters. This allows you to speak with an attorney about any non-excluded issue, regardless of whether it's a fully covered service.

In-Network

All covered services are paid in full, and no claim forms are required.

Out-of-Network

You may choose a non-plan attorney and be reimbursed according to a set fee schedule.

Contact MetLife Legal Plans at **1.800.821.6400** prior to meeting with a non-plan attorney to obtain the fee schedule.

IDENTITY PROTECTION

norton LifeLock® helps block hackers from your devices, keep your online activity private, and protect your identity all-in-one.

GROUP AUTO AND HOME

Farmers Insurance underwrites the Farmers GroupSelect® Auto and Home program. Farmers Insurance offers employees a wide range of quality coverage including automobile, home, boat, umbrella, and other personal property and liability insurance at special rates and discounts. Cost of coverage is based on an individual basis.

Inquire by phone at **1.800.438.6381** for your policy.

WELLNESS

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 AllOne Health employee assistance service provides confidential counseling from a network of licensed and credentialed professionals.
- Our health plan carrier, Medical Mutual offers wellness programs, plans, and tools on easily accessible websites.
- The university's Wellness Program offers lifestyle behavior change programs throughout the year for faculty and staff.

INCENTIVES

You may be able to **receive $25 each month** in your paycheck in 2027. If you are a medical plan participant, or will be adding our medical coverage for 2027, simply complete the **Health Risk Assessment** and 2 of the following 4 activities before November 30, 2026, to qualify:

- Biometric Screening Attestation Form
- Primary Care Provider Assessment form
- Tobacco Attestation form
- Dental Check Up/Cancer Screening Attestation Form

Details on how to participate can be found in the Wellness website.

Getting healthy is good for your wallet, too. During 2027 you can receive an additional $100 - $200 when you participate in programs on tobacco cessation, stress management, general wellness, nutrition and/or weight management, physical activity, sleep, financial, career, and community well-being.

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.

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 216.368.1121.

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

Tobacco cessation, stress management, general wellness, nutrition and/or weight management, physical activity, sleep, financial, career, and community well-being are offered on campus and online throughout the year for benefits-eligible employees. Programs are being offered in person and virtually, via Zoom. 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

AllOne Health

When you face situations that are overwhelming, AllOne Health can help. You are eligible for five free visits per issue per year. You may be concerned about:

- **Personal issues**
- **Depression**
- **Anxiety**
- **Marital matters**
- **Retirement**
- **Chemical dependency and abuse**
- **Parenting issues**
- **Divorce adjustment and options**
- **Work-related stress**
- **Legal and financial questions**
- **Nutrition and Eldercare issue**

When complications arise from stress, marital and family issues, parenting challenges, depression, anxiety, substance use, medical issues, and other emotional concerns, please contact AllOne Health, 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.

CHILD CARE

AllOne Health child-care specialists have access to a database of child-care provider resources links in and around your area. From infants to teens, AllOne Health can help you evaluate the quality of care and programs, address child development and parenting issues, and provide written information and practical tools such as booklets, checklists, and guides. Referrals to community and nationwide services include:

- Day care centers
- Family day care home providers
- In-home providers
- Before and after-school programs
- Preschool/Headstart programs
- Summer programs
- Emergency/temporary/mildly sick care programs
- "Special needs" programs

OTHER ALLONE HEALTH PROGRAMS

Life, mindfulness, nutrition, tobacco cessation coaching, and eldercare coaching is available (5 sessions per year, per topic).

Call **1.800.227.6007** to be connected with AllOne Health For more information, visit the AllOne Health website.

Enter Member Login: CWRU

(case sensitive - use all caps)

24/7 In the Moment Crisis Support is available (unlimited).

Carrier Wellness Resources

	Medical Mutual Wellness Offerings
Website	Medical Mutual
Mobile App	Yes
Health Assessment	Yes
Health Coach	Yes (through chronic condition and maternity management programs)
Fitness Discount	Husk Wellness
Tobacco Cessation	Pivot Breathe Program
Disease/ Chronic Condition/ Maternity Management	Yes
Other	24/7 NurseLine: 888.912.0636 MyCare Compare (Interactive health education/ health resource center)

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

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



Required Federal Notices

Special Enrollment Rights: If you decline enrollment for yourself, your spouse or your dependents in the medical, dental and vision plans because of other medical coverage, you may later be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days after your prior coverage ends (or 60 days following loss of your prior coverage if your prior coverage is based on Medicaid or the Children's Health Insurance Program). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days of the marriage, birth, adoption or placement for adoption.

Creditable Coverage: You should be provided with a certificate of creditable coverage, free of charge, from this plan via your health insurance issuer or administrator when you lose coverage under the plan; when you become entitled to COBRA; or when COBRA coverage ceases, if you request it before you lose coverage or if you request it up to 24 months after losing coverage.

Newborns' and Mothers' Health Protection Act: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 as applicable).

Women's Health and Cancer Rights Act of 1998:
The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. In the case of a plan participant who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of mastectomy, including lymphedemas.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan.

HIPAA and Privacy Practices on Protected Health Information Notification of Availability: The Health Insurance Portability and Accountability Act (HIPAA) requires within the Standards for Privacy of Individually Identifiable Health Information (commonly known as the HIPAA Privacy Rule), a notice to be sent, which serves to inform you of the availability of the Notice of Privacy Practices for Case Western Reserve University Group Health Plan.

The Notice of Privacy Practices describes how protected health information may be used or disclosed by your Group Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. The Notice also sets out our legal obligations concerning your protected health information and describes your rights to access and control your protected health information. A copy of the Notice of Privacy Practices is available to all members of the Group Health Plan. You can obtain a copy of the Notice of Privacy Practices by:

- Picking up a paper copy in the Human Resources Department or;
- Contacting Benefits Administration at **216.368.6964** or visiting the Human Resources website.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986): Part of this law requires employers to continue offering health coverage for enrollees and their dependents for a period of time after an enrollee leaves the employer. Typically, the employee pays the entire monthly premium when covered by COBRA.

Any additional questions should be directed to:
Benefits Administration
Case Western Reserve University
320 Crawford Hall
10900 Euclid Avenue
Cleveland, OH 44106-7047
AskHR@case.edu
Phone: 216.368.6964

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 priori- ties 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 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).



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