



Catholic Diocese
of Cleveland

Better Health

April 2018

BENEFITS

INSIDER 2018-2019

IMPORTANT DATES

MONDAY, APRIL 30

Open enrollment begins.

TUESDAY, MAY 1

2018 Annual Physical and Tobacco Attestation Form is due to Diocese.

FRIDAY, MAY 18

Open enrollment ends.

SUNDAY, JULY 1

Your 2018/2019 benefits are effective.

NEW HEALTHPLAN OPTION!

METROSELECT EXCLUSIVE PROVIDER ORGANIZATION (EPO)

This year we are offering a new option that costs less than the MMO PPO plan and has lower deductibles and out-of-pocket maximums.

See Page 4 for details.

NEW WEBSITE FOR BENEFITS INFORMATION!

We have a new benefits website to make it easier to find information about your benefit plans.

**Visit
www.MyDOCBenefits.com**



Catholic Diocese
of Cleveland

April 3, 2018

Finance Office

To Our Valued Employees,

Welcome to our annual *Benefit Insider Newsletter*.

The Diocese believes a critical part of our mission is to offer you and your family affordable, competitive healthcare benefits. In spite of the ever-increasing costs we are able to continue that commitment.

The expense of providing health care for our employees is at an all-time high. We now spend approximately \$9,000 per year per person for those covered by the Plan. Over the years we've made changes to keep coverage as affordable as possible.

As you review this newsletter, the top three items to be aware of this year are:

- We've launched a new website: www.MyDOCBenefits.com;
- A new health plan option, the MetroSelect EPO plan, is offered; and,
- Coverage for non-emergency lab services (i.e., annual blood tests, doctor-ordered tests, etc.) will be fully-covered only when obtained from a facility that has agreed to a competitive, negotiated fee for service. This will be the maximum allowable cost.

The Diocese believes employees like a choice of plans. That way you can select one that fits your budget and matches how you prefer to access healthcare. Several years ago we introduced the lower cost PPO/HSA plan. Over 15% of our employees are enrolled in it.

This year we are introducing the MetroSelect EPO plan. This new option not only costs less than the MMO PPO plan but also has lower deductibles and out-of-pocket maximums. Coverage is available only when you visit a MetroHealth provider or hospital at one of their locations throughout Cuyahoga County. If you live or work there, consider whether this lower cost option is right for you and your family.

While no one plans to get sick or hurt, each of us needs to do more to reduce our use of unnecessary and *unnecessarily expensive* health care. It's important to take good care of yourself but it's also important to shop for healthcare services just as you would anything else you purchase. For example, when you need non-emergency care, Medical Mutual's My Care Compare Tool can help you to identify lower-cost, high quality providers. It is incumbent on all of us to be wise healthcare consumers.

I invite all of you to read this newsletter carefully and visit our new website, www.MyDOCBenefits.com, to find a variety of resources to help you select your healthplan, access medical providers/services, obtain forms, and to find answers to your healthcare questions. Please visit the site often as we will be updating it with useful information throughout the year.

In closing, I want to thank all of you for all you do, every day and in every way, to advance the mission of our Church in Northeast Ohio.

Sincerely,

James P. Gulick,
Chief Financial Officer

Your 2018/2019 Health Care Coverage Options

Our goal: *Provide coverage options that allow you to live a healthy life and use health care wisely.*

CHOICES FOR YOU: You now have three plans to choose from: The Medical Mutual PPO (MMO PPO), the Medical Mutual PPO/Health Savings Account (MMO PPO/HSA) and the MetroHealth MetroSelect EPO. The Medical Mutual plans offer the most benefits when you choose network physicians and hospitals. You may use doctors and hospitals not part of the network, but it will cost you more. In the MetroSelect EPO plan you **MUST** use a MetroHealth provider or facility in order for your claim to be covered but you will pay lower premiums, copays, deductibles, coinsurance and out-of-pocket maximums with this plan. Note that *emergency services* can be obtained at the nearest facility and will be paid the same as at a MetroHealth facility.

MMO PPO/HSA: Every year, more people find the MMO PPO/HSA to be the right health care plan for their needs and those of their families. This year the rates have NOT increased and the deductibles and out-of-pocket maximums have NOT increased. **Critical Illness insurance** is included with the MMO PPO/HSA plan. This coverage pays a lump sum when a covered serious illness is diagnosed. See page 5 for details.

MMO PPO: The PPO plan rates and deductibles have increased from last year. The emergency room copays remain at \$150 for emergencies but **increase to \$500 for non-emergencies**. Copays will be waived if the patient is admitted to the hospital as a result of the emergency. The copay for a specialist office visit increases to \$50 per visit and the copay for Urgent Care facility visits increases to \$30 per visit.

METROSELECT EPO: This plan requires that you receive your health care from one of the many MetroHealth facilities and providers in Cuyahoga County. Your contributions are lower than the MMO PPO plan and so are the deductibles and annual out-of-pocket maximums. See page 4 for more details about our newest medical plan choice.

MEDICARE AND DIOCESAN HEALTH CARE COVERAGE: If you are a lay person over 65 and still working, you may choose Medicare or the Diocese Health Care Plan. If you choose the Diocese Health Care Plan and are also enrolled in Medicare, then Medicare will be the secondary payer of benefits. If you choose Medicare as primary, your Diocese Health Care Plan coverage will be cancelled in accordance with federal law.

Medical Plan Rate and Benefit Overview

2018/2019 Plan Options	MMO PPO/HSA	MMO PPO	MetroSelect EPO
Employee Contribution Single/Family			
0 incentives	\$62 / \$237	\$159 / \$582	\$141 / \$517
1 incentive	\$47 / \$207	\$144 / \$552	\$126 / \$487
2 incentives	\$32 / \$177	\$129 / \$522	\$111 / \$457
Out-of-Network Coverage			
	Yes	Yes	No
Annual Deductible (In-network)			
Single	\$3,000	\$1,000	\$500
Family	\$6,000	\$2,000	\$1,000
Annual Out-of-pocket Maximum (In-network)			
Single	\$4,000	\$3,000	\$2,000
Family	\$8,000	\$6,000	\$4,000
Co-insurance Percentage			
In-network	80%	80%	90%
Annual Health Care Plan HSA Contribution			
Single	\$500		
Family	\$1,000		

Save Money with Medical Mutual's My Care Compare

Different healthcare providers charge different amounts for the same medical services. Know the costs before you make a decision.

Save money – Know where to receive the best care at the best cost. Medical Mutual offers **My Care Compare**, an online tool, to compare costs between doctors and medical service providers.

Log into your My Health Plan account at <https://member.medmutual.com/user/login.aspx> and click My Care Compare to start saving today.

Important Changes to Your 2018/2019 Health Care Coverage

The cost of health care continues to increase and last year the Diocese and its participating employers paid approximately \$60 million toward the cost of healthcare coverage. In order to keep the cost of coverage as affordable as possible, we've needed to make a number of changes to the plans. These will be effective starting July 1, 2018.

NEW: THE METROSELECT EPO PLAN

You now have an opportunity to enroll in a new, *lower-cost* plan: The MetroHealth *MetroSelect EPO*. This plan is designed to provide lower out-of-pocket healthcare costs and a lower employee contribution than the MMO PPO plan. However, you **MUST** use a doctor or hospital that is in the MetroHealth network. ***There is no coverage for out-of-network health care, other than emergencies, with this plan.***

MEDICAL MUTUAL PPO PLAN (MMO PPO)

Due to very high health care cost increases, it is necessary to raise the rates and adjust the coverage terms of the MMO PPO plan.

- In-network deductibles will increase to \$1,000 single and \$2,000 family.
- In-network out-of-pocket maximums will increase to \$3,000 single and \$6,000 family coverage.
- Out-of-network deductibles and out-of-pocket maximums will also increase to double the amount of in-network coverage.
- Emergency room copays will increase to \$500 for non-emergencies. These fees are waived if patient is admitted to the hospital.
- Specialist office visit copays will increase from \$25 to \$50 per visit.
- Urgent Care visit copays will increase from \$25 to \$30 per visit.

Emergency Room Copays for Non-Emergency Care Increased

Obtaining care at an emergency room is very costly. As a result, we had to increase the copay to encourage participants to seek non-emergency care at more cost-effective facilities such as urgent care facilities or CVS Minute Clinics.

WHAT'S NOT CHANGING: THE MMO PPO/HSA PLAN

Good News: the employee contributions and the out-of-pocket expenses are the same as last year! **More Good News:** The Healthcare Plan will again make total HSA contributions in 2018/2019 of **\$500** for single or **\$1,000** for family coverage. This plan will continue to be a great value for many employees.

VERY IMPORTANT LAB SERVICE CHANGE TO MMO PPO AND PPO/HSA PLANS

Beginning July 1, 2018 a new cost-reduction program will limit payment for *non-emergency* lab services to a Maximum Allowable Cost. Any amounts in excess of this maximum amount will be the full responsibility of the patient. A list of providers will be published and available through Medical Mutual's website and the Diocesan website to help you select labs that provide the services at or below the Maximum Allowable Cost. These maximums are needed to avoid being charged high rates for lab services when there is no difference in the quality of the service. More information will be provided soon.

MEDICAL MUTUAL MEDIFIL RATES INCREASE

While there are no changes to your coverage, there has been a slight increase in premiums to \$474 per month for full coverage and to \$259 per month for coverage excluding prescriptions. Remember, if you are enrolled in Medicare (part A, B, C or D), you cannot open or contribute to an HSA although you can continue to use funds that are in an existing HSA.

ELIGIBILITY VERIFICATION FOR FAMILY COVERAGE

In addition to completing an Enrollment/Change Form when adding a new family member to your healthcare plan, ***you will also be required to provide documents that verify the spouse or child is eligible to be covered.***

Employees covering dependent children will need to provide a birth certificate or applicable court/legal documents. Employees covering a spouse will have to produce a marriage certificate and, as evidence of current status, recent tax returns. ***When covering a spouse, a Working Spouse Employment Verification Form must also be completed or the \$650 per month surcharge will apply.***

During Open Enrollment be sure to review all plan details so you understand the changes. **The best plan for you may NOT be the one you enrolled in last year.**

Introducing...The New MetroSelect EPO Plan

Choices are good, especially when they offer you the opportunity to save money.

New this year is the MetroHealth MetroSelect EPO plan. The design of this plan is suited for folks who need regular healthcare but would appreciate lower out-of-pocket costs. The chart below compares the MetroSelect EPO to the MMO PPO plan. You can see the advantages: lower deductibles, lower out-of-pocket maximums, lower copays...you get the idea. This new plan also has lower premiums than the MMO PPO.

But remember, and this is **VERY IMPORTANT**, you must get health care from one of the MetroHealth network providers. In addition to MetroHealth pharmacies, there are four Discount Drug Mart locations that are in-network. There are no benefits, *other than for emergency care*, if you do not use a network doctor, lab, pharmacy, outpatient facility or hospital.

Plan Name	In-Network Benefits	
	MetroSelect EPO	MMO PPO
Deductibles	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	90%	80%
Out-of-Pocket Maximum	\$2,000/\$4,000	\$3,000/\$6,000
General Services		
Preventive Care Office Visit	100%	100%
Primary Care Physician Office Visit	\$20 Copay	\$25 Copay
Specialist Office Visit	\$40 Copay	\$50 Copay
X-Ray/Lab Services	90%	80% *
Urgent Care	\$25 Copay	\$30 Copay
ER - Emergency Services	\$150 Copay	\$150 Copay
ER - Non-Emergency Services	\$500 Copay + Deductible/Coinsurance	\$500 Copay + Deductible/Coinsurance
Facility Based Services		
Inpatient Services	90%	80%
Outpatient & X-Ray/Lab Services	90%	80% *
Prescription Drug Benefits		
	Metro Pharmacy	CVS/Caremark
Retail Generic / Tier 1	\$10 Copay (30-day Supply)	\$10 Copay
Retail Brand Formulary / Tier 2	\$20 Copay(30-day Supply)	20%, \$25 Min / \$75 Max
Retail Brand Non-Formulary / Tier 3	\$40 Copay(30-day Supply)	40%, \$40 Min / \$150 Max
Mail Generic / Tier 1	\$10 Copay (90-day Supply)	\$25 Copay
Mail Brand Formulary / Tier 2	\$50 Copay (90-day Supply)	20%, \$60 Min / \$150 Max
Mail Brand Non-Formulary / Tier 3	\$80 Copay (90-day Supply)	40%, \$90 Min / \$300 Max
* Payment for specific non-emergency lab services are limited to 80% of the Maximum Allowable Cost		

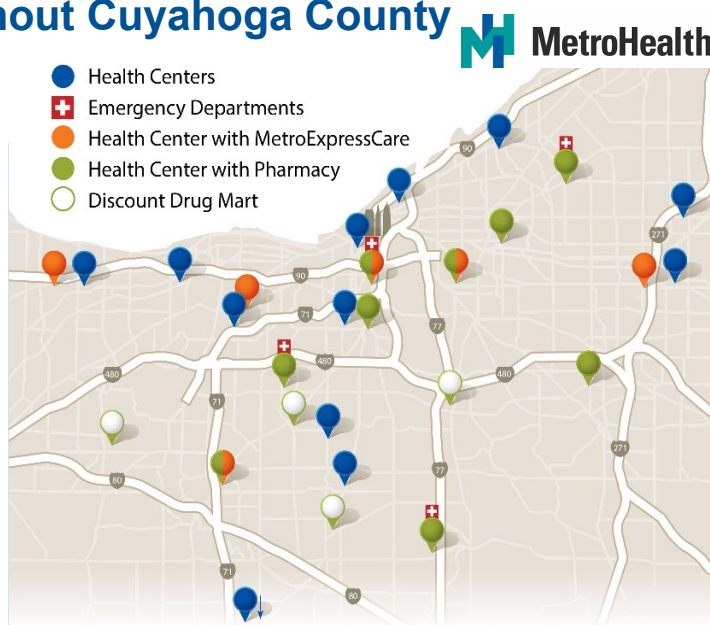
There Are MetroHealth Services Throughout Cuyahoga County You Could Already Be Visiting One!

There are plenty of doctors and healthcare facilities in Cuyahoga County from which to choose!

Your preferred doctor might be in the network. Why not take a moment to check? You could save money on your health care.

Go to <https://www.metrohealth.org/locations/> for a complete list of all Primary & Specialty Care Centers, Pharmacies, Labs, Hospitals and other healthcare facilities. Or, **text MetroSelect to 555888** to instantly get a link to view all locations throughout Cuyahoga County! In addition to MetroHealth pharmacies, there are four Discount Drug Mart locations that are in-network.

If you live or work in Cuyahoga County, you should take a close look at this cost-saving option for getting high-quality health care.



The PPO/HSA Plan: Still a Great Deal

While the MMO PPO plan will have increased rates and adjusted coverage terms, the PPO/HSA is as attractive an option as ever. If you're in good health, you probably don't need much medical care. In that case, you can **save a lot of money** when you select the MMO PPO/HSA Plan. It's also good to remember that the MMO PPO/HSA covers preventive care, like your annual physical, 100%. Use the chart below to help calculate what you might be able to save if you select the MMO PPO/HSA option.

Select the sample savings that fit your family: single coverage, two-person family or three-person family. In these examples, covered individuals accumulated \$500 per person in medical expenses throughout the year.

Note: Total HSA tax-free contribution maximums (including the Diocesan contribution) for 2018 are \$3,450 for single and \$6,850 for family coverage.

How Much Can YOU Save with the PPO/HSA Option?	Calculate YOUR Savings	EXAMPLES (2 incentives)		
		Single	Three-Person Family	Two-Person Family
Monthly PPO Premium		\$129	\$522	\$522
Monthly PPO/HSA Premium	-	\$32	\$177	\$177
Monthly Premium Savings	=	\$97	\$345	\$345
Total Yearly Premium Savings x12	=	\$1,164	\$4,140	\$4,140
2018/2019 Diocesan HSA Contribution	+	\$500	\$1,000	\$1,000
Cash Savings	=	\$1,664	\$5,140	\$5,140
Less Estimated Medical Costs (\$500 per person)	-	(\$500)	(\$1,500)	(\$1,000)
Potential Savings	=	\$1,164	\$3,640	\$4,140

You May NOT Need the Lower Deductible and Out-of-Pocket Maximums of the Expensive MMO PPO Plan

More than 40% of our health plan participants **spend less than \$500 annually** and more than 90% spend less than \$2,000 annually on out-of-pocket medical expenses.

The PPO/HSA Includes **Critical Illness Insurance: A Valuable Benefit**

In the new plan year, the Diocese will continue to package Critical Illness Insurance with the MMO PPO/HSA plan. There is no added charge to you for this additional coverage.

While the money can be used for ANY purpose, and does not have to be deposited into your HSA, this important benefit may reduce the need to withdraw money from your HSA if you are stricken by a covered medical condition, many of which can be very costly.

The critical illness insurance will pay a lump sum of **up to \$12,000** to individuals (employees or covered family members) in the event of a covered serious, costly medical event such as a heart attack, kidney failure or major organ transplant, among others.

Covered Conditions	Initial Benefit (1st Occurrence After Effective Date)	Recurrence Benefit
Full Benefit Cancer	100% of \$12,000 Benefit	100%
Partial Benefit Cancer	25% of \$12,000 Benefit	25%
Heart Attack	100% of \$12,000 Benefit	100%
Stroke	100% of \$12,000 Benefit	100%
Coronary Artery Bypass Graft	100% of \$12,000 Benefit	100%
Kidney Failure	100% of \$12,000 Benefit	NONE
Alzheimer's Disease	100% of \$12,000 Benefit	NONE
Major Organ Transplant	100% of \$12,000 Benefit	NONE
22 Additional Listed Conditions	25% of \$12,000 Benefit	NONE

NOTE: There is a \$36,000 lifetime maximum benefit per person.

Health Incentive Money – Up to \$720 a Year

Come and Get it!

Earn Your Incentives – It Makes Dollars and Sense

Don't miss out. Be sure to earn 100% of the incentives for which you qualify. The Diocese Healthcare Plan provides two ways to reduce your costs.

- Be tobacco-free* or complete the QuitLine program; **and**,
- Obtain a preventive care physical.

Not only will this help you better manage your health you will also receive a reduced cost for your health plan coverage as follows:

- Single coverage - \$15 per month **for each** of the tobacco-free and preventive care physical incentives.
- Family coverage - \$30 per month **for each** of the tobacco-free and preventive care physical incentives.
- **These discounts total \$360 for a single or \$720 for a family in a year!**

Remember, if *you and your spouse are enrolled in family coverage*, then **both** of you must be tobacco-free (or have enrolled in the QuitLine program) and obtained a preventive care physical to receive incentives.

Physicals must be completed between May 1, 2017 and April 30, 2018 to reduce monthly premiums for the 2018/19 benefit year.

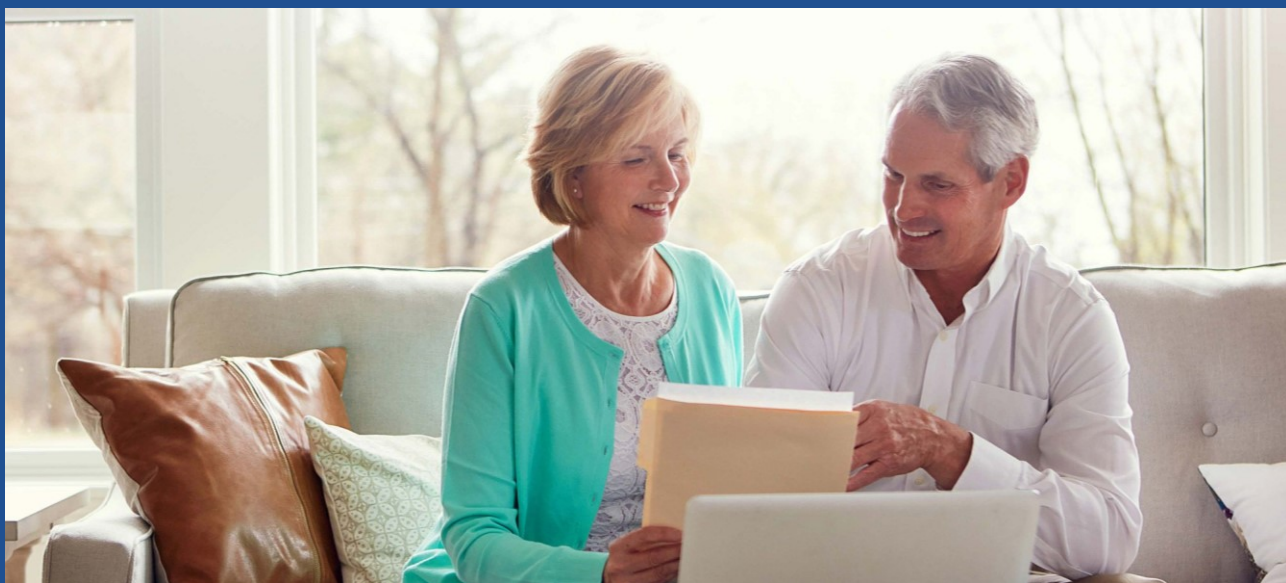
Forms MUST be returned by May 1, 2018.

* Tobacco-free is defined as not having used nicotine or nicotine products within 90 days. Tobacco or nicotine usage includes, but is not limited to: cigarettes, E-cigarettes, cigars, pipe smoking, snuff, chewing tobacco, nicotine patch, nicotine gum or other nicotine supplements.

The 2018 Annual Physical and Attestation Form can be found at the NEW Benefits website: www.MyDOCBenefits.com.

If you are not tobacco-free an alternative standard is available to you. Contact the Medical Mutual *Quitline* program to enroll by **May 1, 2018** to be eligible for the incentive.

The *Quitline* program is free to eligible participants. You can enroll by calling (866) 845-7702.



OPEN ENROLLMENT TIPS

Open Enrollment is the **one time** each year you are able to change benefit plans without a "Change Event." Be ready to make the choice for you and for your family.

Even if you think you will keep your current coverage, take the time to review the Plan changes and understand how those changes will impact your health care and your wallet.

There is more information here:

- The NEW Diocese Benefits website has all the available information you'll need to learn about the plans and costs.
- Medical Mutual offers *My Care Compare*, an online tool, that you can use to shop and compare costs between doctors and medical services. Go to <https://member.medmutual.com/user/login.aspx> to log into your secure My Health Plan account and click My Care Compare to start saving today.

No Changes?

If you are already enrolled in either the MMO PPO or MMO PPO/HSA plan and do not need to make any changes you do not need to submit an enrollment form. You will automatically be enrolled in the same coverage.

Making a Change?

If you are currently enrolled and want to make a change to your plan or add a spouse or dependent, you will need to submit an enrollment form **by Friday, May 18, 2018**.

A REMINDER ABOUT HEALTH INSURANCE WAIVERS

Are you a newly hired employee or a current employee eligible for health insurance coverage?

If you are waiving health coverage, you must complete a waiver form. Please send completed forms to the Benefits Office. Note that **employees who have already completed** a waiver form do not need to complete a new one during each open enrollment period.

ADDITIONAL INFORMATION

Programs for Children, Pregnant Women and Families Ohio

Medicaid offers three programs for children, pregnant women and families with limited income to get health care. Once eligible for Medicaid, each child (birth through age 20) will have access to an important group of services known as Healthcheck. To learn more about these programs, please call a State of Ohio Enrollment Counselor at: 800.605.3040.

FEDERAL NOTICES

CHIP Program Notice

Please refer to the NEW Diocesan Benefits website at www.MyDOCBenefit.com for details concerning the Federal Regulations regarding Children's Health Insurance Program Renewal Act of 2009 (requiring notice of certain state CHIP programs).

Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment of physical complications of mastectomy

The Diocesan health plans comply with these requirements. Benefits for these procedures generally are comparable to those provided under our plans for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our plans neither impose penalties (ex. reducing or limiting reimbursements) nor provide incentive to induce attending providers to provide care inconsistent with these requirements.

Notice to Plan Participants

The Department of Health and Human Services continues to be challenged in the courts regarding the legality of mandating services that are not aligned with the teachings of the Catholic Church. Diocesan health insurance offerings remain unchanged, aligned with the Catholic Church and do not cover contraception, abortion, sterilization and related counseling services.

Diocese of Cleveland
Employee Benefits Office
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Cleveland, OH 44114



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BENEFITS

INSIDER 2018-2019

For more information, please
refer to the **NEW** website
www.MyDOCBenefits.com

**Open Enrollment begins April 30, 2018
and ends on May 18, 2018**

- If you are not enrolled in a medical plan you **MUST** have a completed waiver form on file
- You must elect your benefits before Open Enrollment ends
- Physical and Tobacco Attestation form due by May 1, 2018
- Be sure to review the **NEW** low-cost MetroSelect EPO plan