

April 2020

Catholic Diocese
of Cleveland**Better Health****BENEFITS
INSIDER****IMPORTANT DATES****MONDAY, APRIL 27**

Open enrollment begins.

WEDNESDAY, MAY 12020 Tobacco Attestation Form
and Spousal Surcharge Form
due to Diocese.**FRIDAY, MAY 15**

Open enrollment ends.

WEDNESDAY, JULY 1

Your 2020/2021 benefits are effective.

**GET EDUCATED BY
REVIEWING ALL PLAN
DETAILS CAREFULLY**

Get
EDUCATED

Don't
OVERPAY

**DO YOU KNOW
PALADINA HEALTH?**

It's a great way to get
personalized care from a doctor
who will take the time to get to
know you and your health.

See page 2.



April 13, 2020

Finance Office

To Our Valued Employees,

Please note that despite the COVID-19 crisis and Stay-at-Home orders across Ohio we will be able to provide the annual enrollment window in the Diocesan Health Plan.

Last year we introduced the theme **GET EDUCATED – DON'T OVERPAY!** And this applies equally well this year. We continue to offer plans to provide the best value for you and your family.

The changes we've made have been minimal: There is no change to the rates for the Medical Mutual MedFlex EPO, Medical Mutual PPO/HSA (still offering the annual \$500/employee and \$1,000/family contribution to your health savings account), or Metro SkyCare EPO plans. **These plans offer a great value in high quality healthcare.** The premiums are lower than the Medical Mutual PPO plan, where we unfortunately needed to increase both the rates and also the deductibles and out-of-pocket maximums.

This year we introduced the Paladina Health program. It's a great way to get personalized care from a doctor who will take the time to get to know you and your health. See page 2 for more details.

We also introduced the Employee Assistance Program (EAP) that provides a wide range of confidential counseling services. See page 2 to learn how to access this help for you and your family.

Recently, we've included a telehealth services option for all plans. The telehealth provider varies by plan so check page 6 for details.

As always, please read this newsletter carefully and visit our website, www.MyDOCBenefits.com. Be sure you **make an informed decision when you choose your health plan.** There are many options and the best choice for you and your family is not necessarily the one that costs the most.

I do want to say a special thank you to *each and every one of you* that do so much to support the mission of our Church in Northeast Ohio. Stay safe!

Sincerely,

James P. Gulick,
Chief Financial Officer

WHAT'S NEW FOR THIS YEAR? LOTS!

PALADINA HEALTH: A NEW OPTION FOR PRIMARY CARE WHEN ENROLLED IN THE MMO/PPO PLAN

Recently introduced, the Paladina Health program provides personalized care from a doctor who will take the time to get to know you and your health.

FIND AN EXPERIENCED PRIMARY CARE PROVIDER who delivers a broad scope of care, including primary and preventive care, chronic condition management, urgent care (same or next day visits), and coordination with specialists and hospitals.

ACCESS YOUR PROVIDER 24/7 by phone for urgent needs, through email, or during easy-to-schedule appointments at convenient locations near work or home.

SAVE MONEY. Most services are provided at no out-of-pocket cost, with no co-pays for office visits or telecommunication (although certain prescriptions, procedures, and tests sent to outside labs will be charged to your insurance).

Visit www.paladinahealth.com/enroll or call 1-866-808-6005 to sign up today!

Consistent with Catholic teaching, medical services and prescriptions provided by Paladina Health or any other provider will not be covered if they are contrary to Catholic teaching regarding the dignity of the human person.



PALADINA
HEALTH™

*The healthcare
you want.*

*The
convenience
you need.*

*The savings
you deserve.*

OUR NEW EMPLOYEE ASSISTANCE PROGRAM WE ALL NEED SOME HELP FROM TIME TO TIME

Completely confidential, Moore Counseling & Mediation Services offers a variety of support services for employees – everything from helping navigate behavioral health challenges to discovering solutions for childcare or elder care. The Diocese of Cleveland has contracted with them so there is no cost to you.

Visit Moore Counseling & Mediation Services at <https://www.moorecounseling.com>, call (216) 404-1900 24/7, or go to the MyDOCBenefits.com website for more details.

Here are some of the ways the Employee Assistance Program can help

- Dealing with financial issues
- Anxiety
- Anger and Aggression
- Improving family relationships
- Handling life stressors
- Coping with crisis
- Helping with an elderly parent
- Mental Health Assessment
- Relaxation techniques
- Substance Use Assessment and treatment
- Understanding & managing depression
- Parenting Skills
- Healthy eating and nutrition
- Conflict Management Tools
- Wellness goal setting
- Handling difficult people and situations
- Coping with health & medical challenges
- Improving communication
- Child being bullied at school
- Improving workplace performance
- Suicidal Thoughts
- Childcare & Eldercare referral services
- Dealing with Grief
- Stress

Many other services are available based on individual need

MODIFIED RULES FOR HEALTH INCENTIVES

Due to the COVID-19 situation the qualifications for the healthcare incentives for the upcoming plan year that begins in July 2020 have changed. Here is how the incentives will work for the next two years.

Tobacco-Free Incentive: This will continue to operate as in prior years. If you (and spouse if you are enrolled in the family health plan) don't use tobacco sign the attestation form and submit it by May 1, 2020. You will receive the incentive for the time period July 1, 2020 through June 30, 2021. Your doctor is not attesting to your smoking status and does not need to sign the form.

Annual Physical: For persons who received a physical and qualified for the related incentive in the current year (through June 30, 2020) you will be granted a one-year extension of the incentive and will receive it from July 1, 2020 through June 30, 2021. You will need to have another physical and submit the form prior to April 30, 2021 in order to receive the benefit beginning July 1, 2021. For persons who do not presently receive an incentive for having completed a physical but wish to earn such an incentive, the following will apply:

- If you have already received a physical after May 1, 2019 or obtain one prior to April 30, 2020, submit the paperwork to the Health Benefits Office as you would normally do by April 30 and the incentive will be applied beginning July 1, 2020. The incentive will be good for 2 years through June 30, 2022 and you will need to complete your next physical and submit paperwork prior to April 30, 2022.
- If you have not yet received a physical but complete it and submit the paperwork in the months of May or June 2020 the incentive will be applied beginning August 1, 2020 and will be good through June 30, 2022 (nearly two years). You will need to complete a physical and submit the form by April 30, 2022 to qualify for the incentive beginning in July 2022.
- You may complete a physical at any time after July 1, 2020 and submit the paperwork to the Health Benefits Office and the incentive will be applied beginning the first day of the month following our receipt of the paperwork and the incentive will remain in effect until June 30, 2022. You will need to complete a physical and submit the form by April 30, 2022 to qualify for the incentive beginning in July 2022.

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

HEALTH INCENTIVE AMOUNTS

- 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 single coverage or \$720 for family coverage in a year!**



The Physical and Tobacco Attestation Form is on 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, 2020 to be eligible for the incentive. The program is free to eligible participants. Call (866) 845-7702 to enroll.

* 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.

YOUR 2020/2021 HEALTH CARE COVERAGE OPTIONS

You have four plans to choose from:

- The Medical Mutual PPO (MMO PPO);
- The Medical Mutual PPO/Health Savings Account (MMO PPO/HSA);
- The SkyCare EPO plan (formerly named MetroSelect EPO) plan; and,
- The Medical Mutual MedFlex EPO plan.



Here's a snapshot of each one. Remember, when selecting a plan, the most expensive one is not necessarily the best fit for your budget and lifestyle. Keep in mind that if you select an *Exclusive Provider Organization* (EPO) plan, you will have coverage only when you use the exclusive network of providers except in cases of emergencies.

MMO PPO/HSA – NO CHANGE TO BENEFITS OR RATES! The rates and benefits are unchanged. In addition, this plan includes an annual \$500/employee and \$1,000/family contribution to your health savings account.

This plan also includes Critical Illness Insurance. You only get this valuable benefit when you enroll in this plan. The coverage provides a payment 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. There is a \$36,000 lifetime maximum benefit per person. See [MyDOCBenefits.com](https://www.MyDOCBenefits.com) for more details.

MMO PPO – The rates have increased from last year and this remains the highest rate plan. The deductibles and out-of-pocket maximums have also increased. If enrolling in this plan you're eligible to select a Paladina doctor. See page 2 for details.

MMO MEDFLEX EPO – This is an *Exclusive Provider Organization* (EPO) plan; you must receive your healthcare from one of the many in-network facilities and providers. This includes University Hospital system, LakeHealth and Summa. The Cleveland Clinic is not in the network. To find a provider, go to <https://providersearch.medmutual.com> and click 2020 Plans under Just Looking Around? Next, select group under What Type of Insurance are you Looking for?, then select Next. Finally Select MedFlex, Enter Provider Information and click, "Search Providers."

SKYCARE EPO – This plan requires that you receive your healthcare from one of the many SkyWay Network facilities and providers. There are many in Cuyahoga County and if you live or work in Lake County, LakeHealth is part of the network.

Medical Plan Rate and Benefit Overview

2020/2021 Plan Options	MMO PPO/HSA	MMO PPO	MMO MedFlex	SkyCare EPO
Employee Contribution Single/Family (Monthly)				
0 incentives	\$55/\$209	\$175/\$641	\$157/\$576	\$148/\$543
1 incentive	\$40/\$179	\$160/\$611	\$142/\$546	\$133/\$513
2 incentives	\$25/\$149	\$145/\$581	\$127/\$516	\$118/\$483
Out-of-Network Coverage				
	Yes	Yes	NO	NO
Annual Deductible (In-network)				
Single	\$3,000	\$1,250	\$750	\$500
Family	\$6,000	\$2,500	\$1,500	\$1,000
Annual Out-of-pocket Maximum (In-network)				
Single	\$4,000	\$3,250	\$2,500	\$2,000
Family	\$8,000	\$6,500	\$5,000	\$4,000
Co-insurance Percentage				
In-network	80%	80%	80%	90%
Annual Health Care Plan HSA Contribution				
Single	\$500	N/A	N/A	N/A
Family	\$1,000	N/A	N/A	N/A

MEDICARE AND DIOCESAN HEALTH CARE COVERAGE

If you are a lay person over 65 and still working, you may choose Medicare or one of the Diocesan healthcare plans.

If you choose a Diocesan healthcare plan and are also enrolled in Medicare, then Medicare will be the secondary payer of benefits.

When covering a spouse, a completed Working Spouse Employment Verification Form must also be submitted or the \$650 per month surcharge will apply.

THESE PLANS PROVIDE GREAT VALUE AND QUALITY CARE

THE MEDICAL MUTUAL PPO/HSA PLAN

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, such as your annual physical at 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 or family coverage. In these examples, covered individuals accumulated \$500 per person in medical expenses throughout the year.

Total HSA tax-free contribution maximums (including the Diocesan contribution) for 2020 are \$3,550/single and \$7,100/family.

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		\$145	\$581	\$581
Monthly PPO/HSA Premium	-	\$25	\$149	\$149
Monthly Premium Savings	=	\$120	\$432	\$432
Total Yearly Premium Savings x12	=	\$1,440	\$5,184	\$5,184
2020/2021 Diocesan HSA Contribution	+	\$500	\$1,000	\$1,000
Cash Savings	=	\$1,940	\$6,184	\$6,184
Less Estimated Medical Costs (\$500 per person)	-	(\$500)	(\$1,500)	(\$1,000)
Potential Savings	=	\$1,440	\$4,684	\$5,184

EXCLUSIVE PROVIDER ORGANIZATION (EPO) PLANS: MEDFLEX AND SKYCARE

There have been no changes to benefits or rates for the SkyCare EPO and the Medical Mutual EPO plan, MedFlex. Compared to the MMO PPO plan both these plans have: **LOWER DEDUCTIBLES, LOWER OUT-OF-POCKET MAXIMUMS, LOWER COPAYS, AND LOWER PREMIUMS.**

The providers include University Hospital system, LakeHealth and Summa. **The Cleveland Clinic is not in the network. But remember, and this is VERY IMPORTANT, you must get health care from one of the network providers.** There are no benefits, other than for emergency care, if you do not use a network doctor, lab, outpatient facility or hospital. Both plans allow prescriptions to be filled at a CVS/Caremark pharmacy. Additionally, for members enrolled in the SkyCare plan, prescriptions can be filled at lower costs when filled at MetroHealth pharmacies.

PLAN NAME	MEDFLEX EPO		SKYCARE EPO	
	Network	Non-Network	Network	Non-Network
Deductible (Embedded)	\$750/\$1,500	Not Covered	\$500/\$1,000	Not Covered
Coinsurance	80%	Not Covered	90%	Not Covered
Out-of-pocket Maximum	\$2,500/\$5,000	Not Covered	\$2,000/\$4,000	Not Covered
GENERAL SERVICES				
Preventive Care Office Visit	100%	Not Covered	100%	Not Covered
PCP Office Visit	\$20 Copay	Not Covered	\$20 Copay	Not Covered
Specialist Office Visit	\$40 Copay	Not Covered	\$40 Copay	Not Covered
Independent X-ray/Lab Services	80%	Not Covered	90%	Not Covered
Urgent Care	\$25 Copay	Not Covered	\$25 Copay	Not Covered
Emergency Services at ER	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Non-emergency Services at ER	\$500 Copay, Ded/Coins	\$500 Copay, Ded/Coins	\$500 Copay, Ded/Coins	\$500 Copay, Ded/Coins
FACILITY BASED SERVICES				
Inpatient Facility Services	80%	Not Covered	90%	Not Covered
Outpatient & X-ray/Lab Facility	80%	Not Covered	90%	Not Covered
PRESCRIPTION DRUG BENEFITS				
	CVS/Caremark		Metro Pharmacy	CVS/Caremark
Retail Generic / Tier 1	\$10 Copay		\$10 Copay	\$10 Copay
Retail Brand Formulary / Tier 2	20%, \$25 Min / \$75 Max		\$20 Copay	20%, \$25 Min / \$75 Max
Retail Brand Non-formulary / Tier 3	40%, \$40 Min / \$150 Max		\$40 Copay	40%, \$40 Min / \$150 Max
Mail Generic / Tier 1	\$25 Copay		\$10 Copay	\$25 Copay
Mail Brand Formulary / Tier 2	20%, \$60 Min / \$150 Max		\$50 Copay	20%, \$60 Min / \$150 Max
Mail Brand Non-formulary / Tier 3	40%, \$90 MIN / \$300 Max		\$80 Copay	40%, \$90 Min / \$300 Max

TELEHEALTH OPTIONS NOW AVAILABLE



The Diocese is pleased to announce that effective April 1, 2020 telemedicine services have been added to all our health plans.

You can use these telehealth services if you are enrolled in any of our Diocesan health plans:

- [The MMO PPO Plan](#);
- [The MMO PPO/HSA Plan](#); or,
- [The MedFlex EPO Plan](#); or,
- [The Skycare EPO Plan](#).

Click on the link to be directed to a flier posted on MyDOCBenefits.com that explains more details of the telehealth offerings.

Please note that as you evaluate your medical needs that it is only Cleveland Clinic, University Hospitals and Metrohealth that provide telehealth services at this time. If other providers institute telehealth offerings we will evaluate them when they are available.

Save money with **My Care Compare Tool**



ENROLLED IN THE MMO PPO OR MMO PPO/HSA PLAN?

Choice matters since healthcare costs can vary widely depending on where you go and whom you see. Hospitals, clinics and doctor's offices charge different amounts for the same services. That's why Medical Mutual created My Care Compare, an online tool that allows members to compare costs before they get care.

Save money – Know where to receive the best care at the best cost by using My Care Compare.

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

START SAVING TODAY!

OPEN ENROLLMENT TIPS

Open Enrollment is the **one time** each year you are able to change benefit plans without a "Change Event."

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 Diocese benefits website has all the available information you'll need to learn about the plans and costs.
- Over 85% of our participants are enrolled in the Medical Mutual *My Health Plan*, where you can access the My Care Compare Tool. This is another way to save money by comparing costs for medical services. Go to <https://member.medmutual.com/user/login.aspx> and log into or register for your secure My Health Plan account and start saving today.

NO CHANGES?

If you are already enrolled in a health 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 15, 2020**.

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

WAIVING HEALTH INSURANCE?

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 Diocesan Benefits website at www.MyDOCBenefits.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.