Cleveland Clinic

HealthWise

From Employee Health Plan Total Care

Cleveland Clinic Employee
Health Plan Total Care Bulletin
Issue 39, October 2011

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2012 Employee Health Plan (EHP) Total Care Information

This issue of HealthWise is part of your Open Enrollment package and provides information about premium, medical and prescription drug changes for 2012. You will also find additional plan information, including details on Medical Management Programs, dependent eligibility and EHP Wellness Programs. ■

2012 EHP Total Care Changes

Premium Levels Will Be Based on Healthy Choice Participation

Are you one of the 16,000 caregivers enrolled in Healthy Choice? If you are, you may be able to take advantage of a lower premium next year, when EHP Total Care changes to three premium levels starting on January 1:

- Gold (lowest premium)
- Silver (mid-level premium)
- Bronze (highest premium)

Whether or not you participated in the voluntary Healthy Choice premium rebate program and met program requirements will determine which premium level you qualify for in 2012.

Even if you don't qualify for the Gold premium, you still have an opportunity to get a rebate! You can do this by joining Healthy Choice early next year and meeting program requirements by September 30, 2012.

The chart on page 2 describes the new 2012 EHP premium levels, their annual cost and how caregivers qualify for each premium level.

(continued on page 2)

Cleveland Clinic Tier 1 Network Hospitals

- Cleveland Clinic
- Cleveland Clinic Children's Hospital for Rehabilitation
- Ashtabula County Medical Center
- Euclid Hospital
- Fairview Hospital
- Hillcrest Hospital
- Lakewood Hospital
- Lutheran Hospital
- Marymount Hospital
- Medina Hospital
- South Pointe Hospital
- Cleveland Clinic Florida
- Cleveland Clinic Nevada

2012 EHP Total Care Changes

Premium Levels Will Be Based on Healthy Choice Participation *(continued from page 1)*

2012 Premium Level/ Annual Cost by Category†	Compared to 2011 Premiums	You Qualify for This Level If You
GOLD **Full-time / Part-time** Employee Only . . . . . . $ 895 / $1,343 Employee + Child . . . $1,612 / $2,418 Employee + Spouse . $2,105 / $3,158 Family I . . . . $2,659 / $3,989 Family II . . . . $2,947 / $4,421	4.3% lower than 2011 premiums	• Are healthy and maintained your good health by enrolling in Healthy Choice in 2011 and successfully participating in an EHP Physical Activity Program* 10 times a month for 8 months or in 2 sessions of Shape Up & Go! ***OR*** • Enrolled in Healthy Choice in 2011 and successfully participated in a Coordinated Care program* for weight management, diabetes, high blood pressure, high cholesterol, tobacco cessation or asthma
SILVER **Full-time / Part-time** Employee Only . . . . . . $1,019 / $1,529 Employee + Child . . . $1,836 / $2,753 Employee + Spouse . $2,398 / $3,597 Family I . . . . $3,028 / $4,542 Family II . . . . $3,356 / $5,034	9% higher than 2011 premiums	• Are healthy, joined Healthy Choice and signed up for an EHP Physical Activity Program* or Shape Up & Go! in 2011, ***but did not*** meet program requirements ***OR*** • Enrolled in Healthy Choice in 2011 and joined a Coordinated Care program* to manage your weight, diabetes, high blood pressure, high cholesterol, tobacco use or asthma — ***but did not*** meet your goals
BRONZE **Full-time / Part-time** Employee Only . . . . . . $1,131 / $1,697 Employee + Child . . . $2,038 / $3,056 Employee + Spouse . $2,662 / $3,993 Family I . . . . $3,361 / $5,042 Family II . . . . $3,726 / $5,588	21% higher than 2011 premiums	• Are healthy ***but did not*** join Healthy Choice and track your wellbeing through the plan by participating in an EHP Physical Activity Program* or Shape Up & Go! ***OR*** • Received a diagnosis of overweight, diabetes, high blood pressure, high cholesterol, tobacco use or asthma, ***but did not*** enroll in a Coordinated Care program(s)* to start managing your health

† If you were locked into the 2009 premium during 2011, please see FAQ number three on page 3.

*Health Plan Programs that help members meet Healthy Choice requirements:

Physical Activity
- Cleveland Clinic-owned fitness centers
- *Curves*® fitness centers
- Shape Up & Go! (offered by Employee Wellness)

Coordinated Care
- Weight Management
- Diabetes
- High blood pressure
- High cholesterol
- Tobacco cessation (EHP Wellness Program)
- Asthma

Frequently Asked Questions

Premiums, Coverage and Rebates

1. Does my coverage stay the same regardless of the premium level I qualify for?

Yes, coverage is exactly the same at each premium level.

2. Will I know which EHP premium level I qualify for during BeneFlex Open Enrollment?

No. Because 2011 Healthy Choice participation data could not be processed in time for Open Enrollment, EHP members will receive a letter from the plan in December explaining which premium level they qualify for starting on January 1 — based on whether they participated in Healthy Choice and met program requirements in 2011. (Also, due to systems limitations, there will be only one premium level — the highest, Bronze — for the EHP on the cost sheet in this year's BeneFlex open enrollment packages and in the online open enrollment system.)

Even if you don't qualify for the Gold — or lowest — premium level at the start of 2012, you get a second chance to pay less! The letter you receive in December will outline what you need to do to qualify for a 2012 rebate and position yourself for the lowest possible premium in 2013.

(continued on page 3)

Curves is a registered trademark of Curves International, Inc.

2012 EHP Total Care Changes

Frequently Asked Questions *(continued from page 2)*

3. What if I was locked in at the 2009 premium level during 2011?

Congratulations! You've been paying the lowest possible premiums since 2009! In 2012 you will see an increase over the rate you've been paying, but you are still paying the lowest possible premium.

For reference, below is a summary of EHP Total Care premiums since 2008.

EHP Total Care Annual Premiums: 2008 – 2012				
Contract Type	2008/2009 Full-time / Part-time	2010 Full-time / Part-time	2011 Full-time / Part-time	2012 Full-time / Part-time
Employee Only	$ 733 / $1,100	$ 799 / $1,199	$ 935 / $1,403	Gold ....$ 895 / $1,343 Silver ....$1,019 / $1,529 Bronze ......$1,131 / $1,697
Employee + Child	$1,320 / $1,980	$1,439 / $2,158	$1,684 / $2,526	Gold ....$1,612 / $2,418 Silver ....$1,836 / $2,753 Bronze ......$2,038 / $3,056
Employee + Spouse	$1,725 / $2,588	$1,880 / $2,821	$2,200 / $3,300	Gold ....$2,105 / $3,158 Silver ....$2,398 / $3,597 Bronze ......$2,662 / $3,993
Family I	$2,178 / $3,267	$2,374 / $3,561	$2,778 / $4,167	Gold ....$2,659 / $3,989 Silver ....$3,028 / $4,542 Bronze ......$3,361 / $5,042
Family II	$2,415 / $3,623	$2,632 / $3,949	$3,079 / $4,619	Gold ....$2,947 / $4,421 Silver ....$3,356 / $5,034 Bronze ......$3,726 / $5,588

4. When are premium rebates paid?

Premium rebates are paid at the start of the next plan year, with 2012 rebates paid in early 2013.

The Purpose of Healthy Choice

5. Why do we have Healthy Choice, anyway?

Medical costs are rising mostly because of preventable or manageable chronic diseases that drive up everyone's costs, including premiums. But some chronic diseases can be reversed if we take more personal responsibility for our health — and that will help us begin to get a handle on these expenses.

The voluntary Healthy Choice program focuses on six diagnoses that are often linked to lifestyle choices. (The diagnoses are listed in the chart on page 2 — see the end of the "Gold" row.) Medical studies nationwide have concluded when individuals play an active role in managing these conditions, they can enjoy better health.

And everyone — including those who have ***not*** received one of these diagnoses — can do more to maintain their health by exercising or eating better. Healthy Choice helps plan members who are "healthy" stay that way, through participation in an EHP Physical Activity Program or in Shape Up & Go!

By demonstrating they are taking responsibility for their health, making good choices and taking advantage of Cleveland Clinic resources, caregivers who participate successfully in Healthy Choice next year could see health benefits *and* earn 2012 premium rebates!

6. Do other organizations have programs like Healthy Choice?

Yes, but Healthy Choice has more physician supervision than the programs we are aware of at other organizations. As healthcare costs continue to rise, we expect more employers will launch programs like Healthy Choice in the years ahead. We also know that rising healthcare costs are causing some employers to reduce or eliminate coverage or increase front-end employee costs like deductibles and co-payments.

(continued on page 4)

2012 EHP Total Care Changes

Frequently Asked Questions *(continued from page 3)*

Participating in Healthy Choice

7. Is Healthy Choice still voluntary?

Yes, participating is up to you. But when you enroll, you position yourself for a premium rebate for 2012 and a lower premium in 2013.

8. If my healthcare provider diagnoses me with two of the conditions Healthy Choice focuses on, do I need to join two Coordinated Care programs?

Yes. To qualify for a 2012 premium rebate, you need to join both Coordinated Care programs and meet all program requirements.

9. What happens if I make health changes and meet program goals in 2012?

You will be demonstrating you are taking charge of your health and will be eligible for a premium rebate for 2012 — and a lower premium in 2013.

10. I'm healthy and I have been eating right and exercising for years. Why do I need to enroll in Healthy Choice to track what I already do on my own?

The program is entirely voluntary. You don't have to join — but you can earn a lower premium when you enroll and meet program goals.

The only way to get a handle on future plan costs is to try to get as many caregivers in the plan as possible to follow the same standards and measure health progress the same way. If we can do that and keep expenses down, we will all benefit.

11. I work out at a gym closer to home, which with my schedule is far more convenient. How does someone like me qualify for a premium rebate?

If you prefer not to join a Cleveland Clinic-owned fitness center or *Curves*, you can meet physical activity goals and earn a lower premium by successfully participating in Shape Up & Go! on a team or individual basis for $10 per 12-week session. Shape Up & Go! is a *self-reported* health and fitness tracking system. There are no restrictions on where participants choose to work out, and it's up to the individual to record his or her own physical activity. For example, you could work out at the gym of your choice — or at home — and then record the activity online as exercise minutes or pedometer steps.

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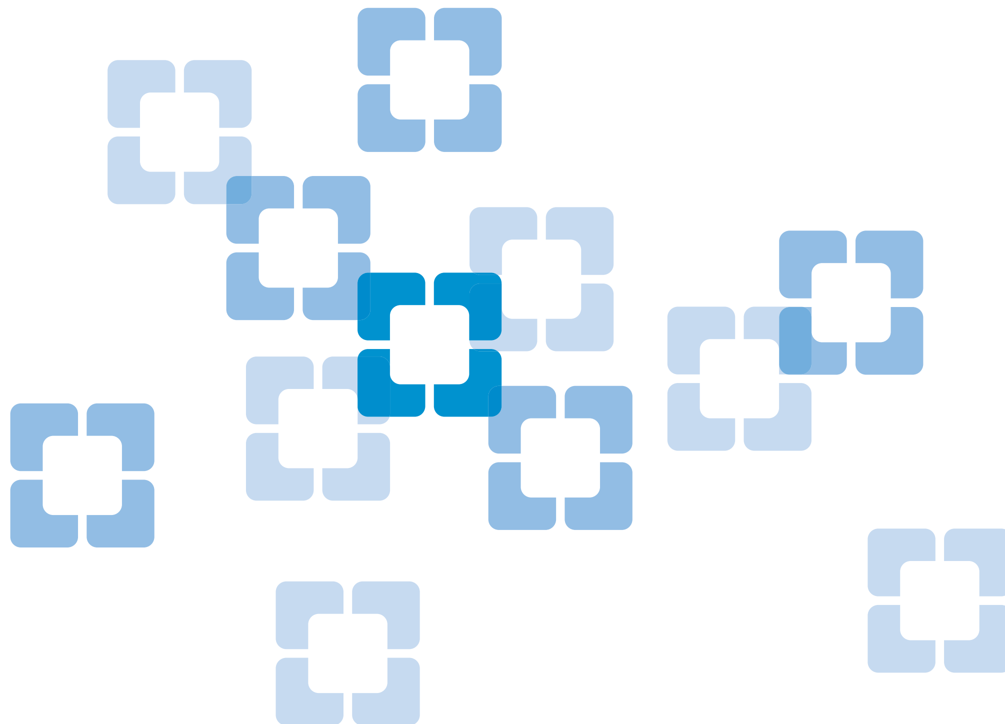

2012 EHP Total Care Changes

Frequently Asked Questions *(continued from page 4)*

12. How do I enroll in Healthy Choice?

Employees in the Health Plan will receive a letter this December explaining which premium level they qualify for in 2012 and the steps they should take to enroll in Healthy Choice to earn a 2012 premium rebate and position themselves for the lowest possible premium in 2013.

13. What should I do if I have questions?

Visit the EHP's Healthy Choice page on their website at *www.clevelandclinic.org/healthplan*. Or, contact EHP Total Care Customer Service at 216-448-0800 or toll-free at 1-866-811-4352. ■

The Letter From the EHP Indicates		
You Are Healthy	**You Have Been Diagnosed with One of the Following: High-blood Pressure, High Cholesterol, Asthma, Diabetes, Weight Management, Tobacco Use**	**More Health Information Is Needed**
• Participate in one of the ***EHP Physical Activity Programs*** 10 times a month for 6 months or participate in the first 2 sessions of the 12-week Shape Up & Go! program in 2012.	• Join the appropriate Coordinated Care program(s) and get started meeting program requirements.	• Have your healthcare provider fill out the *Health Visit Report Form* and return the form to the EHP. • If your provider diagnoses you as healthy, participate in one of the ***EHP Physical Activity Programs*** 10 times a month for 6 months or participate in the first 2 sessions of the 12-week Shape Up & Go! program in 2012. ***OR*** • If you received one of the 6 diagnoses, join the appropriate Coordinated Care program(s) and get started meeting its requirements.
Dates to Remember **March 31, 2012:** Join a Cleveland Clinic-owned fitness center, *Curves*® or complete the first session of Shape Up & Go! **June 30, 2012:** If your physical activity choice is Shape Up & Go!, make sure you are enrolled in the second session for 2012 to meet the 2 session requirement for the year **September 30, 2012:** Deadline for meeting program goals — *Health Visit Report Form* and all necessary health and participation data must be on file with the EHP	**Dates to Remember** **March 31, 2012:** Enroll in a Coordinated Care Program **September 30, 2012:** — Deadline for meeting program goals — *Health Visit Report Form* and all necessary health and participation data must be on file with the EHP	**Dates to Remember** Follow the dates in the boxes to the left whether you are healthy or have received one of the six diagnoses **September 30, 2012:** Deadline for meeting program goals — *Health Visit Report Form* and all necessary health and participation data must be on file with the EHP

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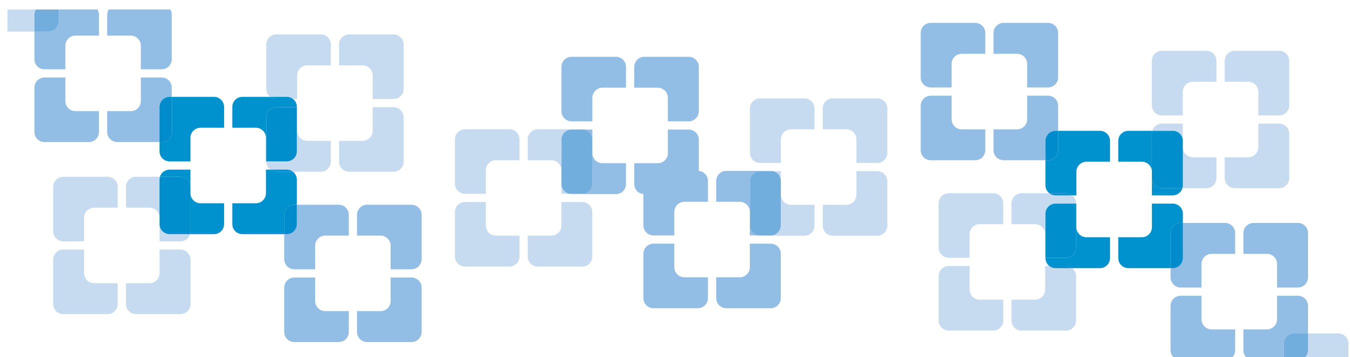


More About Coordinated Care Programs

Some Are "Qualifiers" for Healthy Choice

Coordinated Care programs help members with chronic conditions learn how to successfully manage their conditions to achieve a higher quality of life. They do not replace a physician's care — they reinforce a physician's health plan and help a member stay well between doctor visits. There is no extra charge for participating in any of these Coordinated Care programs:

- Asthma (for adults and children) *
- Chronic Kidney Disease (CKD)
- Depression
- Diabetes (for adults and children)*
- Heart Failure
- High Cholesterol*
- Hypertension*
- Migraine
- Rare Disease Management†
- Tobacco Cessation (offered by EHP Wellness)*
- Weight Management (non-surgical and surgical)*

*Qualifies for Healthy Choice

†Rare conditions: Amyotrophic lateral sclerosis (ALS), Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), Crohn's disease, Cystic Fibrosis, Dermatomyositis, Gaucher disease, Hemophilia, Lupus, Multiple Sclerosis, Myasthenia Gravis, Parkinson's disease, Polymyositis, Rheumatoid Arthritis, Scleroderma, Seizure disorders, Sickle Cell Anemia, and Ulcerative Colitis

How Does a Coordinated Care Program Work?

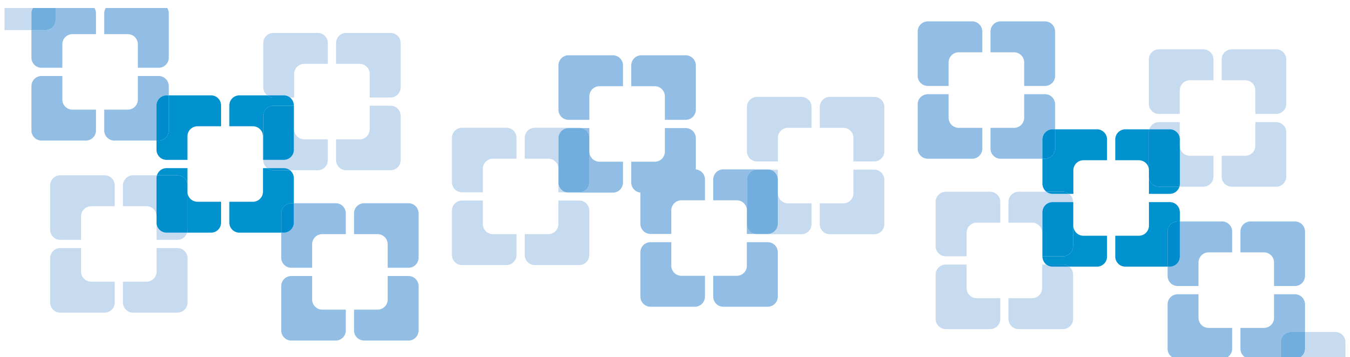
Registered nurse care managers work closely with members and their doctors to provide valuable information about ways to manage chronic conditions and overall health through diet and fitness, understanding "triggers" and "flares," monitoring progress and preventing complications.

Members have regularly scheduled "phone visits" with their care managers, and receive educational materials and referrals to informative, physician approved websites.

Additional Program Benefits

- When members join, they qualify for co-payment reimbursement for any medically necessary screening equipment, including:
  - a peak-flow meter for the Asthma program
  - a glucometer and testing supplies for the Diabetes program
  - up to $55 for a blood pressure cuff for the Hypertension and Heart Failure programs
  - up to $40 for a scale for the Heart Failure program
- Once members meet the goals they set with their care managers, they qualify for reimbursement for condition-specific office visit co-payments that took place less than 12 months ago.
- After six months of maintaining their goals, members can qualify for condition-specific pharmacy co-payment reimbursements.

Not sure if you already have a care coordinator or want more information? Please call EHP Total Care Medical Management at 216-986-1050 or toll-free at 1-888-246-6648.



Additional Plan Changes Taking Effect in January

EHP Medical Benefit Changes

- Precertification will be required for cervical, thoracic and lower extremity joint MRIs.
- The benefit maximum for Temporomandibular Joint Syndrome (TMJ) will increase to $10,000. (Treatment for TMJ is only covered when services are provided in the Tier 1 Network of Providers.)

Prescription Drug Benefit Changes

Mandatory Maintenance Drug Program

- Maintenance medications commonly used to treat chronic conditions such as diabetes, high blood pressure, and high cholesterol must be refilled in **90 day supplies** at a Cleveland Clinic Pharmacy, through the Cleveland Clinic Home Delivery Pharmacy, or through the CVS Caremark Mail Service. (New prescriptions can be filled at any pharmacy.)

  A list of prescription drugs considered maintenance medications can be found on the EHP website at *www.clevelandclinic.org/healthplan*. This list also includes those medications that must be refilled in 90 day supplies.

  If you take maintenance medication and need a new prescription, we urge you to contact your healthcare provider soon to arrange to have it written for a 90 day supply.

Additions to Prior Authorization Program

- Prior authorization will be required for all new prescriptions of Lidoderm.

  (Lidoderm is used as a topical patch for the treatment of pain due to postherpetic neuralgia. Current users of Lidoderm will be “grandfathered”, and their current coverage will not change.)
- Prior authorization will be required for several oral antibiotics used to treat acne and rosacea — the brand and generic versions of Adoxa, Doryx, Monodox, Oracea and Solodyn. Current users of these medications will not be grandfathered. (Formulary alternatives include doxycycline and minocycline.)

Additions to Step Edit Program

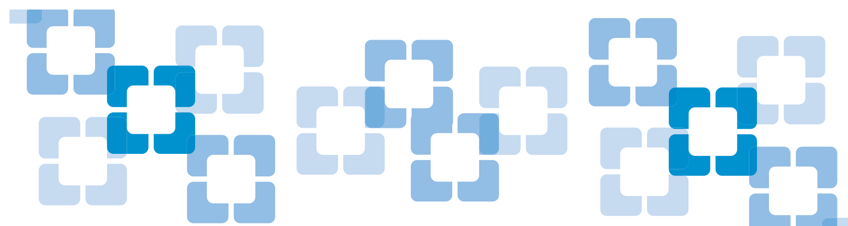
- These brand name nasal steroid medications will be added to the Step Edit Program: Beconase AQ, Nasonex, Omnaris, Rhinocort Aqua, and Veramyst. Prior authorization will be required for all new prescriptions of these medications. Three generically available nasal steroids are now on the market: fluticasone, flunisolide, and triamcinolone. Documented use of at least two generically available nasal steroid medications will be required before new coverage of Beconase AQ, Nasonex, Omnaris, Rhinocort Aqua, or Veramyst will be considered.

  Current users of these medications will be “grandfathered” and their current coverage will not change.

Lower Cost for Specialty Medications Filled at a Cleveland Clinic Pharmacy

- The maximum out-of-pocket cost for a month’s supply of specialty medications filled at any Cleveland Clinic Pharmacy will decrease from $75 to $50.
- The maximum out-of-pocket cost for a month’s supply of specialty medications filled through the CVS Caremark Specialty Drug Program will remain the same — $100.

Questions for Cleveland Clinic Pharmacies about your specialty medication? Please call 216-445-MEDS (6337) or call toll-free at 1-866-650-MEDS (6337). ■



Other Important Information About the Plan

Co-payment Requirements

A co-payment, or co-pay, is a flat dollar amount paid for a medical service by those with insurance. EHP members are required to make co-payments for visits to physicians, the Emergency Department, and for occupational, speech and physical therapy visits at the time they arrive for their appointments.

You can pay with cash, or by check, credit card or PayFlex. Also, on main campus and at family health centers, you can use your employee ID to have the payment automatically deducted from your paycheck.

If you are unprepared to pay, you will need to reschedule your appointment. In addition, if you have an outstanding balance on your account, you will be referred to a financial counselor for assistance in setting up a payment plan as well as counseling about future appointments.

If you currently have an unpaid balance, please take steps to settle your account or contact a financial counselor to set up a payment plan by calling Patient Financial Services at 216-445-6249. If you want additional information about these requirements, call EHP Customer Service at 216-448-0800 or toll-free at 1-866-811-4352.

Provider Networks

The plan offers a two-tier Network of Providers. EHP members can use either or both provider tiers any time during the benefit year. However, to receive maximum coverage, you should use Tier 1 providers.

Tier 1 consists of Cleveland Clinic main campus and Regional hospitals, including participating physicians credentialed by the Cleveland Clinic Community Physician Partnership (CPP). The Tier 1 network includes Primary Care Providers, Specialty Providers, Behavioral Health Providers, and Ancillary Services Providers. ***Note:*** Some services are covered ***only*** in the Tier 1 network. See page 24 of the *2011 SPD* for a list of these services.

Tier 2 includes three provider networks:

- Cleveland Health Network (CHN) — a regional network of hospitals, physicians, and other healthcare providers in northern Ohio and western Pennsylvania (website: *www.chnetwork.com*).
- Medical Mutual Traditional Network — a network of providers ***within*** the state of Ohio (website: *www.supermednetwork.com* and click on "Traditional").
- USA Managed Care Organization (USAMCO) — a network of providers ***outside*** the state of Ohio (*website: www.usamco.com*).

Tier 2 benefits are often used by members for non-routine services such as treatment and/or follow-up for sprains, diabetes, hypertension, or any chronic condition, rehab therapies, colds, wounds, and follow-up treatment for emergent/urgent care services (usually students outside the Tier 1 network or members on vacation needing medical care). ***Note:*** It is the member's responsibility to verify and obtain the provider's tier participation status each time services are obtained.

The EHP has contracts with each of the Tier 2 networks listed above — but not individual contracts with the providers in these networks. EHP cannot handle or resolve any Tier 2 claims issues that may arise. Members are responsible for contacting the network that provided the services directly.

To confirm a provider's participation in a network or to request a listing of doctors by physician specialty in your area, call Mutual Health Services Customer Service toll-free at 1-800-451-7929 or EHP Customer Service at 216-448-0800 or toll-free at 1-866-811-4352.

Case Coordination Programs

Case Coordination gives members telephone access to a Case Coordinator (Registered Nurse or Licensed Social Worker/Counselor) when they need help with a range of complex medical care or behavioral health needs — end-stage renal disease, high-risk maternity, complex care, palliative care, transplant coordination, anxiety disorders, childhood disorders, dual diagnoses, eating disorders, mood disorders, psychotic disorders, and substance abuse. Case coordination also can help members with network access issues and referrals to community services.

Members can self-refer or be referred by their physician or family for evaluation.

Case Coordinators make courtesy calls to members who have had repeat emergency room visits, an inpatient stay within the last 90 days, or an inpatient stay of five or more days to assess post discharge care needs.

To participate in a Case Coordination Program or to get additional information, call the plan's Medical Management Department at 216-986-1050 or toll-free at 1-888-246-6648.

(continued on page 9)

Other Important Information About the Plan *(continued from page 8)*

Pharmacy Coordination Programs

These help members obtain safe, appropriate medication at the best price.

Quantity Level Limits

Quantity level limits are applied to medications for several reasons, including preventing medication misuse or abuse; ensuring appropriate, effective and safe courses of therapy; and preventing the stockpiling of medication. A list of medications that currently have quantity level limits is provided in the *2011 Summary Plan Description.*

Prior Authorization

Some medications are covered under the Plan ***only*** for certain specific medical conditions. If a physician wishes to prescribe a medication that requires prior authorization, he or she should complete and submit the *Prior Authorization/Formulary Exception Form*, explaining the medical necessity for that use of the medication.

A list of medications that require prior authorization is provided in the *2011 Summary Plan Description*.

Statin Co-payment Reduction Program

Members save money by splitting larger dose tablets that may be similar in cost to smaller dose tablets. Under this program, 45 tablets, instead of 90, can be purchased for a 90 day supply. The medications included in this program are Mevacor* (lovastatin), Pravachol* (pravastatin), Lipitor (atorvastatin) and Crestor (rosuvastatin). After meeting the deductible, members have a $6 co-payment for generic medications.

For brand name medications such as Lipitor or Crestor, members pay their deductible and then have a $30 co-payment. Members who receive Zocor* (simvastatin) do not need to split tablets in half to receive the co-payment reduction.

***Note:** Under this program, the standard generic medication policy applies to the brand name drugs Mevacor, Pravachol or Zocor.

Mandatory Maintenance Program

The Mandatory Maintenance Program reduces both member and Plan costs by requiring the use of our Cleveland Clinic Pharmacy Services to obtain your maintenance medication prescriptions. Maintenance medications include drugs taken regularly for continuing medical conditions such as asthma, diabetes or high blood pressure, as well as medications taken on a long-term basis, such as contraceptives, sleeping aids, etc. Members can fill their first prescription of a maintenance medication at any Cleveland Clinic Pharmacy or any pharmacy in the CVS Caremark Retail Pharmacy Network. They should refill maintenance medications through the Cleveland Clinic Home Delivery Pharmacy, any of the Cleveland Clinic Pharmacies, or the CVS Caremark Mail Service Program.

Step Edit Program

The step edit process is used to prescribe the most effective and least expensive medication for a particular condition. This program verifies that the member has the covered condition and directs them to less expensive but equally effective generic medications for conditions covered by the Prescription Drug Benefit.

These medications require a step edit: Januvia, Lexapro, Livalo, Onglyza, Pristiq and Singulair. Medications in the Angiotensin Receptor Blocker class (which include medications such as Avapro, Avalide, Benicar, Benicar HCT, Diovan, Diovan HCT, and others) and the medication Tekturna will be added to the Step Edit Program effective next year.

Current users of any of these medications will be grandfathered so their current coverage can continue. Also, members are notified before new medications are officially added to the list.

Specialty Drug Benefit

You can obtain these medications at Cleveland Clinic Pharmacies, Cleveland Clinic Home Delivery Pharmacy, CVS Caremark Specialty Drug Program, and Cleveland Clinic Home Infusion Pharmacy in Cleveland (injectables only). Medications that fall under this benefit ***cannot*** be obtained through the CVS Caremark Retail Network. All medications provided under this benefit are included in the *2011 Summary Plan Description*. ■

EHP Wellness Program Update

The chart on page 12 outlines the basics of the EHP Total Care Wellness Programs. More detailed information can be found on the EHP website at *www.clevelandclinic.org/healthplan*. If you have questions, please contact EHP Total Care at 216-448-0800 or toll-free at 1-866-811-4352. ■

Dependent Eligibility Processes

1. New Hires or New Enrollees

After enrollment, all new hires and/or existing employees enrolling themselves or their dependents for the first time are asked to submit documentation to verify dependent eligibility.

The following are acceptable documentation for verifying eligibility:

Spouse

- Copy of marriage license, or
- Copy of page one of your most recent tax return (you may cross out wage information)

Children under age 26

Natural born children:

- Copy of birth certificate ***or*** one of the following:
  - Copy of page one of your most recent tax return (you may cross out wage information)
  - Copy of court-issued qualified medical child support order (QMCSO) *(if applicable)*
  - Copy of divorce decree *(if applicable)*

Stepchildren/Custodial:

- Copy of birth certificate ***and*** one of the following:
  - Marriage license
  - Copy of court-issued qualified medical child support order (QMCSO) *(if applicable)*
  - Copy of divorce decree *(if applicable)*
  - Custodial papers

Adopted Children:

- Adoption papers

2. Coordination of Benefits (COB)

All members are required to complete the COB process when they enroll, ***each*** year in January, and if they experience a life event change. Here's how the process works:

- If the employee/dependent(s) ***has*** other insurance, the form must be completed and either mailed or faxed to the EHP's Third-Party Administrator (TPA).
- If the employee/dependent(s) does ***not*** have other insurance, they can call the TPA and the information will be updated at the time of the call.
- If the COB process is not completed, claims for EHP-covered dependents will be denied. The TPA will send a COB form for each dependent's first claim until the COB process is complete. If a member does not respond within 45 days, the TPA will send an Explanation of Benefits (EOB) form explaining that all claims for dependents will be denied until the COB form is completed. Employees have one year to complete the COB process. If, at the end of one year, the member still has not complied with the COB process, payment of claims will become their responsibility.

3. Life Event Changes

Members who experience legal marital status changes, such as divorce or the death of a spouse, or changes in the number of their dependents, will need to verify these changes and dependent eligibility with the proper documentation. Verification of eligibility is an ongoing process the EHP uses to assure that ***only*** eligible dependents are being enrolled. ***All plan members are expected to comply.***

If you have questions about any of our eligibility processes, call Customer Service at 216-448-0800 or toll-free at 1-866-811-4352 ■

Flexible Spending Account (FSA)

Using a Flexible Spending Account (FSA) can help you save money on healthcare related expenses, such as front-end deductibles and co-payments for medical, prescription drugs, dental care, eyeglasses and contact lenses.

With an FSA, you can set aside money to pay for these expenses by having equal amounts deducted from each paycheck during the year before taxes. Details about FSAs can be found in your open enrollment materials. ■

Considerations for Married Employees

It is not uncommon for married couples to enroll themselves and their children in each other's health plans, expecting to get the maximum reimbursement possible for their medical claims. But often that's not what happens.

Enrolling spouses and dependents in more than one plan may end up costing you more because you will probably be paying for two health plan premiums and the coverage, care management, and network guidelines may not coordinate with each other, which would affect claims reimbursement.

We strongly recommend that you research each plan's procedures, prior authorization requirements, network providers and Coordination of Benefits (COB) rules if you are considering enrolling in two different health plans.

Don't forget to evaluate total premium cost. You might save on premiums if one parent enrolls the children on their plan and the other takes single coverage through their employer. But there's a good chance you will save money if you enroll the whole family in one plan.

If you have questions about how dual selection of health plans can affect claims payment, contact Customer Service at 216-448-0800 or toll-free at 1-866-811-4352.

Remember: If both spouses work for Cleveland Clinic, they cannot carry any family member twice. ■

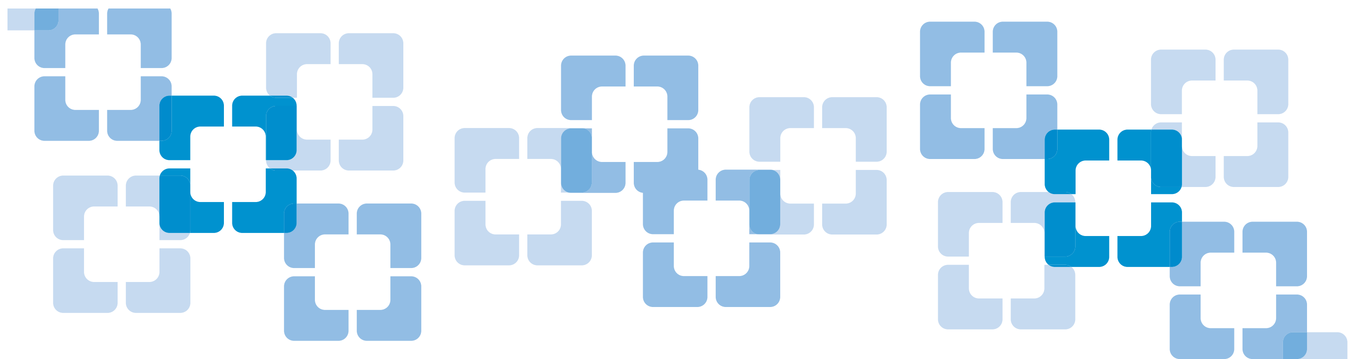
Two Options to Pay for Medical Services Not Covered By Our Plans

You have two ways to pay for elective medical procedures such as LASIK eye surgery, which our healthcare plans don't cover:

- Payroll deduction
- Loan program, with interest rate 3.99% above prime

Any loan that an employee receives becomes an agreement between the employee and US Bank. US Bank administers the loan, and all payments and correspondence are with US Bank.

For more information about payroll deduction, call EHP Total Care at 216-448-0800. To learn more about the loan option, call Billing Customer Service at 216-445-6249 or Credit and Collections at 216-738-5300. ■



EHP Wellness Programs At-a-Glance

	Smoking Cessation	Weight Management	Physical Activity
An EHP Member Can:	Enroll with the Cleveland Clinic Tobacco Treatment Center.	Choose to participate in one of the following programs: • Tier 1 Weight Management Program (the Surgical Weight Loss Program is excluded)* • Receive counseling from a registered dietician • Weight Watchers® • *Curves*® Complete Weight Management Program	Get free access to one of these Cleveland Clinic-owned fitness centers: • W.O. Walker Health & Wellness Center (open to all employees) 216-444-8765 • Parker Building Fitness Center (Parker employees only) 216-444-8765 • Fairview Cardiac Rehab/Fitness Center (open to all employees, but capacity is limited) 216-476-7284 • TRW 216-444-8765 • Wooster 216-444-8765 • Weston FL – Fitness21 216-444-8765 ***or*** get free access to a *Curves* facility.
Cost:	It's free — there's no charge or co-pay.	It's free — there's no charge or co-pay.	It's free — there's no charge or co-pay.
Program Basics:	A certified smoking cessation specialist will work with you to develop a personalized treatment plan, which may include medication** and behavioral therapy resources, including reading material and online web-based programs. Medications must be prescribed by the Tobacco Treatment Center.	**Tier 1 Programs** are programs offered through Tier 1 hospitals/providers and approved by the EHP. **Weight Watchers** offers: **At Work Meetings** (18 weeks), **Community Meetings** (13 or 18 weeks), or **Online** (3 months). Individual visits will not be covered. The ***Curves* Complete Weight Management Program** is a 90 day program and is offered at all Cleveland Clinic Hospitals as well as various *Curves* franchises. Visit *www.curves.com* or e-mail *cliniccomplete@curves.com* for more details on the program.	Participation of 10 times per month as well as biometric measurements are required for payment of the program. If you fall below the requirement for three consecutive months, the EHP will cease payment and financial responsibility will become the member's.
Program Requirements:	Completion of 6 and 12 month survey Cotinine test at 12 months	Weight Watchers: • New application for **each** session • Copy of weight loss book at end of each session	*Curves* Participation of 10 times per month and monthly measurements. Cleveland Clinic-owned fitness centers: measurements every three months.
More Program Details:	The program offers: • Information on the benefits of quitting smoking • Group support • Guidance to change smoking behavior • Hypnosis • Relaxation training • Non-smoking "buddy" teams • Nicotine replacement (if appropriate) • Personal coping strategies to help you remain a non-smoker • If needed, one-on-one follow-up sessions after program completion	Members who join **Weight Watchers** are required to submit a copy of their weight book at the end of **Each** session. Additional sessions will not be approved or paid for without the copy of the book. Books are due immediately after the end of the session.	*Curves* has approximately 65 facilities throughout Northeast Ohio. Contact individual franchise. Log on to *www.curves.com* to find a location. Dedicated to womens' fitness and wellness, the female-only environment features 30-minute aerobic and strength training workouts. *Curves* provides innovative, easy-to-use hydraulic resistance machines (no cumbersome weights to move and change), specially designed for women and ideal for people with connective tissue disorders. Membership includes *CurvesSmart*™, a program that provides feedback and progress reports to keep you on track.

***Notifications:** If you are unable to fulfill your obligation due to medical reasons, it is the member's responsibility to notify both the EHP, Weight Management Program or fitness facility. Documentation from your physician will be required.*

All programs require an application before payment will be made. Failure to submit required documentation will result in non-payment of the program and ineligibility for future programs.

*These excluded benefits are overviewed in the *2011 Summary Plan Description*. **Smoking cessation pharmacy medication is not subject to a deductible or co-insurance.

Weight Watchers is a registered trademark of Weight Watchers International, Inc. and is used under license.
Curves is a registered trademark and CurvesSmart is a trademark of Curves International, Inc.

Note: Over-the-counter aids are not covered under the Prescription Drug Benefit or under the EHP Wellness Program.