

Cleveland Clinic Employee Health Plan Total Care Bulletin Issue 32, October 2009

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2010 Cleveland Clinic Employee Health Plan (EHP) Total Care Information

This issue of HealthWise provides summary information about EHP Total Care benefit changes for 2010, including the Medical Plan, Behavioral Health and Pharmacy Programs. You will also find important information about how your healthy behavior can get you a rebate on your insurance premium, our EHP Total Care Medical Management offerings, dependent eligibility, and Wellness Program benefits. Earlier this year we selected a new name for the EHP and changed the name of all programs as illustrated in the chart below. Total Care emphasizes our philosophy of preventing illness and promoting greater health and well being. ■

Plan/Program	Former Name	New Name
Administrative Office	Cleveland Clinic Employee Health Plan Administrative Office	Cleveland Clinic Employee Health Plan (EHP) Total Care
Medical Plan	Case/Care Management	Case Coordination
	Disease Self Management	Coordinated Care
	EHP Care Management Department	Total Care Medical Management Department
Behavioral Health Program	Case Management	Case Coordination
	Disease Self Management	Coordinated Care
Pharmacy Program	Pharmacy Management	Pharmacy Coordination
Wellness Program	Wellness Program	No Change



How to Keep Your 2009 Premium Rate the Same Through 2011

Learn how to save money on your premiums for the next two years.

Healthcare spending has increased nearly three times more than all other consumer spending since 1980 and is now 8% of the GDP. This disturbing trend won't change — whether government or the private sector pays for healthcare services — until we all do a better job managing our own health.

Cleveland Clinic has been actively emphasizing wellness and prevention, including offering EHP Wellness Programs and rewarding healthy behaviors. Despite all these great initiatives, EHP Total Care continues to struggle with increases in healthcare costs.

(continued on page 2)

How to Keep Your 2009 Premium Rate the Same Through 2011 *(continued from page 1)*

2010 Premiums Are Increasing

Nationally, health plans are reporting anywhere from 12-26% increases in premiums. And although there will be an increase in EHP Total Care premiums for 2010, it will be below that range: 9%. That's the not-so-good news — but it gets much better.

You Can Get a 2010 Premium Rebate and Lock In Your 2009 Rate Through 2011

In keeping with our philosophy of rewarding healthy behavior, if you demonstrate that you are managing your own health, you can get a **rebate** that brings you back to your 2009 premium rate and even lock in that rate for 2011. What a fantastic benefit — if you take a little responsibility for your well being! Here's what you need to do:

- Schedule a routine office visit in 2010.
- If you have one of these targeted controllable chronic diseases identified — diabetes, hypertension, high cholesterol, asthma, overweight, or smoking — you must join an EHP Coordinated Care Program. See page 5 for program descriptions.
- If you do not have one of these targeted controllable chronic diseases and had a routine office visit in 2010, you will automatically get your premium rebate in December 2010.

Look at the **Annual Difference** column below to find your December 2010 rebate.

Example of premium increase by contract type:

Contract Type	2010 Annual Premium	2009 Annual Premium	Annual Difference
Single	\$799	\$733	\$66
Employee + Child	\$1,439	\$1,320	\$119
Employee + Spouse	\$1,880	\$1,725	\$155
Family I	\$2,374	\$2,178	\$196
Family II	\$2,632	\$2,415	\$217

To lock in the 2009 premium rate for 2011, you must have *eight months of compliance* with the targeted chronic condition program you are participating in as of November 30, 2010.

This rebate will replace the \$100 incentive from the EHP Wellness Programs. Watch your mail for a special HealthWise Bulletin in December detailing the requirements of the rebate program.

If you have questions, call EHP Customer Service at 216-448-0800 or toll-free at 1-866-811-4352; or the EHP Total Care Medical Management Department at 216-986-1050 or toll-free at 1-888-246-6648. ■



2010 EHP Total Care Benefit Changes Behavioral Health Benefit Changes

To simplify your access to care and to help us better coordinate and manage our programs, in 2010, Behavioral Health services will be administered by the Employee Health Plan (EHP) Total Care Medical Management Department. Antares will continue to be the Third-Party Administrator.

This is great news for our members. You will have less administrative burden if you use a Tier 1 provider for outpatient Behavioral Health visits (office visits). Total Care will no longer require the prior authorization process for Tier 1 office visits. Members are entitled to 35 visits per year, with a \$25 co-payment for each visit. In certain medical necessity cases, a member may need more than 35 visits. In this instance, the

limit can be extended. However, you must contact the Total Care Medical Management Department prior to these additional visits. If you do not, you will be financially responsible for all additional visits. Visits will only be extended if the member agrees to participate in the Total Care Case Coordination program. No exceptions will be made. A complete listing of Tier 1 providers can be found online at www.chnetwork.com or you can contact the Total Care Medical Management Department.

Tier 2 outpatient visits will continue to require prior authorization. If the prior authorization is not obtained prior to the service, the member is fully responsible for the cost of services.

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2010 EHP Total Care Benefit Changes

Behavioral Health Benefit Changes *(continued from page 2)*

Behavioral Health services requiring prior authorization, regardless of the tier level provider, include: Inpatient, IOP, PHP, Home Care, Summer Treatment Program (Autism), ADHD Summer Camp and residential treatment.

The Total Care Medical Management Department can be reached by calling 216-986-1050 or toll-free at 1-888-246-6648 Monday through Friday, 8 a.m. to 4:30 p.m.

Tier 2 Emergency Room Co-pay to Increase

Effective January 1, 2010, the co-pay for Tier 2 Emergency Room visits will increase to \$100. Urgent Care visits will continue to have a \$50 co-pay.

Pharmacy Changes (for Both Cleveland and SummaCare EPO)*

New Information about Pristiq

As of January 4, 2010, the antidepressant Pristiq will be considered a non-formulary medication for all new prescriptions and will not be covered under the Total Care Prescription Drug Benefit. ***Please note, however, that Pristiq will continue to be covered for current members who are already receiving this medication.*** Also, beginning January 4, Pristiq will be added to the Step Edit Program. Step edits help ensure that the most effective and least expensive medications are used first for a particular condition. Requests for coverage may be submitted to the Total Care Pharmacy Management Department by completing a *Prior Authorization/Formulary Exception Form*. This form may be found on page 51 of the *2009 Summary Plan Description* or by calling 216-986-1050 or toll-free at 1-888-246-6648 and selecting option No. 4.

New Options for Filling Maintenance Medications Offer Convenience and Cost Savings

In the April 2009 *HealthWise* Bulletin, Total Care announced the requirement for maintenance medications to be filled either at a Cleveland Clinic Pharmacy or through the CVS Mail Service Program. EHP members expressed concerns about limited

Cleveland Clinic Pharmacy locations and hours of operation. We heard you loud and clear!

For your convenience and to help us control costs, effective January 4, 2010, EHP members will have three options for filling maintenance medications:

- **Cleveland Clinic Pharmacy Home Delivery Service** — Home delivery enables you to order up to a 90 day supply of your maintenance medication refill prescriptions via fax, which are delivered to your home, saving you a trip to the pharmacy. There is no extra charge for home delivery and you will save 5% on your co-insurance.
- **Cleveland Clinic Pharmacy** — Drop off your maintenance prescriptions for refill at any of the nine Cleveland Clinic Pharmacy locations in the greater Cleveland area. You can obtain up to a 30 day supply of medication and you will save 5% on your co-insurance.
- **CVS Caremark Mail Service Program** — You can order up to a 90 day supply of your maintenance medication prescription to be delivered to your home, but will not get the same 5% discount available when you order your prescription from a Cleveland Clinic Pharmacy or the Home Delivery Service.

Total Care has been successful in maintaining plan costs and, as a result, keeping your healthcare expenses affordable. Requiring the use of our exceptional Cleveland Clinic doctors and clinical services covered under our plan makes this possible. We believe the same is true for pharmacy services and encourage you to use either a Cleveland Clinic Pharmacy or the Cleveland Clinic Pharmacy Home Delivery Service when filling your maintenance medication prescriptions.

You will save money and time while facilitating health plan cost savings we can pass on to you.

Note: Maintenance medications include drugs taken regularly for continuing medical conditions such as asthma, diabetes, and high blood pressure, as well as drugs taken on a long-term basis, such as contraceptives, sleeping aids, etc. ■

*Pharmacy changes will take effect on the first business day of the new year, January 4, due to the holiday.

EHP Total Care 2010 Provider Networks

Total Care offers a two-tier Network of Providers. As an EHP member, you can use either provider tier at anytime throughout the benefit year and you may see providers in both tiers if you choose. The tier you select, however, determines the amount of coverage you will receive. To receive the maximum coverage, you must use Tier 1 providers.

Tier 1 providers consist of Cleveland Clinic and Regional hospitals, including participating physicians credentialed by the Cleveland Clinic Community Physician Partnership (CPP). Included in the Tier 1 network, for example, are Primary Care Providers, Specialty Providers, Behavioral Health Providers, and Ancillary Services Providers.

Effective January 1, 2010, the EHP will have two more Tier 1 Network Hospitals — Medina Hospital in Ohio and Cleveland Clinic Nevada.

Tier 2 providers include the following three provider networks:

- Cleveland Health Network (CHN) — a regional network of hospitals, physicians, and other healthcare providers in northern Ohio and western Pennsylvania — Web site: www.chnetwork.com.
- Medical Mutual Traditional Network — a network of providers **within** the state of Ohio. Web site: www.supermednetwork.com and click on “Traditional.”
- USA Managed Care Organization (USAMCO) — a network of providers **outside** the state of Ohio. Web site: 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 used for students outside the Tier 1 network or if a member is on vacation and requires care).

Note: The EHP has contracts with each of the Tier 2 networks listed above. There are no individual contracts with the providers in these networks. Because the network holds the individual provider contracts, members must contact the network that provided services directly to resolve discrepancies with claim payment issues. The EHP cannot resolve Tier 2 claim payment issues or quote the dollar amount of your financial obligation.

The EHP does not print a hard copy provider directory. To confirm a provider’s participation or to request a listing of doctors in your geographic area by physician specialty, you can call either Antares Management Solutions Customer Service toll-free at 1-800-451-7929 or the EHP Total Care Customer Service Unit at 216-448-0800 or toll-free at 1-866-811-4352.

It is your responsibility to verify and obtain the most current tier participation each time services are obtained. ■

Beginning January 1, 2010, Employees Will Have Two Options to Pay for Non-covered Medical Services

Beginning January 1, 2010, Cleveland Clinic employees will have two ways to pay for elective medical procedures not covered by our healthcare plans, such as LASIK eye surgery. The first option, payroll deduction, has been available to employees for a number of years. The second, new option is a loan program, with an interest rate that is 3.99% above prime, with nearly all employees qualifying. Any loan that an employee receives would be the result of an agreement between the employee and US Bank; US Bank would administer the loan, and all payments and correspondence would be with US Bank.

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

EHP Total Care Medical Management Offerings

Total Care offers programs to help members manage chronic medical and behavioral conditions. The plan also provides pharmacy programs (see page 7) that help members better manage the cost of their prescription medications.

Coordinated Care Programs

Living with a chronic illness such as diabetes, high blood pressure or asthma can be difficult. Coordinated Care Programs address the self-management needs of members with chronic conditions.

Registered Nurse care managers work closely with members and their doctors to provide valuable information about long-term illnesses, including ways to monitor progress and prevent complications. Coordinated Care Programs focus on member education and self-management strategies to improve overall health and promote the best quality of life.

Members who participate in a Coordinated Care Program will receive a monthly telephone assessment by their care manager. They will also receive educational materials and referrals to informative, physician-approved Web sites.

The incentives for Coordinated Care Programs have been enhanced. EHP Total Care wants our members to have all the tools necessary to manage chronic conditions. To start, when you enroll in a program, you will qualify for co-pay reimbursement for any needed screening equipment. This incentive applies only to programs in which screening equipment is necessary and includes items such as a peak-flow meter for the Asthma program, glucometer and testing supplies for the Diabetes program, a blood pressure cuff (up to \$55) for the Hypertension and Heart Failure programs, and a scale (up to \$40) for the Heart Failure program.

Once you conquer all of the hurdles to self-management success (educational and clinical goals), any condition-specific office visit co-pay receipt you have incurred after the enrollment date that is less than 12 months old will qualify for reimbursement. And, after six months of maintaining your goals, you can qualify for condition-specific pharmacy co-pay reimbursements.

Your Care Coordinator can explain the details and procedures for submitting receipts. Call 216-986-1050

or toll-free at 1-888-246-6648 if you do not already have a Care Coordinator and to find out more about the following programs.

These programs do not replace a physician's care. They are designed to work in cooperation with the plan established by a physician, reinforcing their recommendations so members can stay healthier between doctor visits. In fact, the Cleveland Clinic physicians will actually begin referring you to our programs as part of their treatment plan. These programs are offered at no extra cost to members and participation is voluntary.

Asthma (for adults and children): Learn how to identify and avoid personal asthma triggers and how to manage the condition using an asthma action plan.

Chronic Kidney Disease (CKD): Learn how to manage this often symptom-free condition through nutrition, diet, medication, and regular monitoring through periodic physician visits and blood tests.

Diabetes (for adults and children): Learn how to control this condition through nutrition, diet, medication and regular monitoring through periodic physician visits and blood tests for hemoglobin A1C, lipids, cholesterol and kidney function.

Heart Failure (CHF): Learn how to improve and maintain physical activity levels by tracking weight, watching sodium intake, and recognizing symptoms early enough to prevent congestion in the lungs.

Hypertension: Learn the importance of routine home blood pressure monitoring in combination with taking medication properly and following diet and exercise guidelines to prevent possible long-term health complications.

Migraine: Learn how to keep a headache diary to help identify and avoid specific triggers and recognize early signs of a migraine. Learn the difference between preventive and abortive medications, and the kinds of medications that require additional information from your doctor.

Rare Disease Management: All medical conditions present challenges. But some diseases, often classified as "rare," can be especially devastating physically and emotionally — and not just for the members who are diagnosed, but also for their families.

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EHP Total Care Medical Management Offerings

Coordinated Care Programs *(continued from page 5)*

Total Care is partnered with Accordant, a CVS Caremark Company, to provide plan members with a Rare Disease Management Program that specializes in 16 uncommon conditions. This program is voluntary and is provided at no additional cost to members.

Members who enroll in the program will receive the latest information about their conditions, help in managing co-morbidities and services provided by RN case managers who will communicate and coordinate with pharmacy staff, Primary Care Providers and specialists to help members maintain continuity, consistency and quality care. Rare Disease Management Program Accordant staff will work with the Registered Nurse care managers to ensure our members receive seamless, quality care within our network.

The complex, rare conditions covered under this program are:

- 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

Weight Management (Non-surgical and surgical):

Learn how to stay motivated by tracking individual progress and closely following a customized program to meet weight goals.

Case Coordination

The EHP Total Care Medical Management Department also offers Case Coordination formerly the Case Management Program. Case Coordination provides members with telephone access to a Case Coordinator (Registered Nurse or Licensed Social Worker/Counselor) for assistance with complex medical care needs, complex behavioral health needs, network access issues, and referrals to community services. Members can self-refer or be referred by their physician or family for evaluation. Case Coordination provides for conditions that include End-Stage Renal Disease, high-risk maternity, complex care needs, palliative care needs, transplant coordination, anxiety disorders, childhood disorders, dual diagnoses, eating disorders, mood disorders, psychotic disorders, and substance abuse.

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

To become a participant in any of these Case Coordination programs or to get additional information, members can call the EHP Total Care Medical Management Department at the CHN office at 216-986-1050 or toll free at 1-888-246-6648. ■

Cleveland Clinic Tier 1 Network Hospitals

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

EHP Total Care Pharmacy Coordination Programs

The Pharmacy Coordination Programs help members obtain appropriate, safe medication at the best price. The existing list of programs will continue to be expanded in 2010, with new medications added periodically.

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. Total Care monitors drug utilization and evaluates the need to place quantity level limits on additional medications. A list of medications that currently have quantity level limits is provided in the *2009 Summary Plan Description*.

Prior Authorization

Some medications are approved under the Plan **only** for certain specific medical conditions. If a physician wishes to prescribe a medication that requires prior authorization, the physician must complete and submit the *Prior Authorization/Formulary Exception Form*, stating the medical necessity of the medication. A list of medications that require prior authorization is provided in the *2009 Summary Plan Description*.

Statin Co-pay 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-pay reduction. To be eligible for reduced co-payments, when members purchase a 90 day supply of these medications, they must fill their prescriptions at Cleveland Clinic Pharmacies.

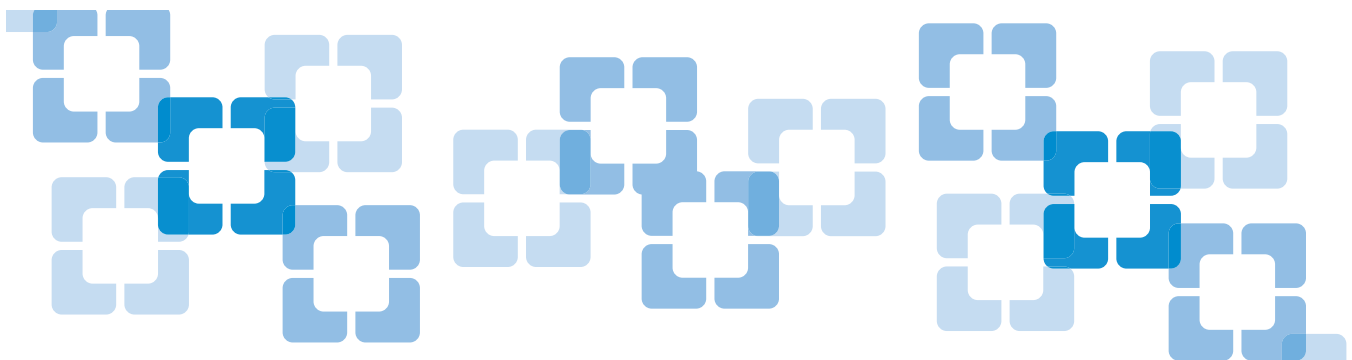
***Note:** Under this program, the standard generic medication policy applies to the brand name drugs Mevacor, Pravachol or Zocor.

Step Edit Program

Step edit is a process for prescribing the most effective and least expensive medication for a particular condition. This program verifies that the member has a covered condition and directs them to less expensive but equally effective generic medications for conditions covered by the Prescription Drug Benefit. Currently under the Plan, three medications — Januvia, Lexapro and Singulair — require a step edit. Pristiq will be added effective January 4, 2010. During the year, new medications may be added to the list. Members are notified before this takes place.

Specialty Drug Benefit

Medications that fall under this benefit **cannot** be obtained through the CVS Caremark Retail Network. The three options for obtaining these medications are Cleveland Clinic Pharmacies, CVS Caremark Specialty Drug Program, and Cleveland Clinic Home Infusion Pharmacy in Cleveland (injectables only). A list of medications provided under this benefit is included in the *2009 Summary Plan Description*. ■



What Members Need to Know About the EHP Total Care Dependent Eligibility Processes

The goal of Total Care is to manage the plan in a manner that is customer-focused, quality-oriented and fiscally responsible. Ensuring that the dependents of EHP members are eligible participants helps us manage healthcare benefit costs so that comprehensive and affordable coverage can continue to be provided to everyone who is enrolled in the plan.

The verification of dependent eligibility is managed through four **different** processes. Members may be required to comply with more than one of these during the year. For example, a new hire or new enrollee is required to respond to the Willis audit, COB and, if they have a child 19 or older, the Student Verification audit.

1. New Hires or New Enrollees

All new hires and/or existing employees enrolling themselves and/or their dependents for the first time are contacted by our consultant, Willis, after they have enrolled in the health insurance plan. These newly enrolled members are required to submit documentation to verify dependent eligibility. The following are acceptable documentation for verification of 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 19

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)
 - Copy of divorce decree

Stepchildren/Custodial:

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

Adopted Children:

- Adoption papers

Children age 19 to their 23rd birthday

- Copy of birth certificate **and** one of the following:
 - Copy of page one of your most recent tax return (you may cross out wage information)
 - Copy of dependent's paid college tuition receipt or Office of Registrar confirmation of full-time or part-time status
 - Marriage license (if the dependent is not the natural born child)
 - Disability award letter from Social Security

2. Student/Dependent Verification

This verification process is common in the insurance industry and has been required by many insurance companies for a number of years.

Cleveland Clinic reviews the status of dependents age 19 to their 23rd birthday to validate eligibility for participation in the EHP. In order to remain on the health plan, a dependent in this age group must either be a full- or part-time student or financially dependent on you, the employee. Total Care sends out communication in February **and** August for dependents age 19 to their 23rd birthday. Documentation required for this audit is proof that a dependent is **currently** enrolled in college (bursar's/registrar's offices at colleges are very familiar with this insurance

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Michelle's Law

This is a provision under your health plan that allows for college students who require a leave of absence from school for a medically necessary condition to retain their healthcare coverage. The medical condition must be certified by a Physician. The extension of the insurance begins while the child is "suffering from a serious illness or injury" that causes the child to lose "student status" for purposes of coverage under the Plan. The extension can be up to one year. The Plan cannot terminate coverage until the earlier of: 1) one year after the absence begins, and 2) the date coverage otherwise would terminate under the Plan (e.g., upon the employee's termination of employment). ■

What Members Need to Know About the EHP Total Care Dependent Eligibility Processes *(continued from page 8)*

requirement and will provide the verification) **or** a copy of the member's most recent tax return showing that the dependent is being claimed on the member's return. If the member does not respond with the correct documentation by the date specified, their dependent's benefit coverage will be terminated.

3. Coordination of Benefits (COB)

All members are required to complete the COB process upon enrollment and in January of **each** year. Life event changes also necessitate the completion of the COB process at the time of the event. This is the COB process:

- If the employee/dependent(s) **has** other insurance, the form must be completed and either mailed or faxed to the Total Care 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 your EHP-covered dependents will be denied. The TPA

will send a COB form for each dependent's initial 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) explaining that all claims for dependents will be denied until the 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.

4. 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 regarding eligibility, call the EHP Total Care Customer Service Unit at 216-448-0800 or toll-free at 1-866-811-4352. ■



Married Employees Enrolling in Two Different Health Plans Are You Getting the Best Value?

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. Often that's not what happens. In fact, 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.

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. Each plan has specific guidelines that must

be adhered to, which may impact the reimbursement of claims if they are not followed.

Another thing to consider is evaluating the 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 place of employment. There's a good chance, however, you will save money if you enroll everyone in one plan.

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

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

EHP Wellness Programs Are Expanding! *Thanks to Your Participation*

Because of your participation and diligence, our EHP Wellness Programs have been very successful and continue to grow. Over 8,983 members enrolled and participated in smoking cessation, weight management, and fitness programs since the summer of 2008. Collectively, 5,000 Weight Management Program participants have lost over 86,000 pounds. And, \$24,000 in incentive payments have been made to members who have achieved and sustained a 10% weight loss.

Physical activity programs report that members are working out an average of six times per month at *Curves*[®]. Congratulations to all health plan members achieving these goals.

Due to the success of these programs, effective January 1, 2010, the EHP Wellness Programs will be expanded to include dependents on the Employee Health Plan.

Members of EHP Total Care are eligible to participate in any of the three wellness programs. These programs encourage the well being of our members and focus on three key lifestyle areas: tobacco use, food choices, and physical activity. Members who enroll in the program receive:

- Free treatment and medication by the Cleveland Clinic Tobacco Treatment Center
- Free participation in a Tier 1 weight reduction program or a free member membership with Weight Watchers[®]
- Free membership to a Cleveland Clinic-owned fitness center or *Curves*

The chart on page 11 **outlines the basics** of the EHP Total Care Wellness Programs. If you have questions, please contact Total Care at 216-448-0800 or toll-free at 1-866-811-4352. ■

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.

360-5.com: The Exciting New Total Wellness Web site from Cleveland Clinic

360-5.com is the new Web site that shows you how to take steps to begin adopting a wellness lifestyle. *360-5.com* features a unique mind-body-food emphasis to help you make healthier living choices every day:

- Over 120 articles with a mind-body-food focus to help you achieve 360 degree health, 365 days a year!
- Features Stress Free Now, an online 8-week program to reduce stress, designed and hosted by Dr. Tom Morledge, staff physician, Cleveland Clinic Center for Integrative Medicine.
- Contains numerous health tips and interesting facts that make each visit to *360-5.com* informative and fun.
- Hundreds of wellness products to purchase, with a Wellness Rewards program that allows you to earn discounts over time to use against future purchases at either *360-5.com* or the new 360-5 Wellness Store in Miller Pavilion.
- To thank you for helping to keep Cleveland Clinic flu-free, when you get your seasonal flu shot, you can earn \$5 in Wellness Rewards points that can be used at the Web site or the Wellness Store!

Questions? Contact customercare@360-5.com or call toll-free at 1-888-820-3605. ■

Expansion of EHP Wellness Programs on Hold to Non-EHP Employees

Due to the impending Health Care Reform bill, Total Care has put a hold on expanding these programs to include non-EHP employees or spouses as Federal regulations could affect the limits and taxation of this benefit. ■

EHP Wellness Programs At-a-Glance

	Smoking Cessation	Weight Management	Physical Activity
An EHP Member Can:	Enroll with the Cleveland Clinic Tobacco Treatment Center.	Participate in a Cleveland Clinic Tier 1 Weight Management Program or receive counseling from a Tier 1 registered dietitian (the Surgical Weight Loss program is excluded)*; or participate in Weight Watchers®.	Get free access to one of these Cleveland Clinic-owned fitness centers: <ul style="list-style-type: none"> • W.O. Walker Health & Wellness Center (open to all employees) • Parker Building Fitness Center (Parker employees only) • Fairview Cardiac Rehab/Fitness Center (open to all employees, but capacity is limited) 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.	You can take advantage of one of three Weight Watchers programs: Community Program (13 or 18 weeks) — at neighborhood Weight Watchers locations At Work Program (18 weeks) — at a Cleveland Clinic facility Weight Watchers online program (3 months or 12 months) (www.weightwatchers.com) Individual visits will not be covered.	At no cost to you, join one of these Cleveland Clinic-owned fitness centers: <ul style="list-style-type: none"> • W.O. Walker Health & Wellness Center (open to all employees) • Parker Building Fitness Center (Parker employees only) • Fairview Cardiac Rehab/Fitness Center (open to all employees, but capacity is limited) • Watch for expansion updates in 2010 or join any Curves facility for free.
More Program Details:	The program offers: <ul style="list-style-type: none"> • 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 must enroll in either the 13- or 18-week program. The online program runs 3 months or 12 months.	Curves has approximately 65 facilities throughout Northeast Ohio. 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.

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 2009 Summary Plan Description.

**Smoking cessation pharmacy medication is not subject to a deductible or co-insurance.

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

