

My EHP Health Connection™

From the Employee Health Plan

Cleveland Clinic
Employee Health Plan Bulletin
Retirees EHP, EHP Plus
Martin Health Retirees Under 65
January 2026

In This Issue

Medical Benefit Coverage 2026 Changes.....	1
Ayble Health Now Available to Members!.....	2
Summary Plan Description	2
Prescription Drug Benefit Coverage Changes.....	2
Prescription Drug Benefit Formulary	2
Coordination of Benefits (COB)	3
Medical and Prescription Drug Identification Cards	3
Personal Health Information (PHI)	3



Happy New Year from the Employee Health Plan!

Cleveland Clinic cares about your health and wellness! The Employee Health Plan (EHP) has designed our benefit program to be a better value than what other employers in the healthcare industry offer. Cleveland Clinic invests in you so that you can be committed to the patients we all serve.

This newsletter provides a summary of the changes to your medical and prescription drug benefits for 2026, This mailing includes the following plan details:

- Medical and Prescription Drug Benefit coverage changes for 2026
- *Summary Plan Description and Prescription Drug Benefit Formulary* Information
- Coordination of Benefits
- Medical and Pharmacy ID Card Information
- Notice of Privacy Practices (enclosed)

Medical Benefit Coverage 2026 Changes

Aetna continues to be the plan’s Third-Party Administrator (TPA) and administers claims processing. The following benefit changes are effective Jan. 1, 2026 **for retirees under age 65 only**:

- Annual medical benefit deductible of \$250 individual / \$500 family has been added.
- The copay on rehabilitative services, Physical Therapy, Occupational Therapy and Speech Therapy, has increased from \$10 to \$20 per visit.

Important Copay and Deductible Information/Reminders

- Beginning in 2026 the EHP and EHP Plus plans require a \$35 copay for all specialty in-person and virtual visits. Last year, many specialty office visit services did not require a copay because the Aetna claim system only triggered a copayment when an evaluation and management (E&M) code was billed. This inconsistency led to confusion among health plan members, as the same service would sometimes require a copayment and sometimes it would not. To address this issue, Aetna has updated their system coding to ensure a consistent copayment of \$35 for all specialty office and virtual visits. You may notice changes in the application of the specialty coding in the following services: Behavioral Health, Dermatology, Dietician, and Pain Management. We hope these changes will reduce confusion and ensure a smoother experience for all

our members. If you have any questions or need further clarification, please call the health plan.

- If a nurse practitioner or physician assistant work in a specialty office, a \$35 copayment is applied.
- If labs, x-rays, or other testing is ordered or performed by your physician, a physician's assistant or nurse practitioner, these services may apply to the deductible.
- Copays are the responsibility of the member and are due at the time services are rendered.

Attention Ohio and Florida Members – Ayble Health Now Available to Members!

In collaboration with the Cleveland Clinic Digestive Disease Institute and Ayble Health, the Employee Health Plan is excited to offer GI nutrition and mental health support for members diagnosed with Crohn's, Ulcerative Colitis, and Irritable Bowel Syndrome (IBS).

What does Ayble Health offer?

- 24/7 support from a care team including a doctor and health coach, who work with your Cleveland Clinic provider.
- Personalized food guidance to understand what impacts your symptoms.
- Guided brain-gut training to help manage stress that affects your digestion – developed by Cleveland Clinic's experts in GI psychology.

Ayble is covered at no cost to eligible health plan members after applicable copays. Scan the QR code below to get started.



Questions? Please contact support@ayblehealth.com. An Ayble representative will be happy to assist you.

Summary Plan Description

The *Summary Plan Description* describes your health plan benefits. This document outlines the specific benefits provided for both medical and prescription drug coverage, as well as your responsibilities related to receiving benefit coverage for services. You can view your plan-specific SPD on the Employee Health Plan website at clevelandclinic.org/healthplan.

Prescription Drug Benefit Coverage Changes

- The minimum and maximum amounts on prescription copays for Tier 1 and 2 prescriptions filled at CVS pharmacies will increase from \$5 and \$50 per month supply to \$10 and \$75 per month supply, respectively.
- Cleveland Clinic Pharmacy is now licensed to deliver medications in eleven states: **Florida, Illinois, Indiana, Michigan, New Jersey, Nevada, Ohio, Pennsylvania, Virginia, West Virginia, and Wisconsin**. Beginning January 1, 2026, health plan members in these states must use Cleveland Clinic Home Delivery or Cleveland Clinic Community Pharmacies (OH, FL) for maintenance medications and Cleveland Clinic Specialty Pharmacy or Cleveland Clinic Pharmacies (OH, FL) for specialty medications. Please transfer any prescriptions from CVS mail order or CVS Specialty pharmacy to Cleveland Clinic. New pharmacy requirements can be challenging, so Cleveland Clinic will offer personalized support to help you transfer prescriptions and answer any coverage questions. Please contact Cleveland Clinic EHP Pharmacy Management at 216.986.1050 and select option 4.

Prescription Drug Benefit Formulary

Retirees Under 65: Our Pharmacy Benefit Manager will continue to be CVS Caremark.

The Prescription Drug Benefit Formulary lists medications that are covered under your prescription benefit. It also includes specific medications related to the Pharmacy Management Programs. When receiving healthcare services, we recommend you print the formulary and take it with you to aid in the selection of safe, effective, and value-based prescription drug therapy. The formulary is available on our website at clevelandclinic.org/healthplan.

continued on next page

Medicare-eligible Retirees: SilverScript will continue to administer our pharmacy plan. The SilverScript formulary is available on our website at clevelandclinic.org/healthplan.

Coordination of Benefits (COB)

COB is the process that determines which health plan should pay as the primary health plan. Each year you are responsible for updating any additional medical, pharmacy, dental or vision coverage that you or any of your participating dependents are receiving. COB must also be updated when a life event occurs involving the addition or removal of a dependent(s) or if other insurance is acquired.

Aetna – our Third-Party Administrator – partners with COB Smart®, to more efficiently identify EHP members who have other insurance coverage. Aetna receives weekly files from COB Smart® with those EHP members matching other insurance and will automatically update your record.

This means less paperwork for most EHP members. Some smaller insurance companies may not currently participate in COB Smart®. In these instances, you will be asked to complete the COB form. The form is available on our website at clevelandclinic.org/healthplan, in the Forms section of the Resources menu.

Medical and Prescription Drug Identification Cards

EHP members will receive an updated **digital** ID card in their Aetna Health account if registered. If not registered, a card will be mailed to you.

If you require a new ID card, you can order via your Aetna Health account or contact an Aetna Concierge at **1.833.414.2331**. CVS Caremark ID cards are not being reissued in 2026.

Personal Health Information (PHI)

Enclosed is a copy of our annual Notice of Privacy Practice. The EHP and Aetna follow HIPAA guidelines when releasing personal health information. If you or a family member are making an inquiry about claims, billing or Healthy Choice issues for your dependent(s), we require an Aetna PHI form be completed by the member.

NOTE: a new form will need to be completed annually. The Aetna PHI form is available on our website at clevelandclinic.org/healthplan, in the Forms section of the Resources menu. Please complete the form at your earliest convenience to avoid a delay in your inquiries.

If you have questions about your health plan benefit coverage, visit clevelandclinic.org/healthplan or contact EHP Customer Service at 216.986.1050, Option 1 or toll-free at 888.246.6648, Option 1.