

# My RHP Health Connection™

From the Employee Health Plan

Cleveland Clinic Retirees  
October 2024

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*This issue of My RHP Health Connection is part of your 2024 Open Enrollment materials. It provides information about the 2025 medical and prescription drug offerings in addition to other health plan changes.*

*To get the most value out of your health plan benefits, refer to your summary plan description located on the EHP website ([www.clevelandclinic.org/healthplan](http://www.clevelandclinic.org/healthplan)).*

*Note: This newsletter includes information for retirees under age 65 and over age 65.*



## Retiree Health Plan (Medical and Prescription Drug Benefit)

The Cleveland Clinic Employee Health Plan is proud to offer our Retiree Health Plan (RHP), with medical and pharmacy benefits for retirees under and over 65 years of age. We partner with a third-party administrator (TPA) for medical claims and a pharmacy benefit manager (PBM) for prescription drug claims. Both handle the claims processing, eligibility verification, explanation of benefits and more.

Aetna serves as our TPA for medical claims processing.

CVS Caremark is our PBM and processes prescription drug claims under the direction of our EHP Pharmacy Department.

SilverScript is the plan's Medicare Part D Prescription Drug Plan for our Medicare-eligible retirees. SilverScript is affiliated with CVS Caremark, our pharmacy benefit manager.

During open enrollment (Oct. 9–Nov. 22), retirees will have two medical plan options to choose from: **EHP** or **EHP Plus**. The benefit coverage is the same for both options. The difference is your ability to access providers nationwide and your premium cost. Emergency and urgent care services are covered at 100% (after applicable copay) no matter where the services are received. Each plan option is defined as follows:

### EHP

The EHP option includes the Cleveland Clinic Quality Alliance (QA) network and the Florida Clinically Integrated Network (CIN), which includes Cleveland Clinic facilities and employed physicians, as well as contracted community physicians and facilities in Ohio and Florida.

The EHP plan is supplemented with Aetna providers in the following specialties from the seven counties surrounding our Florida hospitals: **Allergy, Behavioral Health, Chiropractic, Dermatology, Endocrinology, Nutritionist, OB-GYN/Obstetrics, Ophthalmology, Otolaryngology (ENT), Oral Surgery, Pain Management, Pediatrics and Podiatry**. The seven counties include Brevard, Indian River, St. Lucie, Martin, Palm Beach, Broward and Miami-Dade.

**If you elect this plan, you must use providers in this network.**

## EHP Plus

The EHP Plus option includes the EHP provider network above in addition to the Aetna Select Open Access network (a national network).

EHP Plus offers a choice for retirees whose needs may not be met by the EHP provider network OR because they may live outside of the EHP provider network area.

The charts on pages 5 and 6 outline the medical benefit coverage for both the EHP and EHP Plus options.

**Before choosing your plan, confirm that all your providers participate in that network.**

You can view each network on the EHP website at <https://employeehealthplan.clevelandclinic.org/Home/New-Caregivers/Getting-Started>

The current drug formularies for CVS Caremark and SilverScript can be found on our website at [clevelandclinic.org/healthplan](https://employeehealthplan.clevelandclinic.org/healthplan) under the My Plan & Benefits > Retirees menu. The prescription drug plan is the same for both the EHP and EHP Plus options. A summary of the prescription drug plan for both CVS Caremark and SilverScript can be found on pages 7 and 8.



## RHP Coverage Changes for 2025

### Medical Benefit

- A \$75 copay will be applied to outpatient surgeries (ambulatory surgery centers, hospital and hospital outpatient locations).
- A \$35 copay will be applied to specialty virtual visits.
- The visit limit for Chiropractic visits will change from 30 to 10 per benefit year.

- The specialty of neurology is being removed from the EHP plan Aetna supplemented specialties in Florida.
- Removal of impacted wisdom teeth will no longer be covered under the medical benefit. All services for removal of wisdom teeth will now be covered under the dental benefit.
- Cleveland Clinic Children's has assumed clinical management for the Akron General and Mercy Neonatology units. This, coupled with the opening of its first pediatric primary and care and specialty office in Akron, offers our southern region pediatric services closer to home.

## Prescription Drug Benefit

**Retirees Under 65:** there are no changes in your Prescription Drug Benefit for 2025.

**Retirees Over 65:** The following changes will take place for your 2025 Prescription Drug Benefit:

- The Prescription Drug Benefit annual deductible will increase to \$200.
- In compliance with the Inflation Reduction Act, there will be an annual \$2,000 out-of-pocket maximum added to the SilverScript plan.

Note: You may receive information from SilverScript or Medicare regarding the Inflation Reduction Act and the "Medicare Prescription Payment Plan." This is a new, voluntary payment option offered by Medicare to help you manage your out-of-pocket drug costs starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, **but it does not save you money or lower your drug costs.** For more information, contact SilverScript at 866.693.4617.

## Attention Medicare Beneficiaries

Retirees who have Medicare Part A and Part B as their primary health plan (age 65 and older) are not subject to the copayment when the RHP pays as secondary. However, for services NOT covered by Medicare and the service is a covered benefit by the RHP, the RHP then pays as primary. In this instance, you could be responsible for the applicable copayment.

## Comparing RHP Rx with Medicare Part D

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) includes a prescription drug program from Medicare (Medicare Part D) for individuals who are enrolled in Medicare.

The Retiree Health Plan (RHP) has determined that your existing coverage with the RHP is as good as standard Medicare coverage. In many cases, coverage under the RHP actually exceeds the standard Medicare coverage. It is important that you evaluate both the RHP Prescription Drug Benefit and the Medicare Prescription Drug Benefit to determine which plan best meets your needs. Compare your current RHP coverage, including which drugs are covered, with the drug coverage and cost of plans offering Medicare prescription drug benefits before making a decision to enroll with a Medicare program. RHP members who are Medicare eligible receive a “Creditable Coverage” letter upon the date of eligibility. This letter is important to keep because it serves as confirmation of your participation in an employer-based prescription drug plan. It also allows you to enroll in Medicare Part D in the future without increased monthly premiums if you decide to terminate your RHP coverage. If you misplace this letter, you may request a duplicate from your Total Rewards Department by contacting the HR Service Center at 216.448.2247.

**It is important to note that if you enroll in a different Medicare Part D plan, you may no longer participate in the Cleveland Clinic Retiree Health Plan. You will lose your Cleveland Clinic medical and pharmacy plans and will not be eligible to return to the Cleveland Clinic RHP in the future.**

RHP members who are eligible for the Medicare Part D plan through SilverScript include:

- RHP members age 65 or over enrolled in Medicare
- Retirees under age 65 who are disabled and eligible for Medicare
- Dependents, such as spouses, of RHP members who are enrolled in Medicare
- Disabled dependents (e.g., children) eligible for Medicare
- Active Medicare eligible employees and their Medicare eligible dependents who are enrolled in Medicare
- Long-term disability (LTD) recipients eligible for Medicare

More detailed information about the Medicare prescription drug plans that offer prescription drug coverage is available at [www.medicare.gov](http://www.medicare.gov) or by calling Medicare toll-free at 800.MEDICARE (800.633.4227). TTY users should call toll-free at 877.486.2048. Additional information about the RHP Prescription Drug Benefit and the Medicare Prescription Drug Benefit is included in the Summary Plan Description (SPD) and available on our website at [clevelandclinic.org/healthplan](http://clevelandclinic.org/healthplan). Contact the HR Service Center with further questions at 216.448.2247 or toll-free at 877.688.2247.

## Other Important Information



### Dependent Eligibility Processes

#### 1. New Enrollees

After enrolling in the plan for the first time, all retirees (new hires or those with longer service) need to provide documentation that proves dependent eligibility. This dependent eligibility process is managed on behalf of the RHP by Willis Towers Watson (WTW). You will receive a letter in the mail from WTW asking for documentation. The plan accepts these documents:

#### **Spouse**

- Copy of marriage license, or
- Copy of page 1 of your most recent tax return (make sure to cross out wage information)

#### **Children under age 26**

##### **Natural born children:**

- Copy of birth certificate or one of the following:
  - Copy of page 1 of your most recent tax return (make sure to 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 expected to complete the COB process when they enroll, each year in January, or if they experience a life event change. Here’s how the process works:

- If the retiree/dependent(s) has other insurance, the COB form can be completed online via the Aetna website or the completed form can either be faxed or mailed to Aetna. The form is available on EHP’s website at [clevelandclinic.org/healthplan](http://clevelandclinic.org/healthplan).
- If the retiree/dependent(s) do not have other insurance, they can complete the information online via the Aetna website or they can call Aetna customer service at 833.414.2331 and the information will be updated during the call. Retirees have one year to complete the COB process. As long as the COB process remains incomplete, claims for covered dependents will be denied. The member will receive a COB form with each

**Medicare Coordination of Benefits**

When you or your covered dependent become Medicare eligible, it is important for you to enroll in Medicare Part B. The Employee Health Plan (your health benefit plan) becomes the secondary insurance once you become Medicare-eligible. This means that if you do not enroll in Medicare Part B, you will be responsible for 80% of your service costs because the EHP pays only 20% (what Medicare does not pay) as the secondary insurance.

dependent’s first claim statement until the COB process is complete. If a member does not respond within 45 days, Aetna will send an *Explanation of Benefits (EOB)* form explaining that all claims for dependents will be denied until the COB form is completed. If the member still has not completed the COB process by the end of the year, he or she will be financially responsible for all the dependent claims submitted that year.

**3. Life Event Changes**

Members whose legal marital status changes (for example, through divorce or death of a spouse) or who have changes in the number of their dependents will need to verify the changes and dependent eligibility with the proper documentation. This ensures that only eligible dependents are enrolled in the plan. If you have questions, call the HR Service Center at 216.448.2247 or toll-free at 877.688.2247.

**Social Security Numbers are Required**

Cleveland Clinic is required to report to the government the Social Security numbers of each member on the health plan. When enrolling your dependents in the health plan, make sure to include their Social Security numbers. If already enrolled, you can update Social Security numbers for your health plan dependents on the Caregiver Workday and Portal.

# HBP Benefits Summary

CHOOSE ONE

Benefit Program Features	EHP		EHP PLUS	OUT OF NETWORK
	Cleveland Clinic Quality Alliance (QA) and Florida Clinically Integrated (CIN) Networks		Cleveland Clinic Quality Alliance (QA), Florida Clinically Integrated (CIN) and Aetna Select Open Access Networks	
<b>Annual Deductible</b>	Single	None	None	
	Family	None	None	
<b>Out-of-Pocket Maximum</b>	Single	\$3,950	\$3,950	
	Family	\$7,900	\$7,900	
<b>Medical Benefit Program Features</b>				
<b>PCP Office Visit</b> (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)		100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>PCP Virtual Visits</b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Specialist Office Visits</b>		100% of Allowed Amount after \$35 copay (no referral required)	100% of Allowed Amount after \$35 copay (no referral required)	Not Covered
<b>Specialist Virtual Visits</b>		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
<b>Maternity Care</b>		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
<b>Routine (Annual) Physical Exam by Primary Care Physician</b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Routine (Annual) Vision Exam</b>		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
<b>Inpatient Hospital Services<sup>1</sup></b>		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
<b>Outpatient Hospital Services</b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Radiology –		100% of Allowed Amount	100% of Allowed Amount	Not Covered
MRI/CT Scans (non-emergent) <sup>1</sup>		\$75 copay, then 100% of Allowed Amount	\$75 copay, then 100% of Allowed Amount	Not Covered
<b>Outpatient Surgeries</b> (ambulatory surgery centers, hospital and hospital outpatient locations)		\$75 copay, then 100% of Allowed Amount	\$75 copay, then 100% of Allowed Amount	Not Covered
<b>Laboratory/Diagnostic Tests</b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Emergency Department</b>				
Emergency Care / ER Hospital Admission		100% after \$250 copay / \$350 if admitted	100% after \$250 copay / \$350 if admitted	100% after \$250 copay / \$350 if admitted
Urgent Care		100% after \$50 copay	100% after \$50 copay	100% after \$50 copay
<b>Medical Supplies and Durable Medical Equipment</b>		80% of Allowed Amount	80% of Allowed Amount	Not Covered
<b>Skilled Nursing Care<sup>1</sup></b>		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
<b>Acute Inpatient Rehab<sup>1</sup></b>		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
<b>Long-Term Acute Care<sup>1</sup></b>		\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
60 Days per Benefit Year				
<b>Hospice</b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Symptom Management		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Respite Care		100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Home Health Care<sup>1</sup></b>		100% of Allowed Amount	100% of Allowed Amount	Not Covered
60 Visits per Benefit Year				
<b>Acupuncture</b>		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Maximum of 10 Visits/Benefit Year				

All copayments and coinsurance listed on this chart accumulate to your out-of-pocket maximum with the exception of copayments for bariatric surgery and the Autism School.

**Retirees Over 65:** Copayments and coinsurance do not apply with the exception of coinsurance for hearing aids and Acupuncture.

**1. Precertification** required.

Note: Prior authorization, precertification and prior approval are often used interchangeably.

# HBP Benefits Summary

CHOOSE ONE

Medical Benefit Program Features	<i>EHP</i>	<i>EHP PLUS</i>	<i>OUT OF NETWORK</i>
	Cleveland Clinic Quality Alliance (QA) and Florida Clinically Integrated (CIN) Networks	Cleveland Clinic Quality Alliance (QA), Florida Clinically Integrated (CIN) and Aetna Select Open Access Networks	
<b>Chiropractic</b> Maximum of 10 Visits/Benefit Year	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
<b>Therapy Services (Rehabilitative)</b> Occupational/Speech/Physical	100% of Allowed Amount after a \$10 copay. 30 Visits per Therapy per Calendar Year	100% of Allowed Amount after a \$10 copay. 30 Visits per Therapy per Calendar Year	Not Covered
<b>Therapy Services (Habilitative)</b> Physical/Occupational/Speech Apraxia, Autism, Autism Spectrum Disorder, Cerebral Palsy, Developmental Delay and Spina Bifida	100% of Allowed Amount (No visit limitation)	100% of Allowed Amount (No visit limitation)	Not Covered
<b>Family Planning</b>	100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Infertility Treatment<sup>1</sup></b>	100% of Allowed Amount LTM: (\$15,000 Medical, \$6,000 Pharmacy)	100% of Allowed Amount LTM: (\$15,000 Medical, \$6,000 Pharmacy)	Not Covered
<b>Hearing Aids<sup>4</sup></b>	50% of Charge up to \$3,500/Ear – Limited to one aid per Ear every 3 years	50% of Charge up to \$3,500/Ear – Limited to one aid per Ear every 3 years	Not Covered
<b>Organ Transplant<sup>1</sup></b> Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See previous page	100% of Allowed Amount Unlimited See previous page	Not Covered
<b>Behavioral Health Benefit Program Features</b>			
<b>Physician Office Visits</b>	100% of Allowed Amount after a \$35 copay	100% of Allowed Amount after a \$35 copay	Not Covered
<b>Outpatient Coverage</b> Outpatient (OP Visits) <sup>2</sup> Psychological and Neuro-Psychological Testing <sup>3</sup>	100% of Allowed Amount 100% of Allowed Amount	100% of Allowed Amount 100% of Allowed Amount	Not Covered
<b>Outpatient Telemedicine/ Virtual Consultation</b>	100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Inpatient Coverage<sup>1</sup></b>	\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
<b>Intensive Outpatient (OP)</b>	100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Partial Hospitalization Programs (PHP)<sup>1</sup></b>	100% of Allowed Amount	100% of Allowed Amount	Not Covered
<b>Residential Treatment<sup>1</sup></b>	\$350 copay/admission, then 100% of Allowed Amount	\$350 copay/admission, then 100% of Allowed Amount	Not Covered
<b>Transcranial Magnetic Stimulation (TMS)<sup>1</sup></b>	100% of Allowed Amount	100% of Allowed Amount	Not Covered

All copayments and coinsurance listed on this chart accumulate to your out-of-pocket maximum with the exception of copayments for bariatric surgery and the Autism School.

**Retirees Over 65:** Copayments and coinsurance do not apply with the exception of coinsurance for hearing aids and Acupuncture.

1. Precertification required.

2. The Outpatient coverage for the Behavioral Health Benefit Program includes any outpatient services provided by a behavioral health practitioner for chronic pain management, sleep disorder, aftercare groups for substance abuse, and/or pre and post gastric surgery visits. There is no coverage for school meetings by outpatient behavioral health practitioners.

3. Psychological and Neuro-Psychological Testing: Up to 8 hours of testing are automatically reimbursed without precertification. Testing must be done by trained Behavioral Health Specialists.

4. Hearing aids are only covered when provided by Cleveland Clinic. There is no coverage for any other provider.

Note: Prior authorization, precertification and prior approval are often used interchangeably.

**Any unauthorized programs, services or visits will not be covered by the health plan under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.**



# Non-Medicare HBP Prescription Drug Benefit

## Administered Through CVS/caremark

The Following Is a Summary Overview of the Prescription Drug Benefit for 2025 (Retirees under 65)

Categories	TIER 1	TIER 2	TIER 3	TIER 4	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
	Preferred Generics (Non-Specialty)	Preferred Brands (Non-Specialty)	Non-Preferred Brands and Generics (Non-Formulary)	Specialty Brand and Drugs (Hi-Tech)		
<b>Annual Deductible</b>	\$200 Individual \$400 Family	<i>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</i>			No	No
<b>Member % Co-insurance Cleveland Clinic Pharmacies:</b> up to 90-Day Supply	15%	25%	45%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
<b>Member % Co-insurance CVS Store Pharmacies:</b> 30-Day Supply <b>Mail Service Program:</b> 90-Day Supply	20%	30%	50%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
<b>Cleveland Clinic Pharmacies including Specialty &amp; Home Delivery:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$50 Maximum per Month Supply	No	No
<b>Retail Pharmacies:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	N/A	No	No
<b>CVS/caremark Mail Service Program:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	No	Yes No Minimum/ \$100 Maximum per Month Supply	No	No
<b>Is there an Annual Out-of-pocket Maximum?</b>	No	No	No	No	No	No
<b>Components of Each Category</b>			<b>Brand Name Drugs</b> See the <b>EHP Prescription Drug Formulary</b>	<b>Specialty Drugs<sup>5, 6</sup></b> Complete list of Specialty Drugs and Copay Card Assistance Program in the <b>EHP Prescription Drug Formulary</b>	<b>Discounted Drugs</b> See the <b>EHP Prescription Drug Formulary</b>	<b>Over-the-Counter Drugs</b> See the <b>EHP Prescription Drug Formulary</b>
<b>Prior Authorization Required</b>	See the <b>EHP Prescription Drug Formulary</b> for list of pharmaceuticals requiring prior authorization				No	N/A
<b>Diabetic Supplies<sup>7</sup> Asthma Delivery Devices<sup>7</sup> and Prescription Vitamins<sup>8</sup></b>	Co-insurance 20%			No	No	N/A
<b>Pharmacies<sup>9</sup> in the Retail Network</b>	Cleveland Clinic Pharmacies, Cleveland Clinic Specialty Pharmacy, Cleveland Clinic Home Delivery Pharmacy, CVS store pharmacies (including CVS pharmacies located in Target stores), CVS/caremark Mail Service, CVS/specialty Pharmacy					

**Note:** Benefit Program includes generic oral contraceptives.

- Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the *Prescription Drug Formulary Handbook*.
- There are 3 options for obtaining medications in the category listed above. The options are: 1. *Cleveland Clinic Pharmacies*, 2. *Cleveland Clinic Specialty Pharmacy*, and 3. *CVS/caremark Specialty Drug Program*. **Specialty Drug prescription orders (first fill and refills) are limited to a one month supply.**
- Diabetic Supplies – All diabetic supplies covered, except for most insulin pumps and insulin pump supplies (with the exception of Omnipod Dash), continuous glucose monitors (with the exception of FreeStyle Libre products), and continuous glucose monitor supplies (which are covered under the medical

- benefit). Diabetic supplies covered under the prescription drug benefit include: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, injection pens, FreeStyle Libre products, and Omnipod Dash. Members with type 1 diabetes who are under 18 years of age will have no out-of-pocket expense for their insulins and diabetic supplies covered under the prescription drug benefit. Asthma Delivery Devices – Includes spacers used with asthma inhalers.
- Refers to vitamins that require a prescription from your healthcare provider.
- Members can use any Cleveland Clinic pharmacy or any CVS store pharmacy for obtaining acute care medications (e.g. single course of antibiotic therapy) and for the first fill of maintenance medications but must use a Cleveland Clinic Pharmacy or CVS/caremark Mail Service Program for all maintenance medications.

# Medicare Eligible and Approved HBP Prescription Drug Benefit Administered Through SilverScript®

The Following Is a Summary Overview of the Prescription Drug Benefit for 2025 (Retirees 65 and over)

Categories	TIER 1	TIER 2	TIER 3	TIER 4
	Generic Rx	Preferred Brands (Formulary)	Non-Preferred Brands (Non-Formulary)	Specialty Drugs (Hi-Tech)
<b>Annual Deductible</b>	\$200 Individual (Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)			
<b>Member % Co-insurance</b> <b>Cleveland Clinic Pharmacies:</b> Outpatient: up to 90-Day Supply Specialty & Home Delivery: up to 90-Day Supply	15%	25%	45%	20%
<b>Member % Co-insurance</b> <b>CVS/caremark Retail:</b> up to 90-Day Supply <b>Mail Service Program:</b> up to 90-Day Supply	20%	30%	50%	20%
<b>Cleveland Clinic Pharmacies including Specialty &amp; Home Delivery:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$50 Maximum per Month Supply
<b>CVS/caremark Retail up to 90-Day Supply:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$5 Minimum/ \$75 Maximum per Month Supply	Yes \$5 Minimum/ \$75 Maximum per Month Supply	No	N/A
<b>CVS/caremark Mail Service:</b> Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$15 Minimum/ \$225 Maximum 90-Day Supply	Yes \$15 Minimum/ \$225 Maximum 90-Day Supply	No	Yes No Minimum/ \$100 Maximum per Month Supply
<b>Out-of-pocket Maximum?</b>	<b>After the deductible has been met: \$2,000 Maximum Out-of-Pocket</b>			
<b>Components of Each Category</b>	Generic Drugs	Brand Drugs		Specialty Drugs
	<p>You will be sent a copy of the SilverScript's <i>Preferred Drug List</i>. You may also contact SilverScript to request a copy of the <i>Preferred Drug List</i> by calling the toll-free number on your SilverScript card.</p> <p><b>Medicare Part B vs. Medicare Part D</b> <b>Please note: Most medications are covered under Medicare Part D, but there are some medications that can be covered under both Medicare Part B (i.e., the Medicare outpatient benefit) or Medicare Part D (i.e., the Medicare prescription drug benefit) depending on what the drug is used for and how it is administered. Please consult the SilverScript Prescription Drug Formulary or contact SilverScript using the toll-free phone number on the back of your SilverScript card for more information regarding Medicare Part B vs. Medicare Part D medications.</b></p>			
<b>Major Chains in the Retail Network</b>	ACME, Cleveland Clinic Pharmacies (including Weston, Akron General Medical Center, Union Hospital Outpatient Pharmacy), Costco, CVS, Discount Drug Mart, Giant Eagle, K-Mart, Marc's, Medicine Shoppe, Rite Aid, Target, Walgreens, Wal-Mart, plus other chains and independent pharmacies.			

SilverScript is a registered trademark of SilverScript Insurance Company.  
**Note:** Effective January 1, 2018, diabetic testing supplies will no longer be covered under the Medicare Part D program. They will now be covered under Medicare Part B.

To obtain SilverScript's Request for Medicare Prescription Drug Coverage Determination for Prior Authorization form, contact SilverScript at 866.693.4617 or visit [clevelandclinic.silverscript.com](http://clevelandclinic.silverscript.com).