

My RHP Health Connection™

From the Employee Health Plan

Cleveland Clinic Retirees
October 2025

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This issue of My RHP Health Connection is part of your 2025 Open Enrollment materials. It provides information about the 2026 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).

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. 8–Nov. 21), 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) and certain Florida-aligned providers, 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: **Acupuncture, Allergy, Behavioral Health, Chiropractic, Dermatology, Endocrinology, Nutritionist, 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.

Effective 1/1/2026, the use of Aetna providers for the specialty of OB/GYN in our Florida region will be limited to Aetna OB/GYN providers in the counties of Broward, Palm Beach and Miami-Dade. The non-Cleveland Clinic Aetna OBGYN providers that have been included in-network for EHP from Brevard, St. Lucie, Indian River and Martin counties will be removed from the EHP network. Our

Cleveland Clinic providers and facilities, Martin Tradition and Indian River hospitals, are able to treat members for these services.

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

EHP Plus

The EHP Plus option includes the EHP provider network 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/Find-A-Provider>

The current drug formularies for CVS Caremark and SilverScript can be found on our website at 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 2026

Medical Benefit

- A deductible of \$250 Individual/\$500 Family will be applied to the medical benefit. Not all services

will be subject to the deductible. The medical chart on pages 5 and 6 reference what services the deductible may be applied to.

- The Physical, Occupational and Speech Therapy copay will change from \$10 to \$20 for acute rehabilitation.

Pharmacy Benefit

Retirees Under 65:

- The minimum and maximum monthly prescription copays for Tier 1 and Tier 2 prescriptions* filled at CVS pharmacies will increase from \$5 and \$50 per month supply to \$10 and \$75 per month supply, respectively.
- For **refills** of non-specialty maintenance medications, members residing in states where Cleveland Clinic Community Pharmacies are located or where Cleveland Clinic Home Delivery is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Home Delivery Pharmacy rather than the CVS Caremark Mail Service Program. (Acute or first fill of non-specialty medications may be filled at Cleveland Clinic Pharmacies or CVS Retail Pharmacies.)**
- For **initial fills and refills** of specialty medications, members residing in states where Cleveland Clinic Community Pharmacies are located or Cleveland Clinic Specialty Pharmacy is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Specialty Pharmacy rather than the CVS Specialty Pharmacy.**

*Tier 1 = Preferred Generics (Non-Specialty) and
Tier 2 = Preferred Brands (Non-Specialty)

**Cleveland Clinic Home Delivery Pharmacy and Cleveland Clinic Specialty Pharmacy can ship medications to the following states: Florida, Illinois, Indiana, Michigan, New Jersey, Nevada, Ohio, Pennsylvania, Virginia, Wisconsin and West Virginia

Retirees Over 65: There are no changes under the SilverScript pharmacy benefit.

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 deductible/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 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. 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.
- 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		<i>EHP</i> Cleveland Clinic, Quality Alliance, and Florida-aligned providers	<i>EHP PLUS</i> Cleveland Clinic, Quality Alliance, Florida-aligned providers and Aetna Select Open Access Networks	<i>OUT OF NETWORK</i>
Annual Deductible	Single Family	\$250 \$500	\$250 \$500	
Out-of-Pocket Maximum	Single Family	\$3,950 \$7,900	\$3,950 \$7,900	
Medical Benefit Program Features				
PCP Office Visit (Family Practice, Internal Medicine, Gynecology, Obstetrics and Pediatrics)		100% of Allowed Amount	100% of Allowed Amount	Not Covered
PCP Virtual Visits		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Specialist Office Visits		100% of Allowed Amount after \$35 copay (no referral required)	100% of Allowed Amount after \$35 copay (no referral required)	Not Covered
Specialist Virtual Visits		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Maternity Care		100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Routine (Annual) Physical Exam by Primary Care Physician		100% of Allowed Amount	100% of Allowed Amount	Not Covered
Routine (Annual) Vision Exam		100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Inpatient Hospital Services¹		100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Outpatient Hospital Services Radiology – MRI/CT Scans (non-emergent) ¹		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount after \$75 copay/admission, subject to deductible	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount after \$75 copay/admission, subject to deductible	Not Covered Not Covered Not Covered
Outpatient Surgeries/Procedures Ambulatory surgery centers, hospital and outpatient hospital locations)		100% of Allowed Amount after \$75 copay, subject to deductible	100% of Allowed Amount after \$75 copay, subject to deductible	Not Covered
Laboratory/Diagnostic Tests		100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Emergency Department Emergency Care / ER Hospital Admission Urgent Care		100% after \$250 copay / \$350 if admitted 100% after \$50 copay	100% after \$250 copay / \$350 if admitted 100% after \$50 copay	100% after \$250 copay / \$350 if admitted 100% after \$50 copay
Medical Supplies and Durable Medical Equipment		80% of Allowed Amount, subject to deductible	80% of Allowed Amount, subject to deductible	Not Covered
Skilled Nursing Care¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Acute Inpatient Rehab¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Long-Term Acute Care¹ 60 Days per Benefit Year		100% of Allowed Amount after \$350 copay/admission, subject to deductible	100% of Allowed Amount after \$350 copay/admission, subject to deductible	Not Covered
Hospice Symptom Management Respite Care		100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	Not Covered Not Covered Not Covered
Home Health Care¹ 60 Visits per Benefit Year		100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	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 65 and Over: Deductible, 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, and Florida-aligned providers	Cleveland Clinic, Quality Alliance, Florida-aligned providers and Aetna Select Open Access Networks	
Acupuncture Maximum of 10 Visits/Benefit Year	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Chiropractic Maximum of 10 Visits/Benefit Year	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Therapy Services (Rehabilitative) Occupational/Speech/Physical	100% of Allowed Amount after a \$20 copay. 30 Visits per Therapy per Calendar Year	100% of Allowed Amount after a \$20 copay. 30 Visits per Therapy per Calendar Year	Not Covered
Therapy Services (Habilitative) 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
Dental – Implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Family Planning	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Infertility Treatment ¹	100% of Allowed Amount, subject to deductible LTM: (\$15,000 Medical, \$6,000 Pharmacy)	100% of Allowed Amount, subject to deductible LTM: (\$15,000 Medical, \$6,000 Pharmacy)	Not Covered
Hearing Aids ⁴	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
Organ Transplant ¹ Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount, subject to deductible Unlimited See previous page	100% of Allowed Amount, subject to deductible Unlimited See previous page	Not Covered
Behavioral Health Benefit Program Features			
Physician Office Visits	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Outpatient Coverage Outpatient (OP Visits) ² Psychological and Neuro-Psychological Testing ³	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible 100% of Allowed Amount, subject to deductible	Not Covered
Outpatient Telemedicine/ Virtual Consultation	100% of Allowed Amount after \$35 copay	100% of Allowed Amount after \$35 copay	Not Covered
Inpatient Coverage ¹	100% of Allowed Amount after \$350 copay/ admission, subject to deductible	100% of Allowed Amount after \$350 copay/ admission, subject to deductible	Not Covered
Intensive Outpatient (OP)	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Partial Hospitalization Programs (PHP) ¹	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	Not Covered
Residential Treatment ¹	100% of Allowed Amount after \$350 copay/ admission, subject to deductible	100% of Allowed Amount after \$350 copay/ admission, subject to deductible	Not Covered
Transcranial Magnetic Stimulation (TMS) ¹	100% of Allowed Amount, subject to deductible	100% of Allowed Amount, subject to deductible	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 65 and Over: Deductible, 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 in Ohio only. 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 Retiree HBP Prescription Drug Benefit

Administered Through CVS Caremark

The Following Is a Summary Overview of the Prescription Drug Benefit for 2026 (Retirees under 65)

Categories	TIER 1 Preferred Generics (Non-Specialty)	TIER 2 Preferred Brands (Non-Specialty)	TIER 3 Non-Preferred Brands and Generics (Non-Formulary)	TIER 4 Specialty Brand/Generic Drugs (Hi-Tech)	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
Annual Deductible	\$200 Individual \$400 Family	<i>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</i>			No	No
Member % Co-insurance Cleveland Clinic Pharmacies: up to 90-Day Supply	15%	25%	45%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
Member % Co-insurance CVS Store Pharmacies: 30-Day Supply Mail Service Program: 90-Day Supply	20%	30%	50%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
Cleveland Clinic Pharmacies including Specialty & Home Delivery: 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
Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$10 Minimum/ \$75 Maximum per Month Supply	Yes \$10 Minimum/ \$75 Maximum per Month Supply	No	N/A	No	No
CVS Caremark Mail Service Program: 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
Is there an Annual Out-of-pocket Maximum?	No	No	No	No	No	No
Components of Each Category			Brand Name Drugs See the EHP Prescription Drug Benefit Formulary	Specialty Drugs^{5,6} See complete list of Specialty Drugs, PrudentRx Solution Specialty Medication, and Medications in the EHP Copay Card Assistance Program in the EHP Prescription Drug Benefit Formulary	Discounted Drugs See the EHP Prescription Drug Benefit Formulary	Over-the-Counter Drugs See the EHP Prescription Drug Benefit Formulary
Prior Authorization Required	See the EHP Prescription Drug Benefit Formulary for list of pharmaceuticals requiring prior authorization				No	N/A
Diabetic Supplies⁷ Asthma Delivery Devices⁷ and Prescription Vitamins⁸	Co-insurance 20%			No	No	N/A
Pharmacies⁹ in the Retail Network	Cleveland Clinic Pharmacies, CVS store pharmacies (including CVS pharmacies located in Target stores); CVS Minute Clinics are not included					

Note: Benefit Program includes generic oral contraceptives.

5. Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the *Prescription Drug Benefit Formulary*.

6. 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.** For initial fills and refills of specialty medications: members residing in states where Cleveland Clinic Community Pharmacies are located or Cleveland Clinic Specialty Pharmacy is licensed, are required to use Cleveland Clinic Community Pharmacies or the Cleveland Clinic Specialty Pharmacy.

7. Diabetic Supplies – All diabetic supplies covered, except for most insulin pumps and insulin pump supplies (with the exception of Omnipod Dash, Omnipod 5 G6-G7), continuous glucose monitors (with the exception of

Dexcom and 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, Dexcom products, FreeStyle Libre products, Omnipod Dash and Omnipod 5 G6-G7. 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.

8. Refers to vitamins that require a prescription from your healthcare provider.

9. For **refills** of non-specialty maintenance medications: members residing in states where Cleveland Clinic Community Pharmacies are located or where Cleveland Clinic Home Delivery is licensed, are required to use Cleveland Clinic Community Pharmacies or Cleveland Home Delivery Pharmacy rather than the CVS Caremark Mail Service Program (acute prescriptions or first fills of non-specialty maintenance medications may be filled at Cleveland Clinic Pharmacies or CVS retail pharmacies).

Medicare Eligible and Approved HBP Prescription Drug Benefit

Administered Through SilverScript®

The Following Is a Summary Overview of the Prescription Drug Benefit for 2026 (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)
Annual Deductible	\$200 Individual (Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)			
Member % Co-insurance Cleveland Clinic Pharmacies: Outpatient: up to 90-Day Supply Specialty & Home Delivery: up to 90-Day Supply	15%	25%	45%	20%
Member % Co-insurance CVS Caremark Retail: up to 90-Day Supply Mail Service Program: up to 90-Day Supply	20%	30%	50%	20%
Cleveland Clinic Pharmacies including Specialty & Home Delivery: 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
CVS Caremark Retail up to 90-Day Supply: 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
CVS Caremark Mail Service: 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
Out-of-pocket Maximum?	After the deductible has been met: \$2,000 Maximum Out-of-Pocket			
Components of Each Category	Generic Drugs	Brand Drugs		Specialty Drugs
	You will be sent a copy of the SilverScript's Preferred Drug List. You may also contact SilverScript to request a copy of the Preferred Drug List by calling the toll-free number on your SilverScript card. Medicare Part B vs. Medicare Part D 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.			
Major Chains in the Retail Network	ACME, Cleveland Clinic Pharmacies, Costco, CVS, Discount Drug Mart, Giant Eagle, 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.

Contact SilverScript at 866.693.4617 or visit clevelandclinic.silverscript.com to obtain the SilverScript Request for Medicare Drug Coverage Determination for Prior Authorization form.