

Cleveland Clinic
Employee Health Plan Bulletin
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This edition of My EHP Health Connection supplements your 2021 Open Enrollment materials. Inside you will find:

- 2021 changes to medical and prescription drug benefits
- Information on important health plan provisions

To get the most value out of your health plan benefits, refer to the Summary Plan Description and other resources at our website, clevelandclinic.org/healthplan.

EHP Adjusted to Support Members During the Pandemic

Several changes took place to the Healthy Choice Program in 2020 to accommodate the challenges related to the pandemic which limited access and the ability to meet the requirements.

1. EHP gave members the option of maintaining their current premium discount level or working to achieve a better premium discount level.
2. The deadline was extended to Nov. 30. **NOTE:** In 2021, the time frame will revert back to 6 months of participation between Jan.1 and Sept. 30.
3. The reduction of participation months from six to four months by Nov. 30.
4. The EHP Healthy Choice mobile app launched, making it easier for members to track goals.

The following changes will be made to the Healthy Choice program effective 2021:

1. The option to track gym visits/gym participation will no longer be a requirement for those with a healthy status. Instead, all members with a Healthy status will be required to track steps and/or minutes using a device.
2. Despite the removal of gym participation as a qualifier for Healthy Choice, EHP will continue to subsidize gym memberships for EHP members at the existing participating facilities, including the Cleveland Clinic fitness centers and Lifestyles.
3. The step requirement for Healthy status is increasing from 150,000 to 180,000 steps per month for six months by Sept. 30. This equates to 6,000 steps per day.

Questions? Contact EHP Customer Service at 216.448.2247, Option 2 or visit clevelandclinic.org/healthplan ■

How Healthy Choice Works

Healthy Choice is a discount program from the Employee Health Plan. The program rewards you with a discount on your health insurance premium each year for taking action to manage your health.

EHP identifies whether participating members are taking action by collecting information about your health status from your provider. Your health status is the key to determining the goals you must achieve in order to earn the best discount on your premium. Ideally, you would live the behaviors every day of the year.

Each year in January, your health status resets for the

year, and will be visible early in the month on your Healthy Choice portal. Log in to the portal to view your status, which may be:

- **Healthy**
- **Chronic Condition**, or
- **Unknown** (missing information)

The chart below explains what you need to do based on your status. We require six months of participation toward your Healthy Choice goals no later than Sept. 30 each year. ■

What You Need To Do								
Healthy	Chronic Condition	Missing Information						
<ul style="list-style-type: none"> • Wear an approved activity device. • Track at least 180,000 steps or 900 activity minutes each month in the Healthy Choice Portal. • Do this for six months by Sept. 30, 2021. 	<ul style="list-style-type: none"> • Join the appropriate Coordinated Care Program(s) by March 31. • Meet all of your Coordinated Care Program goals for six months by Sept. 30, 2021. • If your health status includes one of the six chronic conditions, call Medical Management at 216.986.1050 to join the applicable program. The six chronic conditions are: <table style="margin-left: 20px; border: none;"> <tr> <td>– Asthma</td> <td>– Hyperlipidemia</td> <td>– Overweight</td> </tr> <tr> <td>– Diabetes</td> <td>– Hypertension</td> <td>– Nicotine Use</td> </tr> </table> 	– Asthma	– Hyperlipidemia	– Overweight	– Diabetes	– Hypertension	– Nicotine Use	<ul style="list-style-type: none"> • Schedule a visit with your provider to complete the Health Visit Report Form. • Submit the form to the Employee Health Plan. <p>If your health status is “healthy” or you receive one of the six chronic condition diagnoses, follow the appropriate steps outlined in both columns at left.</p>
– Asthma	– Hyperlipidemia	– Overweight						
– Diabetes	– Hypertension	– Nicotine Use						

What is the Healthy Choice Portal?

The Healthy Choice Portal guides you through what you need to do to earn a premium discount. It helps you manage your personal Healthy Choice requirements. Once registered, log in to view the following:

- Current year health status.
- Current year premium status and premium history.
- Instructions on what you need to do to earn a premium discount.
- Current year physical activity tracked by your approved device. (Note: The device needs to be registered and linked in the Healthy Choice Portal for it to track your activity.) **You must also sync your device weekly with your device app to upload your data.**
- Goals and progress for any chronic condition you are managing through the Coordinated Care Program.

- The name and telephone number of your care coordinator.

You can access the portal two ways:

1. Visit our website at clevelandclinic.org/healthplan and click the “Healthy Choice Portal” button.
2. Download the new EHP Healthy Choice mobile app now available in the App store (iPhone and Apple devices) and Google Play (Android users). Just search for “EHP Healthy Choice”.

If you are not already registered, create an account. Simply use your insurance ID number and your date of birth. Once registered, you can then log in and view your health status and other information.

Full details can also be found on our website by clicking on the “Healthy Choice” tab. ■

Premium Structure and 2021 Rates

One component of your overall well-being is financial wellness. EHP offers a health plan that covers access to world-class care at the most affordable costs. That’s a difficult balance to maintain, especially in this pandemic year. In order to maintain our level of coverage in our current environment, EHP will increase premiums in 2021 by 2%. Other large employers are expected to increase premiums at a much higher rate given the uncertainty of healthcare costs in 2021, so our affordable plan is something we can celebrate together.

As announced in April, your premium discount level in 2020 will be carried over to 2021, so if you achieved “Gold” level in 2020 you will continue to be “Gold” level in 2021. If you continued to participate in Healthy Choice and met your goals in 2020, you may qualify to earn an additional discount in 2021.

The chart below shows our five-level premium structure and is placed in order from “no discount” to “greatest discount.” These discount levels range from Bronze (standard), to Silver, Gold, Platinum and Diamond. The enclosed rate sheet shows the premium that corresponds to each discount level.

- If you are **not** working toward a better discount for 2021, the amount you see in Workday will be your premium for 2021.
- If you are working to improve your premium discount level, your new premium discount level will be posted on the Healthy Choice portal in January. This is because the extension of the Healthy Choice deadline means that we cannot calculate new premiums until December.

PTO Trade for Benefits

Some caregivers choose to trade in paid time off (PTO) to offset the cost of benefits. PTO Trade for Benefits takes place shortly after Open Enrollment in the fall. Because the Healthy Choice participation deadline is extended this year, some caregivers won’t see their 2021 health plan premium level until January. This means they may end up trading in more PTO to cover the cost of benefits than is needed. Total Rewards will work with caregivers to address this at that time. Please keep in mind that any other benefits decisions you make during Open Enrollment cannot be changed later in the year unless you have a life event change. ■

Healthy Choice Credit Earned		
Premium Level	If You Have Employee Only Coverage	If You Have A Spouse Covered by Medical
Bronze <i>(plan’s standard – and highest premium) no discount</i>	<ul style="list-style-type: none"> • Did not participate OR • Participated but met No program requirements 	<ul style="list-style-type: none"> • Both did not participate OR • One or both participated but met No program requirements
Silver <i>7.5% discount off of Bronze</i>	<ul style="list-style-type: none"> • N/A without spouse 	<ul style="list-style-type: none"> • One or both actively participated <i>AND</i> one met <i>Some</i> program requirements but the other met <i>No</i> program requirements
Gold <i>15% discount off of Bronze</i>	<ul style="list-style-type: none"> • Participated and met <i>Some</i> program requirements 	<ul style="list-style-type: none"> • Both actively participated and both met <i>Some</i> program requirements OR • One actively participated and met <i>All</i> program requirements but the other met <i>No</i> program requirements
Platinum <i>22.5% discount off of Bronze</i>	<ul style="list-style-type: none"> • N/A without spouse 	<ul style="list-style-type: none"> • Both actively participated <i>AND</i> one met <i>All</i> program requirements and the other met only <i>Some</i> program requirements
Diamond <i>30% discount off of Bronze</i>	<ul style="list-style-type: none"> • Participated and met <i>All</i> program requirements 	<ul style="list-style-type: none"> • Both actively participate <i>AND</i> both met <i>All</i> program requirements

EHP Coverage Changes Effective Jan. 1, 2021

Medical

- The co-pay for MRIs and CT scans will increase from \$50 to \$75 when received as an outpatient.
- Inpatient admission co-pays will increase from \$250 to \$350. The Emergency Department (ED) co-pay will remain at \$250. **Note:** If a member has an ED visit and is admitted, the ED co-pay is waived and the member is responsible for a \$350 copayment.
- The transgender benefits will be expanded to include gender-affirming surgeries.

Prescription Drug Benefit

Additions to the Specialty Drug Copay Card Assistance Program

The following medications will be added to the Specialty Drug Copay Card Assistance Program on Jan. 1, 2021:

Brukinsa	Nurtec ODT	Sivextro
Fulphila	Orenitram	Spritam
Fycompa	Oxbryta	Ubrely
Inrebic	Oxtellar XR	Udenyca
Koselugo	Pemazyre	Zeposia
Nourianz	Reyvow	Ziextenzo
Nubeqa	Rozlytrek	

As a reminder, for those specialty medications included in the Copay Card Assistance Program, the member's co-payment will be adjusted upward to maximize the financial benefit offered by the pharmaceutical manufacturer. This adjustment will be offset by the copay card, such that members will have no additional out-of-pocket expense above and beyond what they are currently paying for their specialty medication. The benefit of the manufacturer's copay card will be applied to your pharmacy benefit annual deductible, but these amounts will not be applied toward your annual out-of-pocket maximum. In the event the manufacturer alters or discontinues a specialty medication's copay card assistance program, the member's costshare will revert back to the benefit design outlined on page 2 of the *Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook*.

New US Preventive Services Task Force Mandated Coverage

1. Two medications used in the prevention of breast cancer, anastrozole and exemestane, will be covered at no member cost, if the member's individual medical condition meets the criteria set forth by the United States Preventive Services Task Force. Members or providers can contact EHP Pharmacy Management at 216.986.1050, option 4, or 888.246.6648, option 4, for more information and to obtain the specific prior-authorization form they will need to submit for evaluation. EHP Pharmacy Management can also be reached via email at EHPRxMgmt@ccf.org.
2. Medications used for pre-exposure prophylaxis (PrEP) in members at high risk for HIV infection will be provided at no member cost if the use is for PrEP. If the use is for treatment of HIV infection or for post-exposure prophylaxis, the member's co-payment will be adjusted upward to maximize the financial benefit offered by the pharmaceutical manufacturer as part of the Specialty Drug Copay Card Assistance Program. Truvada will remain the preferred agent, with Descovy being the alternative product. Both Truvada and Descovy will continue to require prior authorization. Coverage requests approved for PrEP will be coded in the pharmacy claims adjudication system such that the member's annual pharmacy deductible and any co-insurance are waived.

Refer to the [EHP Pharmacy Benefits link](#) on the Cleveland Clinic Employee Health Plan's website for ongoing updates regarding your pharmacy benefit program. If you have any questions, please contact EHP Pharmacy Management at 216.986.1050, option 4, or 888.246.6648, option 4, or via email at EHPRxMgmt@ccf.org. ■

EHP Provider Networks

The EHP offers two different networks to choose from, Tier 1 and Tier 2. The Tier you select determines the amount of coverage you will receive. To receive the maximum coverage, use Tier 1 providers.

- **Tier 1 Provider Network:** Consists of providers in the Cleveland Clinic Quality Alliance (QA) network. The QA includes Cleveland Clinic and regional hospitals, and participating physicians credentialed by the Cleveland Clinic Community Physician Partnership. The Tier 1 Network includes providers from Cleveland Clinic main campus, family health centers and regional hospitals and includes primary care physicians, specialists, behavioral health providers and ancillary providers such as laboratory and physical therapy services.

There is no deductible in the Tier 1 network and most services are covered at 100 percent after applicable co-payment. Tier 1 providers can be found at clevelandclinic.org/healthplan. Under “The Plan” tab click on “Find a Practitioner,” then click on “Tier 1” and search by name, specialty and so on.

- **Tier 2 Provider Network:** Consists of providers in the MMO SuperMed network (within the state of Ohio) and Aetna® Open Choice® PPO network (outside the state of Ohio). Tier 2 benefits include an annual deductible of \$500 for single coverage and \$1,500 for family coverage. After the deductible is met, all inpatient, outpatient services and laboratory/diagnostic services will reimburse at 70% after any applicable co-payment with the exception of emergency services. Tier 2 providers can be accessed by visiting MutualHealthServices.com/CCHS and choosing the applicable network you would like to search.

New Mutual Health Services Mobile App Available

Mutual Health Services (MHS), our third party administrator (TPA) for the health plan, now offers a mobile app so you can access medical benefit information on the go.

You can:

- Check your benefit coverage.
- Review your healthcare claims.
- View your member ID card information.
- Monitor your deductible and out-of-pocket expenses.

The free app is available on the Apple App Store or Google Play store by searching for Cleveland Clinic EHP mobile app. For technical support, call 1.800.218.2205 (Help Desk) or contact MHS at MHSCCHSEHPContactUs@MutualHealthServices.com

Remember:

- Some services are covered only in the Tier 1 network. Refer to the Summary Plan Description on our website at clevelandclinic.org/healthplan
- **It is the member’s responsibility to verify the provider’s tier participation each time services are obtained.** To confirm a provider’s participation or to request a list of providers by physician specialty in your area, call the ONE HR Service Center at 216.448.2247, Option 2 or toll-free at 877.688.2247. You can also contact our third party administrator, Mutual Health Services, toll-free at 800.451.7929. ■

New ID Cards for 2021

The EHP will be issuing new medical ID cards for 2021 to reflect the changes made to the co-pays. **DO NOT** throw away your old cards until you receive your new cards which should arrive in early January.



More About Your Coverage

Joining and Participating in Coordinated Care Programs Is Easy

Living with a chronic condition can be difficult, but getting it under control is easier when you don't go it alone. That's why the Health Plan offers more than 20 Coordinated Care (disease management) Programs at no cost to you. Below is a list of those with the highest enrollment. The ones marked with asterisks (*) qualify for the voluntary Healthy Choice program.

- Asthma (for adults and children)*
- Chronic Kidney Disease (CKD)
- Depression
- Diabetes (for adults and children 17-1/2 years old and older)*
- Heart Failure
- High Cholesterol*
- Hypertension*
- Migraine
- Nicotine Cessation*
- Weight Management*

How the Programs Work

Registered nurses and licensed counselor care coordinators work closely with members and share ways to manage chronic conditions and overall health through diet and fitness, setting goals, monitoring progress and preventing complications. Members have regularly scheduled contacts with their care coordinator for education and support.

Advantages of Joining

Plan members who join and then meet and maintain the goals they set with their care coordinators can save money by receiving reimbursement for a number of medical expenses:

- When they enroll, co-payments for some condition-related equipment and supplies
- After reaching all their goals, co-payments for condition-related office visits – including those to arrange for medically necessary screening equipment
- Six months after reaching their goals, co-payments for some condition-related medications

Receipts must be submitted within six months of the date of occurrence and cannot pre-date program enrollment. Your care coordinator can provide details about what is eligible for reimbursement and how the process works.

For more information or to join, call the Medical Management Department at 216.986.1050 or toll-free at 888.246.6648.

Rare Disease Management Programs

Accordant Care (a CVS/Caremark company) works with EHP to administer the following eighteen rare disease programs. These programs are not eligible for co-pay reimbursement.

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

These programs do not replace a physician's care – they reinforce your plan of care and help you stay well between doctor visits. ■

CVS/caremark is a trademark of CVSHealth Inc

More About Your Coverage, *continued*

Case Coordination Programs

Case Coordination Programs give members telephone access to a registered nurse or a licensed social worker or counselor when they need help with a range of complex medical or behavioral health needs including:

- Progressive neurological conditions
- Anxiety disorders
- Childhood disorders
- Dual diagnoses (both psychiatric and chemical dependence)
- Eating disorders
- Mood disorders
- Psychotic disorders
- Substance abuse

Case coordination also can help members with network access issues and referrals to community services.

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

To get more information about case coordination, call the EHP Medical Management Department at 216.986.1050 or toll-free at 888.246.6648.

Pharmacy Management Program

The EHP Pharmacy Coordination Department administers six programs that assist members in using prescription medications safely and effectively.

- Quantity Level Limits
- Prior Authorization
- Mandatory Statin Cost Reduction Program
- Mandatory Maintenance Drug Program
- Step Therapy Program
- Specialty Drug Benefit

For details about each program, visit our website at clevelandclinic.org/healthplan and click on “*Plan Offerings.*” ■

Reminder: Social Security Numbers Are Required

Under Healthcare Reform, 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 ONE HR: Workday and Portal.

Other Important Information

Dependent Eligibility Processes

1. New Hires or New Enrollees

After enrolling in the plan for the first time, all members (new hires or those with longer service) need to provide documentation that proves dependent eligibility. 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)

Coordination of Benefits is the process used to pay healthcare expenses when you or an eligible dependent is covered by more than one healthcare insurance policy, including Medicare. The EHP is partnered with Mutual Health Services (MHS), our Third-Party Administrator (TPA), to administer your health plan benefits and provide claims processing for healthcare services.

Mutual Health Services (MHS) partners with COB Smart[®], and identifies EHP members who have other insurance coverage. MHS 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 and the instructions for completion are on the form.

Employees have one year to complete the COB process. **After one year, claim payment will become the responsibility of the member.**

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 about this, call the ONE HR Service Center at 216.448.2247 or toll-free at 877.688.2247. ■