Cleveland Clinic
Weston Hospital

# HBP Benefits Summary

| Benefit Program Features | *TIER 1*<br>Cleveland Clinic Quality Alliance Network[1] | *TIER 2*<br>UMR United Healthcare Choice Plus Network<br>*(All Tier 2 services are subject to deductible unless othewise stated)* |
|---|---|---|
| **Annual Deductible (Medical only)**<br>Single<br>Family | <br>None<br>None | <br>$500<br>$1,500 |
| **Out-of-Pocket Maximum[4] (Medical only)**<br>Single<br>Family | <br>$3,950<br>$7,900 | <br>$3,950<br>$7,900 |
| **Medical Benefit Program Features** | | |
| **PCP Office Visit**<br>(Family Practice, Internal Medicine and Gynecology) | 100% of Allowed Amount | $25 co-pay, then 100% of Allowed Amount (after deductible) |
| **PCP Virtual Visits** | 100% of Allowed Amount | $25 co-pay, then 70% of Allowed amount (after deductible) |
| **OB/GYN, Nutritionists and Pediatrics[2]**<br>(includes *Routine* care by OB-GYN or GYN) | 100% of Allowed Amount | 100% of Allowed Amount (not subject to deductible) |
| **Specialist Office Visits**<br>– Dermatology, Ophthalmology and Otolaryngology (ENT) | 100% of Allowed Amount after $35 co-pay (no referral required)<br>100% of Allowed Amount after $35 co-pay | $50 co-pay, then 70% of Allowed Amount (after deductible)<br>$35 co-pay, then 100% of Allowed Amount (not subject to deductible) |
| **Specialty Virtual Visits** | 100% of Allowed Amount | $25 co-pay, then 70% of Allowed amount (after deductible) |
| **Maternity Care** | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 100% of Allowed Amount (not subject to deductible) |
| **Routine (Annual) Vision Exam** | $35 co-pay/admission, then 100% of Allowed Amount | $35 co-pay, then 100% of Allowed Amount (not subject to deductible) |
| **Inpatient Hospital Services[2]**<br>OB/GYN and Pediatrics[2] | $350 co-pay/admission, then 100% of Allowed Amount<br>$350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 70% of Allowed Amount<br>$350 co-pay/admission, then 100% of Allowed Amount (not subject to deductible) |
| **Outpatient Hospital Services**<br>OB/GYN, Opthalmology and Pediatrics[2]<br>Radiology –<br>MRI/CT Scans (non-emergent)[2] | 100% of Allowed Amount<br>100% of Allowed Amount<br>100% of Allowed Amount<br>100% of Allowed amoung after $75 co-pay | 70% of Allowed Amount (after deductible)<br>100% of Allowed Amount (not subject to deductible)<br>70% of Allowed Amount (after deductible)<br>$75 co-pay, then 70% of Allowed Amount (after deductible) |
| **Laboratory/Diagnostic Tests** | 100% of Allowed Amount | 70% of Allowed Amount (after deductible) |
| **Emergency Department**<br>Emergency Care<br>Urgent Care | <br>100% after $250 co-pay<br>100% after $50 co-pay | <br>100% after $250 co-pay<br>100% after $50 co-pay |
| **Ambulance** | 100% of Allowed Amount | 100% of Allowed Amount (not subject to deductible) |
| **Medical Supplies and Durable Medical Equipment** | 80% of Allowed Amount | 80% of Allowed Amount |
| **Skilled Nursing Care[3]**<br>60 Days per Benefit Year | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 100% of Allowed Amount (not subject to deductible) |

1. Tier 1 includes Cleveland Clinic providers in Florida, the Cleveland Clinic Florida Integrated Network, and the Quality Alliance Network in Cleveland.
2. Pediatric services defined as patient age 0–18 regardless of the provider specialty. The $350 co-pay/admission also applies to Pediatric Behavioral Health services.
3. Prior authorization required for Tier 1 and Tier 2.
4. Co-pays for hearing aids and Bariatric surgery **do not** accrue to the out-of-pocket maximum.

| Medical Benefit Program Features | *TIER 1*<br>Cleveland Clinic<br>Quality Alliance Network | *TIER 2*<br>UMR United Healthcare Choice Plus Network<br>*(All Tier 2 services are subject to deductible unless othewise stated)* |
|---|---|---|
| **Acute Inpatient Rehab**<br>60 Days per Benefit Year | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 70% of Allowed Amount (after deductible) |
| **Long-Term Acute Care**[3]<br>60 Days per Benefit Year | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 100% of Allowed Amount |
| **Hospice**[3]<br>Symptom Management – 10 Days/Benefit Year | 100% of Allowed Amount | 100% of Allowed Amount (not subject to deductible) |
| **Therapy Services**<br>Occupational/Speech/Physical<br>35 Visits per Therapy per Benefit Year | First 20 visits: 100% of Allowed Amount after $10 co-pay; Second 15 visits: 50% of Allowed Amount | 70% of Allowed Amount |
| **Chiropractic**<br>Maximum of 20 Visits/Benefit Year | First 10 visits:<br>100% of Allowed Amount after $35 co-pay;<br>Second 10 visits: 50% of Allowed Amount<br>(Children under 12 require prior authorization) | First 10 visits:<br>100% of Allowed Amount after $35 co-pay;<br>Second 10 visits: 50% of Allowed Amount<br>(Children under 16 require prior authorization) |
| **Dental** – Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries | 100% of Allowed Amount | 100% of Allowed Amount |
| **Home Health Care**<br>60 Visits per Benefit Year | 100% of Allowed Amount | 100% of Allowed Amount (not subject to deductible) |
| **Infertility Treatment**[3] | 100% of Allowed Amount<br>LTM: ($15,000 Medical, $6,000 Pharmacy)<br>Network: UMR/Optum Centers of Excellence Facilities & Providers | |
| **Hearing Aids**[4] | 50% of Charge up to $3,500/Ear –<br>Limited to one aid per Ear every 3 years | Not Covered |
| **Custom Orthotics** | 80% of Allowed Amount after $50 co-pay (not subject to deductible) | 80% of Allowed Amount after $50 co-pay (not subject to deductible) |
| **Organ Transplant**[3]<br>Transplant Lifetime Maximum<br>Out-of-Pocket Maximum | 100% of Allowed Amount<br>Unlimited<br>See previous page | Not Covered |
| **Behavioral Health Benefit Program Features** | | |
| **Outpatient Coverage** | 100% of Allowed Amount | 100% of Allowed Amount |
| **Inpatient Coverage**[2] | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission then100% of Allowed Amount (not subject to deductible) |
| **Physician Services** | 100% of Allowed Amount after $35 co-pay | 100% of Allowed Amount after $35 co-pay (not subject to deductible) |
| **Residential Treatment**[3]<br>60 Days per Benefit Year | $350 co-pay/admission, then 100% of Allowed Amount | $350 co-pay/admission, then 100% of Allowed Amount |
| **Transcranial Magnetic Stimulation (TMS)**[3]<br>36 Therapy Related Visits per Benefit Year | 100% of Allowed Amount | 100% of Allowed Amount |

1. Tier 1 includes Cleveland Clinic providers in Florida, the Cleveland Clinic Florida Integrated Network, and the Quality Alliance Network in Cleveland.
2. Pediatric services defined as patient age 0–18 regardless of the provider specialty. The $350 co-pay/admission also applies to Pediatric Behavioral Health services.
3. Prior authorization required for Tier 1 and Tier 2.
4. Co-pays for hearing aids and Bariatric surgery **do not** accrue to the out-of-pocket maximum.

**Any *unauthorized* programs, services or visits will not be covered by the HBP 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.**

Cleveland Clinic
Weston Hospital

# HBP Prescription Drug Benefit

## *Administered Through CVS/caremark*

### The Following Is a Summary Overview of the Prescription Drug Benefit for 2022

| Categories | *TIER 1* Preferred Generic Medications (Non-Specialty) | *TIER 2* Preferred Brands (Non-Specialty) | *TIER 3* Non-Preferred/ Non-Formulary Brands and Generics | *TIER 4* Specialty Brand/ Generic Drugs (Hi-Tech) | Drugs & Items at Discounted Rate | Non-Covered Drugs & Items |
|---|---|---|---|---|---|---|
| **Annual Deductible** (Pharmacy only) | $200 Individual<br>$400 Family | *(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)* | | | 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<br>$3 Minimum/<br>$50 Maximum<br>per Month Supply | Yes<br>$3 Minimum/<br>$50 Maximum<br>per Month Supply | No | Yes<br>No Minimum/<br>$50 Maximum<br>per Month Supply | No | No |
| **Retail Pharmacies:** Is there a Minimum or Maximum to the Rx % Co-insurance? | Yes<br>$5 Minimum/<br>$50 Maximum<br>per Month Supply | Yes<br>$5 Minimum/<br>$50 Maximum<br>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<br>$15 Minimum/<br>$150 Maximum<br>90-Day Supply | Yes<br>$15 Minimum/<br>$150 Maximum<br>90-Day Supply | No | Yes<br>No Minimum/<br>$100 Maximum<br>per Month Supply | No | No |
| **Is there an Annual Out-of-pocket Maximum?** | **After Deductible Has Been Met:** $3,950 Individual / $7,900 Family<br>Combined Maximums for Retail, Specialty and Home Delivery<br>(Pharmacy only. Does not include Medical) | | | | No | No |
| **Components of Each Category** | | | **Brand Name Drugs** See the ***EHP Prescription Drug Benefit Formulary*** | **Specialty Drugs**[5, 6] Complete list of Specialty Drugs and Co-pay Card Assistance Program in the ***EHP Prescription Drug Benefit Formulary*** | **Lifestyle 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 Supplies**[7] **Asthma Delivery Devices**[7] **and Prescription Vitamins**[8] | Co-insurance 20% | | | No | No | N/A |
| **Pharmacies**[9] **in the Retail Network** | 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 – covered for Marymount for clinical appropriateness only under the HBP.

5. Certain specialty medications are included in the Co-pay 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.***

7. Diabetic Supplies – All diabetic supplies covered, except for insulin pumps and insulin pump 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, and injection pens. 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. 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.