

Copay/Coinsurance
Reimbursement FAQ
Effective January 1, 2026

Copay/Coinsurance Reimbursement

To be eligible for the Reimbursements listed below, you must use an in-network provider. The **exception** is for over-the-counter supplies for Asthma (space), CHF (scale), and HTN (BP Cuff) which may be purchased from any provider.

- EHP Plan network is QA/Cleveland Clinic
- EHP Plus network is QA/Cleveland Clinic and Aetna Select Open Access

Caregivers and families residing in states not eligible to participate in Coordinated Care (CC) are directed to participate in either the Health Coaching program or use of an activity device. [Contact Us](#) if you have questions.

Due to RN licensure criteria, your ability to participate in a Healthy Choice Coordinated Care program depends on your state of residence. If you are able to participate in a Coordinated Care program, you may also be eligible for reimbursements. Please see the link below to determine your eligibility to participate in the Coordinated Care program, as well as the in-network pharmacy or mail-order pharmacy for your state to ensure you receive co-pay reimbursements. Please note that prescription medications/testing supplies obtained at CVS store pharmacies are NOT eligible for reimbursement, even if it is for the first fill or immediate need of medication.

<https://employeehealthplan.clevelandclinic.org/Home/Coordinated-Care/Coordinated-Care-Eligibility>

**NV members can get maintenance Rx at CVS store pharmacies, but CVS store and CVS Mail Order/CVS Specialty fills are not eligible for reimbursement.*

To qualify for reimbursement:

1. Members must meet eligibility requirements.
2. Your annual EHP Prescription Benefit deductible must be met each year prior to any reimbursement being released.
 - Drug manufacturer coupons used to pay your annual prescription benefit deductible will not be applicable for this reimbursement program.
 - if you used one, the first \$200.00 of your medication actually paid by you will be considered non-reimbursable.
 - For any BRAND name medications eligible for reimbursement: the annual pharmacy deductible must be met first.
3. Receipts must be submitted within six (6) months of the fill date/date of service/date of purchase.
 - Please submit both Tax receipt and detailed register receipt
 - ***If you plan on retiring or ending coverage, you must submit all receipts BEFORE the date of retirement or last day of coverage.***

Coordinated Care Incentive FAQ

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4. Members residing in one of these states: Florida, Illinois, Indiana, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin:

- Must obtain prescription maintenance medications/testing supplies through:
 - Cleveland Clinic Outpatient Pharmacies
OR
 - Cleveland Clinic Home Delivery Pharmacy/Cleveland Clinic Specialty Pharmacy

5. Members residing in all other states not listed in #4 above:

- Must obtain prescription maintenance medications/testing supplies through:
 - CVS/Caremark Mail Order Pharmacies
OR
 - CVS/specialty Pharmacies

Please note: Prescription medications/testing supplies obtained at CVS Store Pharmacies are not eligible for the Coordinated Care Reimbursement Program.

What do I need to do to become eligible for Copay/Coinsurance Reimbursement?

1. Members must utilize their EHP Medical and Pharmacy benefit for the services, supplies and medications for these items to be eligible for Coordinated Care program reimbursement.
2. To receive any reimbursement
 - Member's **primary insurance** must be one of the Employee Health Plans
 - At the time receipts are submitted for payment
 - 1) EHP card holder (insured) must be actively employed at CCHS, or be active on the policy, or be on COBRA.
 - 2) Insured's spouse and all eligible dependents on the plan must be active on the policy.
3. Upon enrollment, some programs may offer reimbursements for certain supplies and/or medications. Please speak with your Care Coordinator to see if you qualify.

New For 2026:

As previously announced, a medical benefit deductible will be added to the plan starting Jan. 1, 2026: This change will apply to members using an in-network DME provider.

\$250 annually for individual coverage.

\$500 annually for family coverage.

This is in addition to the existing pharmacy deductible

To be eligible for the Copay/Coinsurance Reimbursement listed below through the EHP Pharmacy Benefit, members must use the following in-network pharmacies based on the state where they reside:

- Florida, Illinois, Indiana, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin
 - Cleveland Clinic Outpatient Pharmacies
OR
 - Cleveland Clinic Home Delivery Pharmacy/Cleveland Clinic Specialty Pharmacy
- All other states
 - CVS/Caremark Mail Order Pharmacies
OR
 - CVS/Specialty Pharmacies

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Durable Medical Equipment (DME) Eligible for Reimbursement

Not eligible if other insurance is Primary.

If in CC Program:	And purchases DME related to the program:	Then member is eligible for reimbursement when:
Asthma	<ul style="list-style-type: none"> Aero flow chamber (spacer) OTC <i>May be reimbursed annually (up to \$20 per year)</i> Peak flow meter (up to \$20) once every 5 years <i>Disposable mouthpieces for the peak flow meter are not reimbursable. Co-insurance is not reimbursable for a nebulizer.</i> 	Upon enrollment <i>Nebulizers are not eligible for reimbursement but are covered under the EHP benefit if the member meets the coverage requirements.</i>
Congestive Heart Failure	<ul style="list-style-type: none"> One (1) Scale (up to \$40) once every 5 years. OTC <i>Must be enrolled specifically in CHF.</i> One (1) Upper Arm Blood Pressure Monitor (up to \$55) OR One (1) Upper Arm Manual Blood pressure monitor with Stethoscope (up to \$55 combined total) once every five (5) years. <i>Wrist and finger monitors are not reimbursable.</i> 	Upon enrollment
Diabetes (Adults 18 and up)	<p>❖ Note: Members must use their EHP Medical or Pharmacy benefit for all diabetes supplies and medications in order for these items to be eligible for reimbursement, and must meet any deductible that applies.</p> <ul style="list-style-type: none"> Test strips and Lancets <i>Test strips and lancets must be purchased from an in-network DME provider or the applicable in network pharmacy in order to be eligible for reimbursement (see provider network and pharmacy lists above). Coinsurance is NOT reimbursable for glucometers, blood ketone or reagent strips, alcohol swabs, or calibrator (control) solutions.</i> 	Upon enrollment
	<p>❖ Note: The Cleveland Clinic Pharmacies may have a coupon for free glucometers.</p> <ul style="list-style-type: none"> Continuous Glucose Monitor (includes device and parts) <i>Coinsurance is reimbursable.</i> <i>Must be purchased from the applicable in-network pharmacy or an in-network DME provider in order to be eligible for reimbursement (see provider network and pharmacy lists above).</i> 	Upon meeting all goals in diabetes program (compliance date) and maintaining all goals. (Eligible from compliance date forward). <i>Must have an approved Prior Authorization to obtain CGM through the EHP Pharmacy benefit.</i>
	<ul style="list-style-type: none"> Insulin Pump <i>Covered at 100% if enrolled in CC at the time of the prior auth with approval.</i> <i>(If not enrolled, it is covered at 80% with a 20% copay that is not reimbursable).</i> 	Upon enrollment Must use in network DME providers. Note: The <u>Omnipod®</u> is approved through EHP Medical Management and must be purchased from an in-network provider. *The <u>Omnipod DASH™</u> and <u>Omnipod 5 G6</u> are approved through EHP Pharmacy Mgmt and must be purchased from an in-network pharmacy.
	<ul style="list-style-type: none"> Insulin Pump Supplies <i>Coinsurance is reimbursable for <u>some</u> Insulin Pump supplies such as infusion sets. No prior auth required when billed through the medical benefit, but Aetna will apply their Clinical Policy Bulletin criteria at time of claims payment.</i> 	Upon meeting all goals in diabetes program (compliance date) and maintaining all goals. (Eligible from compliance date forward). <i>Must use in-network DME providers.</i>

If in CC Program:	And purchases DME related to the program:	Then member is eligible for Copay Reimbursement when:
Hypertension	One (1) Upper Arm Blood Pressure Monitor (up to \$55) OR One (1) Upper Arm Manual Blood pressure monitor with Stethoscope (up to \$55 combined total) once every five (5) years. OTC <i>Wrist and finger monitors are not reimbursable.</i>	Upon enrollment
<p>❖ NOTE: If you do not stay active and participate in the Diabetes Coordinated Care program, you will no longer be eligible for reimbursement.</p>		

Office Visits Eligible for Reimbursement

Not eligible if other insurance is Primary.

In order to be eligible for the Copay/Coinsurance Reimbursement listed below, the member must see an in-network provider.

- EHP Plan network is QA/Cleveland Clinic
- EHP Plus network is QA/Cleveland Clinic and Aetna Select Open Access

When is Member Eligible for Reimbursement? After the member reaches compliance in the track and as long as the member continues to maintain that compliance. (Eligible from compliance date forward).

The office visit and/or distance health visit must be related to the same condition as the track the member is enrolled in and are limited to a total* of five (5) visits per year for all tracks (not per Specialty), except Diabetes and Depression (*see program details below).

If in a Coordinated Care Program:	Then Member may be eligible for copay reimbursement for program related Office Visits:
Asthma	Asthma related visits with Pulmonology and/or Allergy
Congestive Heart Failure	CHF related visits with Cardiology
Depression	*Up to 5 Psychiatrist visits (MD or DO) (<i>also includes physician assistants and psychiatric nurse practitioners working under a psychiatrist</i>). AND *Up to 15 Behavioral Health related visits per year. (<i>This is defined as any type and combination of outpatient BH provider: psychologist, counselor and/or social worker</i>).
Diabetes	*Diabetes related visits with Endocrinology, and 1 Ophthalmology per year (for one (1) dilated eye exam) and 1 Podiatry per year (for one (1) foot exam)
Hypertension	Hypertension related visits with Preventive Cardiology, Cardiology and/or Nephrology
Hyperlipidemia	Hyperlipidemia related visits with Preventive Cardiology, Cardiology and/or Nephrology
Migraine	Migraine related visits with Neurology

Medications Eligible for Reimbursement*

Not eligible if other insurance is Primary.

*See [EHP Coordinated Care \(CC\) Medication Reimbursement Lists](#) of eligible medications for each different Program/Track

Diabetes and Asthma

- Glucagon therapy and generic epinephrine pens are eligible for copay reimbursement *upon enrollment* for members in the Diabetes and Asthma programs respectively.
The annual pharmacy deductible must be met first for any BRAND name medications that are eligible for copay reimbursement.
 - ❖ *These are the only medications eligible for copay reimbursement upon enrollment.*
- Eligible for reimbursement 6 months (uninterrupted) from compliance date forward (the date all program goals are met) and remains in compliance. This also applies to needles, pen tips and syringes for members in the Diabetes program.

Generic Medications

- If a generic medication is available, only the generic medication will be eligible for copay/coinsurance reimbursement, unless the member has a prior authorization from the EHP Pharmacy Management department on file.

Prior Authorization

- Medications which require a prior authorization must have an approval on file to be reimbursed.

Pharmacies Used

- All prescriptions **MUST** be filled at the following in network pharmacies based on the state where the member resides:
 - Florida, Illinois, Indiana, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, Virginia, West Virginia, or Wisconsin
 - Cleveland Clinic Outpatient Pharmacies
 - OR
 - Cleveland Clinic Home Delivery Pharmacy/Cleveland Clinic Specialty Pharmacy
 - All other states
 - CVS/Caremark Mail Order Pharmacies
 - OR
 - CVS/specialty Pharmacies
- Prescriptions filled at CVS store pharmacies are NOT eligible for reimbursement.
- Members must use the EHP Pharmacy benefit to be eligible for reimbursement. If the member paid cash or used a discount card without using the EHP Pharmacy benefit, they will not be reimbursed.

Pharmacy Deductible

- The Annual pharmacy deductible MUST be met prior to any reimbursement being released for BRAND name medications.
- The deductible is waived for generics ONLY if they are filled at one of the Cleveland Clinic pharmacies.
- The deductible is **NOT** waived for generics filled at CVS/Caremark Mail Order and CVS/specialty Pharmacies. Members residing in states that must use CVS/Caremark Mail Order and CVS/Specialty pharmacies for reimbursement **MUST** meet their deductible prior to any reimbursement being released.
- Annual Pharmacy deductible: \$200 Individual, \$400 Family.

Coupons

- Drug manufacturer coupons used to pay a deductible will **NOT** be eligible for this reimbursement program.
 - If one is used, the first \$200.00 of the medication actually paid by the member is considered non-reimbursable.

Over the Counter Medications

- Over the counter medications are **NOT** reimbursable.

Receipts

- To request reimbursement, members must provide:
 - Original tax receipt/bar code receipts *AND* the detailed cash register receipt from the Cleveland Clinic Outpatient Pharmacies (both must be submitted)
 - Shipment receipts *AND* the detailed cash register receipt from Cleveland Clinic Home Delivery/Cleveland Clinic Specialty Pharmacies (both must be submitted). Please mark the medications you are requesting to be reimbursed (Ex: underline/circle the medication).
 - Shipment receipts from CVS/Caremark Mail Order or CVS/Specialty pharmacies

Receipts must be submitted within 6 months of the fill date to request reimbursement.

PrudentRx

If a member is on specialty medications that qualify for the PrudentRx specialty medication co-pay program they are not eligible for Coordinated Care medication reimbursement, as the PrudentRx program will cover the entire cost of their medication after enrollment.

If members do not enroll in the PrudentRx program, they will be subject to 30% co-insurance costs for their specialty medication(s) after the annual prescription benefit deductible has been satisfied.

- These costs are not eligible for Coordinated Care medication reimbursement.

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What documents do I need to send in for reimbursements?

Acceptable forms of documentation required include:

Office Visit Receipts

- Office co-pay receipts should include the Date of Service.
 - The patient (member) name on the receipts and the provider's name is preferred but not required.
 - If the member paid the co-pay after the visit, the Date of Service must be included in the documentation submitted.
- Receipts such as (but not limited to) Register and MyChart receipts are acceptable as proof of payment or an itemized statement showing proof of payment.

Durable Medical Equipment (DME) Receipts

For DME qualifying medical supplies related to a program/track, purchased through an in-network provider, and verified through Aetna's website:

- Submit the shipping ticket, invoice, or itemized statement from the DME provider that shows the patient's name, date of service, and amount paid along with
- Proof of payment: Canceled check or payment receipt for a credit card statement

Please note both must be submitted to request reimbursement.

WE CANNOT ACCEPT THE FOLLOWING AS PROOF OF PAYMENT:

- Handwritten receipts for office visits
- Pharmacy print outs
- Explanation of benefits received from Aetna or.
- Cash register receipts by themselves with no identifying information (date of service, and patient name). You must submit the individual tax receipt with the entire detailed register receipt.

Additional resources as well as examples of receipts to submit for reimbursement can be found on the [Coordinated Care FAQ from the Resources](#) tab on the Employee Health Plan website.

We encourage you to keep a copy of all documentation submitted for your records.

Where do I send my receipts for reimbursement?

Documentation needs to be sent to Cleveland Clinic EHP Medical Management.

Please remember to include on your cover sheet:

- Patient's name
and
- One (1) other individual identifier such as: date of birth, and/or the Member ID number

You have three (3) options to submit receipts for reimbursement:

1. Scan and Email: EHPharmacyreimbursement@ccf.org

2. Fax to 216.442.5795 to the Attention of Reimbursements

3. Mail to: Cleveland Clinic Employee Health Plan
Attn: Coordinated Care Reimbursements
25900 Science Park Drive/Mail Code AC242

Beachwood, Ohio 44122

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How long does it take to get my reimbursement check?

Qualifying receipts for office visits, durable medical equipment (DME) and medication may take up to 90 days for processing.

- The claim for office visits and DME not obtained through a Cleveland Clinic Pharmacy must be submitted by your provider and paid by Aetna before any reimbursement can be processed.

If your receipt does not qualify for reimbursement, you will be notified.

Please contact your Care Coordinator if you have any questions.

How do I get my reimbursement check?

Release of reimbursement funds is dependent on confirmation that a claim has been paid by the Third-Party Administrator, Aetna.

Reimbursement checks will be mailed from Aetna to the policy holder's address as listed in Workday.

- Please review carefully any mailings received from Aetna.
 - **Your reimbursement check will be at the bottom of a form that looks very similar to the Explanation of Benefits.**

Who is the reimbursement check made out to?

Reimbursement check is made out to the **policy holder of the health plan coverage**.

What happens if I lose or didn't receive my reimbursement check, or I find an old, uncashed

one? Aetna will process member requests to replace never received, lost, or misplaced reimbursement

- Must be over 30 days since a check was issued.
checks. Member will need to contact Aetna directly by phone at 833.414.2331

Lost, misplaced, or never received checks will not be replaced if it has been more than 180 days from the date of the original check being issued, due to the amount of time that has passed, regardless of the original check amount.

Please note the member is responsible for ensuring that their correct mailing address is on file with the Human Resources Department in Workday